

Prior Approval #

Date Issued:

Chassis Make: Year:

VIN (last 8):

Dealer:

Customer:

Address:

Customer Signature:

Qty Part # / Description Price



APPLICATION FOR ADJUSTMENT

1. If you request Warranty Parts from Medix, please mark in price columns.
2. Attach your shop work order and any sub contract bills with AFA.
3. One unit repair per AFA form.
4. You must have Prior Approval Number for work over \$150.00.

Claim Number

Date Repaired:

Mileage:

Date Returned to Customer:

Dealer Use

Medix Use

Total

Labor

Total

Parts

Total

Total Claim Allowed

Authorized By

Date

1. Complaint:

Description of Warranty Work

Cause:

Correction:

2. Complaint:

Cause:

Correction:

3. Complaint:

Cause:

Correction:

4. Complaint:

Cause:

Correction:

5. Complaint:

Cause:

Correction:

		Hrs.		Labor	
		Hrs. Allowed		Labor Allowed	
		Hrs.		Labor	
		Hrs. Allowed		Labor Allowed	
		Hrs.		Labor	
		Hrs. Allowed		Labor Allowed	
		Hrs.		Labor	
		Hrs. Allowed		Labor Allowed	