

return authorization

problem description

	Device		Contact Info	mation	
Туре		Name	Name		
Aodel		Phone	Phone		
rial #		E-Mail	E-Mail		
Problem De	scription				
	· -				
	Ship To		Bill To		Billing
Name	Ship To	Name	100-000-01-00-00.TH	olicy Holder	Billing
Name [Facility [Ship To	Name Facility	100-000-01-00-00.TH	olicy Holder Primary	Billing
Facility [Ship To		100-000-01-00-00.TH	2000000	Billing
Facility [Ship To	Facility	100-000-01-00-00.TH	Primary	Billing
Facility [Pepartment [Ship To	Facility Department	100-000-01-00-00.TH	Primary Policy No.	Billing
Facility Pepartment Street 1	Ship To	Facility Department Street 1	Po	Primary Policy No. Secondary	Billing
Facility Department Street 1 Street 2	Ship To	Facility Department Street 1 Street 2	Po	Primary Policy No. Secondary Policy No.	Billing
Facility Pepartment Street 1 Street 2 City	Ship To	Facility Department Street 1 Street 2 City	Po	Primary Policy No. Secondary Policy No. ntact Name	Billing