



Customer & Vehicle Information (PLEASE PRINT OR TYPE)

Name: _____

Daytime Phone Number: _____

Address: _____

City: _____ State _____ Zip Code _____

Email: _____

Vehicle Identification Number (VIN): _____

Customer Signature _____ Date: _____

Licensed Medical Doctor Validation

Description of Customer's Disability/Limitation

Physician's Name: _____

Physician's Signature _____

Valid State Medical License Number _____ State _____

Adaptive Equipment Information

List All Adaptive Equipment Installed

Vehicle Mileage: _____

Date of Adaptation/Conversion Completion: _____

Amount of Reimbursement Request \$ _____
(\$1,000 Maximum Available)

Customer Checklist

Have You Provided the Following?

- Copy of Vehicle Sales or Lease Agreement
- Copy of Invoice detailing Mobility Modifications or Equipment Installed
- Copy of proof of Customer Payment for Modifications or Equipment
- All Signatures (including customer name, address, & VIN)
- Physician's Signature/Statement
- Copy of Prescription/Medical Documentation
- Contributing Medical Insurance Company Name & Policy No.
- Copy of Valid State Driver's License

Keep a copy of all documents for your file and mail copies of receipts with this application to:

American Honda Motor Co., Inc.
Automobile Customer Service
P.O. Box 2964
Torrance, CA 90509-2964
Fax 310-224-6501 | csc@ahm.honda.com

NOTE: Reimbursements will be processed and mailed within 4 weeks of receipt of all required documentation. Documents will not be returned.

Program Elements

Honda will provide a reimbursement of up to \$1,000 to each eligible, original retail customer for expenses incurred to purchase and install qualifying adaptive equipment on any eligible purchased or leased Honda vehicle.

Honda suggests that you request a copy of Department of Transportation brochure "Adapting Motor Vehicles for People with Disabilities." Copies are available by visiting [nhtsa.gov](https://www.nhtsa.gov). Search using key words "Adapting Motor Vehicles"

The process includes these steps:

1. Determine your state's driver's license requirements.
2. Evaluate your needs - You may wish to contact the National Mobility Equipment Dealers Association (NMEDA) for more information.
3. Select the right vehicle - Consult with your evaluator, an adaptive installer, and your local Honda dealer to determine the best Honda model to meet your needs.
4. Choose a qualified mobility equipment installer -shop around and ask about qualifications, capabilities, experience, warranty coverage, and service. Confirm that they are members of NMEDA.
5. Obtain training on the use of the new equipment -When this process is complete, follow the guidelines and complete and submit an application for assistance to recover up to \$1,000 of the cost of your adaptive equipment and/or conversion.

Program Requirements

- Only the original vehicle owner is eligible for reimbursement.
- Modifications must be completed for the original owner or his/her immediate family.
- Only new Honda vehicles retailed or leased in the United States from an authorized Honda dealership.
- Only one reimbursement request per vehicle.
- Lease vehicle modifications may be subject to written lessor approval. The customer is responsible for determining and satisfying lease contract requirements.
- The written reimbursement request must be received within 6 months of the adaptive equipment installation.

Adaptations, Modifications or Equipment Installation

- Qualifying adaptive equipment or conversion is defined as alterations or adaptive equipment installation that provides to the disabled user convenient access and/or the ability to drive the vehicle.
- Adaptive equipment installation must have taken place within the time and mileage limits of the New Vehicle Limited Warranty.
- Alterations or adaptive equipment installation requires a prescription or medical documentation to be considered for reimbursement.
- Reimbursement requests (invoices) will be compared against the National Highway Traffic Safety Administration (NHTSA) web site to verify that the alterer or repair business (individual, partnership, or corporation) is registered with NHTSA and that the modification/s is on the list of NHTSA exemptions.

EXCEPTION: Wheelchair or scooter hoists or ramps do not require a prescription, medical documentation or NHTSA exemption verification and NHTSA business registration for reimbursement consideration.

EXCEPTION: Modifications that "DO NOT" make inoperative any part of a device or element of design that has been installed on or in a motor vehicle in compliance with a Federal Motor Vehicle Safety Standard

- If all conditions are met, Honda will provide up to a \$1,000 reimbursement for out of pocket expenses reimbursement. Honda will be the secondary coverage in the case of two or more reimbursement sources.*

**A reimbursement made by another source such as medical insurance will be subtracted from the customer's original total expense. (Example: Total expense \$5,000, Insurance reimbursement \$4,000, Customer expense \$1,000. The customer expense of \$1,000 will be reviewed and considered for a maximum of \$1,000 reimbursement.)*

Exclusions

- Fleet and commercial vehicles are not eligible.
- Any alteration or adaptive equipment that Honda has identified that alters the safety of the vehicle (i.e., seatbelt extenders) is not eligible.

Important Customer Information

- The selection of an equipment manufacturer and installer is solely the customer's responsibility (Honda does not endorse any company or supplier involved in adaptive equipment. Mobility warranty, installation warranty and related liabilities are not the responsibility of AHM).
- The Reimbursement application form must be completed in its entirety and signed by the customer. It should be mailed along with a copy of all required supporting documentation (see checklist on application).