



## Purpose

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The Health Care Provider Invoicing and Reporting (HCPIR) application is designed to streamline the invoice submission process.

In addition to this application, a new tool called the Health Care Provider Portal has been introduced that allows you 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 an invoice using the HCPIR web application.



## Overview

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### Topics Covered

[Access HCPIR Through Health Care Provider Portal](#)

[Access HCPIR Through Business Partners Page](#)

[Begin the Submission Process](#)

[Submit an Invoice for Patient Care](#)



## 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 and the text "Log in". Below this are four callout boxes:

- 1a**: A text input field labeled "Enter your vendor number" with a "What is this?" link. The field contains the number "5000117".
- 1b**: A text input field labeled "Enter your PIN" with a "What is this?" link. The field contains six dots.
- 1c**: A checkbox labeled "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." which is checked.
- 1d**: A blue button labeled "Log In".

Below the callouts, there 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** link 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

- [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 the 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 [?](#)  
5000117 **3a**

Business name [?](#)  
COMPLETE CARE **3**

Business address [?](#)  
2631-B DOUGLAS ST  
VICTORIA, BC  
CA  
V8T 4M2

Email address [?](#) **4**

GST registrant number [?](#)  
137239729

## Enter the Customer/Patient 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"/> <span style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px; font-weight: bold;">5c</span>	RICHARD KOTAKI	1994-04-02	XXXX XX1 464
<input type="radio"/>	Enter patient details	-	-

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 customer/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 invoices 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.

**Warning:** Providing services in a safe environment is our top priority, so we're making some important changes. Find out how they affect you.

**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.

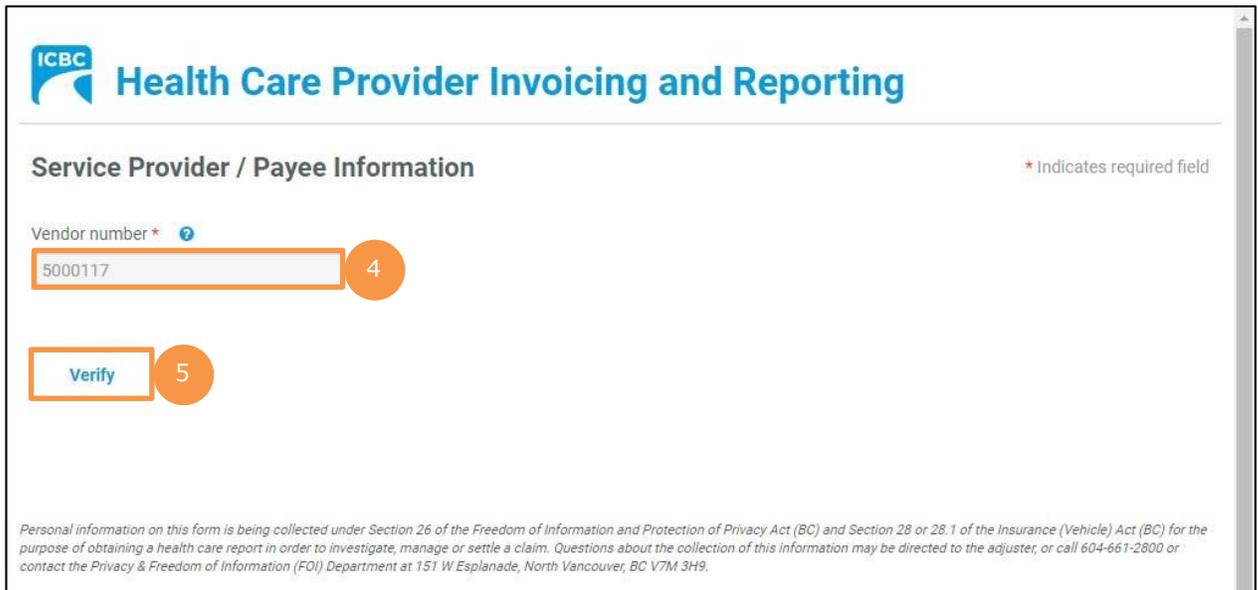
The screenshot shows the ICBC Business Partners website. The top navigation bar includes 'Material damage', 'Health services', 'Legal services', 'Driver services', 'Investigative partners', 'Insurance services', and 'Road safety'. The 'Health services' section is active, and the 'Invoicing and reporting' sub-tab is selected in the left sidebar. The main content area features a heading 'Invoicing and reporting' and a sub-heading 'ICBC Vendor Number'. A red circle with the number '2' is placed over the 'Invoicing and reporting' tab in the sidebar.

- 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: Chiropractors, Counsellors, Kinesiologists, Massage therapists, Medical assessment providers, Occupational therapists, Physicians, Physiotherapists, Psychologists, Registered care advisors, and Disability advocacy organizations. The main content area has a heading 'Health Care Provider Invoicing and Reporting (HCPIR)' and a sub-heading 'Important'. A green button labeled 'Launch the HCPIR application' is highlighted with a red circle containing the number '3'.

## 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 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*).
  - 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 \* ?  
5000117

**Verify**

Business name ? **6a**  
COMPLETE CARE

Email address ? **7**  
abcde@xyz.com

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

GST registrant number ?

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**Customer / Patient**

Claim number \* ?  
Date of accident  
DD-MMM-YYYY

## 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"/> - <input type="text" value="APR"/> - <input type="text" value="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 invoices 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. 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.
3. Click the **Next** button.

Choose an option for your submission. \*

Physiotherapy

Nurse

1

2

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.

Start Over

3

Next >

## Submit an Invoice for Patient Care

### Enter Invoice Details

1. 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.

2. In the *Service provider 1* section, from the *Treatment / Service type* drop down menu, select the applicable treatment/service type.

### 3. Enter the invoice details.

- a. In the *Date of service* field, enter the date when the service was provided to the customer.
- b. From the *Service type* drop down menu, select the appropriate option.
- c. In the *No. of hours* text box, enter the number of hours the service was provided.
- d. The *Fee* text box will auto populate based on the number of hours of service provided by you.
- e. In the *List services provided during this invoicing period* text box, enter the service details.

The screenshot shows a form for entering invoice details for a session. The form is titled "Session 1" and contains the following fields and elements:

- Date of service \***: A text box containing "17-OCT-2020" with callout 3a.
- Session type \***: A dropdown menu with "Nursing Service LPN" selected, with callout 3b.
- No. of hours \***: A text box containing "14" with callout 3c.
- Fee \***: A text box containing "\$ 448.00" with callout 3d.
- Related expense for session**: A section with the text "Currently no related expense added" and an "Add related expense" button.
- List services provided during this invoicing period. \***: A large text area containing "operate medical equipment, monitor patient health, perform diagnostic tests" with callout 3e. A character limit of "75 / 750 character limit" is shown at the bottom right.
- Buttons**: "Add session" and "Add another service provider" are located at the bottom right of the form.

## Add Additional Session

4. If you have provided additional sessions to the customer for which you need to submit an invoice, click the **Add session** button to add the details.

Session 2

Date of service *	Session type *	No. of hours *	Fee *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	

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Related expense for session

*Currently no related expense added*

[Add related expense](#)

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List services provided during this invoicing period. \*

0 / 750 character limit

**4** [Add session](#)

[Add another service provider](#)



**Tip:** If you have added an additional line item and want to delete it, click the **Trash** icon.

## Add Another Service Provider

5. If you need to invoice for additional treatment/service types, click the **Add another service provider** button to add the details.

 **Health Care Provider Invoicing and Reporting** WE CARE HOME HEALTH SERVICE 447162 BC LTD DBA [Log out](#)

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Customer: RICHARD KOTAKI      Claim number: BN31793-0      Date of accident: 16-OCT-2020      Submission date: 14-JAN-2021

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### 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 \* 

#### Service provider 1

Treatment / Service type \*

- Attendant Care
- Homemaker Services
- Medical Equipment Provider
- Nurse

 [Add another service provider](#)

## Preview and Submit the Invoice

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

Subtotal	\$ 448.00
PST	\$ 0.00
GST/HST	\$ 0.00
<b>Total</b>	<b>\$ 448.00</b>

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 [Preview](#)

[< Previous](#)      [Submit](#)

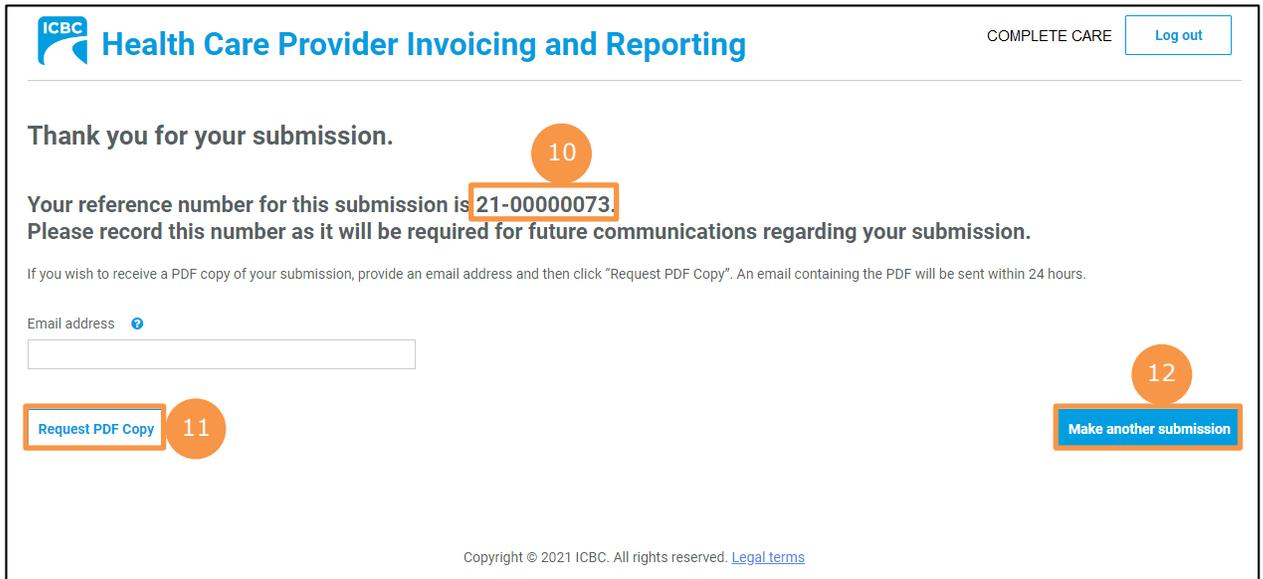
7. The *Preview* section of the invoice is displayed. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.
  - a. To submit in the *Preview* section, click the **Submit** button.
  - b. To submit from the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Invoice* section.

The screenshot shows the 'Health Care Provider Invoicing and Reporting' interface. At the top left is the ICBC logo. The page title is 'Health Care Provider Invoicing and Reporting'. On the top right, there is a 'COMPLETE CARE' status and a 'Log out' button. Below this is a header bar with the following information: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 15-OCT-2020. Below the header bar are three buttons: 'Print', '< Previous', and 'Submit'. The 'Submit' button is highlighted with an orange box and labeled '7a'. A note below the buttons reads: '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 print your invoice.' The 'Previous' button is highlighted with an orange box and labeled '7b'.

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

The screenshot shows a 'Message from webpage' pop-up box with the text: 'Are you sure you want to make this submission?'. The 'OK' button is highlighted with an orange box and labeled '9'. In the background, there is a summary of invoice amounts: Subtotal \$ 448.00, PST \$ 0.00, and Total \$ 448.00. Below the summary are three buttons: '< Previous', 'Preview', and 'Submit'. The 'Submit' button is highlighted with an orange box and labeled '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 invoice submission, click the **Request PDF Copy** button.
12. 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.

Your reference number for this submission is **21-00000073**.  
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, provide an email address and then click "Request PDF Copy". An email containing the PDF will be sent within 24 hours.

Email address [?](#)

[Request PDF Copy](#) [Make another submission](#)

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