



## Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Psych providers. The HCPIR application is designed to streamline the invoice and report 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 in 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 an Initial Report](#)

[Submit a Progress Report](#)

[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 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 center 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, and "Enter your PIN" with a "What is this?" link. Below these is a checkbox labeled "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." At the bottom is a blue "Log In" button. Below the button is a "Forgot your PIN?" link and a "Reset my PIN" link. Callouts 1a through 1d are placed next to the vendor number field, PIN field, checkbox, and Log In button respectively.



**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 screen 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?

- 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

- Chiropractors
- 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](#)

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### Service Provider / Payee Information \* Indicates required field

Vendor number [?](#)  **3a**

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

Business address [?](#)

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

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 each submission can only be made for one customer on one claim number.
  - 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 applicable patient's name.
  - d. Click the **Continue** button.

### Customer / Patient

Claim number \* ⓘ 5a

BN31793-0 ✓

Date of accident \* 5b

16-OCT-2020

Select your patient from the list \*

Select	Name	Date of birth	Personal Health Number (PHN)
<input checked="" type="radio"/> <span style="float: right;">5c</span>	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 customer/patient's name is selected.

### Customer / Patient

Claim number \* ⓘ ✓

BN31793-0

Date of accident \*

16-OCT-2020

Legal first name \* ⓘ

RICHARD

Legal last name \* ⓘ

KOTAKI

Date of birth \*

2 - APR - 1994

Personal Health Number (PHN)

XXXX XX1 464

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.

2. The *Health services* page is displayed. Click the **Invoicing and reporting** tab from the left panel.

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

Health services

Home » Health services » Invoicing and reporting

Health services

Enhanced Care changes

**Invoicing and reporting**

Reports

Support and resources

Vendor number

Acupuncturists

## Invoicing and reporting

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.

**Warning:** We're taking steps to ensure the health and safety of our customers, employees, and business partners. Find out more about our [COVID-19 updates](#).

### ICBC Vendor Number

If you are new to ICBC, expanding your business, or need to update your business information, visit our [vendor number page](#).

ICBC reserves the right, at its sole discretion, to withdraw, suspend or deny a vendor number:

Feedback

3. Scroll down to the *Health Care Provider Invoicing and Reporting (HCPIR)* section and click the **Launch the HCPIR application** button.

Chiropractors

Counsellors

Kinesiologists

Massage therapists

Medical assessment providers

Occupational therapists

Physicians

Physiotherapists

Psychologists

Registered care advisors

Disability advocacy organizations

## Health Care Provider Invoicing and Reporting (HCPIR)

Launch the HCPIR application<sup>®</sup> to submit invoices and reports for all treatments delivered on or after April 1, 2019. Our flowcharts on [invoicing and reporting](#) and [treatment and discharge](#) can help you navigate when to use HCPIR.

We've updated the HCPIR application to improve its usability. Please note: the claim number validation on the Service Provider / Payee information page may take a few minutes to load — do not refresh the page during loading.

**Launch the HCPIR application**

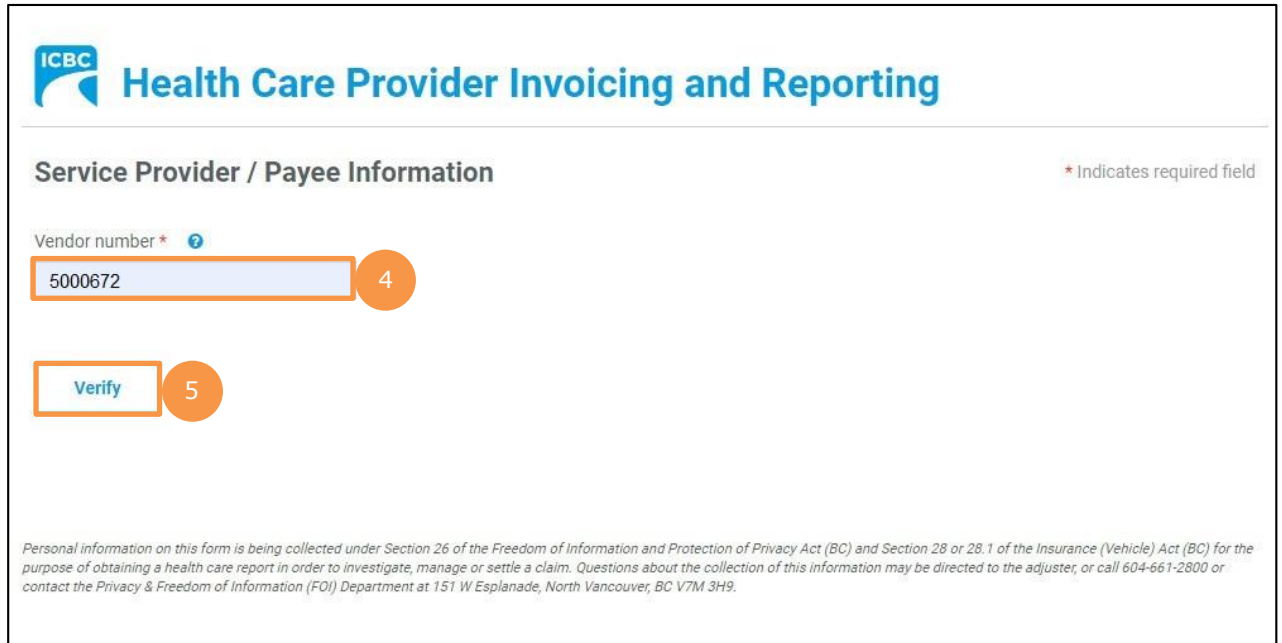
### Important

Patients will have a set number of preauthorized treatments available within the first 12 weeks following a crash occurring on or after April 1, 2019. If a patient requires additional treatments beyond those 12 weeks, you can request a treatment extension through the HCPIR application.

In response to your questions around the recent changes to invoicing and reporting, we've compiled the [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 \* ?

5000672 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 \*

6a

Business name  6

Email address  7

Business address  6

GST registrant number

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**Customer / Patient**

Claim number \*

Date of accident

## 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 be auto populated.
  - 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.

The screenshot shows a form titled "Customer / Patient" with the following fields and callouts:

- 8a:** Claim number \* (text input: BN31793-0)
- 8b:** Date of accident (text input: 12-MAY-2020)
- 8c:** Legal first name \* (text input: Richard) and Legal last name \* (text input: Kotaki)
- 8d:** Date of birth \* (date picker: 02 - APR - 1994)
- 8e:** Personal Health Number (PHN) (text input)

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. \*

Psychology 1

Nurse

What are you submitting today? \*

Invoice for patient care & related expenses

Report and supporting documentation 2

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 “Report and supporting documentation,” then “Invoice for patient care & related expenses” will be automatically selected.



**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.



## Submit an Initial Report

### Enter Details of the Initial Report

1. In the *Medical Report* section, enter the required details of the report you are submitting.
  - a. Enter the date of the report being submitted in the *Date of report* field.
  - b. Select "Psychology" from the drop down menu in the *Who is submitting?* field.
  - c. Select "Initial Visit and Report" from the drop down menu in the *Which report are you submitting?* field.
  - d. Enter the practitioner number. This is optional.
  - e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

**ICBC Health Care Provider Invoicing and Reporting** [Log out](#)

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

### Medical Report

Step 1/3 \* Indicates required field

Date of report \* 1a

Who is submitting? \* 1b

Which report are you submitting? \* 1c

Practitioner number 1d    Practitioner first name \* 1e    Practitioner last name \*  
       

2  
[< Previous](#)    [Next >](#)

3. Enter the details of the report you are submitting in the *Medical Report* section.
  - a. Enter the date when the customer was assessed by the medical practitioner in the *Date of assessment* field.
  - b. Select whether the customer is currently off work using the *Is the patient currently off work?* radio buttons.
4. Using the *Select One* radio buttons, select whether the customer's information is being shared with the customer's consent or due to a request from ICBC.
5. Click the **Next** button to continue.

**ICBC Health Care Provider Invoicing and Reporting** Log out

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

### Medical Report

Step 2/3 \* Indicates required field

Date of assessment \* 3a

Is the patient currently off work? \* 3b  
 Yes 4     No

Select one: \*  
 I have obtained consent from the patient/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*.

5  
< Previous    Next >

**Note:** The date provided in the *Date of assessment* field will populate in the *Invoice* section as the date for the *Visit for Initial Report* fee.

6. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.

 **Tip:** Blank copies of various PDF reports can be downloaded from the *Business Partners* web page. Once populated, upload them on the *Medical Report* screen.

7. Click the **Attach** button to upload the file.



ICBC Health Care Provider Invoicing and Reporting Log out

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

### Medical Report

Step 3/3 \* 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 25MB remaining / 25MB limit


6 7 Browse... Attach

File name	Size (MB)	Document title
No file attachments to show...		


0 records



 **Tip:** You can upload up to three documents in this screen by repeating steps 6 and 7.

8. To remove a file, click the **Trash** icon.
9. To preview your submission, click the **Preview** button.
10. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected 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.

File name	Size (MB)	Document title	
Initial Visit and Report.docx	0.01	Psych - Initial	8 

1 records

9 

10

Practitioner / Therapist 1 10

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Psychology		James	Smith

**Initial Visit and Report**

Date *	Report type *
28-OCT-2020	Initial Report

Fee \*

\$ 145.00

## Submit a Progress Report

### Enter Details of the Progress Report

1. In the *Medical Report* section, enter the required details of the report you are submitting.
  - a. Enter the date of the report being submitted in the *Date of report* field.
  - b. Select "Psychology" from the drop down menu in the *Who is submitting?* field.
  - c. Select "Progress Report" from the drop down menu in the *Which Report are you submitting?* field.
  - d. Enter the practitioner number. This is optional.
  - e. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

The screenshot shows the 'Medical Report' section of the HCPIR system. At the top, the ICBC logo and 'Health Care Provider Invoicing and Reporting' are displayed, along with 'COMPLETE CARE' and a 'Log out' button. Below this, a header bar contains the following information: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 14-JAN-2021. The main section is titled 'Medical Report' and is labeled 'Step 1/3'. A note indicates that an asterisk (\*) denotes a required field. The form contains several input fields, each annotated with a circled number: 1a points to the 'Date of report' field containing '22-OCT-2020'; 1b points to the 'Who is submitting?' dropdown menu containing 'Psychology'; 1c points to the 'Which report are you submitting?' dropdown menu containing 'Progress Report'; 1d points to the 'Practitioner number' field, which is empty; 1e points to the 'Practitioner first name' field containing 'Tom' and the 'Practitioner last name' field containing 'Sawyer'. At the bottom right, there are two buttons: '< Previous' and 'Next >', with the 'Next >' button annotated with a circled number 2.



3. Enter the details of the report you are submitting in the below *Medical Report* section.
  - a. Enter the date when the customer was assessed by the medical practitioner in the *Date of assessment* field.
  - b. Select whether the customer is currently off work using the *Is the patient currently off work?* radio buttons.
4. Using the *Select One* radio buttons, select whether the customer's information is being shared with the customer's consent or due to a request from ICBC.
5. Click the **Next** button to continue.

ICBC 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: 14-JAN-2021

### Medical Report

Step 2/3 \* Indicates required field

Date of assessment \*  
 3a

Is the patient currently off work? \*  
 Yes  No 3b

Select one: \*  
 I have obtained consent from the patient/client to share all information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC. 4  
 This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the *Insurance (Vehicle) Act*.

< Previous **Next >** 5

6. In the *Medical Report* section, click the **Browse** button to select a file from your system to upload.



**Tip:** Blank copies of various PDF reports can be downloaded from the *Business Partners* web page. Once populated, upload them on the *Medical Report* screen.

7. Click the **Attach** button to upload the file.



**Tip:** You can upload up to three documents in this screen by repeating steps 6 and 7.

8. To remove a file, click the **Trash** icon.
9. To preview your submission, click the **Preview** button.
10. Click the **Next** button to proceed to the *Invoice* screen. Based on your submission, selected 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.

File name	Size (MB)	Document title	
Progress Report.docx	0.01	Psych - Progress	<span style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px;">8</span>

1 records

9
Preview
< Previous
Next >

10

10

**Practitioner / Therapist 1**

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Psychology		Tom	Sawyer

**Report**

Date *	Report type *
22-OCT-2020	Progress Report
Fee *	
\$ <input style="width: 80px;" type="text"/>	



## Submit Clinical Records

### Enter Details of the Clinical Records

1. In the *Medical Report* section, enter the required details of the report you are submitting.
  - a. Enter the date of the report being submitted in the *Date of report* field.
  - b. Select "Psychology" from the drop down menu in the *Who is submitting?* field.
  - c. Select "Clinical Records" from the drop down menu in the *Which Report are you submitting?* field.
  - d. Enter the date range of the customer's clinical records in the *Clinical records from* and *Clinical records to* fields.
  - e. Enter the practitioner number. This is optional.
  - f. Enter the practitioner first and last name.
2. Click the **Next** button to continue.

## Health Care Provider Invoicing and Reporting

COMPLETE CARE Log out

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

### Medical Report \* Indicates required field

Step 1/2

Date of report \* 1a

Who is submitting? \* 1b

Psychology

Which report are you submitting? \* 1c

Clinical Records

Clinical records from \* 1d

Practitioner number 1e

Practitioner first name \* 1f

Practitioner last name \*

2

< Previous
Next >

Effective Date: January 18, 2021 | Last Updated: February 19, 2021  
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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.
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, selected 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.

### Medical Report \* Indicates required field

Step 2/2

**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 24.99MB remaining / 25MB limit

Browse... Attach

File name	Size (MB)	Document title	5
Clinical Records.docx	0.01	Psych - [23NOV2020-27NOV2020]	

1 records

Preview
Next >
< Previous

**Tip:** You can upload up to three documents in this screen by repeating steps 3 and 4.



## 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.

## 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.

Session 1

Date of service \*      Session type \*

14-NOV-2020      Care Plan Meeting

Fee \*      3a

\$ 50.00      ✓ Taxable

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Related expense for session

Currently no related expense added

Add related expense

3      Add session

## 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 * <span style="float: right;">5a</span>	Practitioner number	Practitioner first name * <span style="float: right;">5a</span>	Practitioner last name * <span style="float: right;">6</span>
Psychology		Emma	Brown

Session 1

Date of service *	Session type *
17-NOV-2020	Exposure Therapy
	Fee * <span style="float: right;">5a</span>
	\$ 123.00

---

Related expense for session

*Currently no related expense added*

[Add related expense](#)

[Add session](#)

5 [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 to have additional therapy types added to your vendor number.



## Add Related Expense

7. For any additional, pre-approved expense related to the session (for example, exposure therapy mileage), click the **Add related expense** button to add the details in the *Related expenses for report* section.

**Note:** Expenses require prior approval from an ICBC claims representative.

- Select the expense type from the drop down menu in the *Expense type* field.
- Provide additional information related to the expense type in the *Description* field. This field can be used to describe what that expense is.
- Enter the total number of units in the *No. of units* field.
- The dollar value of the expense will be auto populated in the *Fee* field.

8. To add more than one related expense for a session, again click the **Add related expense** button and enter details related to the additional expense.

9. To delete a related expense, click the **Trash** icon.

Related expense for report

Expense type *	Description	
Exposure Therapy Mileage	Therapy Expenditure	<span style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px;">9</span> 
No. of units *	Rate	Fee *
100	\$ 0.47 / unit	\$ 47.00
<span style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px;">7c</span>		<span style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px;">7d</span>

7
8
Add related expense

## Attach / Remove documents

10. Where applicable, attach documents supporting the related expenses (for example, a receipt for exposure therapy mileage). Click the **Attach / Remove Documents** button to attach supporting documents.

Attachment(s) 25MB remaining / 25MB limit

File name	Size (MB)	Document title
No file attachments to show...		

0 records

10  
Attach / Remove documents

11. In the new screen that is displayed, select the treatment type and related expense type.
12. Click the **Browse** button to select the document that you wish to upload.
13. Click the **Attach** button once you have selected the required document.

**Tip:** You can upload additional documents, if needed by repeating steps 11-13.

14. To remove an incorrect document, select the check box next to the attached document and click the **Delete selected** button.
15. To return to the previous screen, click the **Save and return to invoice** button.

Accepted file types:

- Documents (pdf, doc, docx, txt, xls, xlsx)
- Emails (msg, eml)
- Images (jpg, png)

Treatment type \* Related expense type \*

Psychology Exposure Therapy Mileage 11

File  Browse... Attach 13

24.99MB remaining / 25MB limit

14	File name	Size (MB)	Document title
<input checked="" type="checkbox"/>	Therapy Expenditure.docx	0.01	Invoice

1 record

Delete selected 14

24.99MB remaining / 25MB limit

Save and return to Invoice 15

## Preview and Submit the Invoice

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

Subtotal	\$ 513.00
PST	\$ 0.00
GST/HST	\$ 2.50
Total	\$ 515.50

< Previous   Preview   Submit

17. 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.

ICBC Health Care Provider Invoicing and Reporting Log out

Customer: RICHARD KOTAKI   Claim number: BN31793-0   Date of accident: 16-OCT-2020   Submission date: 14-JAN-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 any changes or "Submit" to process your invoice.*

### Service Provider/Payee Information

Vendor number  
5000672

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

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

The screenshot displays a web interface for submitting an invoice. On the right side, there is a summary table with the following data:

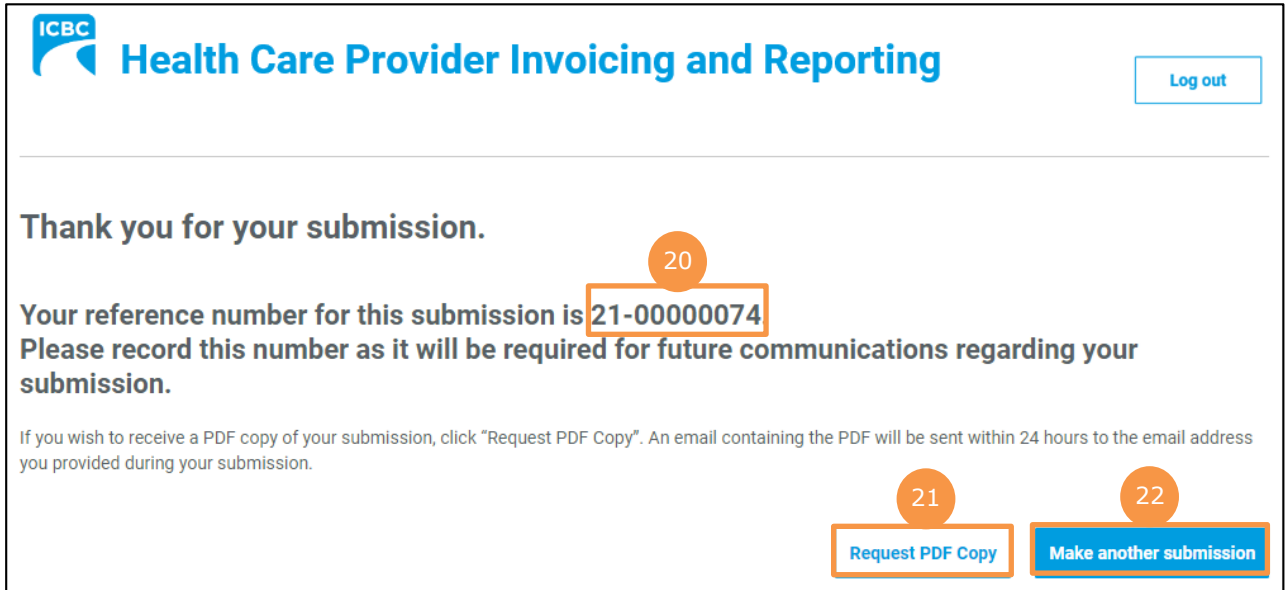
Subtotal	\$ 513.00
PST	\$ 0.00
GST/HST	\$ 2.50
<b>Total</b>	<b>\$ 515.50</b>

Below the table are three buttons: "< Previous" (blue), "Preview" (white with blue border), and "Submit" (blue with white border). The "Submit" button is highlighted with an orange box and a callout circle containing the number 18.

In the center-left, a "Message from webpage" dialog box is open. It contains a question mark icon and the text "Are you sure you want to make this submission?". At the bottom of the dialog, the "OK" button is highlighted with an orange box and a callout circle containing the number 19.

At the top right of the interface, there is a button labeled "Add new practitioner / therapist".

20. 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.
21. If you wish to receive a PDF copy of your invoice submission, click the **Request PDF Copy** button.
22. 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, and at the top right is a "Log out" button. The main heading reads "Thank you for your submission." Below this, the reference number "21-00000074" is displayed in a box, with a callout "20" pointing to it. The text states: "Your reference number for this submission is 21-00000074. Please record this number as it will be required for future communications regarding your submission." Below this 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, there are two buttons: "Request PDF Copy" (with callout "21") and "Make another submission" (with callout "22").



## Submit a Treatment Plan

### Enter Details of the 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: 14-JAN-2021

---

### Treatment Plan

\* Indicates required field

Practitioner/therapist type \* 1a

Psychology

Practitioner number      Practitioner first name \*      Practitioner last name \*

     James      Smith

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

Customer's anxiety attacks have been reduced. 1b

46 / 750 character limit

What are the customer's current functional limitations? \* ?

Customer requires medication to overcome stress. 1c

49 / 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? \* ?

Customer's anxiety attacks should further be reduced. 1d

54 / 750 character limit

What is the intended outcome or functional goal? \* ?

Customer should be able to return to work with no further medication required. 1e

79 / 750 character limit

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

No, there are no barriers. 1f

27 / 750 character limit

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


Yes  No 2




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.

Additional comments

0 / 750 character limit

Number of new recommended treatments to discharge \*  3

6

Expected discharge date \*  4

28-JAN-2021

Contact preference \*

By email  By phone 5

Contact email \*

abcde@xyz.com 5a

Preview

< Previous

Submit

## Preview and Submit the Treatment Plan

6. To preview the PDF format of the treatment plan, click the **Preview** button.

Contact preference \*

By email  By phone

Contact email \*

abcde@xyz.com

< Previous Preview 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 Log out

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

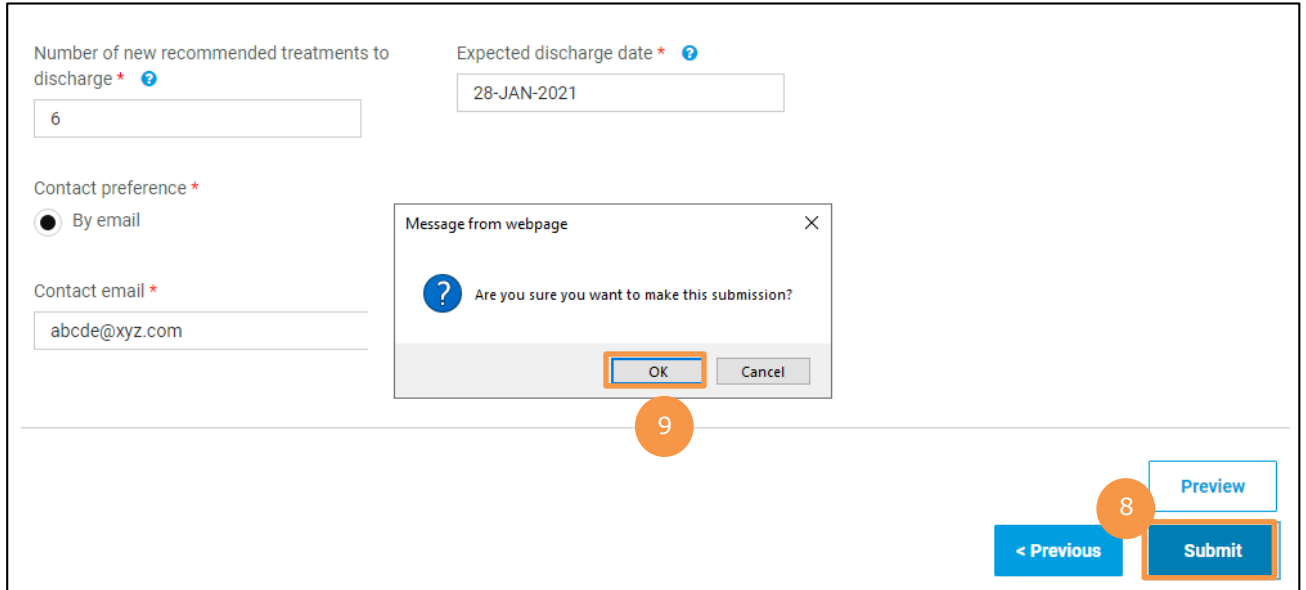
Print < Previous Submit

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

Vendor number  
5000672

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

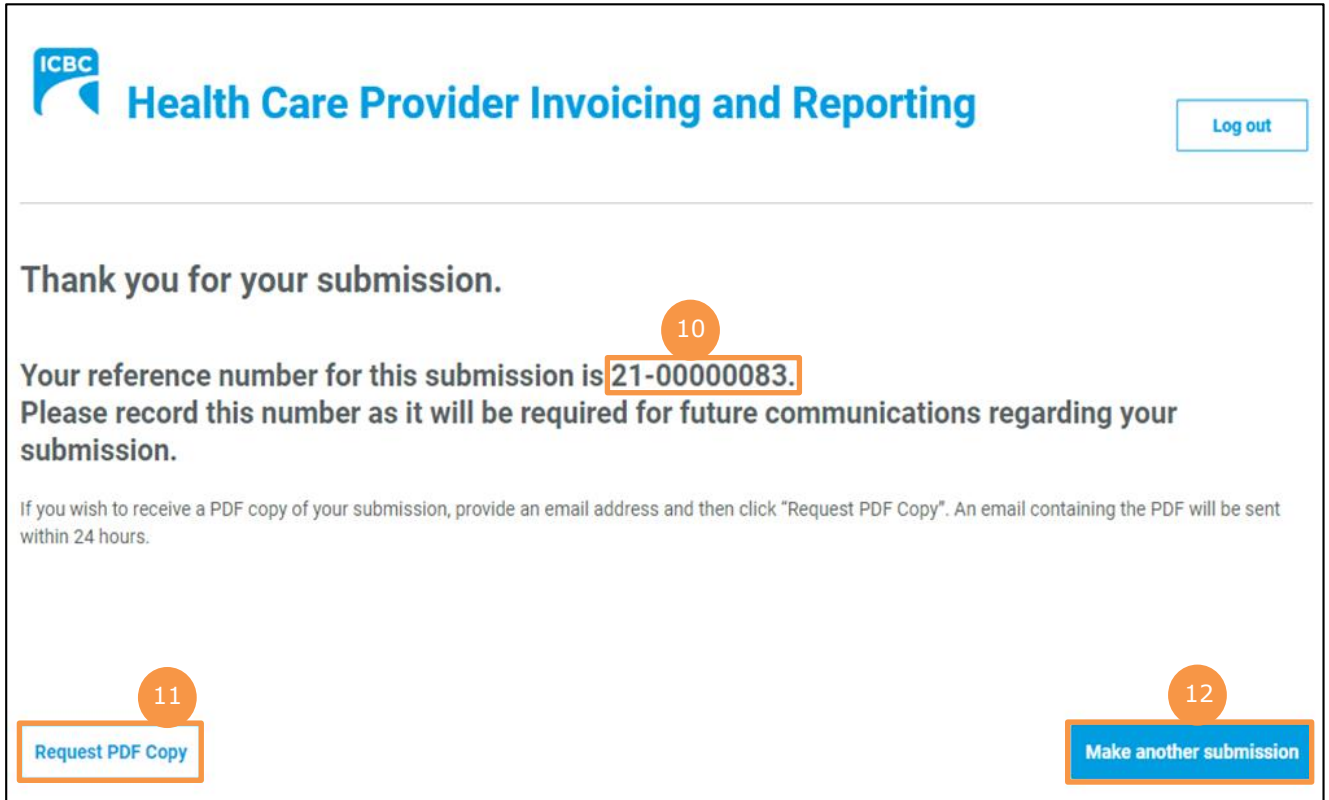


The screenshot shows a web form for submitting a treatment plan. The form includes the following fields and buttons:

- Number of new recommended treatments to discharge \***: Input field containing the number 6.
- Expected discharge date \***: Input field containing 28-JAN-2021.
- Contact preference \***: Radio button selected for **By email**.
- Contact email \***: Input field containing abcde@xyz.com.
- Navigation buttons**: < Previous, Preview, and Submit.

A confirmation pop-up box titled "Message from webpage" is overlaid on the form. It contains the text "Are you sure you want to make this submission?" and two buttons: **OK** and **Cancel**. The **OK** button is highlighted with an orange box and a circled number 9. The **Submit** button on the main form is also highlighted with an orange box and a circled number 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 submission, click the **Request PDF Copy** button.
12. Click the **Make another submission** button to submit another treatment plan.



The screenshot shows the ICBC Health Care Provider Invoicing and Reporting portal. At the top left is the ICBC logo, and at the top right is a "Log out" button. The main heading reads "Thank you for your submission." Below this, a callout labeled "10" points to the reference number "21-00000083", which is enclosed in an orange box. The text states: "Your reference number for this submission is 21-00000083. Please record this number as it will be required for future communications regarding your submission." Below this, a note says: "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." At the bottom left, a callout labeled "11" points to a "Request PDF Copy" button. At the bottom right, a callout labeled "12" points to a "Make another submission" button.



## HCPIR How to Guide Psychology Submissions