ORHP Authorization #:

OLD REPUBLIC HOME PROTECTION
We're People Helping People

Instructions for Plan Holder to obtain Authorization for services provided by an Out-of-Network Contractor

Your Plan requires that covered repairs or replacements are performed by an In-Network contractor selected by ORHP. However, under certain circumstances, you may be authorized to have the work performed by an Out-of-Network Contractor:

1. If the repair or replacement cost is covered under the terms and conditions of your Plan, you may have the work performed by the Out-of-Network contractor without obtaining prior authorization from ORHP **provided that the cost of the covered work is $250 or less. Once the work is completed,** submit this form to us with the invoice. Once the repair or replacement is determined to be covered under the terms and conditions of your Plan, ORHP will reimburse you for the cost that it would have paid to an in-Network Contractor, which may be less than the cost that you incurred.

2. For repairs or replacements exceeding $250, PRIOR TO UNDERTAKING ANY REPAIR OR REPLACEMENT, YOU MUST CALL our Authorization Department at (800) 858-4488 to provide a description of the problem and the diagnosis for the repair or replacement. **Once the work is completed,** submit this form to us with the invoice. ORHP reserves the right to obtain a second opinion from an In-Network contractor before authorizing work by an Out-of-Network Contractor.

3. When the job is complete, fax a copy of this form along with a signed copy of the contractor's invoice to (877) 866-6135, or return a copy by mail to PO Box 5017, San Ramon, California, 94583, and upon confirming that the repair or replacement is covered by your Plan, reimbursement will be made subject to the above limitations. NOTE: Please photocopy carbon copies and fax the copy to ensure writing is legible. Illegible writing will delay processing.

I have read and agree with the terms of this document.

Signed:_____
(Plan holders signature)

Plan #:_____ Plan Holder Name: _____ Phone Number: (____) ____-_____

Covered Property Address: _____ City/State/Zip _____

Mailing Address (if different): _____ City/State/Zip _____

Service/Contractor Company Name: _____

Servicing Technician's Name: _____ Office Phone Number: (____) ____-_____

Diagnosis: What part, component, and/or system failed?

_____

_____

What is the cause and/or reason for the failure?

_____

_____

Cost to repair or replace:

Part Cost	*Part Description*
$_____	_____
$_____	_____
$_____	_____
$_____	_____

$_____ Total Labor Your Hourly Rate: $_____ x # of Hours: _____

$_____ Tax

$_____ = Job Total

Notes:

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