



## Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Massage Therapy 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 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 **Login** button.

The screenshot shows the ICBC Log in page. At the top is the ICBC logo and the text "Log in". Below this are two text input fields. The first is labeled "Enter your vendor number" with a "What is this?" link, and contains the number "5050134". The second is labeled "Enter your PIN" with a "What is this?" link, and contains ".....". Below the PIN field is a checked checkbox with the text "I have read and agree to the terms and conditions, privacy statement and health care business partner terms.". At the bottom of the form is a blue "Log In" button. Below the button is a horizontal line, and then the text "Forgot your PIN?" and "Reset my PIN" in purple.

1a

1b

1c

1d



**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

- Chiropractors
- Medical equipment providers



## Validate Service Provider Information

3. 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.
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 [?](#) 3a  
5050134

Business name [?](#)  
ORION HEALTH - NEW WESTMINSTER

Business address [?](#) 3  
210-555 6TH ST  
NEW WESTMINSTER, BC  
CA  
V3L 5H1

Email address [?](#) 4

GST registrant number [?](#)  
82923 2404

## 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"/>	RICHARD KOTAKI	1994-04-02	XXXX XX1 464
<input type="radio"/>	Enter patient details	-	-

5c

5d Continue

**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 \* ? 5a Date of accident \* 5b

✔

Legal first name \* ? 5c Legal last name \* 5d

Date of birth \* 5e 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.

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](#).

ℹ️ 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.

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

The screenshot shows the ICBC Business Partners website. The top navigation bar includes 'Material damage', 'Health services', 'Legal services', 'Driver services', 'Investigative partners', 'Insurance services', and 'Road safety'. The 'Health services' section is active, and the 'Invoicing and reporting' tab in the left sidebar is highlighted with an orange box and a circled '2'. The main content area displays the 'Invoicing and reporting' page, which includes a heading, a paragraph about treatment for injured patients, a COVID-19 update warning, and a section for 'ICBC Vendor Number'.

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

The screenshot shows the 'Health Care Provider Invoicing and Reporting (HCPIR)' section of the website. The left sidebar lists various professions, including 'Massage therapists'. The main content area features a heading for 'Health Care Provider Invoicing and Reporting (HCPIR)', a paragraph about the application, and a green button labeled 'Launch the HCPIR application' which is highlighted with an orange box and a circled '3'. Below this is an 'Important' section with text about preauthorized treatments and a link to '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.

ICBC Health Care Provider Invoicing and Reporting

Service Provider / Payee Information \* Indicates required field

Vendor number \* ⓘ

5050134 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*).
  - e. If the auto populated information is incorrect, click the **Help** icon next to the field to learn how to update vendor information.
7. 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**

**Service Provider / Payee Information** \* Indicates required field

Vendor number \* ?  
5050134

Verify

Business name ? 6a  
HARBOUR CITY  
CHIROPRACTIC

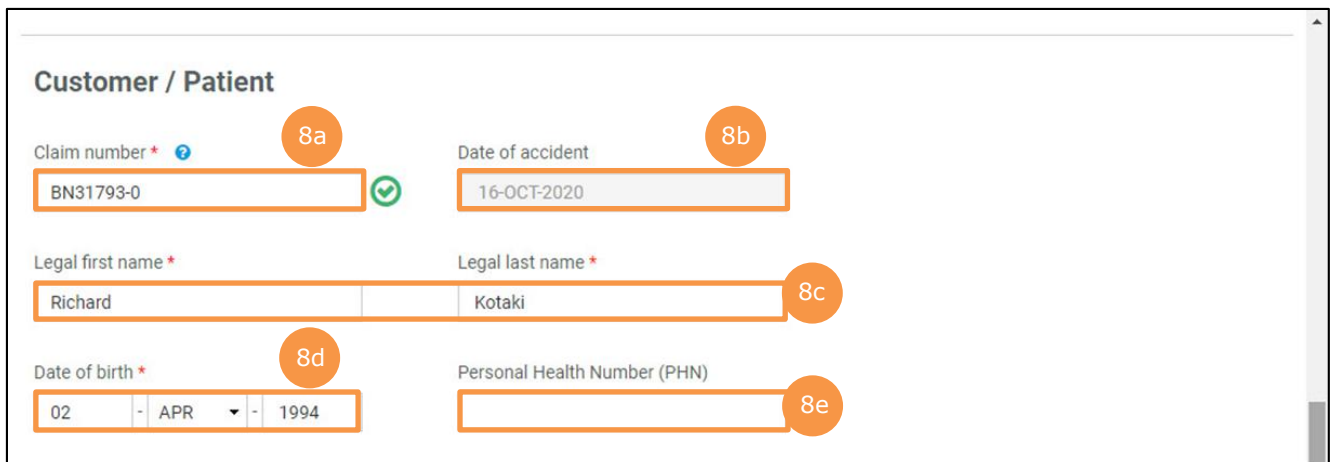
Business address ? 6  
102 5180 DUBLIN WAY  
NANAIMO, BC  
CA  
V9T 0H2

Email address ? 7  
abcde@xyz.com

GST registrant number ?

### 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.



The screenshot shows a form titled "Customer / Patient" with the following fields and callouts:

- 8a:** Claim number \* (text input: BN31793-0)
- 8b:** Date of accident (text input: 16-OCT-2020)
- 8c:** Legal first name \* (text input: Richard) and Legal last name \* (text input: Kotaki)
- 8d:** Date of birth \* (date picker: 02 - APR - 1994)
- 8e:** Personal Health Number (PHN) (empty text input)

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 in 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. \*

Massage Therapy 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.

Required field

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 Clinical Records

### Enter Details of the Clinical Records

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

The screenshot shows the 'Medical Report' section of the ICBC Health Care Provider Invoicing and Reporting system. The form is titled 'Medical Report' and is labeled as 'Step 1/2'. It includes a header with the ICBC logo and the text 'Health Care Provider Invoicing and Reporting', along with 'COMPLETE CARE' and a 'Log out' button. Below the header, there is a summary bar with the following information: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 09-FEB-2021. The form fields are as follows: 'Date of report \*' with a date picker set to 20-OCT-2020 (labeled 1a); 'Who is submitting? \*' with a dropdown menu set to 'Massage Therapy' (labeled 1b); 'Which report are you submitting? \*' with a dropdown menu set to 'Clinical Records' (labeled 1c); 'Clinical records from \*' and 'Clinical records to \*' with date pickers set to 21-OCT-2020 and 18-JAN-2021 respectively (labeled 1d); 'Practitioner number' (empty, labeled 1e); 'Practitioner first name \*' with the text 'Chris' (labeled 1f); and 'Practitioner last name \*' with the text 'Jones' (labeled 1f). At the bottom right, there are '< Previous' and 'Next >' buttons, with the 'Next >' button highlighted (labeled 2). A note '\* Indicates required field' is located in the top right corner of the form area.

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.



## Health Care Provider Invoicing and Reporting

COMPLETE CARE Log out

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Customer: RICHARD KOTAKI      Claim number: BN31793-0      Date of accident: 16-OCT-2020      Submission date: 10-FEB-2021

### Medical Report

Step 2/2 \* 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

3 4

Browse... Attach

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Massage Therapy.docx	0.2	RMT - [21OCT2020-18JAN2021]	

1 records

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

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, a few 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	
Massage Therapy.docx	0.2	RMT - [21OCT2020-18JAN2021]	5 

1 records

6

7



## 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. Enter the invoice number 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 pre-populate. 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**

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**Practitioner / Therapist 1** **1b**

Treatment / Service type \*

Practitioner number

Practitioner first name \*

Practitioner last name \*

---

**Report** **1c** **1d**

Date \*

Report type \*

Fee \*   Taxable

**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 and Session type*.
4. To delete a session, click the **Trash** icon.

Session 1

Date of service *	Session type *	3a	4
02-NOV-2020	Standard Visit		

Fee \*

\$ 80.00  Taxable

---

Related expense for session

*Currently no related expense added*

[Add related expense](#)

3 [Add session](#)



## 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

Treatment / Service type \* 5a

Message Therapy  6

Practitioner number Practitioner first name \* Practitioner last name \*

Session 1

Date of service \* Session type \*

21-NOV-2020 Standard Visit

Fee \*

\$ 80.00 ✔ Taxable 5a

Related expense for session

*Currently no related expense added*

[Add related expense](#)

5 [Add session](#)

[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

- 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 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.
- 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.



**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 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.



**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.

### 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 24.8MB remaining / 25MB limit

Browse...

Attach 13

	File name	Size (MB)	Document title
14	<input checked="" type="checkbox"/> Message Therapy.docx	0.20	RMT - Supplies and Equipment

1 record

Delete selected 14

Save and return to Invoice 15

24.8MB remaining / 25MB limit

## Preview and Submit the Invoice

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

Subtotal	\$ 260.00
PST	\$ 0.00
GST/HST	\$ 10.50
<b>Total</b>	<b>\$ 270.50</b>

< 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: 10-F

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 changes or "Submit" to process your invoice.

Service Provider/Payee Information

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

19. In the *Message from webpage* dialog box, click the **OK** button.

Subtotal \$ 260.00  
PST \$ 0.00  
10.50  
270.50

Message from webpage  
Are you sure you want to make this submission?  
OK Cancel

19

18 Preview  
< Previous Submit

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.

ICBC Health Care Provider Invoicing and Reporting COMPLETE CARE Log out

Thank you for your submission.

20  
Your reference number for this submission is 21-00000201.  
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.


21 Request PDF Copy 22 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

COMPLETE CARE Log out

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Customer: RICHARD KOTAKI      Claim number: BN31793-0      Date of accident: 16-OCT-2020      Submission date: 09-FEB-2021

### Treatment Plan

1a

\* Indicates required field

Practitioner/therapist type \*

Message Therapy

Practitioner number      Practitioner first name \*      Practitioner last name \*

     Chris      Jones

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

Customer's back pain has been significantly reduced

1b

51 / 750 character limit

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

Customer still needs some support for walking

1c

45 / 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? \* ?

Customer would not require crutches to walk

1d 43 / 750 character limit

What is the intended outcome or functional goal? \* ?

Customer should be able to walk without support

1e 47 / 750 character limit

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

There are no barriers in customer's speedy recovery

1f 51 / 750 character limit

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

Yes  No 2



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, if applicable.
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 appropriate ICBC representative can contact you while processing the submission.

Number of new recommended treatments to discharge \* ⓘ  3

Expected discharge date \* ⓘ  4

Contact preference \*  By email  By phone 5

Contact email \*  5a

[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 \*

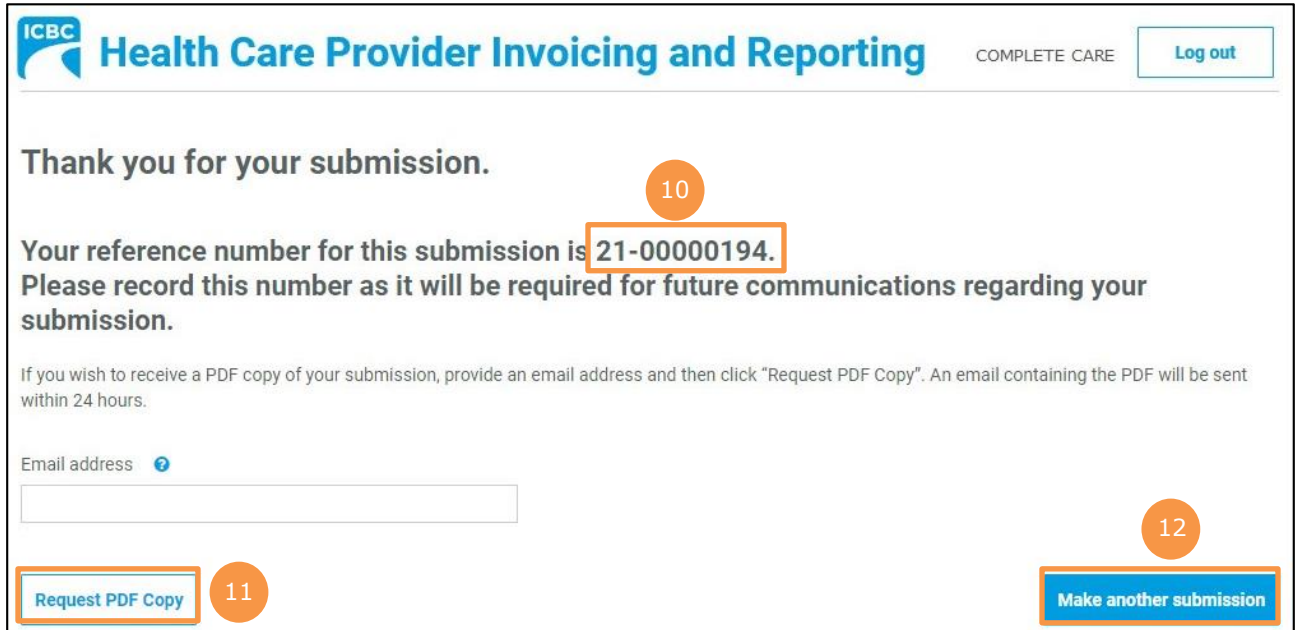
[Preview](#) 6

[< 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.

8. Click the **Submit** button to submit the invoice.
9. In the *Message from webpage* dialog box, click the **OK** button.

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 ICBC Health Care Provider Invoicing and Reporting portal. At the top left is the ICBC logo. To its right is the page title "Health Care Provider Invoicing and Reporting" in blue. Further right are the words "COMPLETE CARE" and a "Log out" button. The main content area starts with "Thank you for your submission." Below this, a reference number "21-00000194." is displayed in a box, with a callout "10" pointing to it. The text continues: "Please record this number as it will be required for future communications regarding your submission." Below this is a paragraph: "If you wish to receive a PDF copy of your submission, provide an email address and then click 'Request PDF Copy'. An email containing the PDF will be sent within 24 hours." There is an "Email address" label with a help icon and an empty text input field. At the bottom left is a "Request PDF Copy" button with a callout "11". At the bottom right is a "Make another submission" button with a callout "12".