



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Physiotherapy practitioners. The HCPIR application has been designed to streamline the invoice and report submission process.

In addition to HCPIR, a new tool called the Health Care Provider Portal has been introduced that allows users to view the status of submitted invoices and track and manage claims associated with ICBC. You can also use this portal to access HCPIR.

This how to guide will show you how to submit a report, submit an invoice, and submit a treatment plan in the HCPIR web application.



Overview

Topics Covered

[Access HCPIR Through Health Care Provider Portal](#)

[Access HCPIR Through Business Partners Page](#)

[Begin the Submission Process](#)

[Submit a Progress Report](#)

[Submit Clinical Records](#)

[Submit an Invoice for Patient Care and Related Expenses](#)

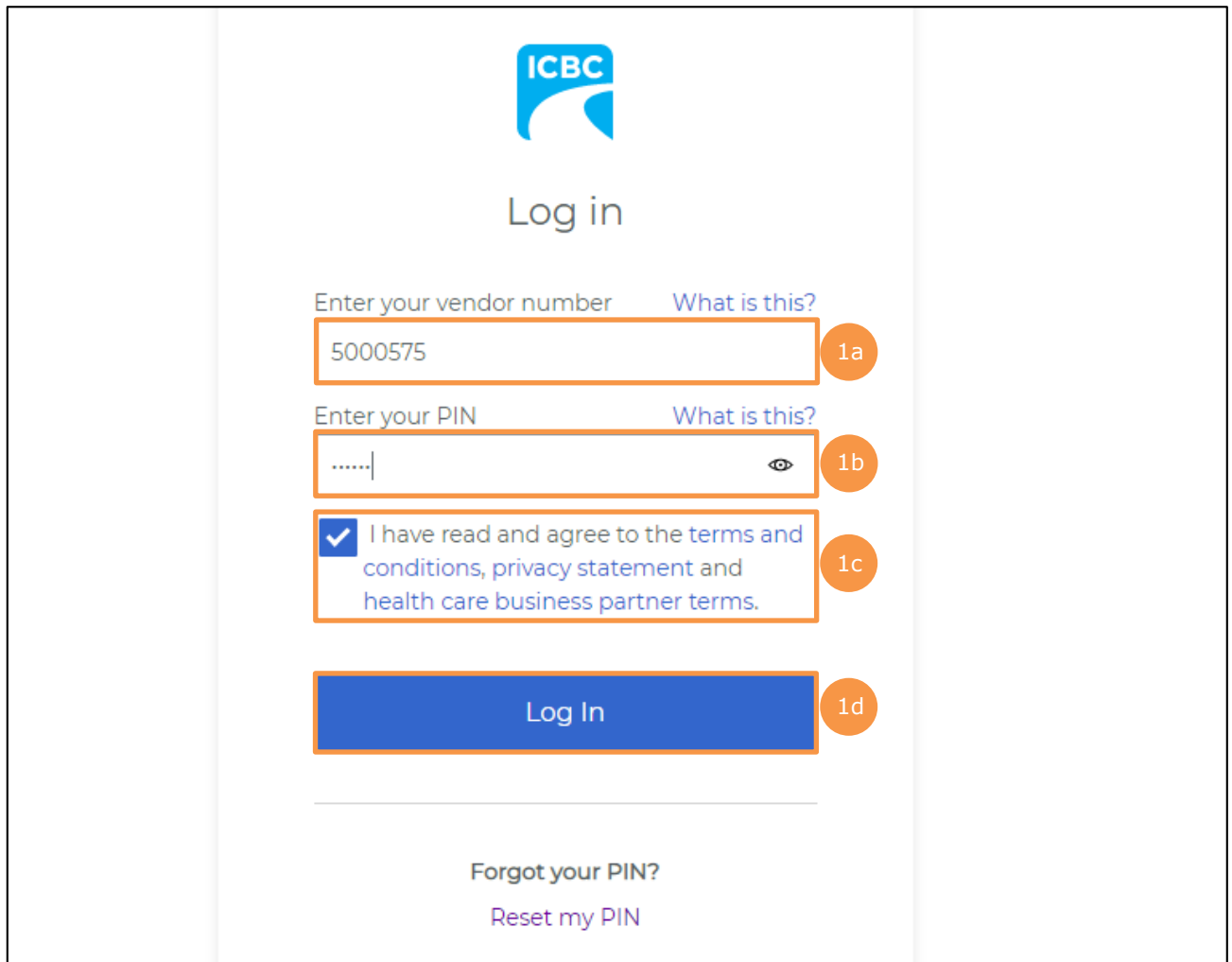
[Submit a Treatment Plan](#)



Access HCPIR Through Health Care Provider Portal

Enter Log in Details

1. Enter the following on the *Log in* page:
 - a. Enter your vendor number in the *Enter your vendor number* text box.
 - b. Enter your Personal Identification Number (PIN) in the *Enter your PIN* text box.
 - c. Select the check box to accept the terms and conditions, privacy statement, and health care business partner terms.
 - d. Click the **Log In** button.



The screenshot shows the ICBC Log in page. At the top center is the ICBC logo. Below it is the text "Log in". There are two text input fields: "Enter your vendor number" with a "What is this?" link, and "Enter your PIN" with a "What is this?" link and an eye icon. Below the PIN field is a checkbox labeled "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." At the bottom is a blue "Log In" button. Below the button are links for "Forgot your PIN?" and "Reset my PIN".

1a: Enter your vendor number (5000575)

1b: Enter your PIN (.....)

1c: I have read and agree to the terms and conditions, privacy statement and health care business partner terms.

1d: Log In button



Tip: If you have lost your PIN, then you can click the **Reset my PIN** link to reset it.

Access the HCPIR Application

2. The Health Care Provider Portal landing screen is displayed. In the *What would you like to do?* section, click the **Submit invoices, reports or treatment plans through HCPIR** link to access the HCPIR application.

ICBC

Need help?

COMPLETE CARE [Log out](#)

Health Care Provider Portal

Our secure portal can help you manage and track your invoices for treatment and save time on invoicing and reporting.

Save time

When you submit invoices, reports and treatment plans, patient information is filled in automatically, helping you to complete them faster.

See your invoice history and status

View and track the status of invoices you've submitted to ICBC to check when you'll receive payment or if any adjustments have been made.

What would you like to do?

- 2 [Submit invoices, reports or treatment plans through HCPIR](#)
- [View invoice status and history](#)

These services are available **5 am to midnight** daily.

Your email contact information

PIN management
admin@xyz.com

Quick links

- [Chiropractors](#)
- [Medical equipment providers](#)



Validate Service Provider Information

3. Validate the auto-populated information (for example, *Business name*, *Business address*, and *Vendor number*).
 - a. If the auto-populated information is incorrect, click the **Help** icon next to the field to learn how to update vendor information.
4. In the *Email address* field, enter a valid email address. If you request a final copy of the submission, it will be sent to the email address that you have entered.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE Log out

Service Provider / Payee Information * Indicates required field

Vendor number	5000575 3a
Business name	MARK HAMPTON PHYSIOTHERAPIST CORPORATION 3
Business address	633 POIRIER ST COQUITLAM, BC CA V3J 7B6
Email address	abcde@xyz.com 4
GST registrant number	85593 5649

Enter Customer Details

5. Scroll down to the *Customer / Patient* section and enter the required customer details.
 - a. Enter the claim number in the *Claim number* field. Remember that each submission can only be made for one customer on one claim number.
 - b. The *Date of accident* field will be auto populated.
 - c. In the *Select your patient from the list* section, select the radio button next to the applicable patient's name.
 - d. Click the **Continue** button.

Customer / Patient

Claim number * ? 5a

BN31793-0 ✔

Date of accident * 5b

16-OCT-2020

Select your patient from the list *

Select	Name	Date of birth	Personal Health Number (PHN)
<input checked="" type="radio"/> 5c	RICHARD KOTAKI	1994-04-02	XXXX XX1 464
<input type="radio"/>	Enter patient details	-	-

Continue 5d



Tip: If you cannot find your patient's details in the *Select your patient from the list* section, select the radio button next to the *Enter patient details* option to add details of a new patient.

6. The patient details are auto populated once the customer/patient's name is selected.

Customer / Patient

Claim number * ? 5a

BN31793-0 ✔

Date of accident * 5b

16-OCT-2020

Legal first name * ?

RICHARD

Legal last name * ?

KOTAKI

Date of birth *

2 - APR - 1994

Personal Health Number (PHN)

XXXX XX1 464

Next, refer to the [Begin the Submission Process](#) section of this how to guide to learn how to submit reports, invoices, and treatment plans for your customers.

Access HCPIR Through Business Partners Page

Access the Business Partners Page

1. On the *Business Partners* page, click the **Health services** tab.

Site requirements icbc.com

ICBC business partners

in Material damage Search...

Material damage **Health services** Legal services Driver services Investigative partners Insurance services Road safety

1

Welcome to the business partners' site — a go-to resource for repair shops, health care providers, lawyers, and others who work with ICBC. Authorized partners can use this site to access information, web applications, forms, and more.

! Providing services in a safe environment is our top priority, so we're making some important changes. Find out how they affect you.

i FIPPA compliance notice
To comply with FIPPA, ICBC business vendors and suppliers must ensure that customers' personal information is stored and accessed in Canada only. Please read our message to vendors for further information on FIPPA rules and how they apply to you.

Material damage
For body shops, glass shops, mechanical and heavy equipment shops, motor dealers, and towing companies.

Health services
For our health services partners who care for ICBC customers injured after a crash.

Legal services
For law firms who provide legal services to ICBC. **Login required.**
Apply to Strategic Alliance 7
Evidence Act amendments

Feedback

Tip: You can also click the **Health Services** tab from the bottom of the *Business Partners* page.

Tip: If you access HCPIR directly from the *Business Partners* Page, without logging in to the Health Care Provider Portal, you must manually enter your vendor number and customer details.

- The *Health services* page is displayed. Click the **Invoicing and reporting** tab from the left panel.

Site requirements | icbc.com

ICBC business partners

in Material damage Search...

Material damage Health services Legal services Driver services Investigative partners Insurance services Road safety

Health services

Home » Health services » Invoicing and reporting

Health services

Enhanced Care changes

Invoicing and reporting

Reports

Support and resources

Vendor number

Acupuncturists

Invoicing and reporting

Are you providing treatment to patients injured in a car crash? ICBC is making the way you invoice for treatment and submit reports and requests simpler and more straightforward.

COVID-19 updates.

ICBC Vendor Number

If you are new to ICBC, expanding your business, or need to update your business information, visit our [vendor number page](#).

ICBC reserves the right, at its sole discretion, to withdraw, suspend or deny a vendor number:

Feedback

- Scroll down to the *Health Care Provider Invoicing and Reporting (HCPIR)* section and click the **Launch the HCPIR application** button.

Chiropractors

Counsellors

Kinesiologists

Massage therapists

Medical assessment providers

Occupational therapists

Physicians

Physiotherapists

Psychologists

Registered care advisors

Disability advocacy organizations

Health Care Provider Invoicing and Reporting (HCPIR)

Launch the [HCPIR application](#) to submit invoices and reports for all treatments delivered on or after April 1, 2019. Our flowcharts on [invoicing and reporting](#) and [treatment and discharge](#) can help you navigate when to use HCPIR.

We've updated the HCPIR application to improve its usability. Please note: the claim number validation on the Service Provider / Payee information page may take a few minutes to load — do not refresh the page during loading.

Launch the HCPIR application

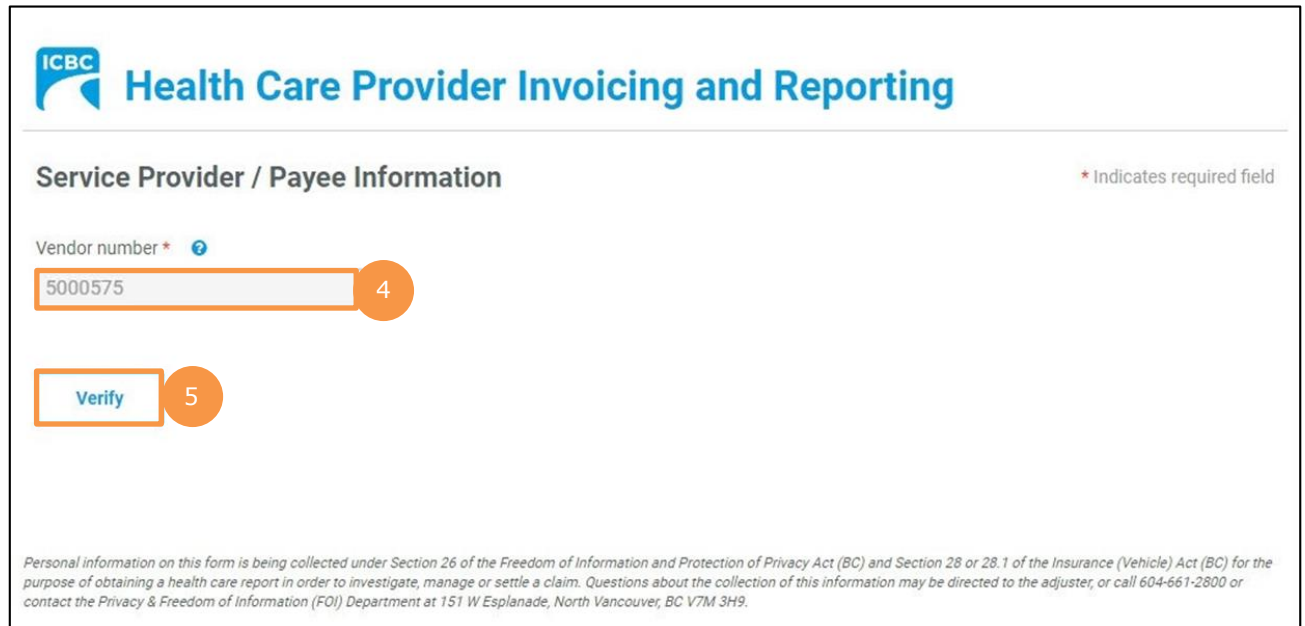
Important

Patients will have a set number of preauthorized treatments available within the first 12 weeks following a crash occurring on or after April 1, 2019. If a patient requires additional treatments beyond those 12 weeks, you can request a treatment extension through the HCPIR application.

In response to your questions around the recent changes to invoicing and reporting, we've compiled the [most common questions and their answers](#).

Enter Service Provider Information

4. The *Health Care Provider Invoicing and Reporting* landing page is displayed. Enter your vendor number in the **Vendor number** text box.
5. Click the **Verify** button.



Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * ⓘ

5000575 4

Verify 5

Personal information on this form is being collected under Section 26 of the Freedom of Information and Protection of Privacy Act (BC) and Section 28 or 28.1 of the Insurance (Vehicle) Act (BC) for the purpose of obtaining a health care report in order to investigate, manage or settle a claim. Questions about the collection of this information may be directed to the adjuster, or call 604-661-2800 or contact the Privacy & Freedom of Information (FOI) Department at 151 W Esplanade, North Vancouver, BC V7M 3H9.

6. Validate the auto-populated information (for example, *Business name* and *Business address*).
 - a. If the auto-populated information is incorrect, click the **Help** icon next to the field to learn how to update vendor information.
7. Enter a valid email address in the *Email address* field. If you request a final copy of the submission, it will be sent to the email address that you have entered.

ICBC Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * ?
5000575

Verify

6a

Business name ?
COMPLETE CARE

Email address ? 7
abcde@xyz.com

Business address ? 6
102 5180 DUBLIN WAY
NANAIMO, BC
CA
V9T 0H2

GST registrant number ?

Customer / Patient

Claim number * ?
Date of accident
DD-MMM-YYYY

Enter Customer Details

8. Scroll down to the *Customer / Patient* section and enter customer details.
 - a. Enter the claim number. Remember that each submission can only be made for one customer on one claim number.
 - b. The *Date of accident* will auto-populate.
 - c. Enter the customer's legal first and last name. If a name other than the customer's legal name is used (for example, a nickname), this could cause delays in processing the submission and receiving payment.
 - d. Enter the customer's date of birth.
 - e. Enter the customer's personal health number. This is optional; however, it will assist pairing the submission to the correct customer in ICBC's claim system and ensure that the submission is reviewed by the ICBC representative.

Customer / Patient

Claim number *	<input type="text" value="BN31793-0"/>	Date of accident *	<input type="text" value="16-OCT-2020"/>
Legal first name *	<input type="text" value="RICHARD"/>	Legal last name *	<input type="text" value="KOTAKI"/>
Date of birth *	<input type="text" value="2"/> - <input type="text" value="APR"/> - <input type="text" value="1994"/>	Personal Health Number (PHN)	<input type="text" value="XXXX XX1 464"/>

Next, refer to the [Begin the Submission Process](#) section of this how to guide to learn how to submit reports, invoices, and treatment plans for your customers.

Begin the Submission Process

Enter Submission Details

1. If the *Choose an option for your submission* section appears, select the radio button next to the appropriate option.
2. Select the required option from the *What are you submitting today?* field below.
 - a. "Invoice for patient care & related expenses"
 - b. "Report and supporting documentation"
 - c. "Treatment plan"
3. Read the statement in the *I certify that* section. Then, select the corresponding check box to acknowledge that you have read the statement and confirm that you have entered accurate customer details.
4. Click the **Next** button.

Choose an option for your submission. *

Physiotherapy 1

 Medical Equipment Provider

What are you submitting today? *

Invoice for patient care & related expenses 2

 Report and supporting documentation

 Treatment plan

Note: If you select the **Invoice** or **Report** option and move off the page, you will NOT be able to return and change your selection. If you need to change your selection – select "Start Over" and start again.

3

I certify that: *

- When submitting a treatment plan and/or medical report, all information is accurate and complete based on all available information, treatments, and assessments performed.
- When submitting an invoice, the goods and/or services were provided to and received by the customer as a result of accident-related injuries, were provided by qualified and accredited persons, and that the information provided for the claim payment is accurate and complete.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Personal information is collected under Section 26 of the Freedom of Information and Protection of Privacy Act (BC) and Section 28 or 28.1 of the Insurance (Vehicle) Act (BC) for the purposes of obtaining a health care report, managing or invoicing a claim. Questions about the collection of this information may be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information (FOI) Department at 151 W Esplanade, North Vancouver, BC V7M 3H9.

Start Over
4
Next >



Tip: If you select "Report and supporting documentation," then "Invoice for patient care & related expenses" will be automatically selected.



Tip: If you select the "Invoice" or "Report" option and proceed to the next page, you will not be able to return and change your selection. To change your selection, click the **Start Over** button and start again.



Submit a Progress Report

Enter Details of the Progress Report

1. In the *Medical Report* section, enter the required details of the report you are submitting.
 - a. Enter the date of the report being submitted in the *Date of report* field.
 - b. Select "Physiotherapy" from the drop down menu in the *Who is submitting?* field.
 - c. Select "Progress Report" from the drop down menu in the *Which report are you submitting?* field.
 - d. Enter the practitioner number. This is optional.
 - e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE [Log out](#)

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

Medical Report

Step 1/3 * Indicates required field

Date of report * 1a

Who is submitting? * 1b

Which report are you submitting? * 1c

Practitioner number 1d Practitioner first name * 1e Practitioner last name *

2 [< Previous](#) [Next >](#)

3. Enter details of the report you are submitting in the *Medical Report* section.
 - a. Enter the date when the customer was assessed by the medical practitioner in the *Date of assessment* field.
 - b. Select whether the customer is currently off work using the *Is the patient currently off work?* radio buttons.
4. Using the *Select One* radio buttons, select whether the customer's information is being shared with the customer's consent or due to a request from ICBC.
5. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE [Log out](#)

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

Medical Report

Step 2/3 * Indicates required field

Date of assessment *
 3a

Is the patient currently off work? *
 Yes No **3b**

4

Select one: *

I have obtained consent from the patient/client to share all information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC.

This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the *Insurance (Vehicle) Act*.

5

[< Previous](#) [Next >](#)

6. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.



Tip: Blank copies of various PDF reports can be downloaded from the *Business Partners* web page. Once populated, upload them on the *Medical Report* screen.

7. Click the **Attach** button to upload the file.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

Medical Report

Step 3/3 * Indicates required field

Attachments

Select a document to attach to this medical report and click Attach. You can attach up to three files per report.*

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

File

Browse... Attach

25MB remaining / 25MB limit

File name	Size (MB)	Document title
No file attachments to show...		

1 records



Tip: You can upload up to three documents in this screen by repeating steps 6 and 7.

8. To remove a file, click the **Trash** icon.
9. To preview your submission, click the **Preview** button.
10. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected fields in the *Invoice* screen will be auto populated. Refer to the [Submit an Invoice for Patient Care and Related Expenses](#) section of this how to guide for more information.

Select a document to attach to this medical report and click Attach. You can attach **up to three** files per report.*

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

File

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Progress Report.docx	0.2	Physio - Progress	<div style="text-align: right;">8</div>

1 records

9

 10

Practitioner / Therapist 1 10

Treatment / Service type *

Practitioner number Practitioner first name * Practitioner last name *



Submit Clinical Records

Enter Details of Clinical Records

1. In the *Medical Report* section, enter the required details of the report you are submitting.
 - a. Enter the date of the report being submitted in the *Date of report* field.
 - b. Select "Physiotherapy" from the drop down menu in the *Who is submitting?* field.
 - c. Select "Clinical Records" from the drop down menu in the *Which Report are you submitting?* field.
 - d. Enter the date range of the customer's clinical records in the *Clinical records from* and *Clinical records to* fields.
 - e. Enter the practitioner number. This is optional.
 - f. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

Health Care Provider Invoicing and Reporting

COMPLETE CARE

Log out

Customer: RICHARD KOTAKI
Claim number: BN31793-0
Date of accident: 16-OCT-2020
Submission date: 11-FEB-2021

Medical Report * Indicates required field

Step 1/2

Date of report * 1a

Who is submitting? * 1b

Physiotherapy
▼

Which report are you submitting? * 1c

Clinical Records
▼

Clinical records from * 1d Clinical records to *

20-OCT-2020

15-JAN-2021

Practitioner number Practitioner first name * Practitioner last name *

Chris

Jones

1e
1f

2

< Previous

Next >

3. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.
4. Click the **Attach** button to upload the file.
5. To remove a file, click the **Trash** icon.
6. To preview your submission, click the **Preview** button.
7. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected fields in the *Invoice* screen will be auto populated. Refer to the [Submit an Invoice for Patient Care and Related Expenses](#) section of this how to guide for more information.

Select a document to attach to this medical report and click Attach. You can attach up to three files per report.*

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

File

Browse...

Attach

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	5
Clinical Records.docx	0.2	Physio - [20OCT2020-15JAN2021]	

1 records

Preview

Next >

Tip: You can upload up to three documents in this screen by repeating steps 3 and 4.



Submit an Invoice for Patient Care and Related Expenses

Enter Details of the Invoice

1. Validate the details of the service that the customer received.
 - a. The *Invoice* section is displayed. In the *Your invoice number* text box, enter your unique invoice number (the one used for your records). This number will be printed on the PDF copy of your final submission and on the vendor statement when you receive payment from ICBC.
 - b. If a report is part of your submission, the *Treatment / Service type*, *Practitioner number* (this is optional), *Practitioner first name*, and *Practitioner last name* fields will be pre-populated. Validate the pre-populated fields.
 - c. Validate the date of submission.
 - d. Validate the report type.
2. Depending on the type of report that is being invoiced, a dollar value in the *Fee* field may auto-populate. If a dollar value does not auto-populate, enter a dollar value in the *Fee* field.

Invoice

* Indicates required field

You may invoice a **maximum of 50** line items per submission. This includes a combination of **Sessions, Related Expenses, and Reports**.

Your invoice number *

 1a

Practitioner / Therapist 1

1b

Treatment / Service type *

Practitioner number	Practitioner first name *	Practitioner last name *
<input type="text"/>	<input type="text" value="Chris"/>	<input type="text" value="Jones"/>

Report

Date *	Report type *
<input type="text" value="20-OCT-2020"/> 1c	<input type="text" value="Scarring Measurement Report"/> 1d
	Fee *
	<input type="text" value="\$ 50.00"/> 2

Add a Session

3. If the customer has had multiple sessions with the same practitioner, click the **Add Session** button to add a session with the same practitioner.
 - a. Enter the details related to the additional session, such as *Date of service*, *Session type*, and *Fee*.
4. To delete a session, click the **Trash** icon.

Session 1

Date of service *	Session type *
11-NOV-2020	Hand Therapy
	Fee *
	\$ 60.00

3a

4

Related expense for session

Currently no related expense added

Add related expense

3 **Add session**

Add new practitioner / therapist

Add a New Practitioner

5. If the customer has had a session with an additional practitioner or for a different treatment or service type, click the **Add new practitioner / therapist** button to add a session with a new practitioner.
 - a. Enter the details related to the session with the additional practitioner, such as *Treatment / Service type, Practitioner first name, Practitioner last name, Date of service, Session type, and Fee.*
6. To delete a practitioner, click the **Trash** icon.

Practitioner / Therapist 2 5a

Treatment / Service type *
 6

Practitioner number Practitioner first name * Practitioner last name *

6

Session 1 5a

Date of service * Session type *

Fee *
\$

Related expense for session

Currently no related expense added

Add related expense

Add session

5 Add new practitioner / therapist

Tip: A vendor that offers multiple services (for example, physiotherapy and massage therapy) can bill those services under a single submission, provided the services are for the same customer under the same claim.

Tip: To bill for a type of therapy that is missing from your drop down list, visit the [ICBC Business Partners](#) page to learn how to request that additional therapy types be added to your vendor number.

Add Related Expense

7. For any additional pre-approved expense related to the session (for example, gym fees), click the **Add Related Expense** button to add the details in the *Related expenses for report* section.

Note: Expenses require prior approval from an ICBC claims representative.

- Select the expense type from the dropdown menu in the *Expense type* field.
- Provide additional information related to the expense type in the *Description* field. This field can be used to describe what that expense is.
- Enter the dollar value of the expense in the *Fee* field.

8. To add more than one related expense for a session, again click the **Add Related Expense** button to enter the details related to the additional expense.

9. To delete a related expense, click the **Trash** icon.

Report

Date * Report type *

Fee *

Related expense for report

Expense type *	Description ?	
Travel Time	Travelling time expenditure	<div style="border: 1px solid #f96; padding: 2px; display: inline-block;">Add related expense</div>
7a	7b	9
	Fee *	8
	\$ 50.00	7c

Session 1

Date of service * Session type *

Fee *

Related expense for session

Tip: You can add a related expense for a medical report, a clinical record, or a treatment.

Attach / Remove documents

10. Where applicable, attach documents supporting the related expenses (for example, receipts gym fees). Click the **Attach / Remove documents** button to attach supporting documents.

Attachment(s) 25MB remaining / 25MB limit

File name	Size (MB)	Document title
No file attachments to show...		

0 records

10
Attach / Remove documents

11. In the new screen that is displayed, select the treatment type and related expense type.
12. Click the **Browse** button to select the document that you wish to upload.
13. Click the **Attach** button once you have selected the required document.
14. To remove an incorrect document, select the checkbox next to the attached document and click the **Delete selected** button.
15. To return to the previous screen, click the **Save and return to Invoice** button.

Invoice

* Indicates required field

Attachments

Select a treatment and related expense type for each document you want to attach to this invoice, and click Attach.

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

Treatment type * 11 Related expense type *

File

12 13

24.8MB remaining / 25MB limit

<input type="checkbox"/>	File name	Size (MB)	Document title
<input checked="" type="checkbox"/> 14	Receipt for travel.docx	0.20	Travel Time Expenditure

1 record

14

24.8MB remaining / 25MB limit

15



Tip: You can upload additional documents, if needed by repeating steps 11 - 13.

Preview and Submit the Invoice

16. To preview the PDF format of the invoice submission, click the **Preview** button.

Attach / Remove documents	
Subtotal	\$ 241.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 241.00

< Previous **Preview** Submit

17. The *Preview* section of the invoice is displayed. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.

- To submit in the *Preview* section, click the **Submit** button.
- To submit from the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Invoice* section.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

Print < Previous Submit

This is a preview of the invoice you will be submitting. Please review it and click "Previous" if you would like to make any changes or "Submit" to process your invoice.

Service Provider/Payee Information

18. Click the **Submit** button to submit the invoice.

19. The *Message from webpage* pop up box appears. Click the **OK** button to make the submission.

20. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.

21. If you wish to receive a PDF copy of your invoice submission, click the **Request PDF Copy** button.


22. Click the **Make another submission** button to submit another invoice.



Submit a Treatment Plan

Enter Details of the Treatment Plan

1. In the *Treatment Plan* section, validate or enter the required details.
 - a. Validate the pre-populated information in the *Practitioner/therapist type*, *Practitioner number*, *Practitioner first name*, and *Practitioner last name* fields. If the required fields are not pre-populated, add the required information manually
 - b. Enter details about the functional and symptom improvement in the customer.
 - c. Enter details about the functional limitations of the customer.

**Health Care Provider Invoicing and Reporting** COMPLETE CARE Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

Treatment Plan

1a * Indicates required field

Practitioner/therapist type *
Physiotherapy

Practitioner number Practitioner first name * Practitioner last name *
 Chris Jones

What functional and symptom improvement has been made to date? * ?

Customer's muscular pain has been improved

1b

42 / 750 character limit

What are the customer's current functional limitations? * ?

Customer's hand movement has not been improved

1c

46 / 750 character limit

- d. Enter details about the progress anticipated due to additional treatment.
 - e. Enter details about the intended outcome of the treatment.
 - f. Enter details about the barriers that are delaying recovery of the customer.
2. Using the *Is the customer currently missing work/school?* radio buttons, indicate whether the customer is currently off work.

What further progress is anticipated with the proposed additional treatment? * ? 1d

Righ-hand movement of the customer should improve

49 / 750 character limit

What is the intended outcome or functional goal? * ? 1e

Customer should be able to return to work after improvement in the right-hand movement

86 / 750 character limit

Are there any barriers that are delaying recovery? If so, please identify. * ? 1f

There are no barrier to customer's recovery

43 / 750 character limit


Is the customer currently missing work/school? * ? 2


Yes No





HCPIR How to Guide Physiotherapy Submissions

3. Enter the number of new treatments that you will provide to the customer in the *Number of new recommended treatments to discharge* field.
4. Enter the anticipated discharge date.
5. Select how you wish the ICBC representative to contact you using the *Contact preference* radio buttons. You must provide one contact method. This can be either phone or email.
 - a. Enter your contact details to ensure that the ICBC representative can contact you while processing the submission.


Number of new recommended treatments to discharge * 


Expected discharge date * 

Contact preference *

By email By phone 

Contact email *

[Preview](#)

[< Previous](#) [Submit](#)

Preview and Submit the Treatment Plan

6. To preview the PDF format of the treatment plan, click the **Preview** button.

Number of new recommended treatments to discharge *

Expected discharge date *

Contact preference *

By email By phone

Contact email *

[Preview](#) [< Previous](#) [Submit](#)

7. The Preview section of the treatment plan is displayed. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.
- a. To submit in the *Preview* section, click the **Submit** button.
 - b. To submit from the *Treatment Plan* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Treatment Plan* section.

Health Care Provider Invoicing and Reporting COMPLETE CARE [Log out](#)

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 11-FEB-2021

[Print](#) [< Previous](#) [Submit](#)

Below is the preview of the treatment plan you will be submitting. Please review and click "Previous" if you would like to make any changes.

Service Provider/Payee Information

8. Click the **Submit** button to submit the treatment plan.
9. The *Message from webpage* pop up box appears. Click the **OK** button to make the submission.

The screenshot shows a web form for submitting a treatment plan. The form includes fields for 'Number of new recommended treatments to discharge' (value: 6), 'Expected discharge date' (value: 31-JAN-2021), 'Contact preference' (radio buttons for 'By email' and 'By phone'), and 'Contact email' (value: abcde@xyz.com). A 'Message from webpage' pop-up dialog is displayed in the center, asking 'Are you sure you want to make this submission?' with 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with an orange box and a circled '9'. At the bottom right of the form, there are three buttons: '< Previous', 'Submit', and 'Preview'. The 'Submit' button is highlighted with an orange box and a circled '8'.

10. Save the unique reference number generated for the submission. This number is printed on the PDF version of the submission and on the vendor statement.
11. If you wish to receive a PDF copy of your treatment plan submission, click the **Request PDF Copy** button.
12. Click the **Make another submission** button to submit another treatment plan.

The screenshot shows the 'Thank you for your submission.' confirmation page. At the top left is the ICBC logo and the text 'Health Care Provider Invoicing and Reporting'. At the top right are the links 'COMPLETE CARE' and 'Log out'. The main text reads: 'Thank you for your submission.' followed by 'Your reference number for this submission is 21-00000204.' The reference number '21-00000204.' is highlighted with an orange box and a circled '10'. Below this, it says 'Please record this number as it will be required for future communications regarding your submission.' A note at the bottom states: 'If you wish to receive a PDF copy of your submission, click "Request PDF Copy". An email containing the PDF will be sent within 24 hours to the email address you provided during your submission.' At the bottom right, there are two buttons: 'Request PDF Copy' and 'Make another submission'. The 'Request PDF Copy' button is highlighted with an orange box and a circled '11', and the 'Make another submission' button is highlighted with an orange box and a circled '12'.