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Purpose

This how to guide will show members of ICBC's Recovery Network how to log into the Health Care Vendor Application system and submit an application to be displayed on the health care provider locator or add/remove a practitioner from their Recovery Network account.

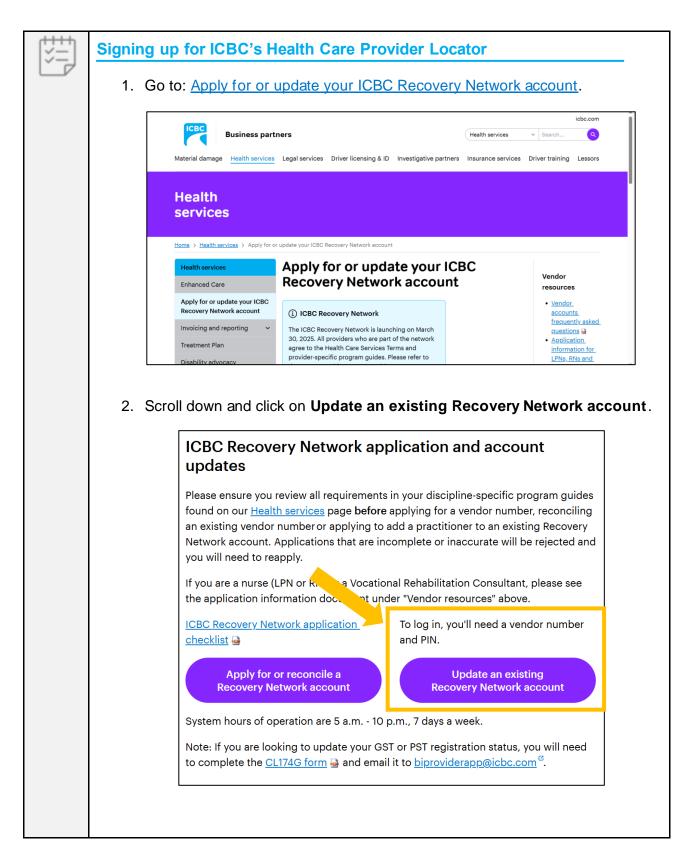
Overview

Topics Covered

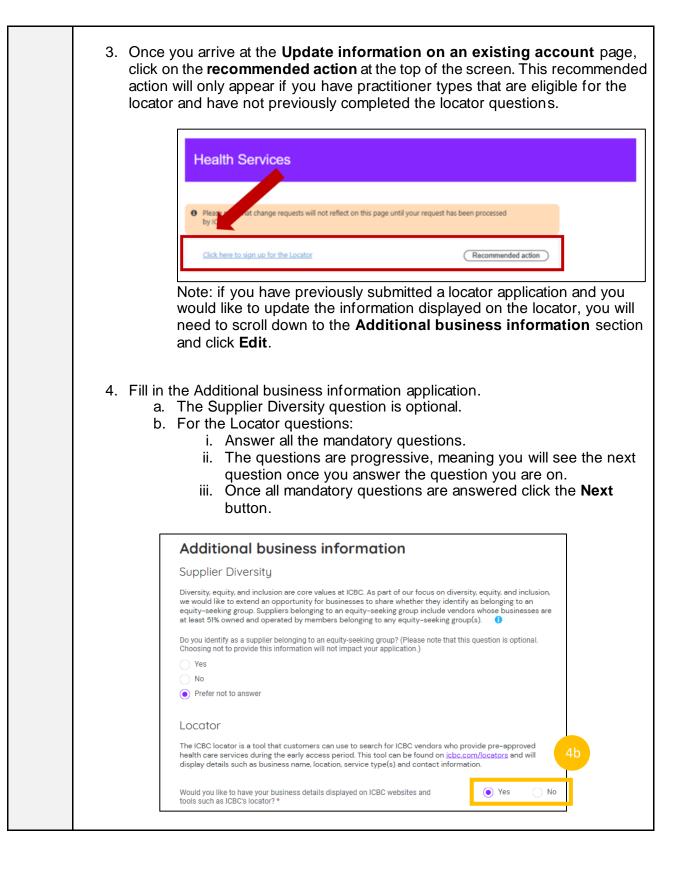
Signing up for ICBC's Health Care Provider Locator

Adding or Removing a Practitioner from my Recovery Network account





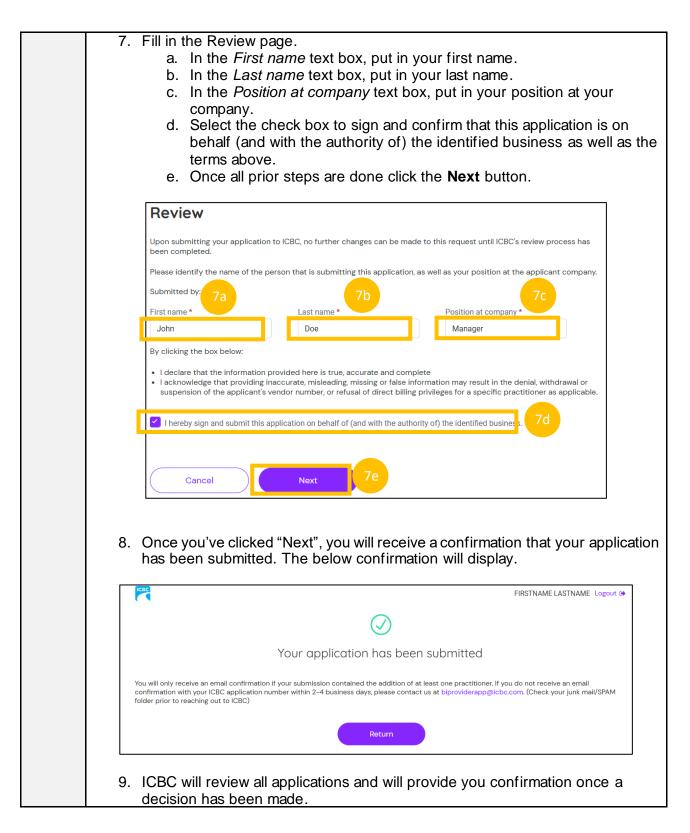




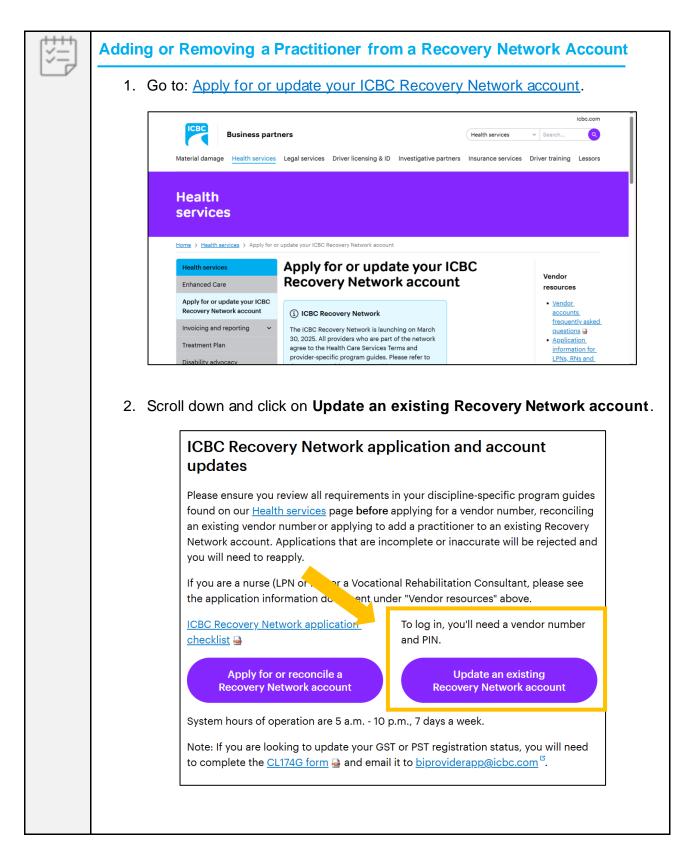


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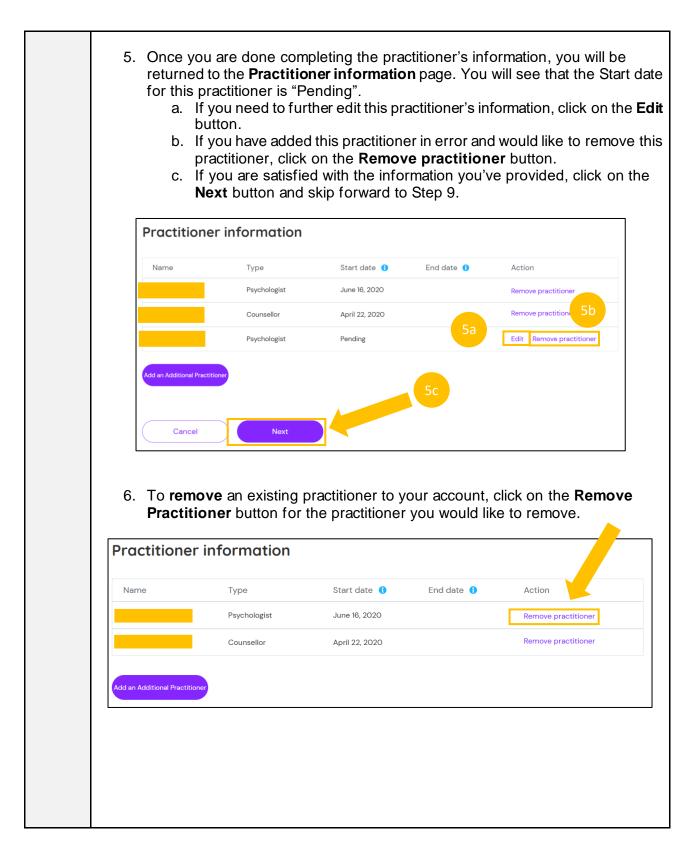






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9. You will be brought back to an earlier landing page that shows the cards with your business information (sample view below). To proceed with submitting your application, scroll to the bottom of the page and click the Next button.

Name	Туре
	Psychologist
	Counsellor
ou would like to be rem	noved from ICBC's health care provider network, please <u>click here</u> .

10. Fill in the Review page.

- a. In the First name text box, put in your first name.
- b. In the Last name text box, put in your last name.
- c. In the *Position at company* text box, put in your position at your company.
- d. Select the check box to sign and confirm that this application is on behalf of (and with the authority of) the identified business as well as the terms above.
- e. Once all prior steps are done click the Next button.

Please identify the name of the person that is submitting this application, as well as your position at the applicant con- Submitted by: 10a 10b 10c	Upon submitting your application been completed.	to ICBC, no further changes can be mad	de to this request until ICBC's review process ha
Image: Too Image: Too First name * Position at company * John Doe Manager Manager By clicking the box below: Image: Too Image: Image	Please identify the name of the pe	erson that is submitting this application,	, as well as your position at the applicant compa
John Doe Manager By clicking the box below: . • I declare that the information provided here is true, accurate and complete . • I acknowledge that providing inaccurate, misleading, missing or false information may result in the denial, withdraw suspension of the applicant's vendor number, or refusal of direct billing privileges for a specific practitioner as applicant.	Submitted by: 10a	10b	10c
 By clicking the box below: I declare that the information provided here is true, accurate and complete I acknowledge that providing inaccurate, misleading, missing or false information may result in the denial, withdraw suspension of the applicant's vendor number, or refusal of direct billing privileges for a specific practitioner as app 	First name *	Last name *	Position at company *
 I declare that the information provided here is true, accurate and complete I acknowledge that providing inaccurate, misleading, missing or false information may result in the denial, withdraw suspension of the applicant's vendor number, or refusal of direct billing privileges for a specific practitioner as app 	John	Doe	Manager
I hereby sign and submit this application on behalf of (and with the authority of) the identified business.	 I declare that the information p I acknowledge that providing in 	naccurate, misleading, missing or false in	Iformation may result in the denial, withdrawal or
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ICBC	FIRSTNAME LASTNAME Logout
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	Your application has been submitted
	nfirmation if your submission contained the addition of at least one practitioner. If you do not receive an email lication number within 2-4 business days, please contact us at biproviderapp@icbc.com. (Check your junk mail/SPAM 3C)
	Return