



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is designed to streamline the invoice submission process.

In addition to this application, a new tool called the Health Care Provider Portal, has been introduced that allows you to view the status of the 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 an invoice using the HCPIR web application.



Overview

Topics Covered

[Access HCPIR Through Health Care Provider Portal](#)

[Access HCPIR Through Business Partners Page](#)

[Begin the Submission Process](#)

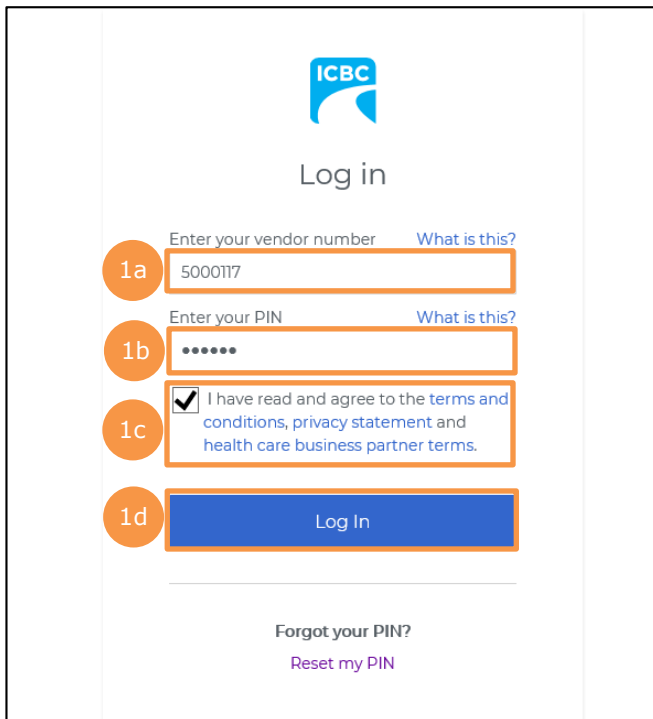
[Submit Invoice for Patient Care](#)



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 is the ICBC logo and the text "Log in". Below this are four callout boxes:

- 1a**: A text input field labeled "Enter your vendor number" with a "What is this?" link. The field contains the number "5000117".
- 1b**: A text input field labeled "Enter your PIN" with a "What is this?" link. The field contains six dots.
- 1c**: A checkbox that is checked, with the text "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." and a "What is this?" link.
- 1d**: A blue button labeled "Log In".

Below the callouts are two links: "Forgot your PIN?" and "Reset my PIN".



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 page 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?

2. [Submit invoices, reports or treatment plans through HCPIR](#)
- [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

- [Attendant care](#)
- [Homemaker services](#)
- [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.

Enter the 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* 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 ✔ Date of accident * 5b

Select your patient from the list *

Select	Name	Date of birth	Personal Health Number (PHN)
<input checked="" type="radio"/> 5c	RICHARD KOTAKI	1994-04-02	XXXX XX1 464
<input type="radio"/>	Enter patient details	-	-

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 patient's name is selected.

Customer / Patient

Claim number * ? ✔ Date of accident *

Legal first name * ? Legal last name * ?

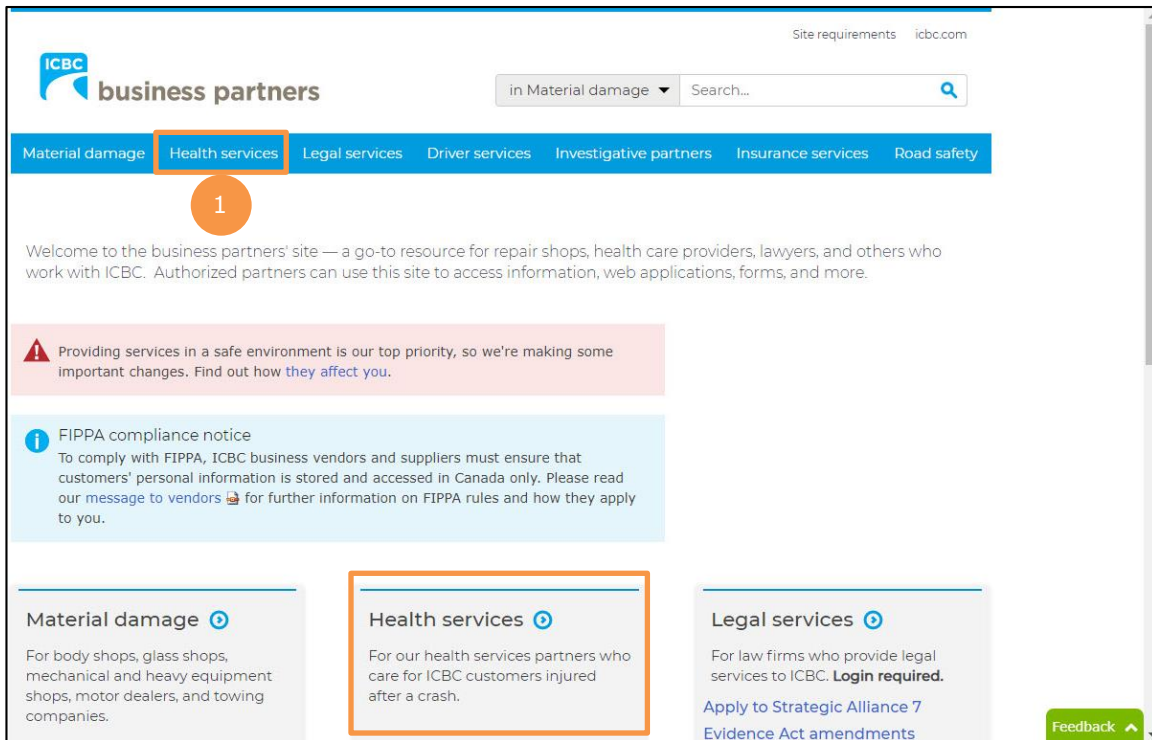
Date of birth * - - Personal Health Number (PHN)

Next, refer to the [Begin the Submission Process](#) section of this how to guide to learn how to submit invoices 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.



 **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.

- 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

- 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](#) 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

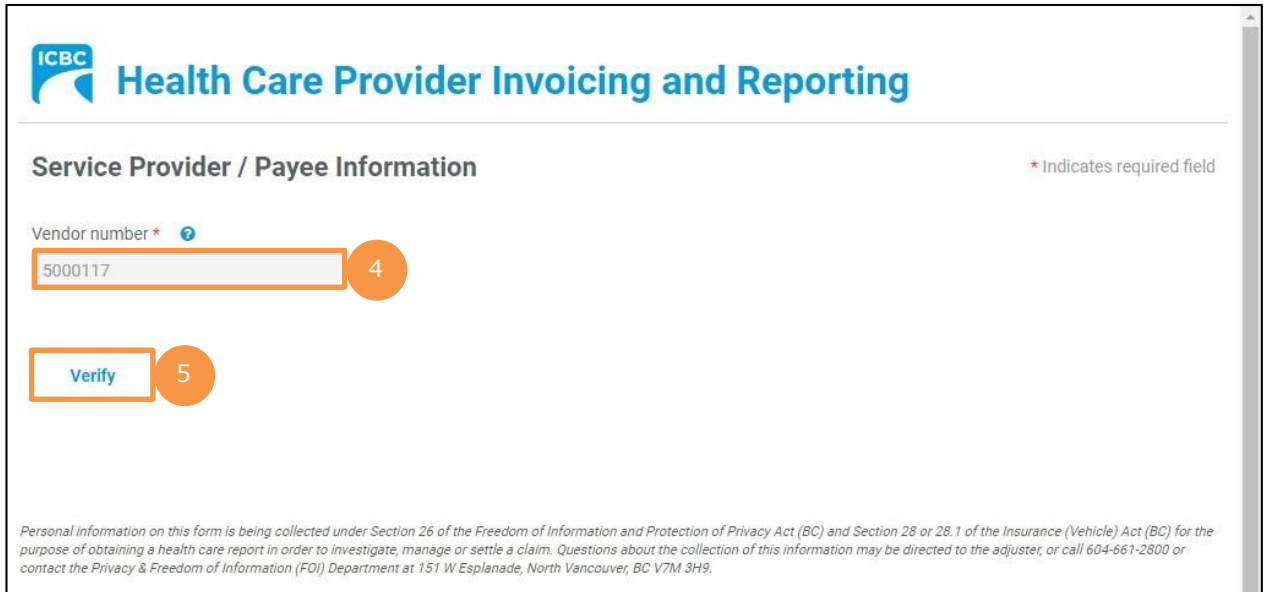
Important

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 * ⓘ

5000117 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 * ?
5000117

Verify

Business name ? **6a**
COMPLETE CARE

Email address ? **7**
abcde@xyz.com

Business address ? **6**
102 5180 DUBLIN WAY
NANAIMO, BC
CA
V9T 0H2

GST registrant number ?





Customer / Patient

Claim number * ?
Date of accident
DD-MMM-YYYY

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 auto populate.
 - 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.

Customer / Patient

Claim number * 	<input type="text" value="BN31793-0"/> 	Date of accident *	<input type="text" value="16-OCT-2020"/>
Legal first name * 	<input type="text" value="RICHARD"/>	Legal last name * 	<input type="text" value="KOTAKI"/>
Date of birth *	<input type="text" value="2"/> - <input type="text" value="APR"/> - <input type="text" value="1994"/>	Personal Health Number (PHN)	<input type="text" value="XXXX XX1 464"/>

Next, refer to the [Begin the Submission Process](#) section of this how to guide to learn how to submit invoices 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. 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.
3. Click the **Next** button.

Choose an option for your submission. *

Physiotherapy

Homemaker Services

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.

Start Over

Next >

Submit an Invoice for Patient Care

Enter Invoice Details

1. 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.

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: 12-JAN-2021

Invoice

* Indicates required field

You may invoice a maximum of 50 line items per submission. This includes a combination of Sessions, Related Expenses, and Reports.

Your invoice number * [?](#)
BF23D1 1

Service provider 1

Treatment / Service type *

[Add another service provider](#)

2. In the *Service provider 1* section, from the *Treatment / Service type* drop down menu, select the applicable treatment/service type.

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: 12-JAN-2021

Invoice

* Indicates required field

You may invoice a maximum of 50 line items per submission. This includes a combination of Sessions, Related Expenses, and Reports.

Your invoice number * [?](#)
BF23D1

Service provider 1

Treatment / Service type *

- Attendant Care
- Homemaker Services 2
- Medical Equipment Provider
- Nurse

[Add another service provider](#)

3. Enter the details of the service that the customer has received.
 - a. In the *Date of service* field, enter the date when the service was provided to the customer.
 - b. From the *Session type* drop down menu, select the appropriate option.
 - c. In the *No. of hours* text box, enter the number of hours of service provided.
 - d. The *Fee* text box will auto populate based on the number of hours of service provided by you.
 - e. In the *List services provided during this invoicing period* text box, enter the service details.

Service provider 1

Treatment / Service type *
Homemaker Services

Session 1

Date of service * 20-OCT-2020 Session type * Homemaker Service No. of hours * 7 Fee * \$ 196.00 ✓ Taxable

List services provided during this invoicing period. *
housekeeping, grocery shopping, meal prep, laundry, and ironing

64 / 750 character limit

Add session

Add another service provider

Add Additional Session

- If you have provided additional sessions to the customer for which you need to submit an invoice, click the **Add session** button to add the details.

Session 2

Date of service *	Session type *	No. of hours *	Fee *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	

Related expense for session

Currently no related expense added

[Add related expense](#)

List services provided during this invoicing period. *

0 / 750 character limit

4 [Add session](#)

[Add another service provider](#)



Tip: If you have added an additional line item and want to delete it, click the **Trash** icon.

Add Another Service Provider

5. If you need to invoice for additional treatment/service types, click the **Add another service provider** button to add the details.

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: 12-JAN-2021

Invoice

* Indicates required field

You may invoice a **maximum of 50** line items per submission. This includes a combination of **Sessions, Related Expenses, and Reports.**

Your invoice number * [?](#)

BF23D1

Service provider 1

Treatment / Service type *

- Attendant Care
- Homemaker Services
- Medical Equipment Provider
- Nurse

[Add another service provider](#)

Preview and Submit the Invoice

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

[Add another service provider](#)

Subtotal	\$ 196.00
PST	\$ 0.00
GST/HST	\$ 9.80
Total	\$ 205.80

[Preview](#)

[< Previous](#) [Submit](#)

7. 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.
 - a. To submit in the *Preview* section, click the **Submit** button.
 - b. 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.

The screenshot shows the 'Health Care Provider Invoicing and Reporting' interface. At the top right, there is a 'COMPLETE CARE' status 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: 15-JAN-2021. A navigation bar at the bottom of the header includes a 'Print' button, a '< Previous' button (circled with a 7), and a 'Submit' button (circled with a 7a). Below the header, a message reads: '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 proceed with your invoice.' The 'Previous' button is circled with a 7b.

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

The screenshot shows a 'Message from webpage' pop-up box with the text: 'Are you sure you want to make this submission?'. The 'OK' button is circled with a 9. In the background, the invoice summary is visible, showing a subtotal of \$196.00, a tax amount of \$0.00, another tax amount of \$9.80, and a total amount of \$205.80. At the bottom right, there are navigation buttons: '< Previous', a 'Preview' button (circled with an 8), and a 'Submit' button.



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 invoice submission, click the **Request PDF Copy** button.
12. Click the **Make another submission** button to submit another invoice.

The screenshot shows the 'Health Care Provider Invoicing and Reporting' interface. At the top left is the ICBC logo and the page title. At the top right, it says 'COMPLETE CARE' and has a 'Log out' button. The main content area says 'Thank you for your submission.' followed by a callout '10' pointing to the reference number '21-00000054'. Below this, it says 'Your reference number for this submission is 21-00000054' and 'Please record this number as it will be required for future communications regarding your submission.' There is a note: '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.' Below this is an 'Email address' field with a callout '11' pointing to the 'Request PDF Copy' button. To the right, there is a 'Make another submission' button with a callout '12' pointing to it. At the bottom, there is a copyright notice: 'Copyright © 2021 ICBC. All rights reserved. [Legal terms](#)'.