



## HOW TO FILE A CLAIM ONLINE FOR PAYMENT WITH EXPERT PROTECTION

Please submit completed claims with valid authorization number(s) for payment within 30 days. Authorization numbers are obtained by calling the Expert Protection Contact Center

- **Minimum requirements:**

1. The invoice must be signed by the contract holder to indicate the work has been completed satisfactorily and the product is in working order
2. The claim must be submitted for payment within 30 days of the completion of the repair.
3. The claim amount cannot exceed the authorized amount.
4. Each claim must be submitted with its own unique authorization number

### PLEASE FILE PAYMENTS ONLINE FOR PROMPT PAYMENT

If you do not have online access, please submit your Manual Claims by using Approved Service Forms such as:

1. NARDA Forms
2. Other documents containing the following information (Company Invoice):
  - i. Contract Holder's First and Last Name, Address, Phone #
  - ii. Contract #, minimum 10 Digit Authorization #
  - iii. Customer's Complaint and Cause of Failure
  - iv. Parts Costs with Mark-Up (List each part separately @ Servicer Cost + 25%)
  - v. Work performed (Break out all charges i.e., parts, labor, trip, etc.)

**NOTE: CLAIMS SUBMITTED WITHOUT AN AUTHORIZATION NUMBER WILL NOT BE PAID. ALL WORK ORDERS MUST BE SIGNED BY THE CONTRACT HOLDER AND SUBMITTED WITHIN 30 DAYS OF THE REPAIR, OR THE AUTHORIZATION IS VOID. IF THIS IS NOT POSSIBLE DUE TO PARTS PROBLEMS, PLEASE CONTACT Expert Protection TO PREVENT CANCELLATION OF THE AUTHORIZATION.**

The completed forms can be faxed to: **800-320-0919**. Please attach a Cover Sheet. If you have any questions, please Email us at: [AdjustingQuestions@waca.com](mailto:AdjustingQuestions@waca.com)

If you have submitted an invoice for payment and 30 days have passed without receiving payment please follow up with our Adjusting Dept.: **866-289-5169**.



The **Error Messages** below are the responsibility of the Service Center to correct and resubmit the claim for processing. All other **Error Messages** NOT on the list will be handled internally by the administrator.

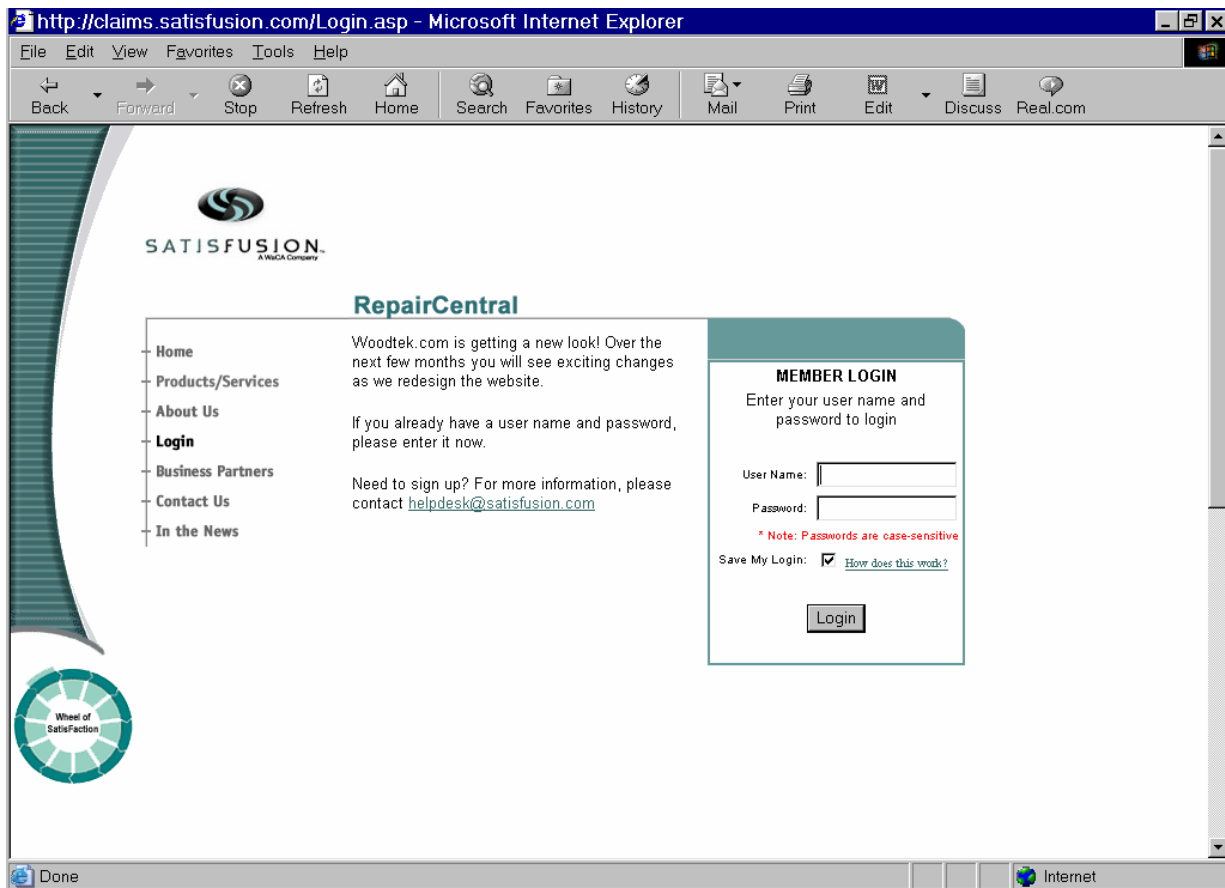
Error Message	Detail Description
Claim Number Is Required	Claim Number/Work Order Number Is Required
Authorization Number Required	Authorization Number is Required
Contract_Number_Required	Contract Number is Required
EIA Complaint Code	Missing Complaint Code
EIA Complaint Code	Invalid Complaint Code
Complaint Description Required	Complaint Description Required
Industry EIA Repair Code	Missing Repair Code
Industry EIA Repair Code	Invalid Repair Code
Repair Description Required	Repair Description Required
Repair Category - No Intermediate	Missing Repair Category
Repair Category - No Intermediate	Invalid Repair Category
Model Number Is Required	Model Number Required
Serial Number Is Required	Serial Number Required
Part Line Incomplete	Part Number Missing
Part Line Incomplete	Part Quantity Missing
Part Line Incomplete	Part Cost Missing
Part Line Incomplete	Part Description Missing
Purchase Date	Purchase Date is Not a Valid Date
Purchase Date	Purchase Date is Later than Today's Date
Service Request Date	Service Request Date Missing
Service Request Date	Service Request Date Later Than Completion Date
Service Request Date	Service Request Date Earlier Than Purchase Date
Service Request Date	Service Request Date Later Than Today's Date
Service Completion Date	Service Completion Date Missing
Service Completion Date	Service Completion Date Earlier Than Purchase Date
Service Completion Date	Service Completion Date Later Than Today's Date
Customer Information Required	Customer Name Required
Customer Information Required	Customer Address Required
Customer Information Required	Customer City Required
Customer Information Required	Customer State Missing or Invalid
Customer Information Required	Customer Zip Code Required
Customer Information Required	Customer Phone Number Required



- **Web Claims Submission:**

1. Logon on to: <http://claims.satisfusion.com>
2. To use the website, service providers must have an internet connection and a web browser. We recommend Microsoft Internet Explorer 5.0+ or Netscape 7.0 +
3. You will be required to provide a username and password (**Screen Shot #1**). Your username and password will be provided to you when you are set-up with Expert Protection as an authorized service provider.

### Screen Shot # 1

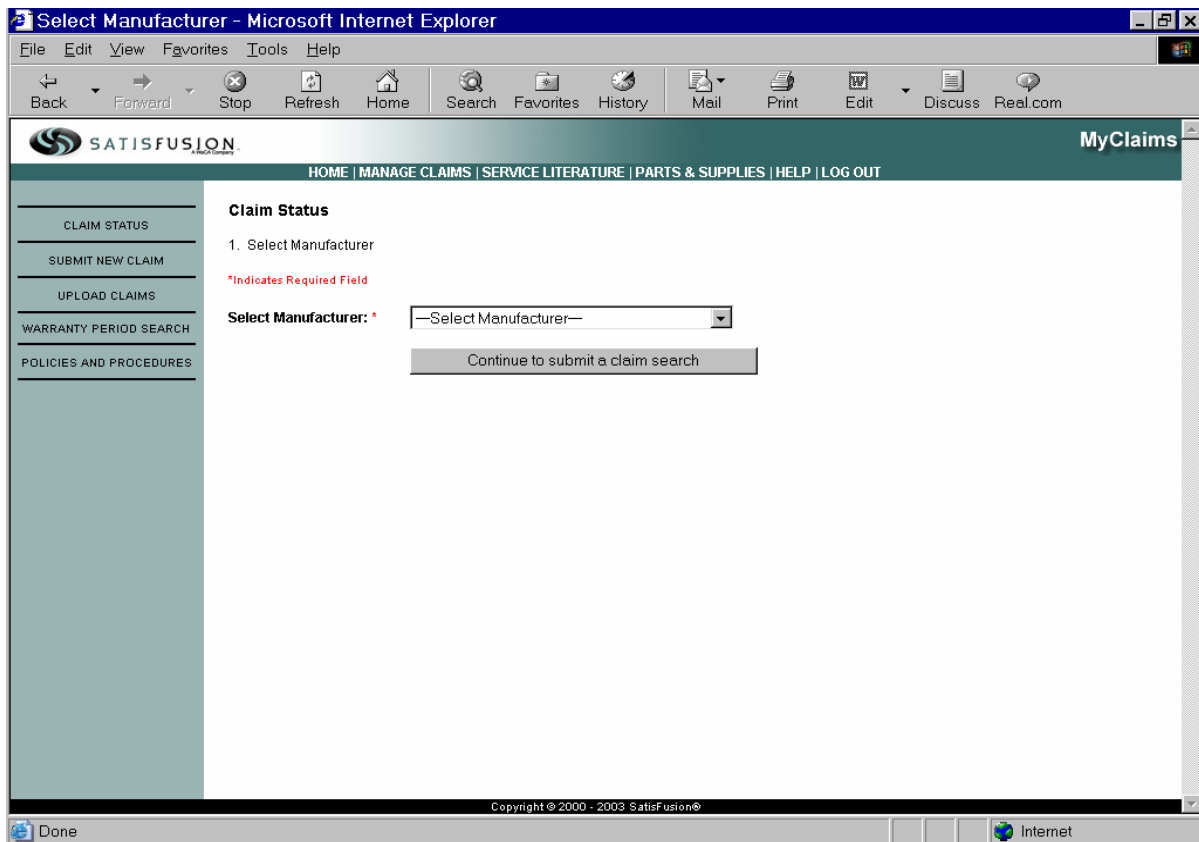




To **Submit New Claims**, follow the process below:

1. Click on **Manage Claims** from the main menu.
2. Click **Submit New Claim**.
3. Select **Manufacturer** from the drop down list (**Screen Shot #2**)

## Screen Shot # 2



The “**Claim Entry**” (**Screen Shot # 3**) will auto populates your “**Account #**”



1. “Claim Type” please select “Standard”.
2. “Repair Type” field does not need to be completed.
3. “Claim Number” is your reference/invoice number.
4. “Status” field will be auto populated.
5. Enter all Customer (Contract Holder) information as requested.

### Screen Shot # 3

Claim Entry			
Claim Information			
Manufacturer:	Toshiba America Consumer Products, Inc.	Claim Number:	<input type="text"/>
Service:	Service Center Name	Claim Status:	New
Account #:	<input type="text"/>		
Claim Type:	<input checked="" type="radio"/> Standard <input type="radio"/> Special Auth <input type="radio"/> Stock		
Repair Type:	<input type="checkbox"/> Labor <input type="checkbox"/> Parts <input type="checkbox"/> Special / Contract <input type="checkbox"/> Other		

Customer Information			
Last Name:	<input type="text"/>	State:	<input type="text"/>
First Name:	<input type="text"/>	Zip:	<input type="text"/>
Address:	<input type="text"/>	Country:	<input type="text"/>
City:	<input type="text"/>	Phone:	<input type="text"/>

“Product Information” (Screen Shot # 4) to be completed next.

Fill in all appropriate required information.

The “Dealer Name”, “Dealer City”, “Dealer State” are not required fields.



### Screen Shot # 4

Product Information			
Brand Name:	<input type="text"/>	Dealer Name:	<input type="text"/>
Model Number:	<input type="text"/>	Dealer City:	<input type="text"/>
Serial Number:	<input type="text"/>	Dealer State:	<input type="text"/>
Purchase Date:	<input type="text"/>		
Service Request Date:	<input type="text"/>		
Service Done Date:	<input type="text"/>		

[Model Lookup](#)

### “Repair Information” (Screen Shot # 5)

All fields, except for the “Repair Type”, need to be completed.

### Screen Shot # 5

Repair Information	
Complaint Code:	<input type="text" value="-Select Complaint Code-"/>
Complaint Description:	<input type="text"/>
Repair Code:	<input type="text" value="-Select Repair Code-"/>
Repair Description:	<input type="text"/>



### “Parts Information” (Screen Shot # 6)

Please complete the “Qty”, “Part”, “Description” and “Cost” fields. All other fields are not required.

### Screen Shot # 6

Parts Information						
Qty	Part	Invoice	Reference	Description	Cost	Returned
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>
<input type="text" value="0"/>	<input type="text" value="??"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$0.00"/>	<input type="checkbox"/>

### “Claim Amounts” (Screen Shot # 7)

Complete the applicable fields for your claim.

“Miscellaneous” (Screen Shot # 7) section will require you to provide the “Authorization Number” (Minimum of 10 Digits provided by Expert Protection) and the “Service Contract Number”.

All other fields do not have to be completed.

### Screen Shot # 7

Claim Amounts			
Labor:	<input type="text" value="0.00"/>	Shipping:	<input type="text" value="0.00"/>
Local Tax:	<input type="text" value="0.00"/>	COD Fee:	<input type="text" value="0.00"/>
State Tax:	<input type="text" value="0.00"/>	Misc. Other:	<input type="text" value="0.00"/>



Upon completion of all required sections, click the “**SUBMIT**” button and the claim will be validated.

The claim will reject if there is missing, incorrect, or incomplete information.

In the example below, both the contract and authorization number have been omitted.

For the claim to be processed, all **Rejection Reasons** must be corrected and resubmitted. In order for your claim to be processed for payment, the **Claim Status** will be placed in either a **Validated** status or **Hold for Review** status.

### **Screen Shot # 8**



Claim Display - Microsoft Internet Explorer provided by Warranty Corporation

Address: http://claims.satisfusion.com/asp/ClaimDisplay.asp?id=25170%7C128723

Satisfusion Business Central

HOME | MANAGE CLAIMS | MAINTENANCE | SERVICE LITERATURE | HELP | LOG OUT

### Claim Details

#### Claim Information

Manufacturer :	Expert Protection	Claim Number :	128723
Service :	J & L ELECTRONICS	Claim Status:	REJECTED
Account Number:	BRSJ&L1	Claim Type:	SC

Comments: [View](#)

#### Reject Reasons

### Rejection Reasons

Message	Error Specifics	Error Status
Authorization Number Required		REJECTED
Contract Number is Required		REJECTED

#### Customer Information

Last Name:	FRIEDMAN	State/Province:	VA
First Name:	JOEL	Zip/Postal Code:	24121
Address:	111 WOODLEY RD	Country:	MONETA
City:	VA	Phone:	5402979362

#### Product Information

Brand Name:	MAYTAG	Dealer Name:	J&LELECTRONICS&APPL
Model Number:	MDB8751AWW	Dealer City:	BEDFORD
Serial Number:	10291640GL	Dealer State/Prov:	VA
Product Class:			
Purchase Date:	10/28/2005		
Service Request Date:	04/17/2008		
Service Done Date:	05/05/2008		

#### Repair Information

Complaint Code:	CDIS
Complaint Description:	DISHWASHER MAKING LOUD NOISE
Repair Code:	CLEA
Repair Description:	CLEANED HARD DEBRIS FROM FPPD CHOPPER
Repair Category:	Minor on-site service
Repair Type:	Other

To correct rejections, scroll to the bottom of screen and click the **Edit Claim** button. This will open the claim in edit mode, allowing you to update the fields which require corrected information. Click the **Submit** button to revalidate the claim.

## Screen Shot # 9



Claim Display - Microsoft Internet Explorer provided by Warranty Corporation

Address: http://claims.satisfusion.com/asp/ClaimDisplay.asp?id=25170&TC128723

Serial Number: T02916400L Dealer State/Prov: VA

Product Class:  
 Purchase Date: 10/28/2005  
 Service Request Date: 04/17/2008  
 Service Done Date: 05/05/2008

**Repair Information**

Complaint Code: CDIS  
 Complaint Description: DISHWASHER MAKING LOUD NOISE  
 Repair Code: CLEA  
 Repair Description: CLEANED HARD DEBRIS FROM FPPD CHOPPER  
 Repair Category: Minor on-site service  
 Repair Type: Other

**Parts Information**

Qty	Part Number	Description	Invoice	Distributor	Cost

**Claim Amounts**

Claimed Amounts		Approved Amounts	
Parts:	0.00	Parts:	0.00
Labor:	65.00	Labor:	0.00
Local Tax:HST:	0.00	Local Tax:HST:	0.00
State Tax:PST:	0.00	State Tax:PST:	0.00
Federal Tax:GST:	0.00	Federal Tax:GST:	0.00
Shipping:	0.00	Shipping:	0.00
COD Fee:	0.00	COD Fee:	0.00
Trip Charge:	0.00	Trip Charge:	0.00
Mileage Charge:	0.00	Mileage Charge:	0.00
Other Claimed:	0.00	Other Approved:	0.00
<b>Total Claimed:</b>	<b>65.00</b>	<b>Total Approved:</b>	<b>0.00</b>

**Miscellaneous**

Special Claim Code: Microwave Before: 0  
 Sticker Type: Microwave After: 0  
 Sticker Number: Mileage: 0  
 Authorization Number: Refurbished: N  
 Claim Source: WEB Period End Date: 5/31/2008

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