



Scarring Measurement

Submit online at icbc.com/claims
 or return to ICBC
 PO BOX 2121, STN TERMINAL
 VANCOUVER BC V6B 0L6
 Fax 1-877-686-4222



INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

Scar information (all measurements to be recorded in centimetres)

1. Scar

SCAR LOCATION	SCAR TYPE (e.g. Irregular, Raised or Discoloured)
SCAR DESCRIPTION	
SCAR LENGTH	SCAR WIDTH

2. Scar (if applicable)

SCAR LOCATION	SCAR TYPE (e.g. Irregular, Raised or Discoloured)
SCAR DESCRIPTION	
SCAR LENGTH	SCAR WIDTH

3. Scar (if applicable)

SCAR LOCATION	SCAR TYPE (e.g. Irregular, Raised or Discoloured)
SCAR DESCRIPTION	
SCAR LENGTH	SCAR WIDTH

I certify that: (click box)

- When submitting a medical report, all information is accurate and complete based on all available information, treatments, and assessments performed.
 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.

Select one of the following:

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

HEALTHCARE PROVIDER SIGNATURE _____

DATE _____

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

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 manage the 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 department at 151 Esplanade, North Vancouver, BC V7M 3H9.