Health Service Vendor Account/Change

This form must be completed in full in order to process the account change.
Please send completed forms to Supplier Programs at: BIProviderapp@icbc.com

☐ Address change ☐ Phone change ☐ Email change ☐ GST/PST change ☐ Remove Practitioner

Vendor Information

LEGAL NAME OF BUSINESS		OPERATING NAME (dba)	
BUSINESS ADDRESS			
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	WEBSITE
MAILING ADDRESS (if different than above)			
BC REGISTRAR OF COMPANIES NUMBER		BC REGISTRATION OF OPERATING NAME (dba) / SOLE PROPRIETORSHIP / PARTNERSHIP NUMBER	
GST REGISTRATION NUMBER		PST REGISTRATION NUMBER	ICBC VENDOR NUMBER

Types of business (check all that apply)

☐ Acupuncturists ☐ Counsellor ☐ Massage Therapists ☐ Physiotherapists
☐ Chiropractors ☐ Kinesiologist ☐ Occupational Therapists ☐ Psychologists

Owner/Signing Officer Information

NAME	ADDRESS	DRIVER'S LICENCE NO.	CHECK APPLICABLE
			☐ Owner _____ % ☐ Signing Officer
Signature _____			
			☐ Owner _____ % ☐ Signing Officer
Signature _____			
			☐ Owner _____ % ☐ Signing Officer
Signature _____			

Personal Information on this form is collected by the Insurance Corporation of British Columbia (ICBC) pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and is used for the purpose(s) of processing applicant information. ICBC collects, uses and discloses information in accordance with the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection of information, please contact us by email at biproviderapp@icbc.com.

By signing this form requesting or updating an ICBC Vendor Number, you hereby authorize ICBC to use and disclose your personal information from the following records: all ICBC claims and collections records, and the records of ICBC's Special Investigation Unit to ICBC's Supplier Programs & Administration department, only for the purpose of determining if there are any matters known to ICBC impacting the suitability of the applicant to be an ICBC vendor, and you agree to comply with all terms, requirements, policies and procedures set out in the applicable application forms, Claims Procedures, Performance Standards and corresponding vendor checklists. You acknowledge that all employees have read and understand the terms of ICBC's Code of Ethics.

CONTACT NAME/POSITION _____ CONTACT PHONE NUMBER _____ DATE (ddmmmyyyy) _____

To be completed and approved by an ICBC representative

DATE (ddmmmyyyy)	ICBC RESOURCE	ICBC REPRESENTATIVE NAME	ICBC REPRESENTATIVE SIGNATURE