



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Occupational Therapy practitioners. 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, and 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 an Initial Report](#)

[Submit a Progress Report](#)

[Submit a Final Report](#)

[Submit Clinical Records](#)

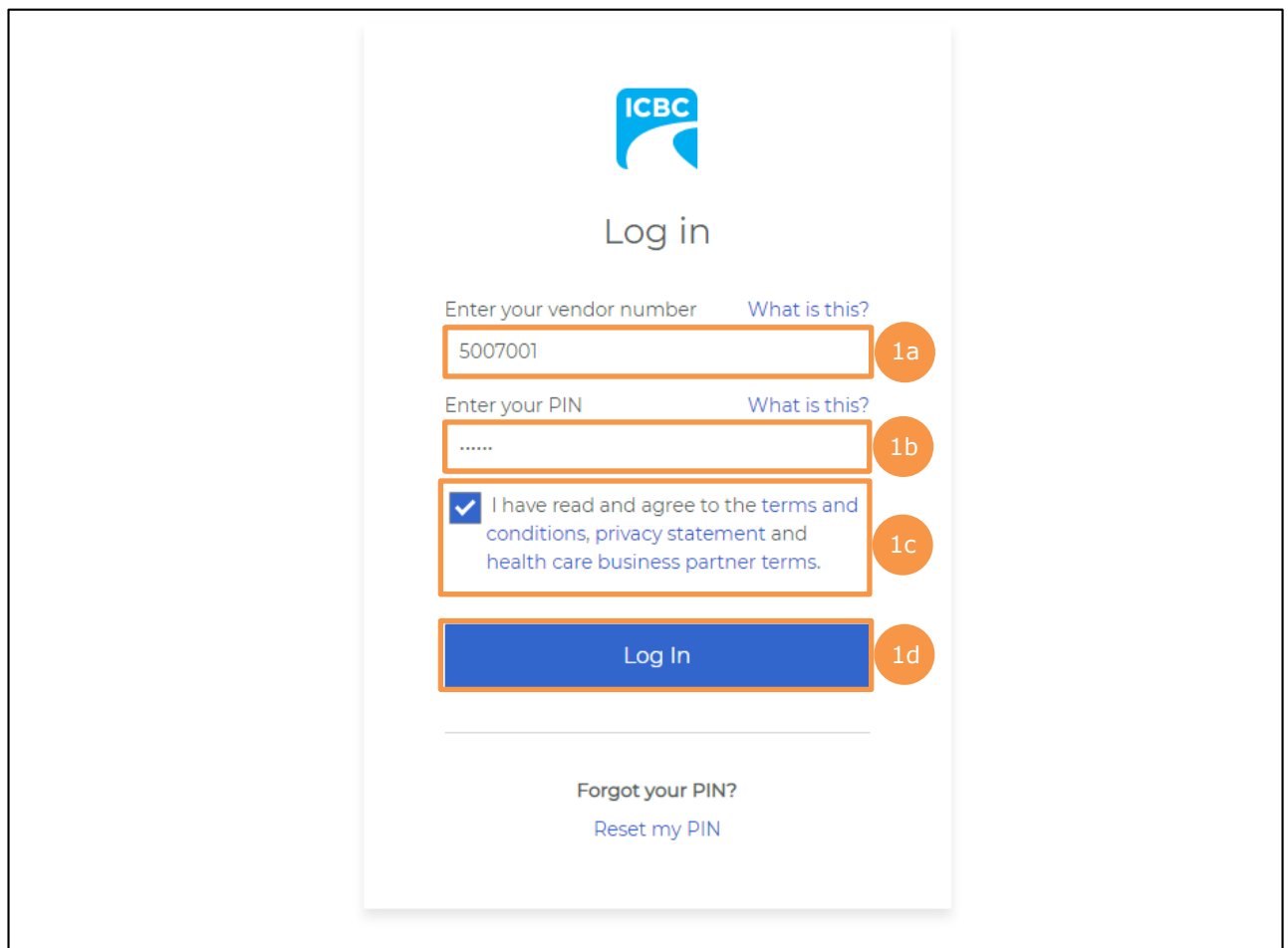
[Submit an Invoice for Patient Care and Related Expenses](#)



Access HCPIR Through Health Care Provider Portal

Enter Log in Details

1. To begin your submission, 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.



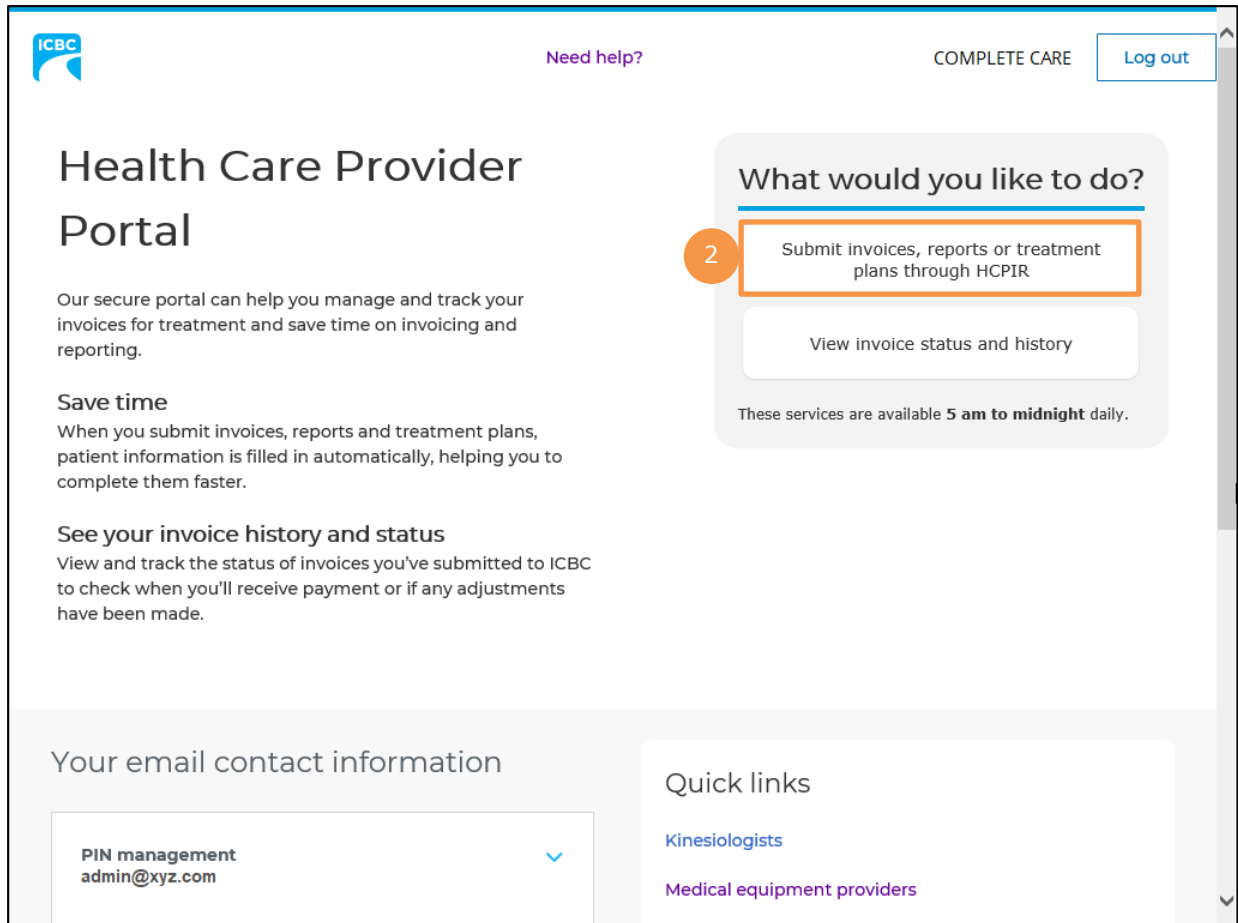
The screenshot shows the ICBC Log in page. At the top is the ICBC logo. Below it is the text "Log in". There are two text input fields: "Enter your vendor number" and "Enter your PIN". The first field contains the number "5007001". Below the first field is a checkbox with a checkmark, and the text "I have read and agree to the terms and conditions, privacy statement and health care business partner terms." Below the checkbox is a blue button labeled "Log In". Below the button is a link "Forgot your PIN?" and a link "Reset my PIN". Annotations 1a through 1d are placed next to the corresponding elements: 1a next to the vendor number field, 1b next to the PIN field, 1c next to the checkbox, and 1d next to the Log In button.



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** button 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

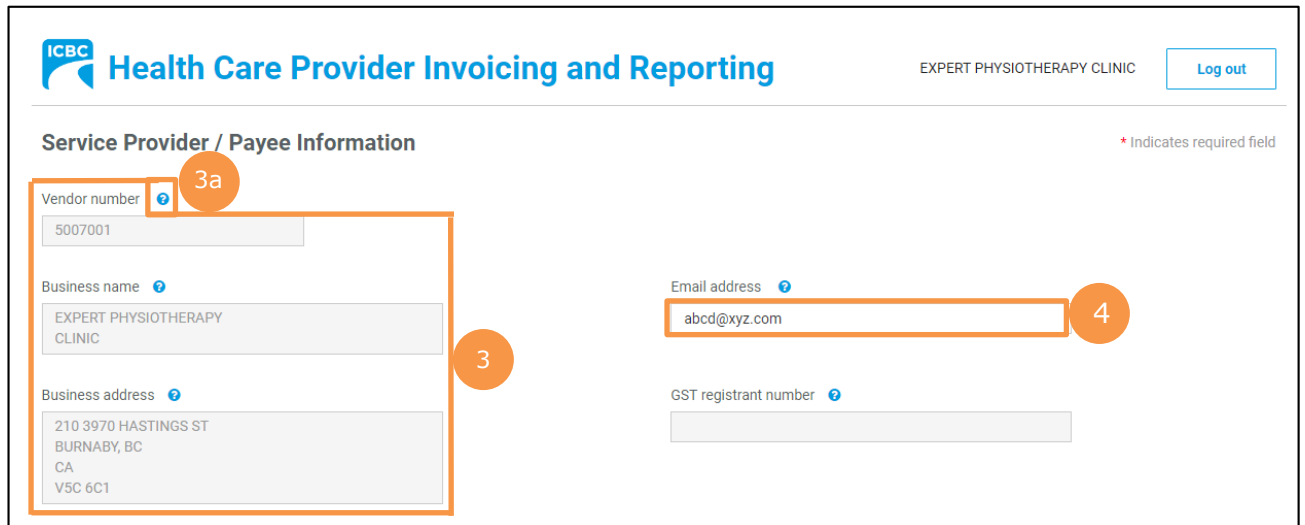
- Kinesiologists
- Medical equipment providers



Tip: Do not submit treatment plans this option is not applicable to OT practitioners.

Validate Service Provider Information

3. Validate the auto-populated information (for example, vendor number, 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.
4. 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.



Health Care Provider Invoicing and Reporting EXPERT PHYSIOTHERAPY CLINIC [Log out](#)

Service Provider / Payee Information * Indicates required field

Vendor number [?](#) **3a**
5007001

Business name [?](#) **3**
EXPERT PHYSIOTHERAPY CLINIC

Business address [?](#) **3**
210 3970 HASTINGS ST
BURNABY, BC
CA
V5C 6C1

Email address [?](#) **4**
abcd@xyz.com

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

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's 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 *

-
-

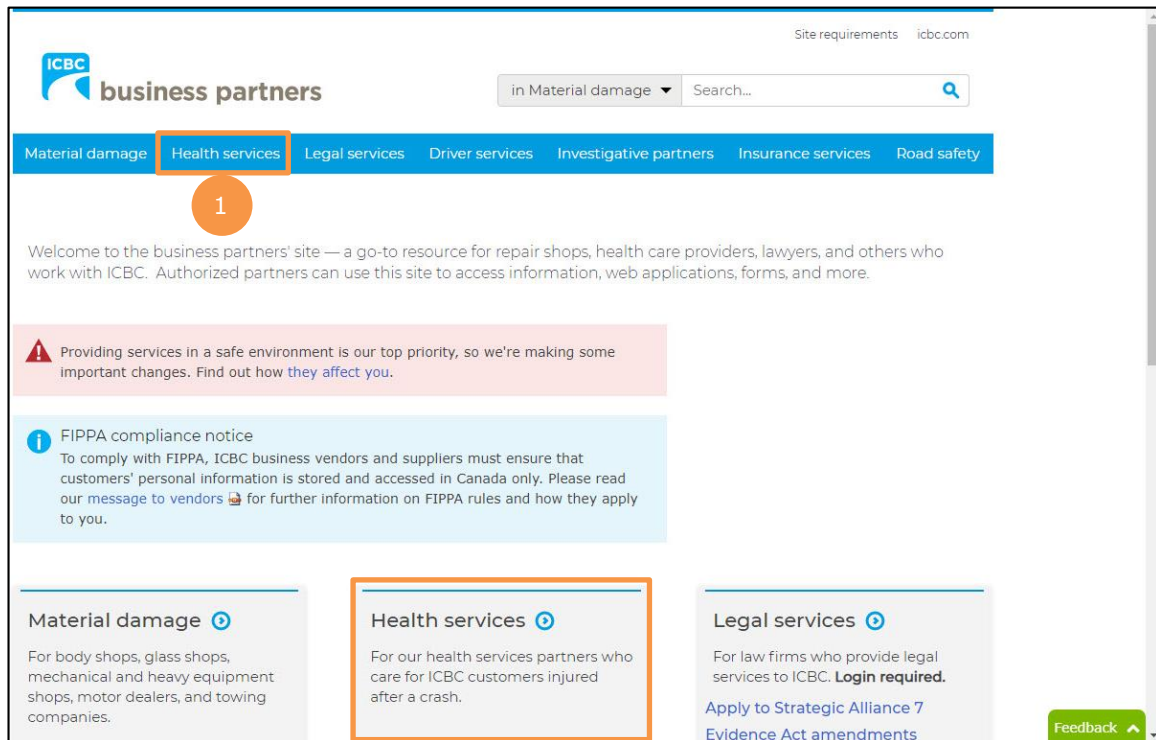
Personal Health Number (PHN)

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

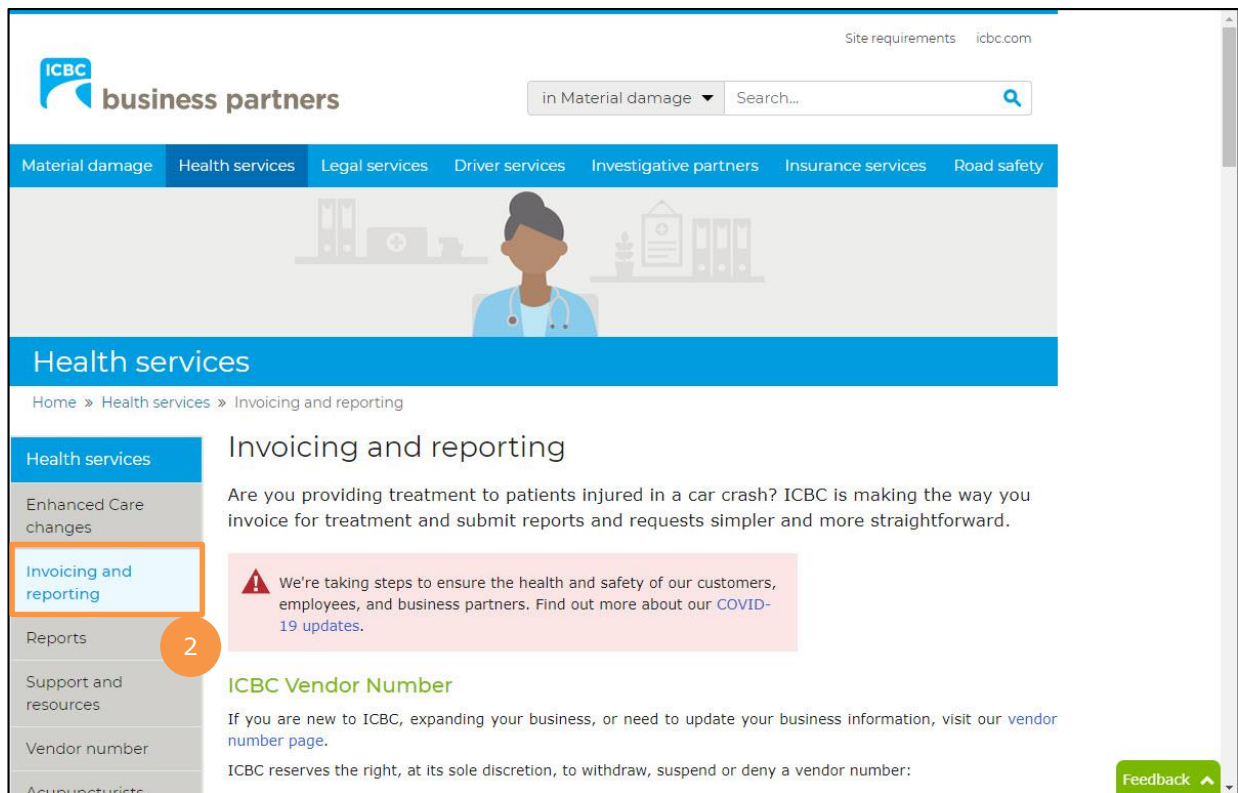


Tip: You can also click the **Health Services** tab from the bottom of the *Business Partners* page.



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.

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](#).

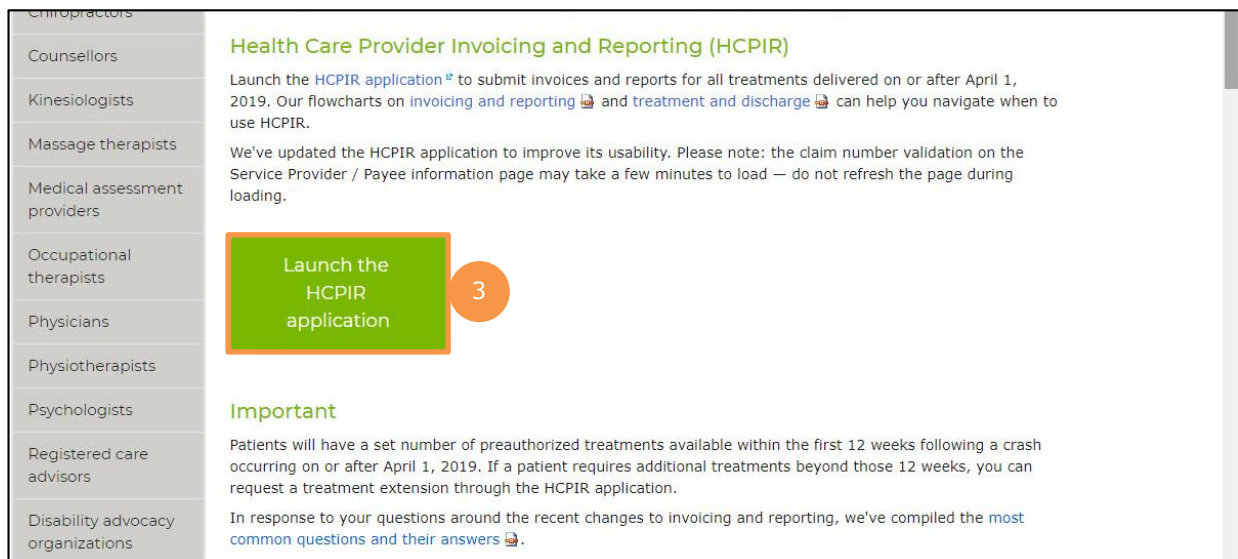
ICBC Vendor Number

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

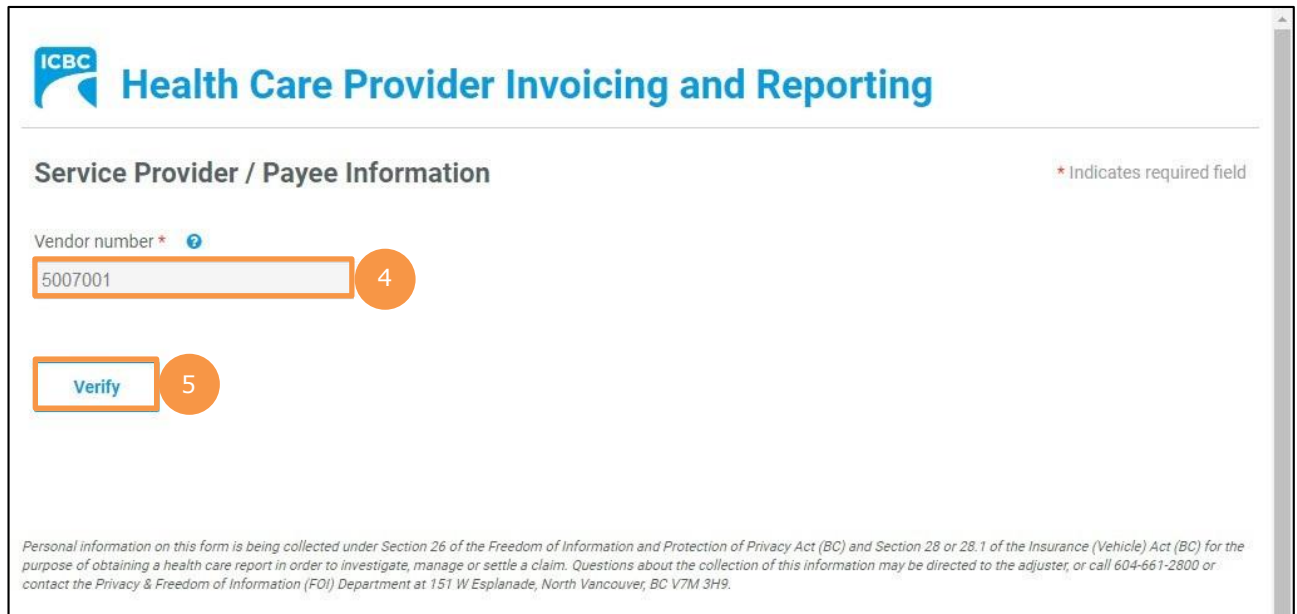
Important

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 * ?

5007001 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.



Health Care Provider Invoicing and Reporting


Service Provider / Payee Information

* Indicates required field


Vendor number * 

5000117


[Verify](#)

Business name  **6a**


COMPLETE CARE

Business address  **6**


102 5180 DUBLIN WAY
NANAIMO, BC
CA
V9T 0H2

Email address  **7**

abcde@xyz.com

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 * 


8a



Date of accident *

8b

Legal first name * 

Legal last name * 

8c

Date of birth *
 - -

8d

Personal Health Number (PHN)

8e

Next, refer to the [Begin the Submission Process](#) section of this how to guide to learn how to submit reports and 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. Select the appropriate option from the *What are you submitting today?* field.
 - a. "Invoice for patient care & related expenses"
 - b. "Report and supporting documentation"
 - c. "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. *

☒ Occupational Therapy, Physiotherapy
 ☐ Medical Equipment Provider

1

What are you submitting today? *

☒ Invoice for patient care & related expenses
 ☒ Report and supporting documentation
 ☐ Treatment plan

2

Required field. Select at least one

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.

Required field

4

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 >



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.




Tip: Do not select the *Treatment Plan* option while selecting the appropriate option from the *What are you submitting today?* field. This option is not applicable to OT practitioners.



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 "Occupational Therapy" from the drop down menu in the *Who is submitting?* field.
 - c. Select "Initial 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.


Health Care Provider Invoicing and Reporting
EXPERT PHYSIOTHERAPY CLINIC
Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report * Indicates required field
Step 1/3

Date of report *
 1a

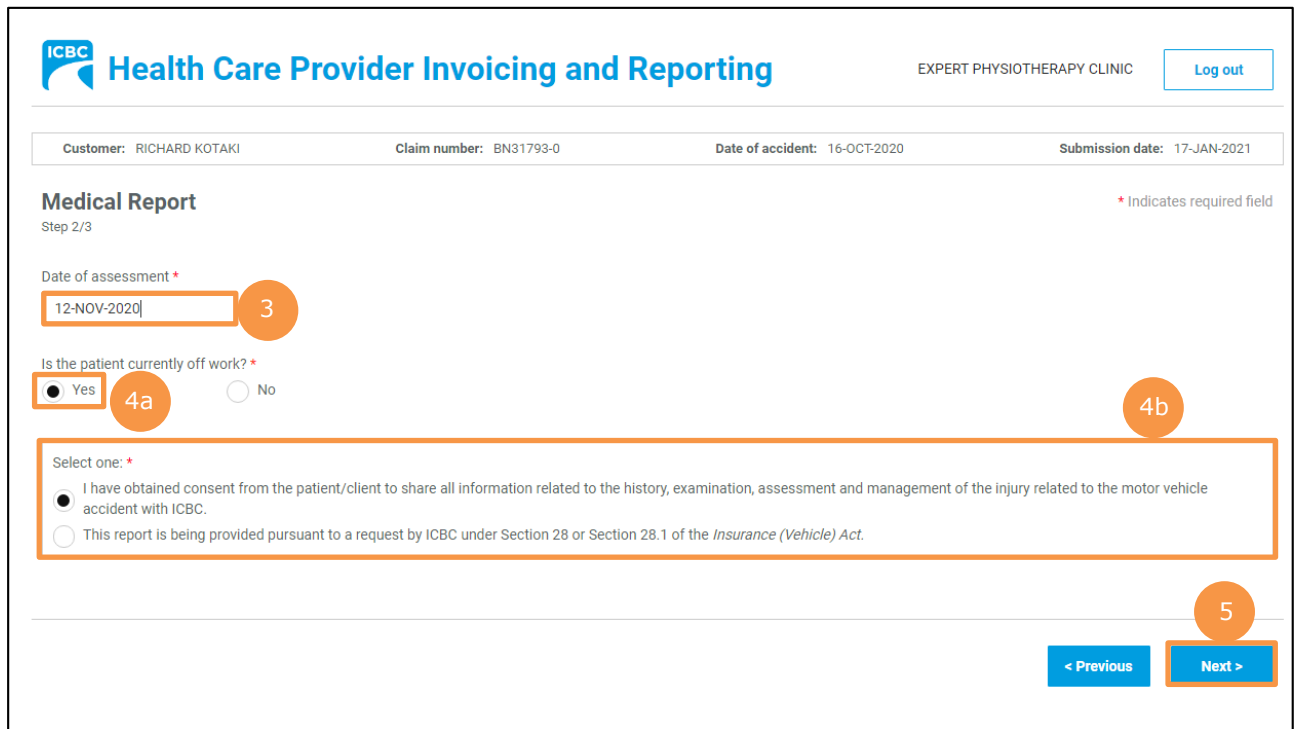
Who is submitting? *
 1b

Which report are you submitting? *
 1c

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

< Previous Next > 2

3. Enter 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 EXPERT PHYSIOTHERAPY CLINIC [Log out](#)

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report Step 2/3 * Indicates required field

Date of assessment *
 3

Is the patient currently off work? *
☒ Yes 4a ☐ No 4b

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*.

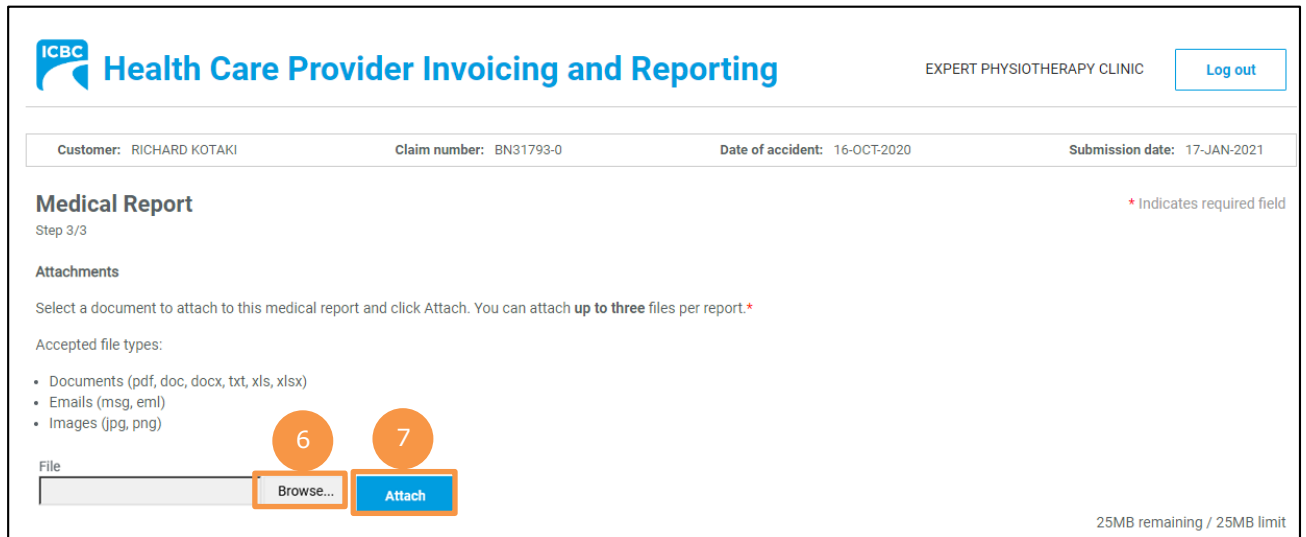
< Previous **Next >** 5

6. In the final *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 an incorrect file or delete the uploaded 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, some 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.

Customer: RICHARD KOTAKI
Claim number: BN31793-0
Date of accident: 16-OCT-2020
Submission date: 17-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

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title
Initial Report.docx	0.01	OT - Initial


1 records



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 "Occupational Therapy" 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.


Health Care Provider Invoicing and Reporting
EXPERT PHYSIOTHERAPY CLINIC
Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report * Indicates required field
Step 1/3

Date of report *
 1a

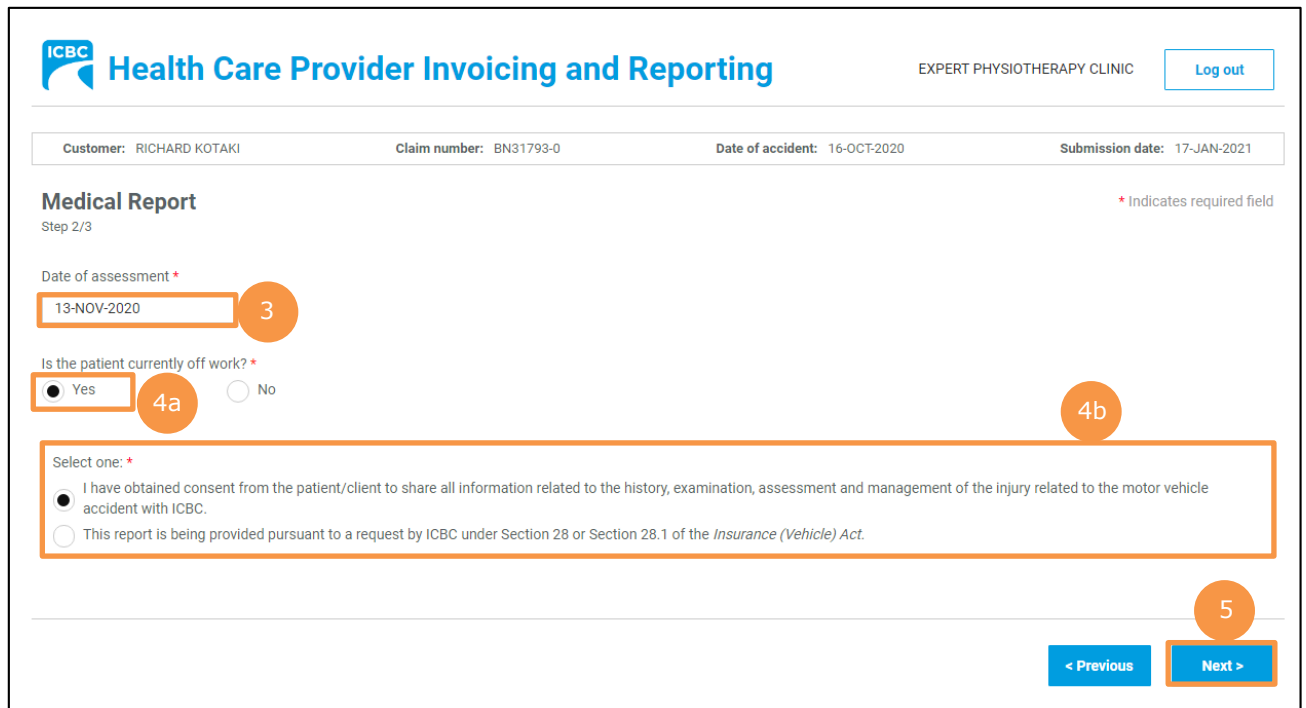
Who is submitting? *
 1b

Which report are you submitting? *
 1c

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

< Previous Next > 2

3. Enter 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 EXPERT PHYSIOTHERAPY CLINIC [Log out](#)

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report Step 2/3 * Indicates required field

Date of assessment *
 3

Is the patient currently off work? *
☒ Yes 4a ☐ No 4b

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*.

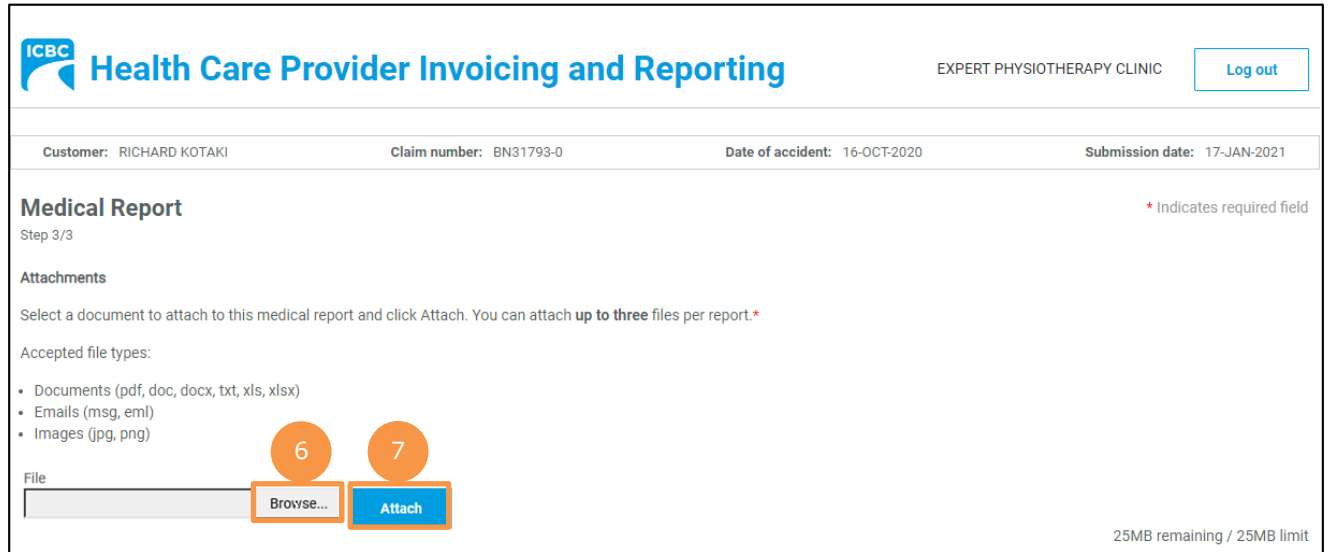
< Previous 5 Next >

6. In the final *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.



The screenshot shows the ICBC Health Care Provider Invoicing and Reporting interface. At the top, there's a header with the ICBC logo, the title "Health Care Provider Invoicing and Reporting", the user "EXPERT PHYSIOTHERAPY CLINIC", and a "Log out" button. Below the header, a summary bar displays: Customer: RICHARD KOTAKI, Claim number: BN31793-0, Date of accident: 16-OCT-2020, and Submission date: 17-JAN-2021. The main section is titled "Medical Report" and is labeled "Step 3/3". It includes a section for "Attachments" with instructions: "Select a document to attach to this medical report and click Attach. You can attach up to three files per report.*". Below this, it lists "Accepted file types": Documents (pdf, doc, docx, txt, xls,xlsx), Emails (msg, eml), and Images (jpg, png). There is a "File" input field with a "Browse..." button (highlighted with an orange circle and the number 6) and an "Attach" button (highlighted with an orange circle and the number 7). At the bottom right, it shows "25MB remaining / 25MB limit". A small asterisk note says "* Indicates required field".



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

8. To remove an incorrect file or delete the uploaded 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, some fields in the *Invoice* screen will pre-populate. Refer to the [Submit an Invoice for Patient Care and Related Expenses](#) section of this how to guide for more information.

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

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title
Progress Report.docx	0.01	OT - Progress

1 records

8



9


10



Submit a Final Report

Enter Details of the Final 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 "Occupational Therapy" from the drop down menu in the *Who is submitting?* field.
 - c. Select "Final 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.


Health Care Provider Invoicing and Reporting
EXPERT PHYSIOTHERAPY CLINIC
Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report * Indicates required field
Step 1/3

Date of report *
 1a

Who is submitting? *
 1b

Which report are you submitting? *
 1c

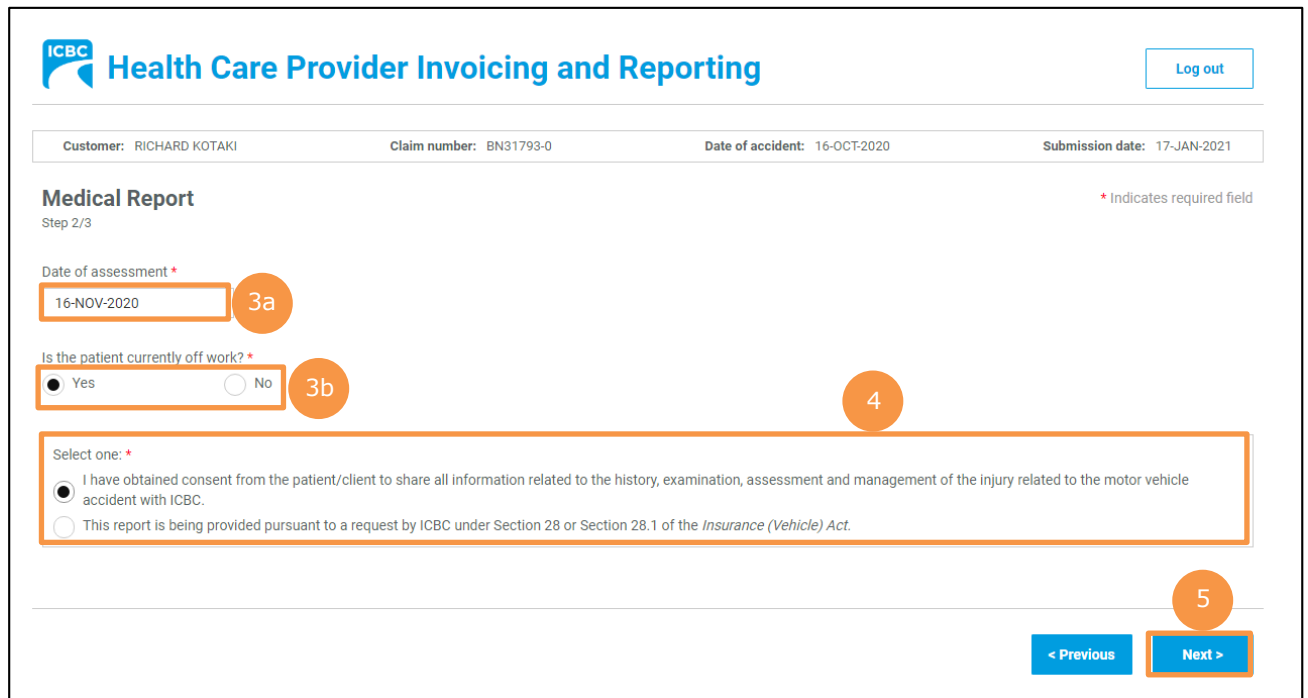
Practitioner number
 1d

Practitioner first name *

Practitioner last name *
 1e

< Previous Next > 2

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: 17-JAN-2021

Medical Report * Indicates required field
Step 2/3

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.
☐ This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the *Insurance (Vehicle) Act*. **4**


5
[< Previous](#) [Next >](#)

- In the final *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.

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


Health Care Provider Invoicing and Reporting
Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-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

6

7

Browse...

Attach

25MB remaining / 25MB limit

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

0 records

8. To remove an incorrect file or delete the uploaded 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, some fields in the *Invoice* screen will be pre-populated. Refer to the [Submit an Invoice for Patient Care and Related Expenses](#) section of this how to guide for more information.

Customer: RICHARD KOTAKI

Claim number: BN31793-0

Date of accident: 16-OCT-2020

Submission date: 17-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

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title
Final Report.docx	0.01	OT - Final

1 records

8 


9



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 "Occupational Therapy" 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
Log out

Customer: RICHARD KOTAKI Claim number: BN31793-0 Date of accident: 16-OCT-2020 Submission date: 17-JAN-2021

Medical Report * Indicates required field
Step 1/2

Date of report *
 1a

Who is submitting? *
 1b

Which report are you submitting? *
 1c

Clinical records from *

Clinical records to *
 1d

Practitioner number
 1e

Practitioner first name *

Practitioner last name *
 1f

2
< Previous Next >

3. In the final *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

Step 2/2

* 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

3

4

Browse...

Attach

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title	
Clinical Records.docx	0.01	OT - [26OCT2020-13NOV2020]	<div>5</div> <div>Trash</div>

1 records

6

Preview

< Previous

Next >

7




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 pre-populate. Validate the pre-populated fields.
 - c. Validate the date of submission.
 - d. Validate the report type.
2. The *Fee* field will auto-populate based on the time entered.
 - a. Enter the length of time in the *Minutes* fields.
 - b. Based on the length of time entered, a dollar value in the *Fee* field will auto-populate.


Health Care Provider Invoicing and Reporting
EXPERT PHYSIOTHERAPY CLINIC
Log out

Customer: RICHARD KOTAKI
Claim number: BN31793-0
Date of accident: 16-OCT-2020
Submission date: 17-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 * 1a

12345

Practitioner / Therapist 1

Treatment / Service type *
Practitioner number
Practitioner first name *
Practitioner last name *
1b

Occupational Therapy
Practitioner number
Charles
Smith

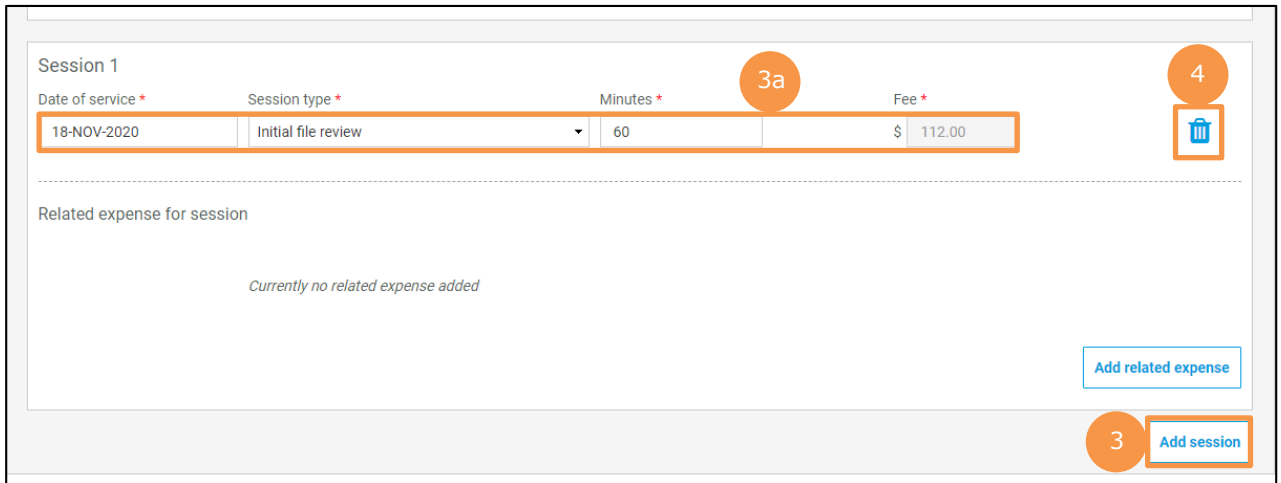
Report
1c
1d

Date *
Report type *
Minutes *
2a
Fee *
2b

23-OCT-2020
Initial Report
60
\$ 112.00

Add a Session

3. If the customer has 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 *Minutes*.
4. To delete a session, click the **Trash** icon.



The screenshot displays the 'Session 1' entry form. It includes fields for 'Date of service *', 'Session type *', 'Minutes *', and 'Fee *'. The 'Date of service' field contains '18-NOV-2020', 'Session type' is 'Initial file review', 'Minutes' is '60', and 'Fee' is '\$ 112.00'. A trash icon is located to the right of the form. Below the form, there is a section for 'Related expense for session' with the text 'Currently no related expense added' and an 'Add related expense' button. At the bottom right, there is an 'Add session' button. Annotations are present: '3' points to the 'Add session' button, '3a' points to the 'Minutes' field, '4' points to the trash icon, and '4a' points to the 'Add related expense' button.

Add a New Practitioner

5. If the customer has session with an additional practitioner or for a different 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 with the additional practitioner, such as *Treatment / Service Type*, *Practitioner first name*, *Practitioner last name*, *Date of service*, *Session type*, and *Minutes*.
6. To delete a practitioner, click the **Trash** icon.

Practitioner / Therapist 2

Treatment / Service type *

Occupational Therapy

Practitioner number

Practitioner first name *

Emma

Practitioner last name *

Cook

5a

6

Session 1

Date of service *

25-NOV-2020

Session type *

Care Plan Meeting

Minutes *

120

Fee *

\$ 224.00

✓ Taxable

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 that additional therapy types be added to your vendor number.

Add Related Expense

7. For any additional pre-approved expense related to the session (for example, supplies and equipment) click the **Add Related Expense** button to add the details in the *Related expenses for session* section.

Note: Related expenses require prior approval from an ICBC claims representative.

- a. Select the type of expense from the drop down menu in the *Expense type* field.
 - b. Provide additional information related to the expense type in the *Description* field. This field can be used to describe what that expense is.
 - c. Enter the dollar value of the expense in the *Fee* field.
8. To add more than one related expense for a session, click the **Add Related Expense** button again and enter the details related to the additional expense.
 9. To delete a related expense, click the **Trash** icon.

Practitioner / Therapist 1

Treatment / Service type *
Practitioner number
Practitioner first name *
Practitioner last name *

Occupational Therapy
Charles
Smith

Report

Date *
Report type *
Minutes *
Fee *

23-OCT-2020
Initial Report
60
\$ 112.00

Related expense for report

Expense type *
Description ?

Supplies and Equipment
Supplies and Equipment Expenditure

7a
7b

Fee *
7c

\$ 60.00

7
9

8
Add related expense

Add session



Tip: You can add a related expense for a medical report, a clinical record, or a treatment.

Attach/Remove documents

10. Wherever applicable, attach documents supporting the related expenses (for example, receipts for supplies and equipment). 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 checkbox 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.

Invoice * Indicates required field

Attachments

Select a treatment and related expense type for each document you want to attach to this invoice, and click Attach.

Accepted file types:

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

Treatment type * Related expense type *

Occupational Therapy Supplies and Equipment

File 24.99MB remaining / 25MB limit

[Browse...](#) [Attach](#)

<input type="checkbox"/>	File name	Size (MB)	Document title
<input checked="" type="checkbox"/>	Supplies and Equipment Expenditure.docx	0.01	OT - Supplies and Equipment

1 record

[Delete selected](#)

15
[Save and return to invoice](#)

Preview the Invoice Submission

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

Subtotal	\$ 508.00
PST	\$ 0.00
GST/HST	\$ 11.20
Total	\$ 519.20

16


Preview

< Previous

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 an invoice in the *Preview* section, click the **Submit** button.
- To submit in the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button in the *Invoice* section.


Health Care Provider Invoicing and Reporting
COMPLETE CARE [Log out](#)

Customer: RICHARD KOTAKI
Claim number: BN31793-0
Date of accident: 16-OCT-2020
Sub 17
ite: 17a

[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 proceed with your invoice.

Service Provider/Payee Information

Vendor number
5007001

Business name
EXPERT PHYSIOTHERAPY CLINIC

Business address
210 3970 HASTINGS ST
BURNABY, BC
CA
V5C 6C1

Email address
abcd@xyz.com

GST registrant number
-

Customer/Patient Information

Claim number
BN31793-0

Legal first name
RICHARD

Date of birth
XX-APR-1994

Date of accident
16-OCT-2020

Legal last name
KOTAKI

Personal Health Number (PHN)
XXXX XX1 464

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.

Attachment(s)
24.99MB remaining / 25MB limit

File name	Size (MB)	Document title
Supplies and Equipment Expenditure.docx	0.01	OT - Supplies and Equipment

1 record

Attach / Remove documents

Message from webpage

? Are you sure you want to make this submission?

OK
Cancel

Subtotal \$ 508.00
PST \$ 0.00
GST/HST \$ 11.20
Total \$ 519.20


Preview

< Previous Submit

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.


Health Care Provider Invoicing and Reporting
Log out

Thank you for your submission.

Your reference number for this submission is **21-00000103**.
Please record this number as it will be required for future communications regarding your submission.

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.

Request PDF Copy Make another submission