



Invoicing and reporting instruction guide

This instruction guide was created for Brain Injury Support Providers with confirmed participation in the Brain Injury Support and Navigation Pilot Program (Brain Injury Pilot) to use as a quick reference tool. For detailed information, refer to **section 10 Remuneration and Invoicing** of the Brain Injury Support and Navigation Pilot Program Guide found on [ICBC Business Partners page for Disability Advocacy Organizations](#).

Brain Injury Support Providers complete the [Brain Injury Support and Navigation Pilot – Invoice Template](#) (“Invoice Template”) for Services provided to ICBC Customers who have been determined by ICBC as being eligible for funding of Support Services and/or Navigation Services.

Inquiries regarding the Brain Injury Pilot and requests for Invoice Template can be directed to navigators@brainstreams.ca.

Key points

- ✓ Funding for Support and Navigation Services is only available after ICBC has provided explicit written email confirmation of the ICBC Customer's eligibility for a specific Service within the scope of the Brain Injury Pilot.
- ✓ Any Services delivered prior to this confirmation, or Services delivered beyond the maximum limits, will not be funded.
- ✓ Brain Injury Support Providers must:
 - use the provided Invoice Template
 - submit invoices within 30 days from the date the Service was provided
 - email completed invoices related to the Brain Injury Support and Navigation Pilot Program to: navigators@brainstreams.ca.
- ✓ Invoices submitted must be associated with one ICBC Customer only.
- ✓ Incomplete invoices may be rejected.



Invoicing

- ☐ **Brain Injury Support Provider information**
 - Name of organization, contact name, phone number, email address
- ☐ **Invoice information**
 - Your invoice number and invoice date
- ☐ **ICBC Customer information**
 - ICBC Claim Number and ICBC Customer name
- ☐ **Service Type**
 - Select from the drop-down options
 - Support Service type: [Group Support or Peer Support](#)
 - Navigation Service type: [Navigation Services, Navigation Travel Time, and/or Navigation Mileage](#)
- ☐ **Hours/Sessions/Kilometers**
 - Support: [Number of Sessions](#) (please log one session per line item)
 - Navigation:
 - [Navigation Services](#) billed in 15-minute increments
 - [Navigation Travel Time](#) billed by the decimal hour, up to a maximum of 1.5 hours total per Navigation Service
 - [Navigation Mileage](#) is billed by kilometer
- ☐ **Fee/Rate**
 - Select from the drop-down options
 - Support:
 - Group Support [\\$16/session](#)
 - Peer Support [\\$79/session](#)
 - Navigation Service:
 - Navigation Service [\\$36/hour](#)
 - Travel Time for Navigation Services [\\$36/hour](#)
 - Mileage for Navigation Services [\\$0.66/km](#)



- ☐ **If applicable, calculate and enter the tax charged**
 - GST and/or PST
- ☐ **Amount**
 - Auto-calculates
- ☐ **Service date**
 - Date format is DD/MMM/YYYY
- ☐ **Invoice Total**
 - Auto-calculates
- ☐ **Navigation and/or Support Service type**
 - Select the **X** from the drop-down option next to corresponding Service type provided
 - **Support:**
 - Educational Programs, Community Recreation, Family Support Initiatives, Peer Support, Other
 - **Navigation:**
 - Claim Process Guidance, Information Gathering, Communication Facilitation, Follow-up Support, Appointment Coordination, Other

See example on next page



Brain Injury Support and Navigation Pilot - Invoice Template

Email a PDF copy of this invoice to: navigators@brainstreams.ca

Brain Injury Support Provider		Contact Name	Phone number		Email address		
Invoice Number		Invoice Date					
ICBC Claim Number		ICBC Customer name					
	Navigation Service Descriptions	Rate	Support Service Descriptions	Fee per Sesison			
	Navigation Services (rate per hour)	\$ 36.00	Group Support sessions	\$ 16.00			
	Navigation Travel Time (rate per hour) (maximum 1.5 hours per session)	\$ 36.00	Peer Support (1:1) session	\$ 79.00			
	Navigation Mileage (rate per kilometer)	\$ 0.66					
Line item	Service Description	Hours/Sessions /Kilometers	Rate	GST 5% (if applicable)	PST 7% (if applicable)	Amount	Service date (DD/MMM/YYYY)
1	Navigation Services	2.00	\$ 36.00	\$ 3.60		\$ 75.60	4-Nov-25
2	Navigation Travel	1.50	\$ 36.00			\$ 54.00	4-Nov-25
3	Navigation Mileage	100.00	\$ 0.66			\$ 66.00	4-Nov-25
4	Group Support	1.00	\$ 16.00			\$ 16.00	5-Nov-25
5	Group Support	1.00	\$ 16.00			\$ 16.00	7-Nov-25
6	Peer Support	1.00	\$ 79.00	\$ 3.95		\$ 82.95	10-Nov-25
7						\$ -	
8						\$ -	
9						\$ -	
10						\$ -	
11						\$ -	
12						\$ -	
13						\$ -	
14						\$ -	
15						\$ -	
Sub Totals			\$7.55	\$0.00		\$310.55	

Check all that apply: Navigation and/or Support Service type

Claim Process Guidance	X
Information Gathering	
Communication Facilitation	X
Follow-up Support	
Appointment Coordination	
Other	
Educational Programs	X
Community Recreation	X
Peer Support	X
Other	

Invoice Total **\$318.10**

Note: Invoices must be submitted within thirty (30) calendar days from the date the service is provided. Invoices submitted outside of this time period may not be paid.