ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST

If your vehicle was involved in an accident please provide a declination letter from your insurance company. Reimbursement requests must be received within 30 days of the date of service.
Claims without receipts will be denied.
Please allow 45 days for review and processing.

2840 Eastern Blvd
York, Pennsylvania 17402
(717) 600-8900 Ext. 8881
reimbursements@midstates.aaa.com
www.AAA.com

Send this completed form and all receipts to:
Reimbursements@midstates.aaa.com

Membership Tier
- ☐ Basic
- ☐ Plus ☐ RV
- ☐ Premier ☐ RV

Date of disablement: __ /__ /2024

Membership Number : ☐☐☐ ☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Member Name _____ _____

Address _____

Contact # ☐☐☐☐☐☐☐☐☐☐ **E-Mail** _____@_____

Breakdown Location _____ **Tow Destination** _____

Please check all that apply to your reimbursement:

- ☐ TOW ☐ INSTALL SPARE ☐ DAMAGE CLAIM
- ☐ LOCK-OUT ☐ LOCKSMITH ☐ BATTERY
- ☐ JUMP START ☐ FUEL DELIVERY ☐ TRIP INTERRUPTION

Vehicle Year ☐☐☐☐

Vehicle Make/Model _____

License Plate _____

Explanation/Desired Resolution

_____

_____

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_____

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_____

_____

_____

_____

_____

Was AAA Called? ☐ Yes ☐ No **Did you present your AAA Card to the facility?** ☐ Yes ☐ No

_____ __ __/__ __/20__ __

Member Signature (Required)

AAA Acounting Use Only

AC# ☐ **CC#** ☐ **Call History** ☐ **Cost History** ☐ _____ **Authorized** **Date**

Basic $ ☐ **Plus $** ☐ **Premier $** ☐ **RV Plus $** ☐ **RV Prem. $** ☐ **Total $** ☐ **Letter** ☐