#### **CCC®** Workflow Appraiser Management – Payment Requests

**Overview** The Payment Requests tab displays existing payment requests and lets you create new payment requests. This document explains how to use the Submit New Requests button for viewing and submitting payment requests. New Select the **Payment Requests** tab on the CCC Portal, and then click the Payment Submit New Requests button (#1). Requests Payment Requests Upload Notes History In this example, no No payment requests have been submitted payment requests have Submit New Requests been submitted.

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Enter and Submit
 Payment
 Information
 After you enter the information, click on the Submit button to submit the payment request, or click on the Submit & Notify button to notify additional recipients for the submitted payment request (#2).

Clicking on **Cancel** on the Submit Payment Requests window closes the window and the payment request is not submitted.

	Submit Payment Requ	Submit Payment Requests						
	Cycle Time Dates							
	Date In*	Date Out* mm/dd/yyyy	Date Started* mm/dd/yyyy	*Required Date Completed*				
Note: If EMS data has	Rilling Quidelines			Repair Cycle Time(days) 0				
for a claim, some fields will be pre-populated.	Labor 48.50	Labor hours 23.60	Parts 613.65	Paint Materials \$ 0.00				
If no EMS data exists, the fields will be blank,	Glass \$ 0.00	Towing \$ 0.00	Rental \$ 0.00	Rental Days 0				
and you manually enter the field information.	Sublet \$ 0.00	Storage \$ 0.00	Tax \$ 0.00	Betterment \$ 0.00				
You can enter '0' and	Unrelated Prior Damage \$ 0.00	Other \$ 0.00						
fields which accept '\$'.	Total 662.15	Estimate Total 693.75	Company Pays 662.15	S 0.00				
	Tax Information Repair Facility	Rental Car Company	Tax ID #	Tax ID #				
	Instructions Payment Request Instruct	tions		2				
			Cancel Clear	Submit Submit & Notify				

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The following fields are on the s	Submit Pay	ment Requ	uests wind	ow:
n & Date Out	Submit Payment Requ	iests		×
tarted & Date Completed	Cycle Time Dates	_	_	*Required
and Date Completed)	Date In* mm/dd/yyyy	Date Out* mm/dd/yyyy	Date Started*	Date Completed*
Hours				Repair Cycle Time(days)
Materials	Billing Guidelines	Labor hours	Parts	Paint Materials
	48.50	23.60	613.65	\$ 0.00
9	Glass	Towing	Rental	Rental Days
Days	Sublet	Sterese	Tax	Detterment
e	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
(you can enter a label for 'Other')	Unrelated Prior Damage \$ 0.00	Other \$ 0.00		
ment ted Prior Damage	Total 662.15	Estimate Total 693.75	Company Pays 662.15	Customer Pays \$ 0.00
calculated field) ner Pavs	Tax Information			
te Total (calculated field – Based on Estimate ##)	Repair Facility	Rental Car Company	Tax ID #	Tax ID #
any Pays (calculated field)	Instructions			
me (required) Car Facility	Payment Request Instruct	ions		
Tax ID			Cancel Clear	Submit Submit & Notify
nt Request Instructions (never pro filled)				

#### . . . . . - -. .

- · Date Ir
- · Date St
- · Cycle 1
- $\cdot$  Labor
- Labor
- · Parts
- · Paint N
- Glass
- · Towind
- Rental
- Rental
- Sublet
- Storage
- · Other
- Tax
- Bettern
- Unrelat
- · Total (d
- · Custon
- Estimation
- · Compa
- · RF Nar
- Rental
- Rental
- Payment Request Instructions (never pre-filled)

#### Note: Cycle Time Dates Are Required (+) Mandatory Fields:

If any of the mandatory (required\*) fields are missing data and you click on the Submit or Submit & Notify button Cancel Clear Submit & Notify an error message will display on the screen:

Submit Payment Requests	There was an error with your submission:     Date In is a required field Please enter a value
Cycle Time Dates	Cycle Time Dates
*Required	*Required
Date In*     Date Out*     Date Started*     Date Completed*       mm/dd/yyyy     08/04/2020     08/04/2020     08/04/2020     08/04/2020	Date In*         Date Out*         Date Started*         Date Completed*           mm/dd/yyyy         Image: Started*         08/04/2020         Image: Started*
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#### Once submitted, Payment Requests will be listed on the Payment Requests tab

The Payment Requests view displays the following columns: Checkbox / Date / Request / Based On / Submitted By / Amount / Status

If there are previously submitted payment requests, the tab displays the list of submitted requests:

Upload	Payment Requests	Note	s History				
	Date		Request	Based On	Submitted By	Amount	Status
	08/04/2020		Payment Request - 05	Supplement 01		\$ 662.15	•
	08/03/2020		Payment Request - 04	Estimate 01		\$ 595.20	•
	08/03/2020		Payment Request - 03			\$ 509.33	•
	08/03/2020		Payment Request - 02			\$ 112.00	•
	08/03/2020	20	Payment Request - 01		and the second second second	\$ 20.00	•
Submit Nev	v Requests Print		<b>Note</b> : You can the appropria clicking the <b>S</b> the Submit Pa	n create a ite box 🗹 ubmit New ayment Ree	new payment requ to update a paym <b>w Requests</b> buttor quests widow.	uest (or check lent request) b n. This opens	у

### A business event will be created and available on the claim History tab for the submitted payment request:

Upload	Payment Requests	Notes	History		
Event Date	2			User ID	Description
2020/04/04	06:20:15 PM GMT			av@	Payment Request added to the Claim Folder Created

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			F				
Upload	Payment Requests	Notes Histor					
	Date	Request	Based On	Submitted	I By	Amount	Sta
	08/04/2020	Payment Request - 05	Supplement	01		\$ 662.15	•
	08/03/2020	Payment Request - 04	Estimate 01			\$ 595.20	•
	08/03/2020	Payment Request - 03				\$ 509.33	•
	08/03/2020	Payment Request - 02				\$ 112.00	•
	08/03/2020	20 Payment Request - 01				\$ 20.00	•
	File ID: Payment Requ	P iest - 05	ayment Re	equest		Status: SUBMITTED	
	File ID: Payment Requ — Claim Informa	P uest - 05	ayment Re	equest		Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number:	tion NSURANCE CC new01	Payment Re	Claim Office: Date of Loss: Deductible:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name:	P Ition INSURANCE CO new01	Payment Re	Claim Office: Date of Loss: Deductible: Phone:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Details	ttion INSURANCE CO new01 TEST, TEST	Payment Re	Claim Office: Date of Loss: Deductible: Phone: Phone:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Name: Claimant Details Claimant Name: Vehicle Details	ttion INSURANCE CO new01 TEST, TEST	MPANY	Claim Office: Date of Loss: Deductible: Phone: Phone: Phone:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requent Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Details Claimant Details Claimant Name: Vehicle Details Vehicle: VIN: Area of Damage : Rental Coverage:	P ttion INSURANCE CO new01 TEST, TEST 2002 Acura RSX AUTOMATIC Right Rear	MPANY W/LEATHER	Claim Office: Date of Loss: Deductible: Phone: Phone: Phone: Mileage: License Plate: Driveable:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Request Claim Information Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Details Claimant Name: Vehicle Details Vehicle: VII: Area of Damage : Rental Coverage:	P tion INSURANCE CO new01 TEST, TEST 2002 Acura RSX AUTOMATIC Right Rear	MPANY W/LEATHER	Claim Office: Date of Loss: Deductible: Phone: Phone: Phone: Mileage: License Plate: Driveable:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Name: Claimant Details Claimant Name: Vehicle Details Vehicle Details Vehicle: VIN: Area of Damage : Rental Coverage: Payment Requ Based on Suppler	P test - 05 tion INSURANCE CO new01 TEST, TEST 2002 Acura RSX AUTOMATIC Right Rear Uest Information ment 01	WILEATHER	equest	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requent Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Details Claimant Details Claimant Details Claimant Name: Vehicle Details Vehicle: VIN: Area of Damage : Rental Coverage: Payment Requent Based on Suppler Cycle Time Dates	P test - 05 tion INSURANCE CO new01 TEST, TEST 2002 Acura RSX AUTOMATIC Right Rear Uest Information ment 01	MPANY W/LEATHER	Claim Office: Date of Loss: Deductible: Phone: Phone: Phone: Mileage: License Plate: Driveable:	CLAIM C 01/01/2020 \$100.00	Status: SUBMITTED	
	File ID: Payment Requ Claim Informa Insurance Company: Claim Reference ID: Policy Number: Agent Details Name: Insured Details Insured Name: Claimant Details Claimant Name: Vehicle Details Vehicle Details Vehicle: VIN: Area of Damage : Rental Coverage: Payment Requ Based on Suppler Cycle Time Dates Date In: Date Out:	P ttion INSURANCE CO new01 TEST, TEST 2002 Acura RSX AUTOMATIC Right Rear Uest Information ment 01 01/01/2020 01/04/2020	WILEATHER	Claim Office: Date of Loss: Deductible: Phone: Phone: Phone: Mileage: License Plate: Driveable:	CLAIM C 01/01/2020 \$100.00 Unknown	Status: SUBMITTED	

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You can select one or multiple Payment Requests to print by selecting their check boxes and clicking on the **Print** button (**#3**).

	Upload	Payment Reques	ts Notes	History
		Date		Request
		08/04/2020		Payment Request - 05
5		08/03/2020		Payment Request - 04
		08/03/2020		Payment Request - 03
		08/03/2020		Payment Request - 02
		08/03/2020	20	Payment Request - 01
	Submit N	lew Requests Print	3)	

The application opens all the selected Payment Requests in a single PDF file:

File ID: Payment Request - 02 Status: SUBMITTED							
nsurance Company:	INSURANCE COMPANY	Claim Office:	CLAIM OFFICE				
Claim Reference ID:	POLICCY	Date of Loss:	01/01/2020				
olicy Number.	FOLICET	Deducable.	\$100.00				
Agent Details	ACEN CLAIM PER	Phone					
vanie.	AGEN CLAIM REP	Flidile.					
nsured Details	NAME LAST	Phone					
nsured Name.	NAME, LAST	Phone.					
Claimant Details		Disease					
Jaimant Name:	UNKNOWN, CLAIMANT	Phone:					
Vehicle Details							
/ehicle: /IN·	2004 BUICK PARK AVENUE	Mileage:	12,355				
Area of Damage :	Front,Left Front Pillar	Driveable:	Unknown				
Rental Coverage:							
Payment Reque	st Information						
Based on Estimate	01						
Cycle Time Dates							
Date In:	01/01/2020	Date Started:	01/01/2020				
Date Out:	01/04/2020	Date Completed:	01/04/2020				
Repair Cycle Time:	5						

#### **CCC®** Workflow Appraiser Management – Payment Requests,

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#### Submitted Payment Request Documents Display for Insurance Companies

Payment requests submitted by appraisers are available for the insurance company to review, accept, or decline on the insurance company's claim folder Summary tab:

04/04/2020	Payment Request - 08	E01	-\$9805.59	Accepted	review create check request
04/04/2020	Payment Request - 07	E01	-\$1225.67	Declined	review create check request

Based on the insurance company action (Accept or Decline), the payment request status is updated on the appraiser's Payment Requests tab:

Upload	Payment Requests	Notes History				
	Date	Request	Based On	Submitted By	Amount	Status
	04/04/2020	Payment Request - 07	Estimate 01	HED BOOK CLUBOR COVER	\$ -1225.67	
				Payment Requ	est Accepted	
				Payment Requ	est Declined	