



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](#)

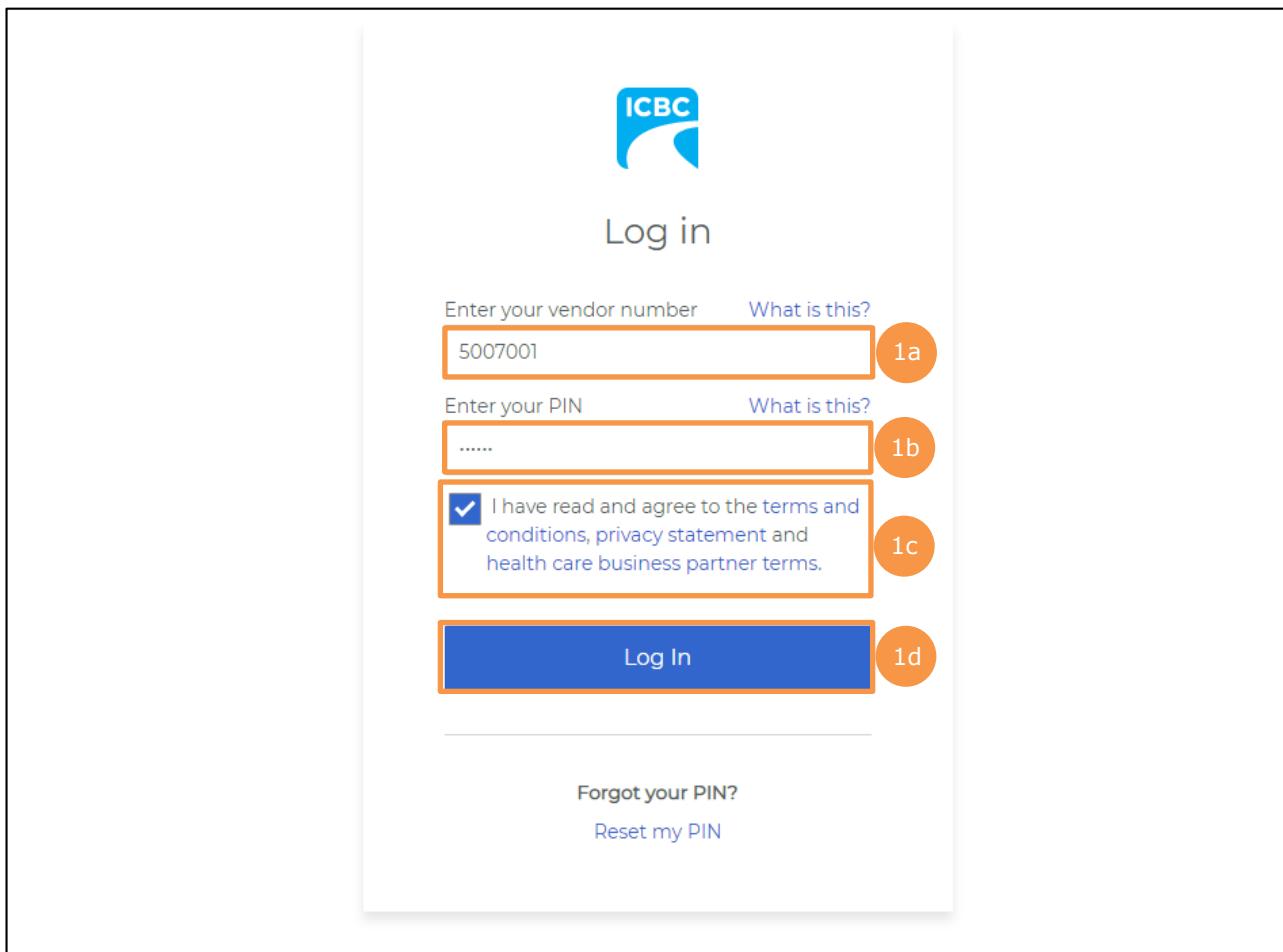
[Submit an Invoice for Patient Care and Related Expenses](#)



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.



Log in

Enter your vendor number [What is this?](#)

5007001 1a

Enter your PIN [What is this?](#)

..... 1b

I have read and agree to the terms and conditions, privacy statement and health care business partner terms. 1c

Log In 1d

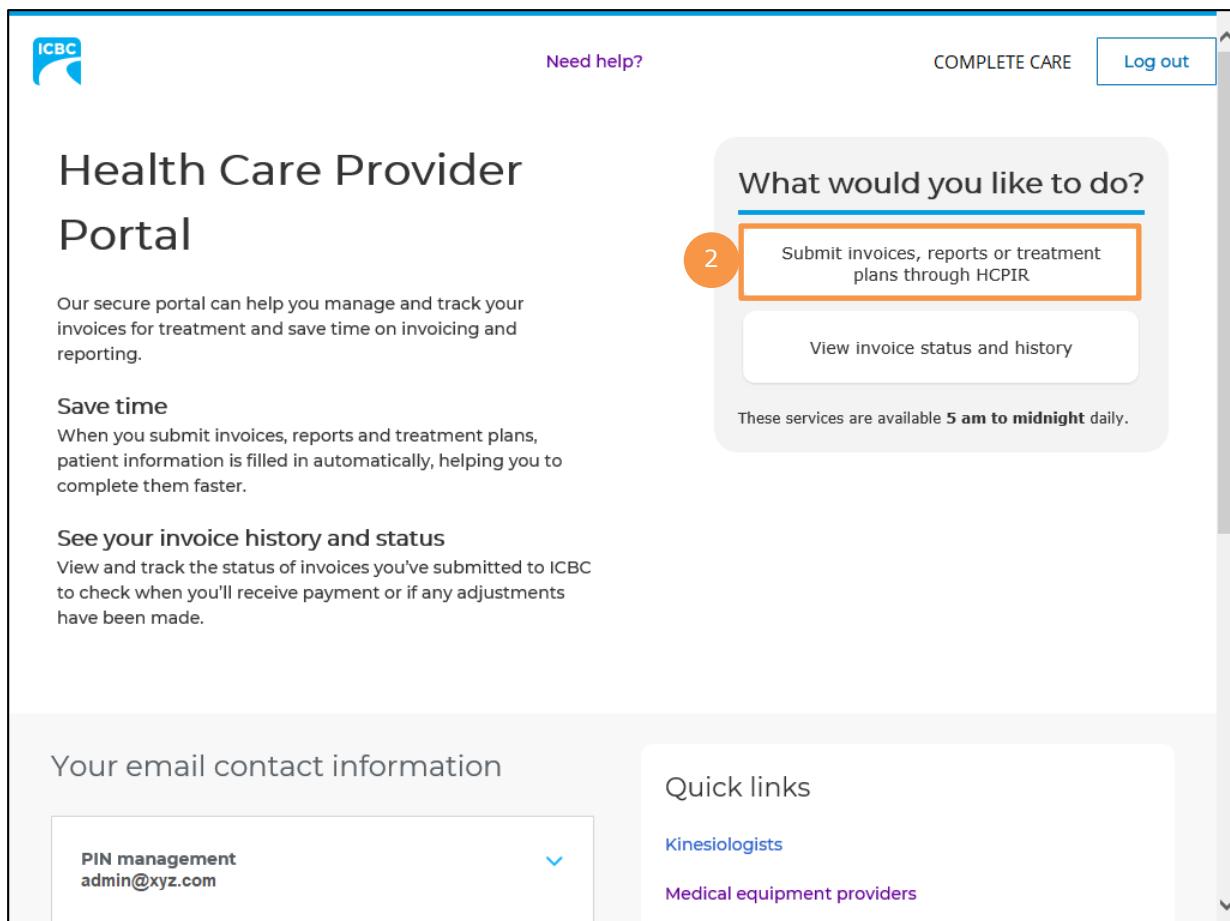
[Forgot your PIN?](#)
[Reset my PIN](#)



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** button to access the HCPIR application.



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.

Your email contact information

PIN management
admin@xyz.com

Quick links

Kinesiologists
Medical equipment providers

2

What would you like to do?

Submit invoices, reports or treatment plans through HCPIR

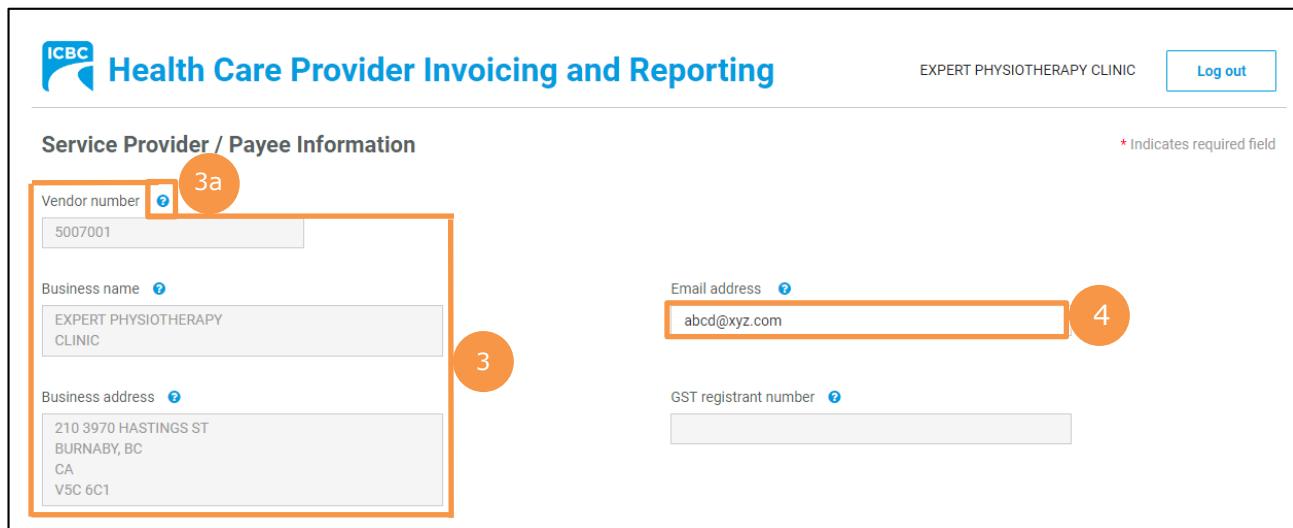
View invoice status and history

These services are available **5 am to midnight** daily.

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.



ICBC Health Care Provider Invoicing and Reporting

EXPERT PHYSIOTHERAPY CLINIC [Log out](#)

* Indicates required field

Service Provider / Payee Information

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 3

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 *  BN31793-0  5a Date of accident * 16-OCT-2020 

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 *  BN31793-0  Date of accident * 16-OCT-2020

Legal first name *  RICHARD Legal last name *  KOTAKI

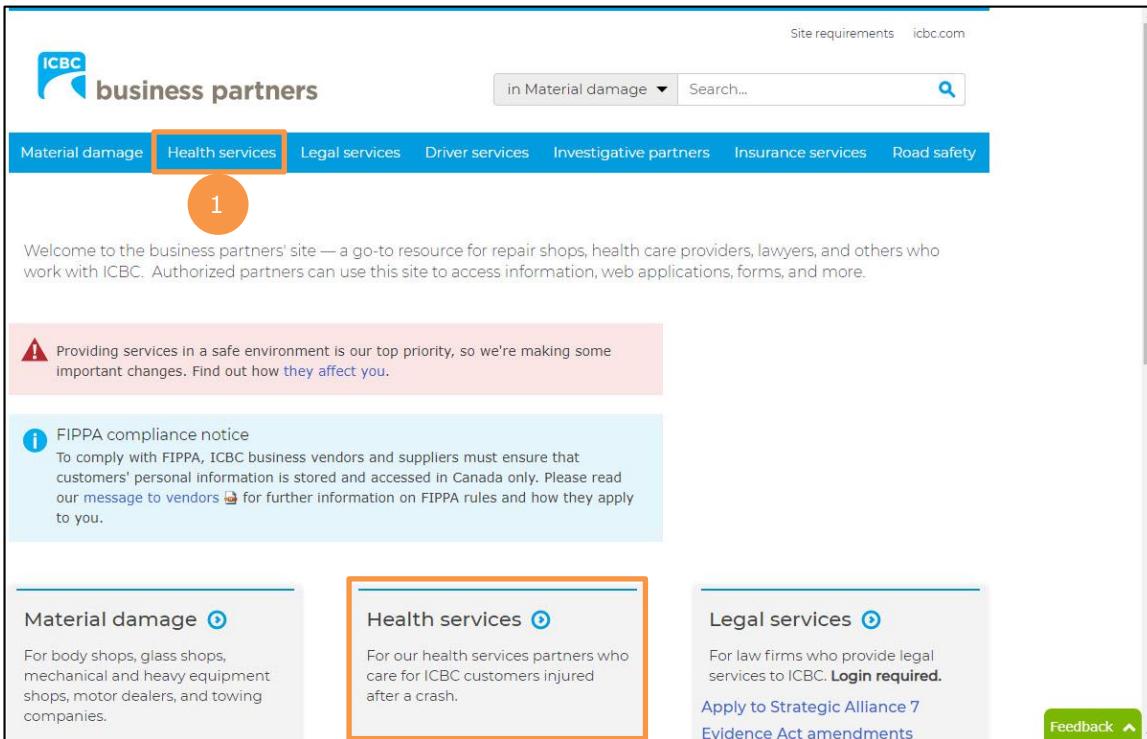
Date of birth * 2 - APR - 1994 Personal Health Number (PHN) XXXX XX1 464

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



The screenshot shows the ICBC Business Partners homepage. At the top, there is a navigation bar with links for 'Material damage', 'Health services' (which is highlighted with an orange box and a circled '1'), 'Legal services', 'Driver services', 'Investigative partners', 'Insurance services', and 'Road safety'. Below the navigation bar, there is a search bar with the placeholder 'in Material damage' and a 'Search...' button. A message box at the top right indicates 'Site requirements icbc.com'. The main content area features a welcome message: '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.' Below this, there are two informational boxes: one about 'Providing services in a safe environment' and another about 'FIPPA compliance notice'. At the bottom of the page, there are three main categories: 'Material damage' (for body shops, glass shops, mechanical and heavy equipment shops, motor dealers, and towing companies), 'Health services' (for health care providers who care for ICBC customers injured after a crash), and 'Legal services' (for law firms who provide legal services to ICBC). A 'Feedback' button is located in the bottom right corner.



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.

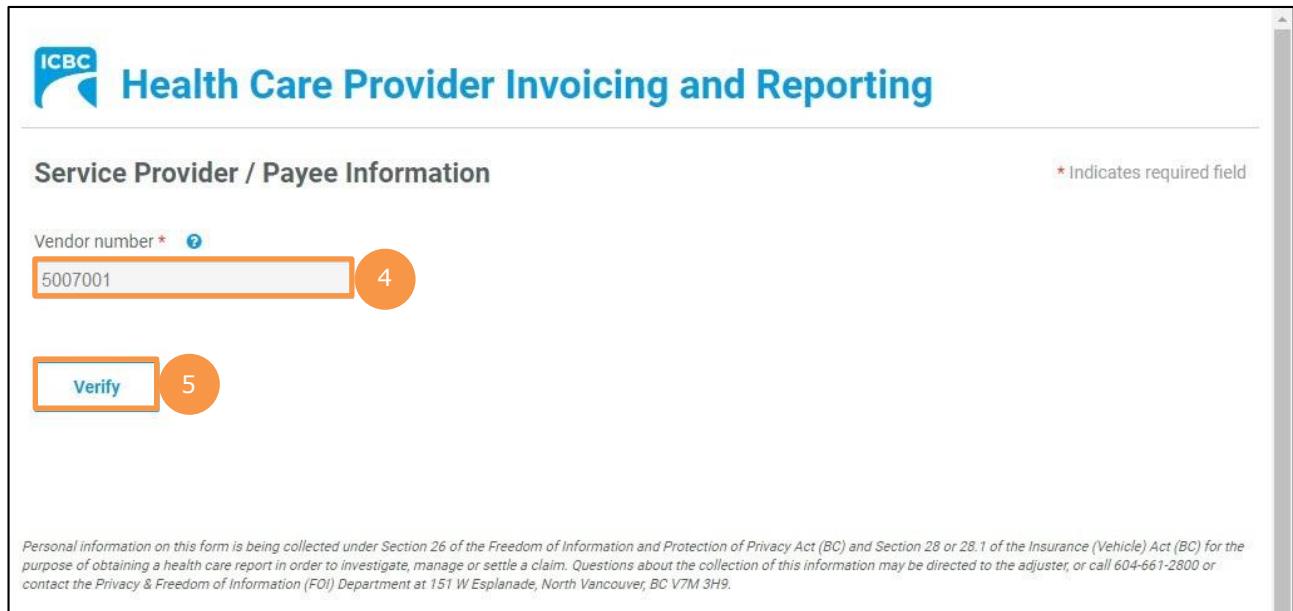
The screenshot shows the ICBC business partners website. The top navigation bar includes links for Material damage, Health services (which is highlighted in blue), Legal services, Driver services, Investigative partners, Insurance services, and Road safety. Below the navigation is a search bar with the placeholder 'in Material damage' and a search icon. The main content area has a blue header 'Health services'. Underneath it, a breadcrumb navigation shows 'Home > Health services > Invoicing and reporting'. On the left, a sidebar menu lists 'Health services', 'Enhanced Care changes', 'Invoicing and reporting' (which is highlighted with a red box and a large orange circle with the number '2'), 'Reports', 'Support and resources', 'Vendor number', and 'Acupuncturists'. The main content area is titled 'Invoicing and reporting' and contains text about providing treatment to patients injured in a car crash. It also includes a callout box with an exclamation mark stating: '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.' At the bottom right of the content area is a 'Feedback' button.

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

The screenshot shows the 'Health Care Provider Invoicing and Reporting (HCPIR)' section. On the left, a sidebar lists 'Chiropractors', 'Counsellors', 'Kinesiologists', 'Massage therapists', 'Medical assessment providers', 'Occupational therapists', 'Physicians', 'Physiotherapists', 'Psychologists', 'Registered care advisors', and 'Disability advocacy organizations'. The main content area is titled 'Health Care Provider Invoicing and Reporting (HCPIR)' and contains text about launching the application to submit invoices and reports for treatments delivered on or after April 1, 2019. It also mentions flowcharts for invoicing and reporting and treatment and discharge. Below this, a green button is labeled 'Launch the HCPIR application' (which is highlighted with a red box and a large orange circle with the number '3'). Further down, there is an 'Important' section with text about preauthorized treatments available within the first 12 weeks following a crash occurring on or after April 1, 2019. It also links to a page with common questions and 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.



ICBC Health Care Provider Invoicing and Reporting

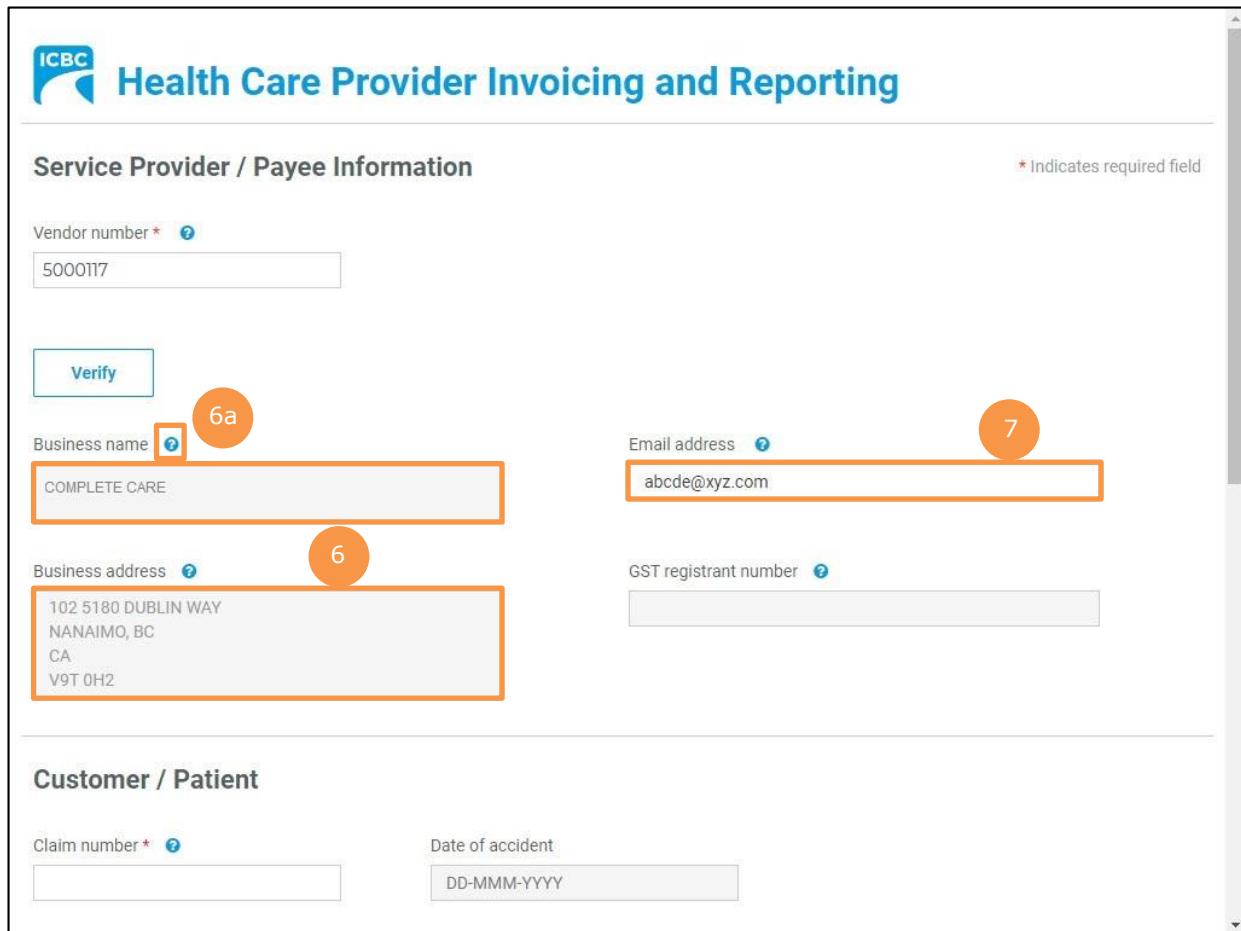
Service Provider / Payee Information * Indicates required field

Vendor number * ? 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

Vendor number * ?

Business name ? ? 6a

Business address ? ? 6

Email address ? ? 7

GST registrant number ? ?

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 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 |
| <input type="text" value="BN31793-0"/> |  | <input type="text" value="16-OCT-2020"/> | |
| Legal first name * | Legal last name * | | |
| <input type="text" value="RICHARD"/> | <input type="text" value="KOTAKI"/> | 8c | |
| Date of birth * | Personal Health Number (PHN) | | |
| <input type="text" value="2"/> - <input type="text" value="APR"/> - <input type="text" value="1994"/> | 8d | <input type="text" value="XXXX XX1 464"/> | 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

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.



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.

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 * Indicates required field
Step 1/3

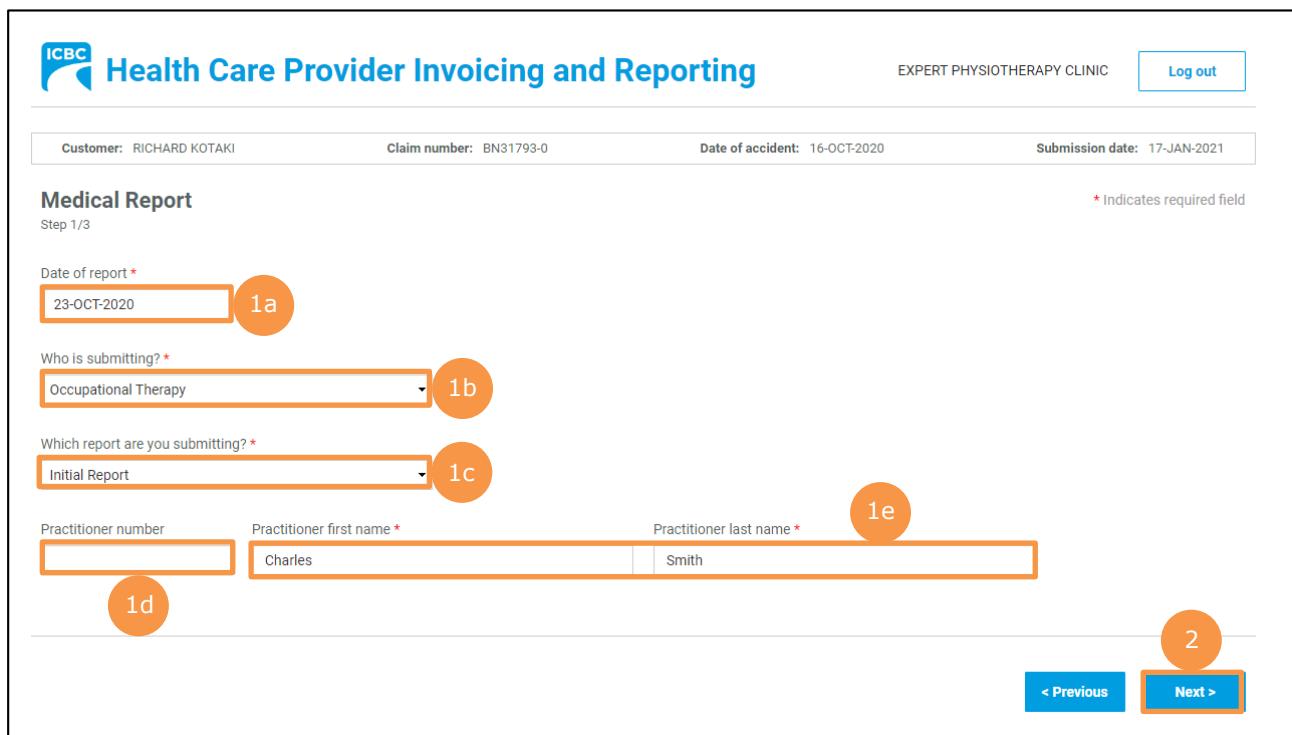
Date of report * 1a
23-OCT-2020

Who is submitting? * 1b
Occupational Therapy

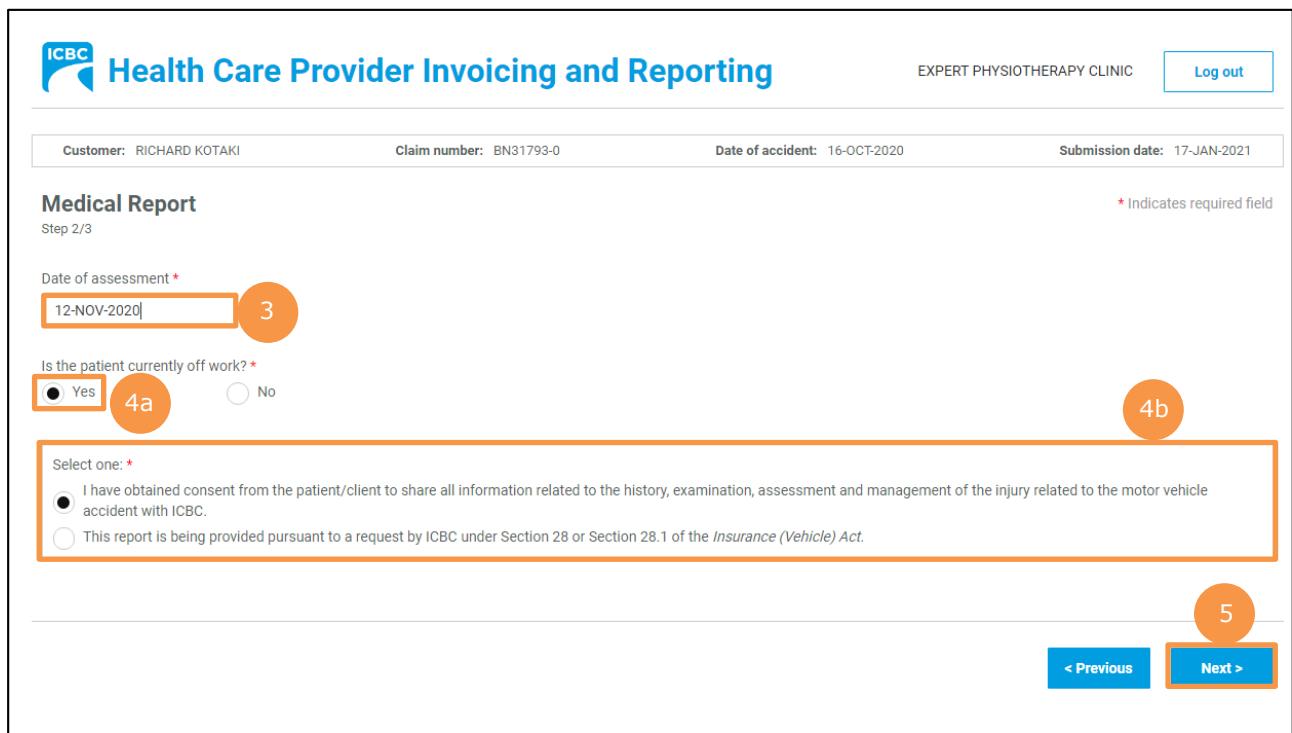
Which report are you submitting? * 1c
Initial Report

Practitioner number 1d
Practitioner first name * Charles
Practitioner last name * Smith 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.



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 *

12-NOV-2020 3

Is the patient currently off work? *

Yes 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*.

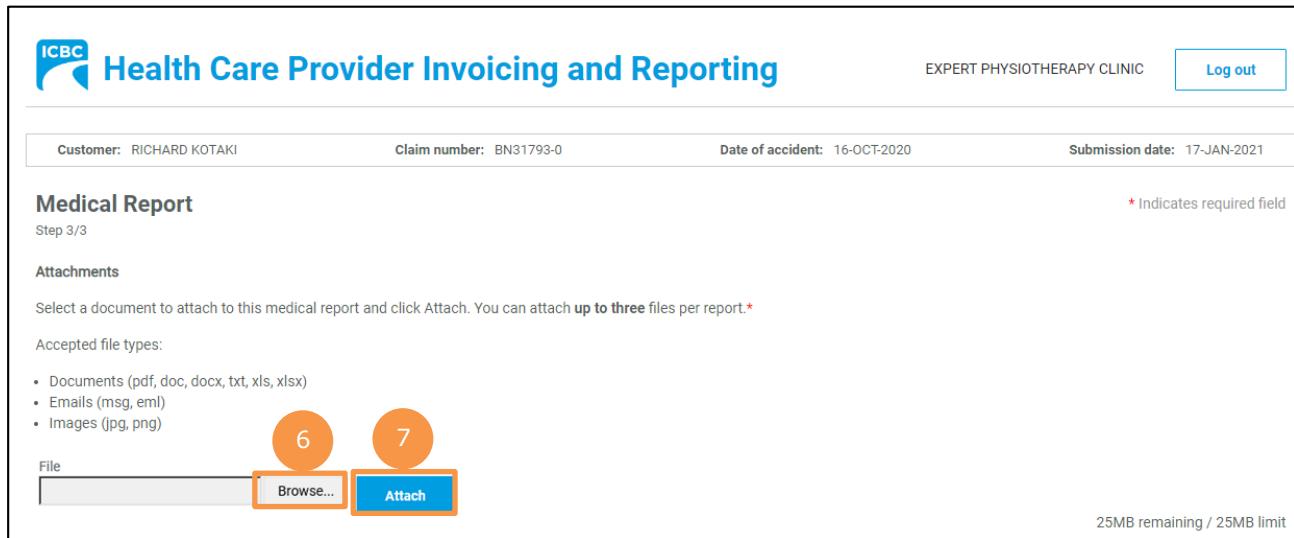
< Previous Next > 5

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.



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

EXPERT PHYSIOTHERAPY CLINIC Log out

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 **Browse...** **Attach**

25MB remaining / 25MB limit



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 * Indicates required field

Step 3/3

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

8 

9 

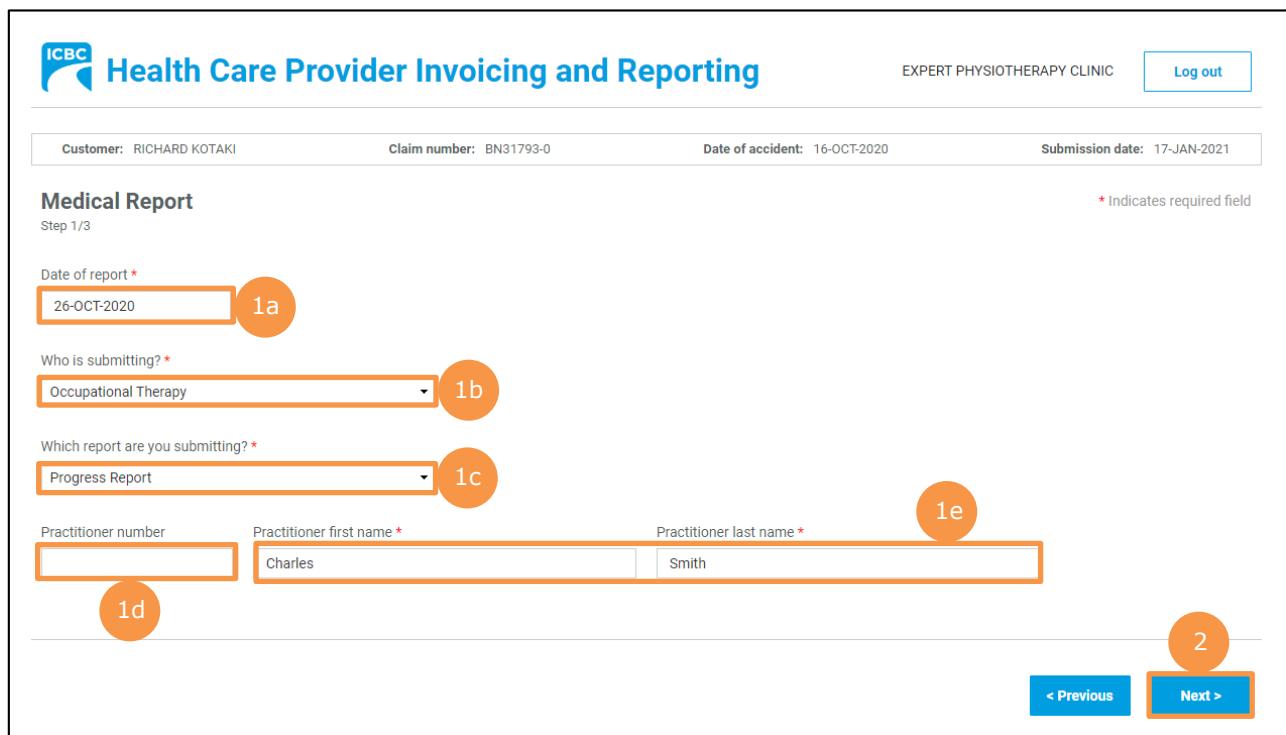
10 



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.



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 1/3 * Indicates required field

Date of report * 26-OCT-2020 1a

Who is submitting? * Occupational Therapy 1b

Which report are you submitting? * Progress Report 1c

Practitioner number Practitioner first name * Charles Practitioner last name * Smith 1e

1d 2

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

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.

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 *

13-NOV-2020 3

Is the patient currently off work? *

Yes 4a 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*.

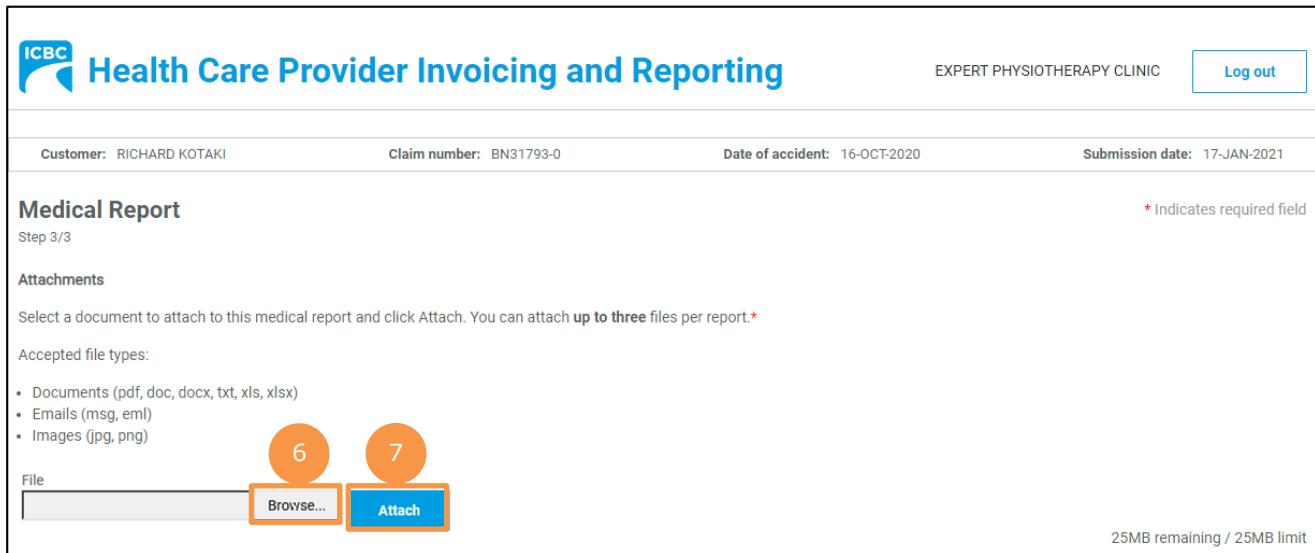
< Previous Next >

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.



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

Medical Report * Indicates required field

Step 3/3

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 **Browse...** **Attach**

25MB remaining / 25MB limit



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 * Indicates required field

Step 3/3

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 |  8 |

1 records

 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.

ICBC Health Care Provider Invoicing and Reporting

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

Medical Report
Step 1/3 * Indicates required field

Date of report * 26-OCT-2020 1a

Who is submitting? * Occupational Therapy 1b

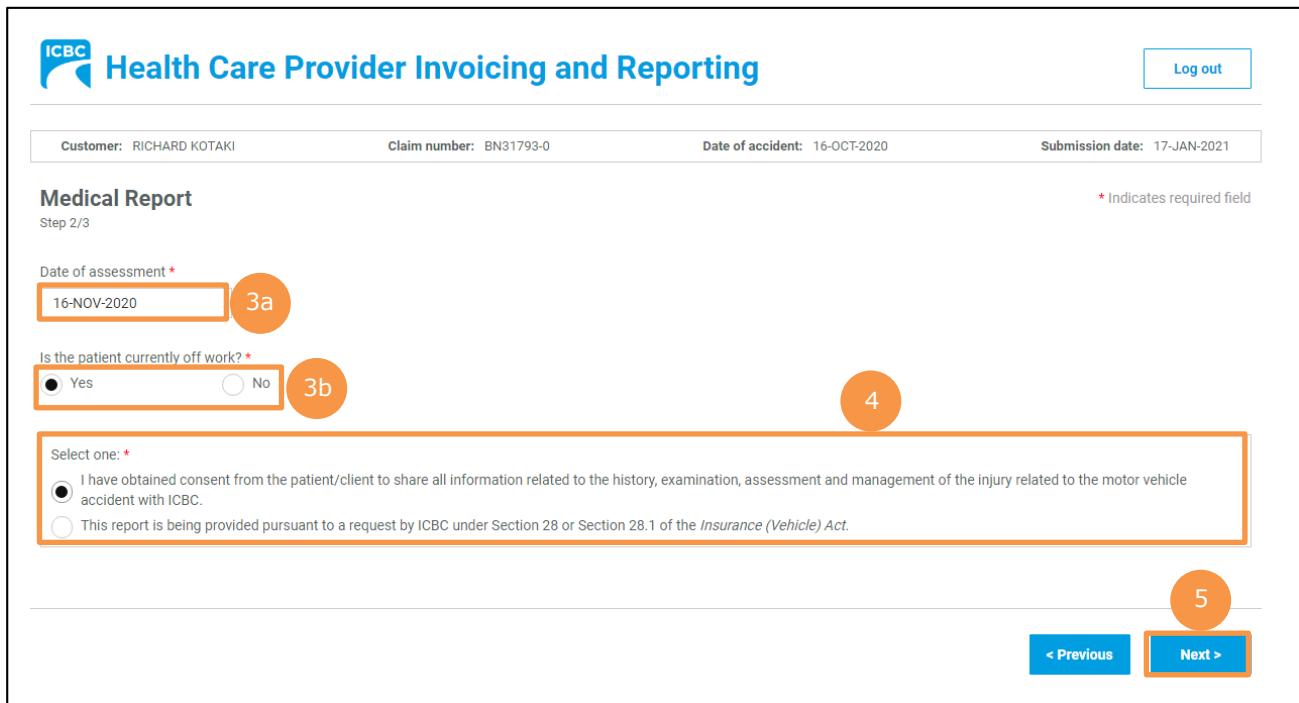
Which report are you submitting? * Final Report 1c

Practitioner number Practitioner first name * Charles Practitioner last name * Smith 1e

1d 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.



Health Care Provider Invoicing and Reporting

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

Medical Report
Step 2/3

Date of assessment* 16-NOV-2020 3a

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

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

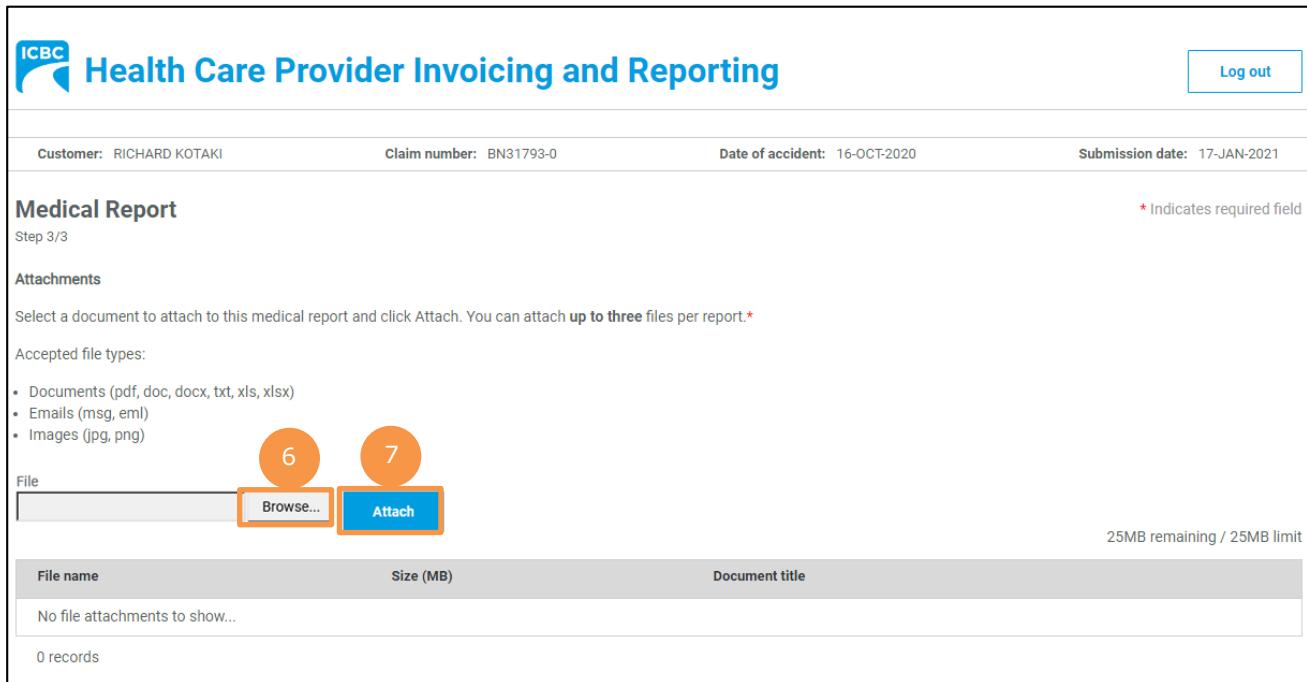
< Previous Next >

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.



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 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 **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 * Indicates required field

Step 3/3

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 

10 



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 * 22-OCT-2020 1a

Who is submitting? * Occupational Therapy 1b

Which report are you submitting? * Clinical Records 1c

Clinical records from * 26-OCT-2020 Clinical records to * 13-NOV-2020 1d

Practitioner number Practitioner first name * Charles Practitioner last name * Smith 1e 1f

2 Next > < Previous

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

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

| | |
|--|---------------------------------------|
| <input type="button" value="Browse..."/> | <input type="button" value="Attach"/> |
|--|---------------------------------------|

24.99MB remaining / 25MB limit

| File name | Size (MB) | Document title |
|-----------------------|-----------|----------------------------|
| Clinical Records.docx | 0.01 | OT - [26OCT2020-13NOV2020] |

1 records

5

6

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

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

* Indicates required field

Your invoice number * ?

1a

Treatment / Service type *

1b

Practitioner / Therapist 1

1c

1d

Report *

2a

Report type *

2b

Minutes *

60

Fee *

\$ 112.00

Effective Date: February 26, 2021 | Last Updated: February 26, 2021

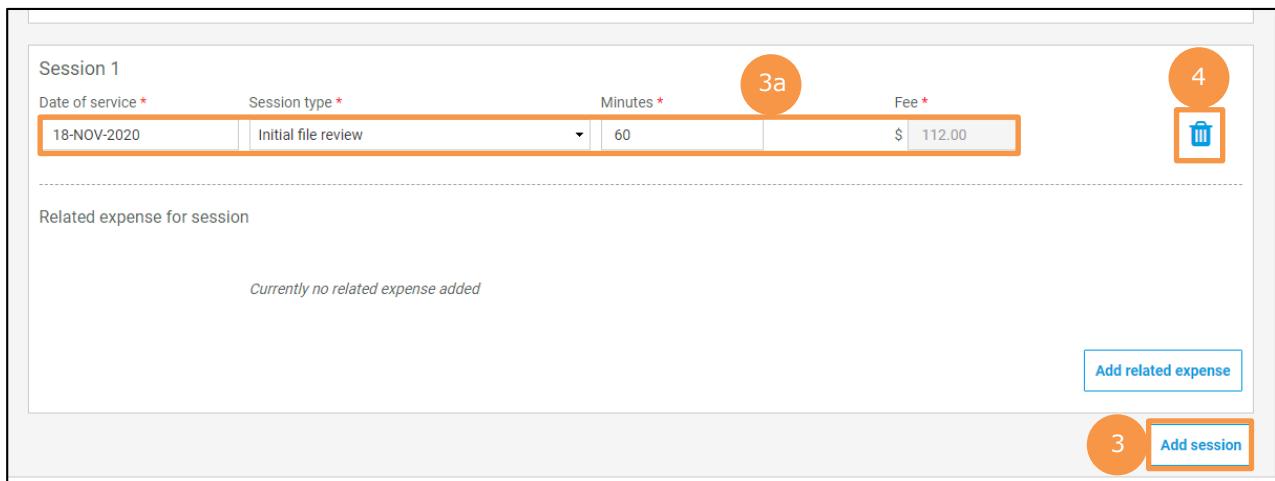
33

Copyright 2021, Insurance Corporation of British Columbia (or ICBC). All rights reserved.

Page 26 of

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.



Session 1

Date of service * Session type * Minutes * Fee *

18-NOV-2020 Initial file review 60 \$ 112.00

Related expense for session

Currently no related expense added

Add related expense

3 Add session

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 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 * | Practitioner number | Practitioner first name * | 5a | Practitioner last name * | 6 |
| Occupational Therapy | | Emma | | Cook |  |

Session 1 5a

| | | | |
|-------------------|-------------------|-----------|---|
| Date of service * | Session type * | Minutes * | Fee * |
| 25-NOV-2020 | Care Plan Meeting | 120 | \$ 224.00  |

Related expense for session

Currently no related expense added





 5



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 | Fee * |
| Supplies and Equipment | Supplies and Equipment Expenditure | \$ 60.00 |

7a 7b 7c 8 9

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)

11 Treatment type * Related expense type *

Occupational Therapy

Supplies and Equipment

12 Browse... 13 Attach

File

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

24.99MB remaining / 25MB limit

1 record

14 Delete selected

15 Save and return to Invoice

Effective Date: February 26, 2021 | Last Updated: February 26, 2021

33

Copyright 2021, Insurance Corporation of British Columbia (or ICBC). All rights reserved.

Page **30** of

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 |

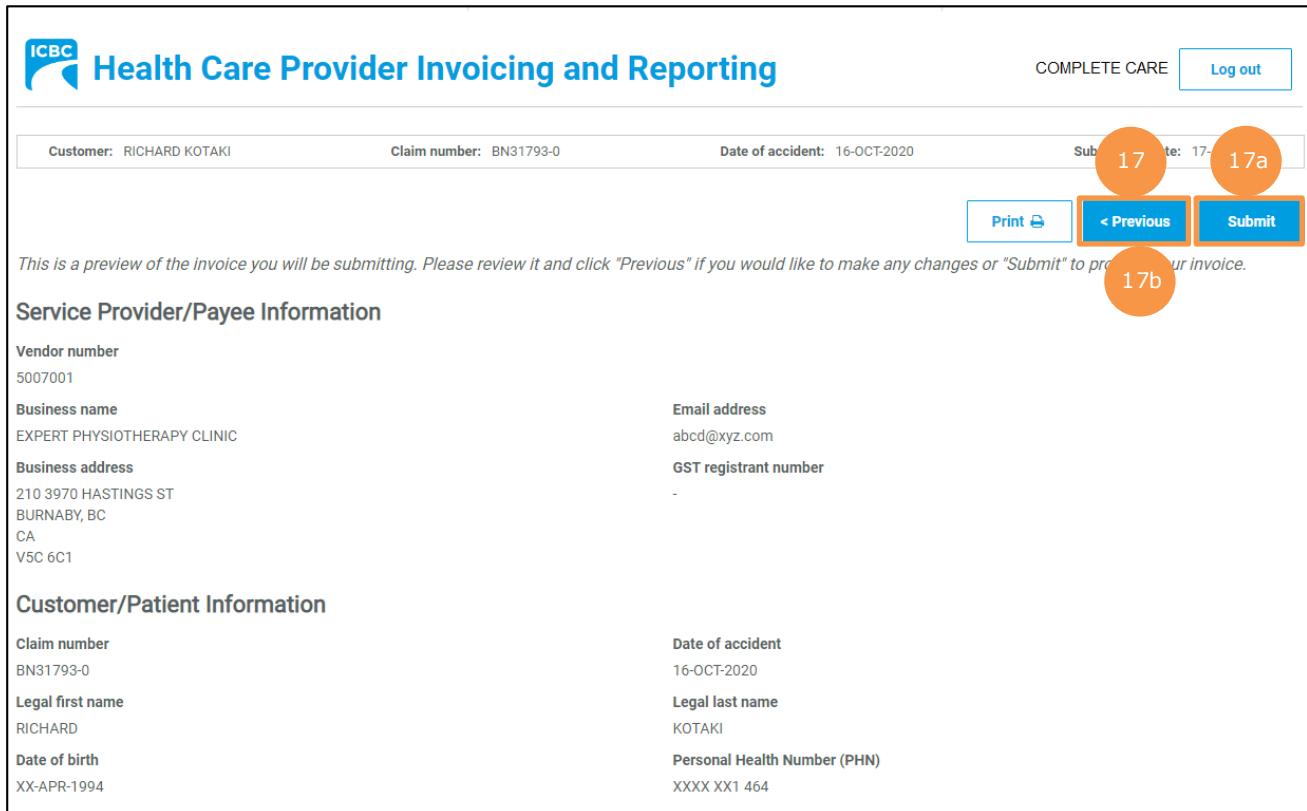
16

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

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

Sub Date: 17-17a

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 process 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 Date of accident: 16-OCT-2020
Legal first name: RICHARD Legal last name: KOTAKI
Date of birth: XX-APR-1994 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)

| 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

19

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

Preview < Previous Submit

18

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.

20

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

21

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

22