ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST

For reimbursement consideration, please complete this form and sign. Email this along with any supporting documentation including all receipts to:

Reimbursements@midstates.aaa.com

If your vehicle was involved in an accident please provide a towing coverage 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.

Basic \$

Plus \$

Premier \$

RV Plus \$

RV Prem. \$

Total \$

Letter



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

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tact#	E-Mail		
akdown ation ————————————————————————————————————	Tow Destination		
ce Report #	Vehicle	Make	
se/Date/Type of Disablement	Year	Model	
	19 20	Color	
		Tag	
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Was AAA Called? Yes No Did	you present your AAA	Card to the facility?	Yes No
Was AAA Called? Yes No Did	you present your AAA	Card to the facility?	Yes No
Was AAA Called? Yes No Did Member Signature	you present your AAA		Yes No