



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Kinesiology practitioners. The HCPIR application is 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 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. Below the first field is a text box containing "5004035" with a callout "1a". Below the second field is a text box containing six dots with a callout "1b". Below the text boxes is a checkbox that is checked, with the text "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." and a callout "1c". Below the checkbox is a blue "Log In" button with a callout "1d". At the bottom of the page is a link "Forgot your PIN?" and a link "Reset my PIN".



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 page is displayed. In the *What would you like to do?* section, click the **Submit invoices, reports or treatment plans through HCPIR** button 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

- Kinesiologists
- 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

COMPLETE CARE

[Log out](#)

Health Care Provider Invoicing and Reporting

Service Provider / Payee Information

* Indicates required field

Vendor number **3a**
5004035

Business name **3**
COMPLETE CARE

Business address
817 MARINER WAY
PARKSVILLE, BC
CA
V9P 1S3

Email address **4**
abc@xyz.com

GST registrant number **4**
824913024

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* 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 ✔

Date of accident * 5b

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's details are auto populated once the patient's name is selected.

Customer / Patient

Claim number * ? ✔

Date of accident *

Legal first name * ?

Legal last name * ?

Date of birth * - -

Personal Health Number (PHN)

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.

The screenshot shows the ICBC Business Partners website. At the top, there is a navigation bar with tabs for Material damage, Health services, Legal services, Driver services, Investigative partners, Insurance services, and Road safety. The 'Health services' tab is highlighted with an orange box and a circled '1'. Below the navigation bar, there is a search bar and a welcome message. A red warning box and a blue FIPPA compliance notice are visible. At the bottom, there are three service cards: Material damage, Health services (highlighted with an orange box), and Legal services. A 'Feedback' button is in the bottom right corner.



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

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.

Warning: We're taking steps to ensure the health and safety of our customers, employees, and business partners. Find out more about our [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

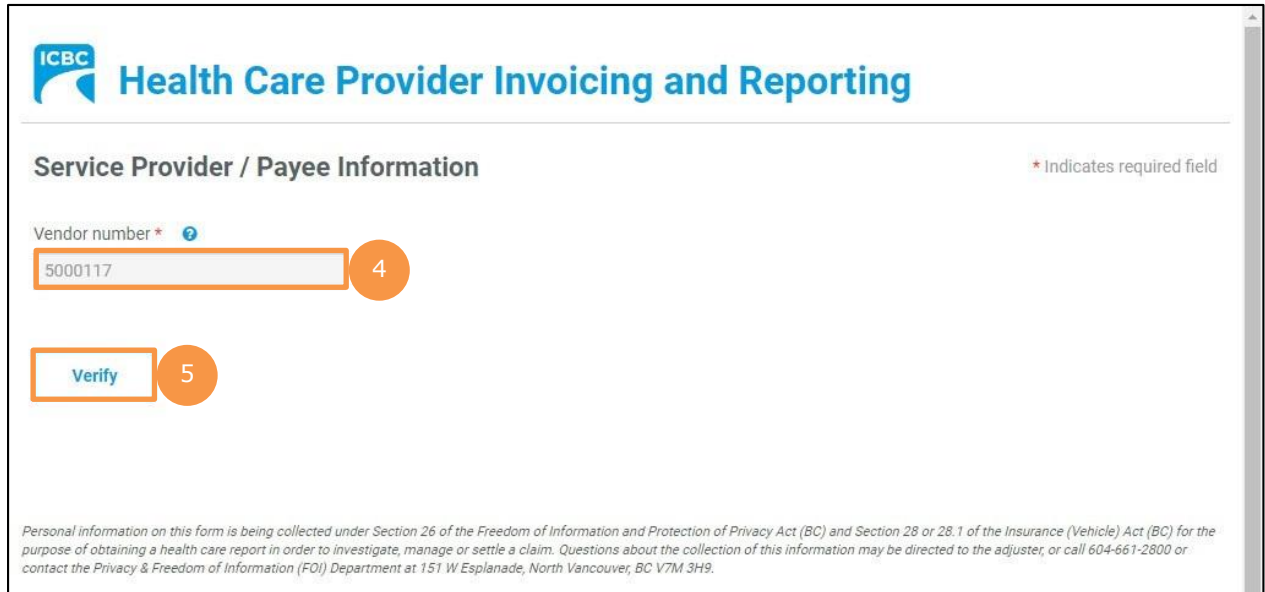
Important

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 * 

5000117 

Verify 

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 *

Business name **6a**

Email address **7**

Business address **6**

GST registrant number

Customer / Patient










Claim number *

Date of accident

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 *   | Date of accident *  |
| <input type="text" value="BN31793-0"/>  | <input type="text" value="16-OCT-2020"/> |
| Legal first name *  | Legal last name *   |
| <input type="text" value="RICHARD"/> | <input type="text" value="KOTAKI"/> |
| Date of birth *  | Personal Health Number (PHN)  |
| <input type="text" value="2"/> - APR - 1994 | <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 appropriate option from the *What are you submitting today?* field.
 - 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. *

Kinesiology 1

Medical Equipment Provider

What are you submitting today? *

Invoice for patient care & related expenses

Report and supporting documentation 2

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.

4

Start Over
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 "Kinesiology" 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 COMPLETE CARE

Health Care Provider Invoicing and Reporting

[Log out](#)

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

Medical Report * Indicates required field

Step 1/3

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 COMPLETE CARE

Health Care Provider Invoicing and Reporting Log out

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

Medical Report * Indicates required field

Step 2/3

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

6. In the *Medical Report* section, click the **Browse** button to select the copy of the PDF report 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 COMPLETE CARE

Health Care Provider Invoicing and Reporting Log out

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

Medical Report * Indicates required field

Step 3/3

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 6 7

25MB remaining / 25MB limit



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, some 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.

Medical Report * Indicates required field

Step 3/3

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

24.99MB remaining / 25MB limit

| File name | Size (MB) | Document title | 8 | 🗑️ |
|----------------------|-----------|------------------|---|----|
| Progress Report.docx | 0.01 | Kines - Progress | | |

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 the 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 "Kinesiology" 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's first and last name.
2. Click the **Next** button to continue.

The screenshot shows the 'Medical Report' section of the 'Health Care Provider Invoicing and Reporting' system. At the top, the ICBC logo is on the left, and 'COMPLETE CARE' and a 'Log out' button are on the right. Below the title, a summary bar displays: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 11-JAN-2021. The 'Medical Report' section is labeled 'Step 1/2' and includes a note that an asterisk indicates a required field. The form fields are as follows: 'Date of report' is a text box containing '11-JAN-2021' (labeled 1a); 'Who is submitting?' is a dropdown menu with 'Kinesiology' selected (labeled 1b); 'Which report are you submitting?' is a dropdown menu with 'Clinical Records' selected (labeled 1c); 'Clinical records from' and 'Clinical records to' are text boxes containing '20-OCT-2020' and '11-JAN-2021' respectively (labeled 1d); 'Practitioner number' is an empty text box (labeled 1e); 'Practitioner first name' is a text box containing 'Chris' (labeled 1f); and 'Practitioner last name' is a text box containing 'Jones'. At the bottom right, there are two buttons: '< Previous' and 'Next >' (labeled 2).

3. In the final *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.

Medical Report * Indicates required field

Step 2/2

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

3

Browse...

4

Attach

24.99MB remaining / 25MB limit

| File name | Size (MB) | Document title | |
|---------------------|-----------|-------------------------------|--|
| Medical_Report.docx | 0.01 | Kines - [16OCT2020-11JAN2021] | <div style="border: 1px solid orange; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">5</div> |

1 records

6

Preview

< Previous

Next >

7



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

Treatment / Service type *

Practitioner number Practitioner first name * 1b Practitioner last name *

Report

Date * 1c Report type * 1d

Fee * 2
\$ Taxable

Add a Session

3. If the customer has 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 *

| | |
|-------------|----------------|
| 08-JAN-2021 | Standard Visit |
|-------------|----------------|

Fee * 3a

\$ 78.00 Taxable

4

Trash icon

Related expense for session

Currently no related expense added

Add related expense

3 Add session

Add new practitioner / therapist

Add 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

Treatment / Service type * 5a

Kinesiology 6

Practitioner number Practitioner first name * Practitioner last name *

Session 1

Date of service * Session type * 5a

Fee * ✔ Taxable

Related expense for session

Currently no related expense added

[Add related expense](#)

[Add session](#)

[Add new practitioner / therapist](#) 5



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

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

Note: Expenses related to supplies or equipment require prior approval from an ICBC claims representative.

- Select the expense type from the drop down 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.
- To add more than one related expense for a session, again click the **Add Related Expense** button and enter details related to the additional expense.
 - To delete a related expense, click the **Trash** icon.

Report

Date * 11-JAN-2021 Report type * Clinical Records

Fee * \$ 40.00 ✓ Taxable

Related expense for report

Expense type * 7a Gym Fees Description 7b Fees for exercise in gym 9

Fee * \$ 40.00 7c

7 8

Add related expense



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, a receipt for supplies and equipment). 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.

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 *

Kinesiology

Related expense type *

Gym Fees

File

Browse...

12

Attach

13

25MB remaining / 25MB limit

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



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

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.

24.99MB remaining / 25MB limit

| <input type="checkbox"/> | File name | Size (MB) | Document title |
|-------------------------------------|---------------|-----------|------------------|
| <input checked="" type="checkbox"/> | Gym_Fees.docx | 0.01 | Kines - Gym Fees |

1 record

Delete selected

24.99MB remaining / 25MB limit

Save and return to Invoice

Preview and Submit the Invoice

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

| Subtotal | \$ 118.00 |
|--------------|------------------|
| PST | \$ 0.00 |
| GST/HST | \$ 5.90 |
| Total | \$ 123.90 |

[Add new practitioner / therapist](#)

< 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 an invoice in the *Preview* section, click the **Submit** button.
- To submit in 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: 15-JAN-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.

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

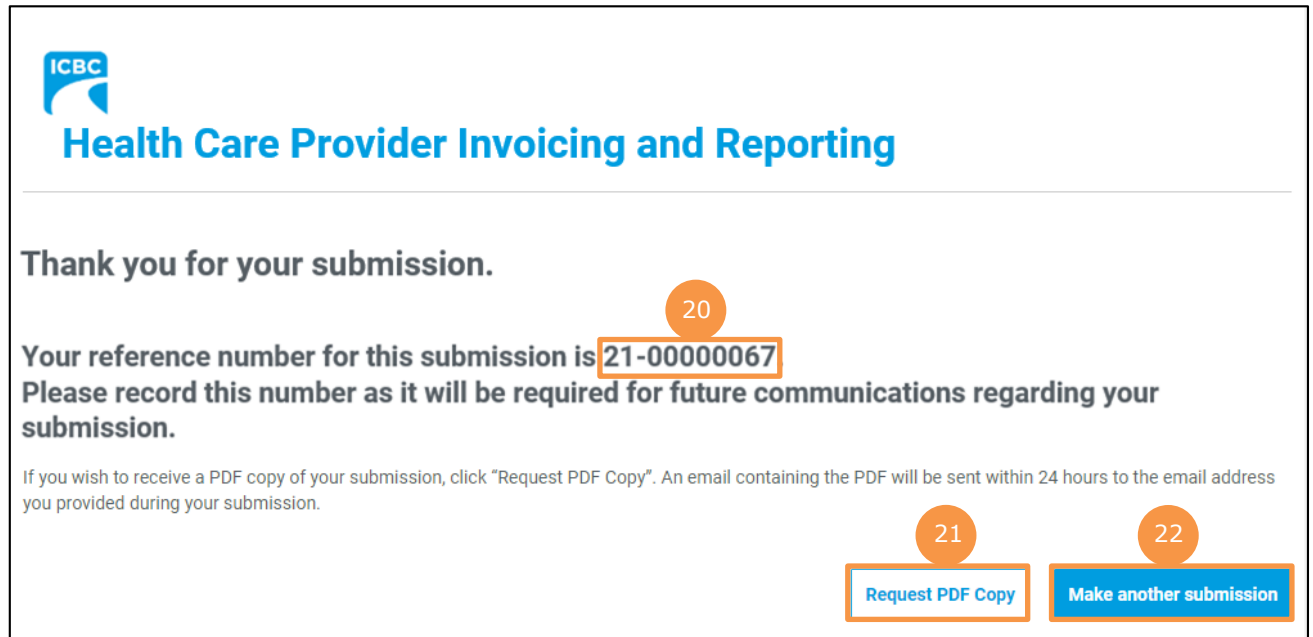
19. The *Message from webpage* pop up box appears. Click the **OK** button to make the submission.


The screenshot displays the HCPIR submission interface. At the top, there is a section for 'Related expense for session' with the text 'Currently no related expense added' and an 'Add related expense' button. Below this is an 'Add session' button and an 'Add new practitioner / therapist' button. A summary table shows the following values:

| | |
|--------------|------------------|
| Subtotal | \$ 118.00 |
| PST | \$ 0.00 |
| GST/HST | \$ 5.90 |
| Total | \$ 123.90 |

A 'Message from webpage' pop-up box is overlaid on the interface, containing the text 'Are you sure you want to make this submission?' and 'OK' and 'Cancel' buttons. The 'OK' button is highlighted with an orange circle and the number 19. At the bottom right of the interface, there are three buttons: '< Previous', 'Submit', and 'Preview'. The 'Submit' button is highlighted with an orange circle and the number 18.

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.



 **Health Care Provider Invoicing and Reporting**

Thank you for your submission.

Your reference number for this submission is **21-00000067**
Please record this number as it will be required for future communications regarding your submission.

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.

Request PDF Copy **Make another submission**



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

Customer: RICHARD KOTAKI

Claim number: BN31793-0

Date of accident: 16-OCT-2020

Submission date: 11-JAN-2021

Treatment Plan

* Indicates required field

1a

Practitioner/therapist type *

Kinesiology

Practitioner number

Practitioner first name *

Practitioner last name *

Chris

Jones

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

Muscular movement of patient has been improved.

1b

47 / 750 character limit

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

Customer is not able to properly move right hand despite of the treatment.

1c

74 / 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? * ?

The additional treatment should enable customer to move right hand.

1d

67 / 750 character limit

What is the intended outcome or functional goal? * ?

Customer should be able to properly move the right hand.

1e

56 / 750 character limit

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

There are no barriers in speedy recovery of customers.

1f

54 / 750 character limit

Is the customer currently missing work/school? * ?

Yes No

2

3. Enter the number of new treatments 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.

Is the customer currently missing work/school? *

Yes No

Additional comments

0 / 750 character limit

Number of new recommended treatments to discharge * 3

Expected discharge date * 4

Contact preference *

By email By phone 5

Contact email * 5a

Preview< PreviousSubmit

Preview and Submit the Treatment Plan

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

Contact preference *

By email By phone

Contact email *

abc@xyz.com

< Previous Preview 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.

- To submit in the *Preview* section, click the **Submit** button.
- 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.

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: 15-JA

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.

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: 29-JAN-2021), 'Contact preference' (radio button selected for 'By email'), and 'Contact email' (value: abc@xyz.com). A 'Message from webpage' pop-up box 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 circle and the number 9. At the bottom right of the form, there are three buttons: '< Previous', 'Submit', and 'Preview'. The 'Submit' button is highlighted with an orange circle and the number 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 confirmation page for the submission. It features the ICBC logo and the heading 'Health Care Provider Invoicing and Reporting'. The main text reads: 'Thank you for your submission.' followed by 'Your reference number for this submission is 21-0000042.' The reference number '21-0000042' is highlighted with an orange box and a circle containing the number 10. Below this, it says 'Please record this number as it will be required for future communications regarding your submission.' At the bottom, there are two buttons: 'Request PDF Copy' and 'Make another submission'. The 'Request PDF Copy' button is highlighted with an orange circle and the number 11, and the 'Make another submission' button is highlighted with an orange circle and the number 12. 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.'