

2520 FCA Canada AutoAbility (P2520) Physicians Form



The intent of this program is to provide assistance to individuals with medical or physical conditions that would benefit from the installation of adaptive equipment as noted below. The following is a list of eligible adaptive equipment currently available. If you have questions on additional equipment that is not included on this list, please contact the AutoAbility toll-free assistance line at **1-800-265-6908**.

This letter and this completed form must be kept with all other supporting documents at your dealership. Note: If factory equipment or Mopar equipment is available, such equipment must be used or installed in order to be eligible for this program.

ELIGIBLE ADAPTIVE EQUIPMENT LIST

- Lowered Floor Conversions
- Kneelkar Conversions
- Raised Roof
- 3-Door Conversions
- Ramps
- Scooter Lift
- Scooter Hitch
- Wheelchair Lift
- Re-Upholstered Seats
- Wheelchair Tie-Downs, Tie-Down System
- Companion Seat (seat that swivels to facilitate entering and exiting vehicle)
- Power Seat Base
- Obus Form Seat Cushion
- Hand Controls
- Grab Handles
- Gas Pedal/Brake Pedal Conversions
- Steering Spinner Knobs
- Used Equipment/Re-Installation of Old Equipment into New Vehicle (i.e. labour)
- Leg Support
- Port-A-Potty
- Devices for the Hearing Impaired (for drivers with a hearing loss of 30 dB or greater)
- Running Boards
- Seat & Seat Belt Modification

-----TO BE COMPLETED BY PHYSICIAN-----

Note to Physician: In order to obtain an AutoAbility reimbursement, your patient must have a qualifying Medical Doctor's letter or prescription form and a signed AutoAbility Physician's form. The letter or prescription form needs to confirm the Doctor's formal practice, contact address and an explanation of the patient's medical/physical condition. The AutoAbility Physician's Form provides your recommendation for the installation of adaptive equipment due to your patient's medical / physical condition. In the event the owner of the vehicle is supplying the main form of vehicle transportation to your patient please note the relevance and relationship between the individuals.

Patient Name:

Item recommended by Doctor:

Recommended due to the following medical / physical condition(s)
(Include an explanation of how adaptive equipment will provide assistance)

Doctor's Name:

Doctor's Signature _____ Date: _____

By signing above, I certify that I am a licenced physician (Medical Doctor) in the province / territory of my practice and that my patient would benefit from the noted adaptive equipment due to their medical / physical condition, listed above.