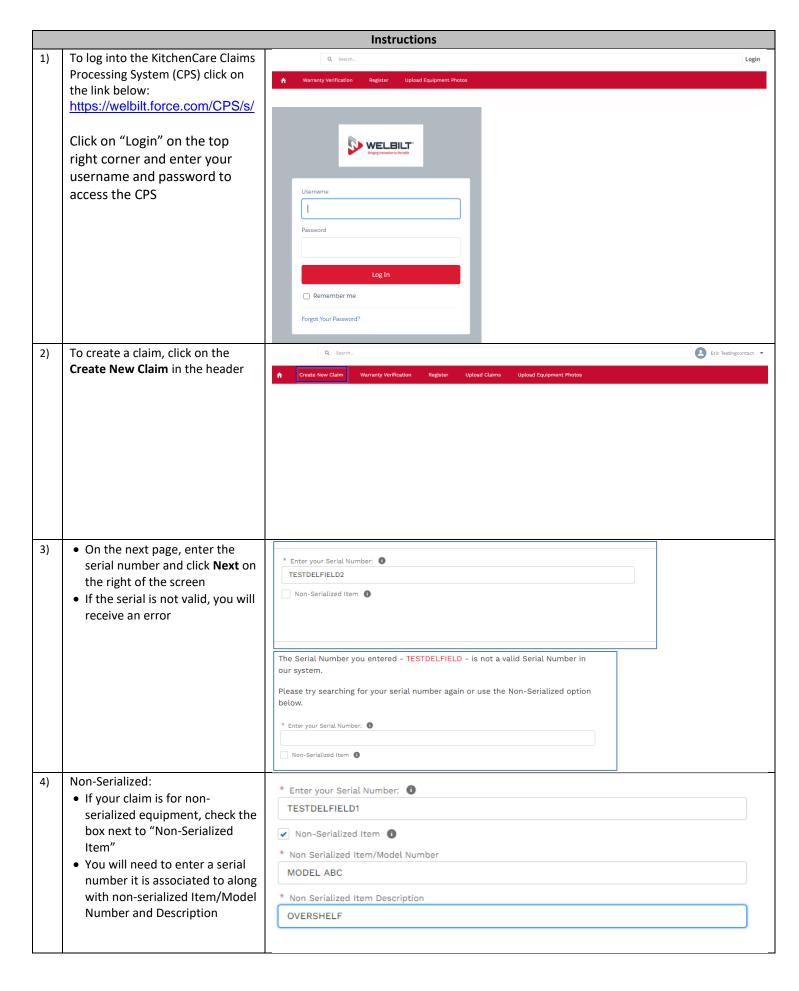
WELBILT KITCHENCARE	Instructions:	New KitchenCare Claim Processing System	Date:	11/18/2020	
RICHENCARE		Claim Creation & Submittal			
	Notes	1. The KitchenCare CPS is compatible with G	-	•	
		2. Any field with an asterisk (*) is required to be populated			
		3. Claim Type Definitions			
		Campaign/Re-work: Rework, Retrofit			
		Extended Warranty: Warranty claim	-	t that has warranty	
		coverage beyond the standard warra			
		Field Test: Field test worked perform	ned as direct	ed by the	
		manufacturing facility.			
		Installation: Equipment installation claims.			
		Preventive Maintenance: Preventive maintenance & performance check			
		work.			
		Replacement Part: Replacement parts warranty only.			
		Special Services: Site surveys.			
		• Standard Warranty: Labor and/or parts for a product in warranty.			
		<ul> <li>Start Up: Equipment startup.</li> </ul>			
		<ul> <li>Goodwill: Concessions</li> </ul>			
			• Other: Concessions and claims that do not fit any other category.		
		2. Claim Status Definitions:			
		<ul> <li>Draft – Claim has been created and s</li> </ul>			
		<ul> <li>Submitted— Claim has been submitted</li> </ul>	· · · · · · · · · · · · · · · · · · ·	=	
		<ul> <li>Received – Claim has been received be</li> </ul>		_	
		<ul> <li>Approved – Claim has been reviewed</li> </ul>	dand approv	ed for payment.	
		<ul> <li>Approved-Adjusted – Claim has been</li> </ul>		approved for payment	
		with adjustments made to the claim.			
		<ul> <li>Approved By Hub – (not currently us</li> </ul>		·	
		<ul> <li>Approved Adjusted by Hub – (not cu</li> </ul>		•	
		<ul> <li>Awaiting Parts Return - Claim payme</li> </ul>	_	eld until required parts	
		are returned to the manufacturing fa			
		<ul> <li>Awaiting Invoice – Invoice is needed</li> </ul>			
		<ul> <li>Invoice Attached – Status after claim</li> </ul>	in "Awaiting	g Invoice" is	
		resubmitted by claim submitter.			
		Pending for Information – External -			
		information from claim submitter (cla	aim is opene	d for submitter to make	
		changes and resubmit).		1 11 19 6 11	
		Pending for Information – Internal –  information from to about a large and a large a			
		information from technical support o			
		Resubmitted – Status after claim in "	Pending for	Information – External	
		is resubmitted to manufacturer.		linte Comitee	
		Processed for Payment – Claim has b     Maintenance by claim processor.	een entered	into Service	
		Maintenance by claim processor.	ad donied fo	r novement	
		Denied – Claim has been reviewed an  Denied By Manufacturer (not sure)			
		<ul> <li>Denied By Manufacturer – (not curred)</li> <li>Status change email notifications: Each ti</li> </ul>			
		a notification email with the current statu		=	
		except for the following statuses: Pendin		·	
		by Manufacturer, and Processed for Paym		ation internal, Defiled	
		of managedici, and i rocessed for rayin			



5)	<ul> <li>The next page will display asset information</li> <li>Enter the Install Date and Purchase Date (if known)</li> <li>If the unit has been registered, the date fields may already be populated</li> <li>Click Next at the right of the screen</li> </ul>	Registration Date: November 18, 2020  Serial Number: TESTDELFIELD1  Model/Item Number: MODEL123  Brand: DELFIELD  Item Description: 2 DOOR REFRIGERATOR  Original Install Date: October 27, 2020  Original Purchase Date: October 27, 2020  Purchase Date  Oct 27, 2020  * Install Date  Oct 27, 2020  Asset Location Details *		
6)	Populate the Owner Information fields  If the Equipment Location is the same as the Owner Location, check the box on the screen and the address information will be on the next page for the Equipment Location.  The box must be checked prior to going to the next page.  Click Next on the bottom right of the page	Owner Information  *Business/Individual  Business  First Name  Last Name  Owner Email  email@email.com  * Owner Phone  555-555-5555  Check this box if the Equipment Location is the same as the Owner Location	* Company  MOM AND POP'S ICE CREAM SHOP  * Address Line 1  123 NORTH POLE LANE  Address Line 2  Address Line 3  Suita/Apartment/Room #  * City/Town  TWO RIVERS  * Country  United States  * State/Province  Wisconsin  * Postat/Zip Code  5 4241	
7)	<ul> <li>Populate Equipment Location information if the check box was not checked on the previous page that the information is the same as Owner Information</li> <li>Click Next on the bottom right of the page</li> </ul>	Equipment Location  * Location Name ●  Mom AND POP'S ICE CREAM SHOP  * Location Type  Commercial  * Contact Name  * Contact Phone  555-5555  Contact Email  email@email.com	*Chain Name ●  *Chain Name ●  NONE  * Address Line 1  123 NORTH POLE LANE  Address Line 3  Address Line 3  Suite/Apartment/Room #  * City/Town  TWO RIVERS  * Country  United States  * State Province  Wisconsin  * Previous  Next	
8)	<ul> <li>Attach a proof of purchase or proof of installation if available by uploading from your local network or drag and dropping</li> <li>Click Next at the right of the page</li> </ul>	Attach Files (Max file size 2 MB)  Notice: Proof of Purchase is not required for warranty registration  Even if it is not required including the Proof of Purchase/Installation may help expedite warranty claim processing in the case you have a warranty failure.  Proof of installation		

