



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is designed to streamline the invoice 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 using 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 details 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, containing the value "7054765" (callout 1a); and "Enter your PIN" with a "What is this?" link, containing "....." (callout 1b). Below these is a checkbox labeled "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." which is checked (callout 1c). At the bottom is a blue "Log In" button (callout 1d). Below the button is a link "Forgot your PIN?" with a sub-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?

- Submit invoices, reports or treatment plans through HCPIR **2**
- 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

- [Attendant care](#)
- [Homemaker services](#)
- [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 **3a**
7054765

Business name **3**
JANET COOK

Business address **3**
3 512 1ST AVE
LADYSMITH, BC
CA
V9G 1A7

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

GST registrant number

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 a submission can only be made for one customer on one claim number at a time.
 - 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 appropriate 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 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.

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.

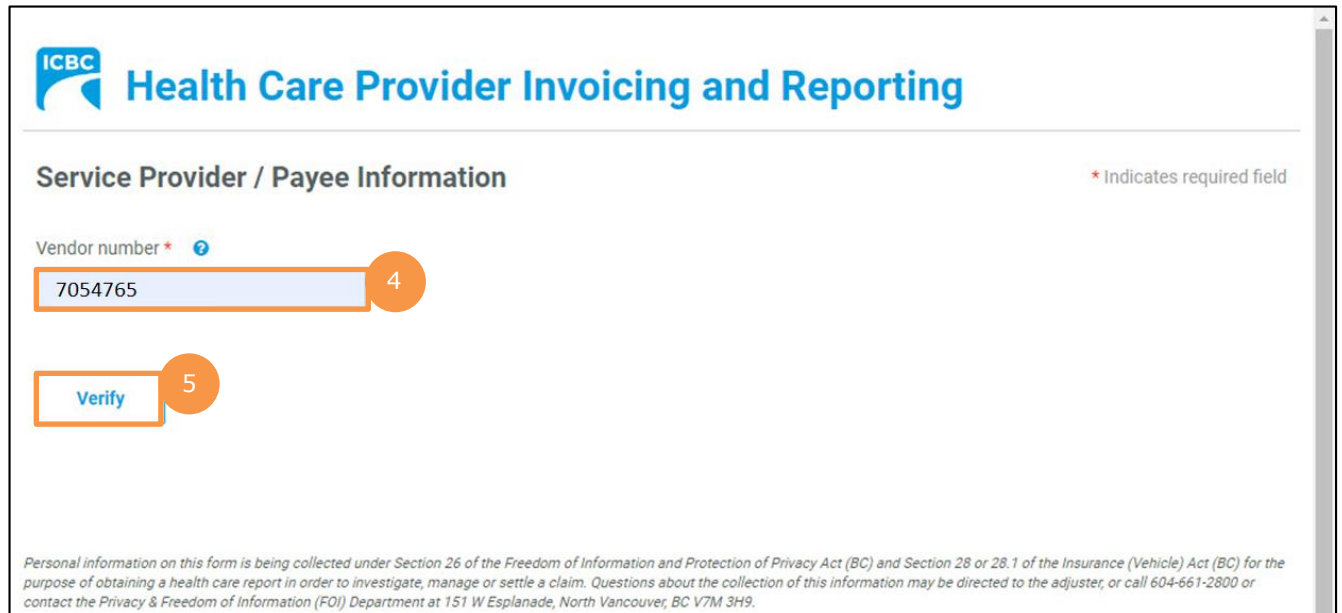
The screenshot shows the ICBC Business Partners website. The top navigation bar includes 'Material damage', 'Health services', 'Legal services', 'Driver services', 'Investigative partners', 'Insurance services', and 'Road safety'. The 'Health services' section is active, and the 'Invoicing and reporting' tab in the left sidebar is highlighted with an orange box and a circled '2'. The main content area displays 'Invoicing and reporting' with a sub-header and a call to action: '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.' A COVID-19 update notice is also visible.

- 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. The left sidebar lists various professions, and the 'Launch the HCPIR application' button is highlighted with an orange box and a circled '3'. The main content area provides instructions on how to use the HCPIR application, including a note about claim number validation 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.



Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * 

7054765 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*).
 - b. 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**

Business address **6**



Email address **7**

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.

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="02"/> - <input type="text" value="APR"/> - <input type="text" value="1994"/>	Personal Health Number (PHN)	<input type="text"/>

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.
 - “Invoice for patient care & related expenses”
 - “Report and supporting documentation”
 - “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. *

Acupuncture 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.

4

[Start Over](#) [Next >](#)



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.



Tip: If you select the “Report and supporting documentation” check box, then the “Invoice for patient care & related expenses” check box will be automatically selected.




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 "Acupuncture" from the drop down menu in the *Who is submitting?* field.
 - Select "Clinical Records" from the drop down menu in *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 page header includes the ICBC logo, the title 'Health Care Provider Invoicing and Reporting', and a 'Log out' button. Below the header, a summary bar displays: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 10-FEB-2021. The 'Medical Report' section is labeled 'Step 1/2' and includes a note: '* Indicates required field'. The form fields are as follows: 'Date of report *' with a text input containing '21-OCT-2020' (labeled 1a); 'Who is submitting? *' with a dropdown menu set to 'Acupuncture' (labeled 1b); 'Which report are you submitting? *' with a dropdown menu set to 'Clinical Records' (labeled 1c); 'Clinical records from *' with a text input containing '26-OCT-2020' (labeled 1d); 'Clinical records to *' with a text input containing '30-OCT-2020' (labeled 1d); 'Practitioner number' with an empty text input (labeled 1e); 'Practitioner first name *' with a text input containing 'Janet' (labeled 1f); and 'Practitioner last name *' with a text input containing 'Cook' (labeled 1f). At the bottom right, there are '< Previous' and 'Next >' buttons (labeled 2).

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](#)

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

Browse... Attach

24.8MB remaining / 25MB limit

File name	Size (MB)	Document title	
Medical Report.docx	0.2	Acupuncture - [26OCT2020-30OCT2020]	

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, 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.

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	
Medical Report.docx	0.2	Acupuncture - [26OCT2020-30OCT2020]	5

1 records

6
Preview

< Previo
7
Next >



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 * 123456 1a

Practitioner / Therapist 1 1b

Treatment / Service type *

Practitioner number
Practitioner first name *
Practitioner last name *

Report 1c 1d

Date * **Report type ***

Fee * 2

[Add session](#)

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.

The screenshot displays a web interface for adding a session. It is divided into two main sections: 'Report' and 'Session 1'.

Report Section:

- Date ***: 10-FEB-2021
- Report type ***: Clinical Records
- Fee ***: \$ 60.00

Session 1 Section:

- Date of service ***: 02-NOV-2020
- Session type ***: Standard Visit
- Fee ***: \$ 90.00

Callouts and buttons:

- 3a**: Points to the 'Date of service' and 'Session type' fields.
- 3**: Points to the 'Add session' button.
- 4**: Points to the trash icon.
- Add session**: A blue button at the bottom right of the session form.

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 *	Practitioner number	Practitioner first name *	Practitioner last name *
Acupuncture		David	Green

Session 1

Date of service *	Session type *
10-DEC-2020	Standard Visit

Fee *

\$ 90.00

[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.

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

Subtotal	\$ 240.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 240.00

[Add new practitioner / therapist](#)

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

8. 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.

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-FEB-2021

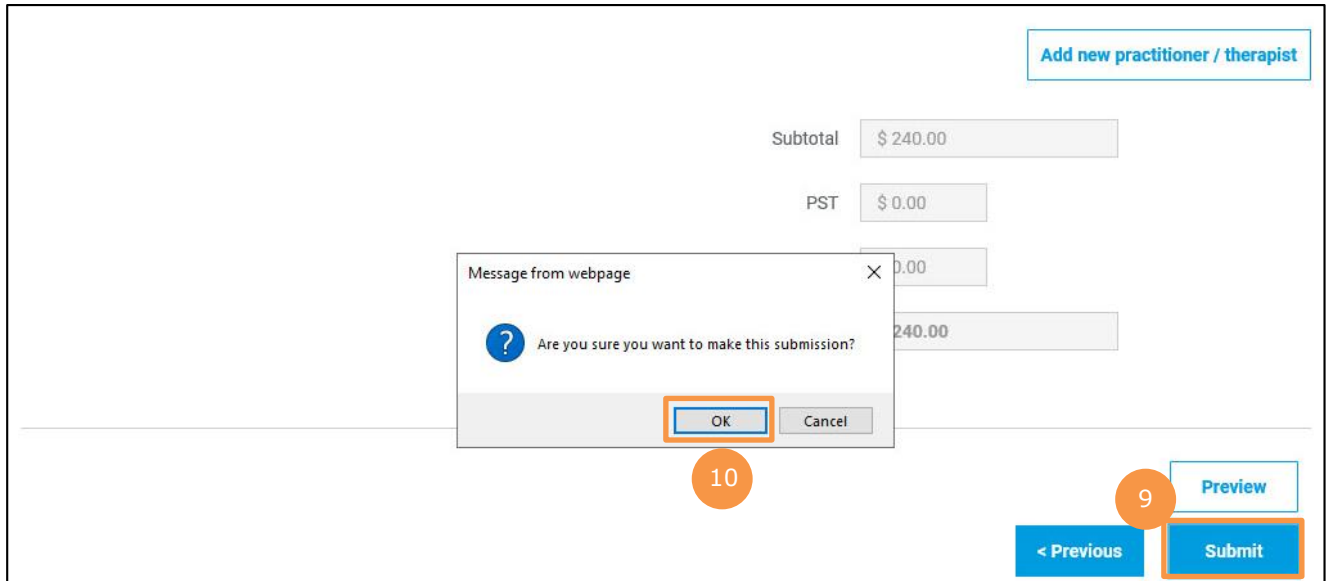
[Print](#) [< Previous](#) [Submit](#)

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

Service Provider/Payee Information

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

10. 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 right, there is a button labeled "Add new practitioner / therapist". Below this, a summary of charges is shown: Subtotal \$ 240.00, PST \$ 0.00, and a total of \$ 240.00. A "Message from webpage" pop-up box is centered on the screen, containing a question mark icon and the text "Are you sure you want to make this submission?". The "OK" button in the pop-up is highlighted with an orange box and labeled with a circled "10". In the bottom right corner of the interface, there are three buttons: "< Previous", "Preview" (labeled with a circled "9"), and "Submit" (highlighted with an orange box).



HCPIR How to Guide Acupuncture Submissions

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


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 text "Health Care Provider Invoicing and Reporting". Further right are the words "COMPLETE CARE" and a "Log out" button. The main content area says "Thank you for your submission." followed by a callout bubble containing the number "11". Below this, it states "Your reference number for this submission is 21-00000199." with the number boxed and a callout bubble containing "11". It then says "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, 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" with a callout bubble containing "12" above it, and "Make another submission" with a callout bubble containing "13" above it.



Submit a Treatment Plan

Enter Details of the Request for a 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: 10-FEB-2021

Treatment Plan 1a * Indicates required field

Practitioner/therapist type *
Acupuncture

Practitioner number Practitioner first name * Practitioner last name *
 Janet Cook

What functional and symptom improvement has been made to date? * ? 1b

Customer's lower back pain has reduced

38 / 750 character limit

What are the customer's current functional limitations? * ? 1c

Customer's mobility is restricted

33 / 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

Customer's back pain should further be reduced and there should be no restriction on mobility

93 / 750 character limit

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

Customer should be able to return to work with no further treatment required

76 / 750 character limit

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



No, there are no barrier



24 / 750 character limit


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


Yes No

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.

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.
- 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 Submit date: 10-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

- Click the **Submit** button to submit the treatment plan.
- 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 the following fields and options:

- Number of new recommended treatments to discharge ***: Input field containing the number 4.
- Expected discharge date ***: Input field containing 28-JAN-2021.
- Contact preference ***: Radio buttons for "By email" (selected) and "By phone".
- Contact email ***: Input field containing abcd@xyz.com.

A "Message from webpage" pop-up box is displayed in the center, asking "Are you sure you want to make this submission?". The "OK" button in the pop-up is highlighted with an orange box and a circled number 9. In the bottom right corner of the form, the "Submit" button is highlighted with an orange box and a circled number 8. Other buttons visible include "< Previous", "Preview", and "Make another submission".

- 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.
- If you wish to receive a PDF copy of your submission, click the **Request PDF Copy** button.
- Click the **Make another submission** button to submit another treatment plan.

The screenshot shows the "Thank you for your submission." confirmation page. The page header includes the ICBC logo, "Health Care Provider Invoicing and Reporting", "COMPLETE CARE", and a "Log out" button.

The main content area displays:

- Thank you for your submission.**
- Your reference number for this submission is 21-00000200.** (The number is highlighted with an orange box and a circled number 10.)
- Please record this number as it will be required for future communications regarding your submission.**

Below this text, there is a note: "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, two buttons are highlighted with orange boxes and circled numbers:

- Request PDF Copy** (circled number 11)
- Make another submission** (circled number 12)