



# Physician Specialized Services Report



If applicable, please select the Lock button before submitting the form.

Please note: once the Lock button has been selected, the form will no longer be editable.

INVOICE INFORMATION			
<b>Reminder: this report acts as the invoice once received by ICBC. There is no need to submit a separate invoice.</b>			
CLAIM NUMBER	DATE OF CRASH (DD/MMM/YYYY)	DATE OF REPORT (DD/MMM/YYYY)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

PATIENT INFORMATION		
FIRST NAME	LAST NAME	
DATE OF BIRTH (DD/MMM/YYYY)	PERSONAL HEALTH NUMBER (PHN)	INTERPRETER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICIAN INFORMATION	
FIRST NAME	LAST NAME
SPECIALTY TYPE	MSP/PRACTITIONER NUMBER

## Assessment (See drop down option for list of most commonly used codes)

PRIMARY DIAGNOSIS – IDENTIFY THE MOST SERIOUS OR SIGNIFICANT INJURY				
NATURE OF INJURY	BODY PART	ORIENTATION	ICD 9 CODE	ADDITIONAL COMMENTS

OTHER DIAGNOSIS – IDENTIFY ALL OTHER RELEVANT DIAGNOSES CAUSED BY OR RELATED TO THE CRASH				
NATURE OF INJURY	BODY PART	ORIENTATION	ICD 9 CODE	ADDITIONAL COMMENTS
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VOCATIONAL STATUS
1. IS THE PATIENT EMPLOYED OR ENGAGED IN TRAINING ACTIVITIES? PLEASE INDICATE WHICH ONE(S) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Training/Apprenticeship <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker/caregiver <input type="checkbox"/> Not employed
2. IS THE PATIENT ABSENT FROM THE FOLLOWING AS A RESULT OF THE CRASH? Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Training: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Studies: <input type="checkbox"/> Yes <input type="checkbox"/> No Homemaking/caregiving: <input type="checkbox"/> Yes <input type="checkbox"/> No

**If the patient is continuing to work, study, train, or provide homemaking/caregiving, indicate their status, as applicable**

3. STATUS OF DUTIES  
Work:  Full  Modified Train:  Full  Modified Study:  Full  Modified Homemaking/caregiving:  Full  Modified

4. STATUS OF HOURS  
Work:  Full  Modified Train:  Full  Modified Study:  Full  Modified Homemaking/caregiving:  Full  Modified

**If the patient is currently off work or working modified hours/duties, complete the following section**

5. CAN THE PATIENT PERFORM ALL REGULAR DUTIES AND REGULAR HOURS?  
 Yes  No

**If patient cannot perform all regular duties at regular hours**

6. WHAT ARE THE PATIENT'S SPECIFIC DUTIES OR PHYSICAL DEMANDS THAT CANNOT BE PERFORMED? PLEASE SPECIFY THE DEGREE OF IMPACT

7. DO YOU SUPPORT A GRADUAL RETURN TO WORK?  
 Yes  No

IF YES, WHAT IS THE EARLIEST ANTICIPATED GRADUAL RETURN TO WORK START DATE?

**AVOCATIONAL STATUS**

8. AVOCATIONAL STATUS (e.g. activities of daily living)

9. IS THE PATIENT CURRENTLY UNABLE TO ENGAGE IN THEIR PRE-CRASH AVOCATIONAL ACTIVITIES?  
 Yes  No

IF YES, WHAT IS THE EARLIEST DATE THE PATIENT COULD RETURN TO THEIR AVOCATIONAL ACTIVITIES?

10. IF THE PATIENT IS CONTINUING TO ENGAGE IN THEIR AVOCATIONAL ACTIVITIES, INDICATE THEIR STATUS, AS APPLICABLE

Duties:  Regular  Modified Hours:  Regular  Modified  
If modified, provide additional details explaining reasoning and recommendations

**MEDICAL RESTRICTIONS AND/OR LIMITATIONS**

11. DESCRIBE ANY MEDICAL RESTRICTIONS OR LIMITATIONS

12. ARE THE RESTRICTIONS/LIMITATIONS  Temporary  Permanent  
Provide details:

**BARRIERS TO RECOVERY** (including Functional, Physical, Psychosocial, Employer, Medical or Compliance)

**Recommended Care Management Plan**

PROVIDE MANAGEMENT RECOMMENDATIONS INCLUDING WHICH TREATMENT(S), MEDICAL INVESTIGATION(S), OR REFERRAL(S) ARE APPROPRIATE TO ADDRESS THE PATIENT'S INJURY/ INJURIES, AS APPLICABLE

**PROGNOSIS AND RECOVERY TIMELINES**

13. TO THE BEST OF YOUR ABILITY, PROVIDE DETAILS ON PROGNOSIS:

14. TO THE BEST OF YOUR ABILITY, PROVIDE DETAILS ON ANTICIPATED RECOVERY TIMELINES:

**ADDITIONAL COMMENTS**

By checking this box, I certify that the information provided is true and correct to the best of my knowledge

Select one of the following:

- I have obtained consent from the patient 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 28.1 of the *Insurance (Vehicle) Act*.

**Return To** ICBC  
PO BOX 2121, STN TERMINAL  
VANCOUVER BC V6B 0L6

**Fax** 1-877-686-4222

**Definitions**

- **Vendor Number:** A vendor number is used to identify the clinic or practitioner that ICBC pays for the treatment service. This number allows for you to receive one combined payment for all services, along with a statement listing all paid reports or invoices. Payments can be received via electronic fund transfer (EFT), which is deposited directly to your nominated account. Keeping on top of your business account is easier when you're enrolled in our vendor system.
- **Invoice/Reference Number:** An Invoice/Reference number is the number in your own filing system that would help you identify the payment of this item for accounts reconciliation purposes. Although this field is not mandatory, it is highly encouraged as it facilitates payment reconciliation.

## Appendix – Common ICD 9 Codes

INJURY TYPE	ICD 9 CODE(S)
<b>Mental disorders</b>	<ul style="list-style-type: none"> <li>• 300 Neurotic disorders</li> <li>• 309 Adjustment reaction</li> </ul>
<b>Symptoms, Signs, And Ill-Defined Conditions</b>	<ul style="list-style-type: none"> <li>• 781 symptoms involving nervous and musculoskeletal systems</li> </ul>
<b>Fractures</b>	<ul style="list-style-type: none"> <li>• 800 Fracture of vault of skull</li> <li>• 801 Fracture of base of skull</li> <li>• 802 Fracture of face bones</li> <li>• 803 Other and unqualified skull fractures</li> <li>• 804 Multiple fractures involving skull or face with other bones</li> <li>• 805 Fracture of vertebral column without mention of spinal cord injury</li> <li>• 806 Fracture of vertebral column with spinal cord injury</li> <li>• 807 Fracture of rib(s) sternum larynx and trachea</li> <li>• 808 Fracture of pelvis</li> <li>• 809 Ill-defined fractures of bones of trunk</li> <li>• 810 Fracture of clavicle</li> <li>• 811 Fracture of scapula</li> <li>• 812 Fracture of humerus</li> <li>• 813 Fracture of radius and ulna</li> <li>• 814 Fracture of carpal bone(s)</li> <li>• 815 Fracture of metacarpal bone(s)</li> <li>• 816 Fracture of one or more phalanges of hand</li> <li>• 817 multiple fractures of hand bones</li> <li>• 818 ill-defined fractures of upper limb</li> <li>• 819 multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum</li> <li>• 820 fracture of neck of femur</li> <li>• 821 fracture of other and unspecified parts of femur</li> <li>• 822 fracture of patella</li> <li>• 823 fracture of tibia and fibula</li> <li>• 824 fracture of ankle</li> <li>• 825 fracture of one or more tarsal and metatarsal bones</li> <li>• 826 fracture of one or more phalanges of foot</li> <li>• 827 other, multiple and ill-defined fractures of lower limb</li> <li>• 828 multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum</li> </ul>
<b>Sprain/strains</b>	<ul style="list-style-type: none"> <li>• 840 Sprains and strains of shoulder and upper arm</li> <li>• 841 Sprains and strains of elbow and forearm</li> <li>• 842 Sprains and strains of wrist and hand</li> <li>• 843 Sprains and strains of hip and thigh</li> <li>• 844 Sprains and strains of knee and leg</li> <li>• 845 Sprains and strains of ankle and foot</li> <li>• 846 Sprains and strains of sacroiliac region</li> <li>• 847 Sprains and strains of other and unspecified parts of back</li> <li>• 848 Other and ill-defined sprains and strains</li> </ul>
<b>Concussion</b>	<ul style="list-style-type: none"> <li>• 850 Concussion</li> </ul>
<b>Contusion</b>	<ul style="list-style-type: none"> <li>• 920 Contusion of face, scalp, and neck except eye(s)</li> <li>• 921 Contusion of eye and adnexa</li> <li>• 922 Contusion of trunk</li> <li>• 923 Contusion of upper limb</li> <li>• 924 Contusion of lower limb and of other and unspecified sites</li> </ul>