



Claim Initiation Form

Prior authorization is required for repair/replacement. Please have the technician performing the work contact our office to obtain authorization prior to the work being performed. Failure to obtain prior authorization may result in denial of the claim.

Complete the following information in order to initiate the claim process:

Customer Name _____

Customer Address _____

Customer Phone # _____

Warranty #: _____

Vehicle Year, Make and Model _____

Vehicle Identification # (VIN) _____

Date of Purchase _____

Claims Submitted By: _____ Phone # _____

In order to obtain preauthorization, have the technician performing the work contact our Claims Department at 800 346 6469 Monday through Friday 8:00am to 5:00pm Central Time.

Please forward the following documents for reimbursement:

1. Copy of the final invoice with customer signature
2. Copy of the warranty

Documents may be mailed, faxed or emailed to the following:

MAIL	FAX	EMAIL
IAS 8201 North FM 620, Suite 100, Austin, TX 78726	512 257 4777	claims@iasdirect.com

IAS, Inc. reserves the right to investigate any claim prior to authorization.

The status of all claims can be viewed online at www.fasterclaims.com. The customer and/or technician will need to enter in the authorization code to be able to view the status and/or see what is still needed in order to process the claim.