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**Direction to Pay**Reg. # 1752 Tax # 042937648

**Claimant/Insured:**  
 **Claim Number:   
  
Date of Loss: / / Amount Due:   
  
Adjuster: Carrier:**

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 difference between the insurer’s appraisal and the cost of repairs and either authorize or deny a supplemental payment within 3 business days after the notification of such differences and inspection by the insurer. The insurer shall not delay such inspection for more than 3 days without the consent of the claimant. 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. c 100A. Otherwise, any payments must be made directly to the claimant.

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

By signing, I attest that I am the authorized policy holder for this vehicle to sign the Direction to Pay.

**Claimant Signature: Date: / /**

The Laws and regulations referred to are part of the Massachusetts Auto Insurance Reform Act of 1998.

The undersigned agrees to make payment based on 211 CMR 123.05 (1) within 5 business days of the preparation of the supplemental appraisal and hereby acknowledge that this supplemental claim form will be used. The acceptance of this form indicates the above named insurance company will follow the CMR’s and MGL’s of the Commonwealth.

**Claim Rep/Supervisor Signature: Date: / /**