



Medical Assessment Invoice



Send completed invoice to invoices@icbc.com

Note: this is a non-replying email address.

Claim Information

CLAIM NUMBER	ICBC CONTACT		
ACCOUNT NUMBER	GST REGISTRANT NUMBER	INVOICE NUMBER	INVOICE DATE (ddmmmyyyy)

Supplier Information

SUPPLIER NAME		SPECIALIST NAME	
SUPPLIER CONTACT			SUPPLIER PHONE NUMBER
CLIENT FIRST NAME	CLIENT LAST NAME		DATE OF MVA (ddmmmyyyy)
SPECIALTY TYPE			

Charges **(Please select the appropriate item from the applicable service description drop down menu)**

SERVICE DESCRIPTION	HOURS	RATE	AMOUNT BEFORE TAX	GST (if applicable)	TOTAL WITH TAX	SERVICE DATE (ddmmmyyyy)
MEDICAL ASSESSMENT/EVALUATION						
RECORDS REVIEW						
MEDICAL ADVISORY AND SUPPORT						
CANCELLATION FEE						
TRIAL SERVICES						
OTHER						
TOTAL						