

Payment Policy

Herb Chambers Collision Center
75 Lundquist Drive
Braintree, MA 02184
781- 849-7700

Thank you for giving us the opportunity to service your vehicle.

We encourage you to **remove all personal belongings** from your vehicle before leaving it for repair. Since there is often great deal of disassembly of the vehicle during repair, it is impossible for us to secure or be responsible for those personal items.

- **We are not responsible for customers' substitute transportation or RENTALS.**
- **We are not responsible for any Rental charges or fees, Rental vehicle upgrades or Rental re-imburement of any kind during the repair of your vehicle.**

ACKNOWLEDGMENT _____

In order to offer each of our customers the best possible service,
We want to make you aware of our payment policy.

Payments maybe made as follows:

- **Insurance checks** We prefer that the **Original Insurance Checks** be used as payment, endorsed to "Herb Chambers Collision Center"
- **Direction To Pay** This method of billing requires the signatures of the vehicle owner and written confirmation from your authorized insurance representative.
- **All major credit cards.**
- **All other payments** Bank Checks, Certified Bank Checks, Money Orders, Personal Checks & Cash. "WE DO NOT ACCEPT 3RD PARTY PAYMENTS" or any single payment over the amount of \$5000.00

It is important that finished vehicles be picked up as soon as possible after completion. If vehicles are not picked up within 48 hours after notification, storage charges may take effect.

The vehicle owner is ultimately responsible for full payment of all authorized repairs. If you have any questions, please ask.

ALL REPAIRS MUST BE PAID FOR IN FULL AT THE TIME VEHICLE IS PICKED UP. WE WILL ASSIST YOU IN ANY WAY WE CAN WITH YOUR INSURER, HOWEVER IT IS YOUR RESPONSIBILITY TO SECURE PAYMENT FROM THE INSURER.

ACKNOWLEDGEMENT _____

COPY TO CUSTOMER

Supplemental Payment Authorization Direction to Pay

According to the provisions of the Direct Payment regulations of the Massachusetts Division of Insurance, 211 CMR 123.05(4)(b), an insurer shall evaluate the source of any differences between an insurer's appraisal and the cost of repairs and shall either authorize or deny a supplement payment within 3 business days after the notification of such differences and inspection of the vehicle, and if so requested, the claimant or the repair shop shall make the vehicle available for inspection by the insurer. The insurer shall not delay such inspection for more than 3 days without the consent of the vehicle owner. If the insurer makes a timely request for inspection, the insurer will either authorize or deny a supplemental payment within 3 business days after the inspection. The claimant may direct the insurer to make any supplemental payment to the repair shop, provided the repair shop is registered under M.G.L Chapter 100A. Otherwise, any payments must be made directly to the claimant.

Insurance Company:	Repair Shop: Herb Chambers Collision Center 75 Lundquist Drive Braintree, MA 02184
Claimant:	Phone: 781-849-7700
Claim #:	Fax: 781-843-7128
Date of Loss:	RS #0001354 EXPIRES: 05-31-2013 ISSUE DATE: 06-01-2004
Amount Due:	Tax ID # 04-239-4748
Adjuster Phone: Fax:	

The undersigned hereby directs my insurer to make any supplemental payments for repairs to the above named shop and only the above named shop.

Claimant name (please print) _____

Claimant Signature _____ Date _____

Upon signature, fax a copy to the insurer, and mail the original (preferably certified) to the insurer. Claim Representative **MUST** sign as confirmation of receipt, and it must be on file at Herb Chambers Collision Center before release of the vehicle.

Claim Rep/Supervisor name (please print) _____

Claim Rep/Supervisor Signature _____ Date _____

Insurer, once you have acknowledged this **Direction To Pay**, please fax your signed confirmation to the above named repair shop. Thank you for your assistance.