EFFECTIVE 1/10/19

Fax Claim Form Authorization Request

Please prepare this Claim Authorization Request in conjunction with the Repair Order/Invoice and call **855.996.7569 ext. 8829** or email **claims@acaadmin.com** to start a claim.

For instruction or information call **855.996.7569** between the hours of 8:00 a.m. and 5:00 p.m. Eastern Standard Time Monday through Friday.

Customer Name: _____ Date: _____

VIN/Contract #: _____ RO #: _____

Mileage: _____ Labor Rate: $_____ Tax Rate: _____%

Advisor: _____

Phone #: _____ Fax #: _____

Complaint: _____

_____

_____

_____

Cause: _____

_____

_____

_____

Correction: _____

_____

_____

Part#: _____ Desc.: _____ Price _____ Qty_____ Labor Time: _____

Part#: _____ Desc.: _____ Price _____ Qty_____ Labor Time: _____

Part#: _____ Desc.: _____ Price _____ Qty_____ Labor Time: _____

Part#: _____ Desc.: _____ Price _____ Qty_____ Labor Time: _____

Part#: _____ Desc.: _____ Price _____ Qty_____ Labor Time: _____

Rental: _____ Towing: _____

Once your claim has been authorized and an Authorization Number has been provided, please attach this Claim Authorization Request to the completed Repair Order and any applicable items (tow bills, rental bills, or sublet bills) and email to: **claimpayment@acaadmin.com** for reimbursement.