



Purpose

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

This job aid will show you how to submit a report, submit an invoice, and request a treatment extension or submit a discharge notification in the HCPIR web application.



Overview

Topics Covered

[Enter Service Provider Information & Customer Details](#)

[Submit an Initial Report](#)

[Submit a Reassessment Report](#)

[Submit Clinical Records](#)

[Invoice for Patient Care](#)

[Submit a Request for a Treatment Extension](#)

[Submit a Discharge Notification](#)



Service Provider Information & Customer Details

Enter Service Provider Information

1. To begin your submission, enter your vendor number and click the **Verify** button.
2. 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.
3. 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 * 1

1234567

Verify

ICBC Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * 2a

1234567

Verify

Business name 2

ABC Company

Email address 3

abc@email.com

Business address 2

123 Main St,
Vancouver, BC, CA

GST registrant number

123456789

Enter Customer Details

4. Scroll down to the *Customer / Patient* section and enter the required 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.
5. Enter the customer details.
 - a. Enter the customer's legal first name and legal 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.
 - b. Enter the customer's date of birth.
 - c. 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 appropriate ICBC representative.
6. Select the appropriate option in the *What are you submitting today?* field below.
 - a. "Invoice for patient care & related expenses"
 - b. "Report and supporting documentation"
 - c. "Treatment extension request / discharge notification"
7. Click the **Next** button.

Customer / Patient

Claim number *

Date of accident

Legal first name * Legal last name *

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

What are you submitting today? *

Invoice for patient care & related expenses

Report and supporting documentation

Treatment extension request / discharge notification

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.

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.



Initial Report

Enter Details of the Initial Report

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

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a Date of report *
01-FEB-2019

1b Who is submitting? *
Chiropractor

1c Which report are you submitting? *
Initial Visit and Report

1d Practitioner number

1e Practitioner first name * Practitioner last name *
Chris Jones

2

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

3. Enter details of the report you are submitting in the below *Medical Report* section.
 - a. Enter the date on which the customer was assessed by the medical practitioner in the *Date of assessment* field.
 - b. To add another assessment date, click the **Add another date** button. You can add up to four assessment dates.
 - c. To remove an assessment date, click the **Trash** icon beside the session field.
 - d. Select whether the customer is currently off work in the *Is the patient currently off work?* field.
4. In the *Select One* field, select whether the customer's information is being shared with the customer's consent or because of a request from ICBC.
5. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 2/3 * Indicates required field

3a Date of assessment *
01-FEB-2019

3b Add another date

3d Is the patient currently off work? *
 Yes No

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 >

- In the final *Medical Report* section, click the **Browse** button to select the copy of the PDF report from your system to upload.



Tip: Blank copies of the PDF reports can be downloaded from the Business Partners web page, filled out and uploaded to the *Medical Report* screen.

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

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 3/3 * Indicates required field

Attachments

Select the document you want to attach to this medical report and click Attach. *

Acceptable file types for attachment:
Documents (MS Excel, MS Word, Text, Microsoft Word, PDF)
Images (Jpeg, Png)

File: **Browse...** **Attach**

25MB remaining / 25MB limit

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

8. To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
9. To preview the uploaded document, click the **Preview** button.
10. Click the **Next** button to proceed to the *Invoicing* screen. Based on your submission, select fields in the *Invoice* screen will auto-populate. Refer to the [Invoice for Patient Care](#) section of this job aid for more information.

Health Care Provider Invoicing and Reporting

Customer: Jenny Williams
Claim number: BB15030-6
Date of accident: 10-JAN-2018
Submission date: 18-JUL-2019

Medical Report * Indicates required field

Step 3/3 24.99MB remaining / 25MB limit

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

9
10
Preview
Next >
< Previous

Practitioner / Therapist 1 10

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Chiropractor		Chris	Jones

Initial Visit and Report

Date of report *	Report type *	Fee *
01-FEB-2019	Initial Report	\$ 80.50
01-FEB-2019	Visit for Initial Report	\$ 118.50

Related expense for report

Currently no related expense added

Add related expense
Add session



Reassessment Report

Enter Details of the Reassessment 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 "Chiropractor" from the drop-down menu in the *Who is submitting?* field.
 - c. Select "Reassessment 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 name and last name.
2. Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a Date of report *
01-FEB-2019

1b Who is submitting? *
Chiropractor

1c Which report are you submitting? *
Reassessment Report

1d Practitioner number

1e Practitioner first name * Practitioner last name *
Chris Jones

2
< Previous **Next >**

- Enter details of the report you are submitting in the below *Medical Report* section.
 - Enter the date in which the customer was assessed by the medical practitioner in the *Date of assessment* field.
 - To add another assessment date, click the **Add another date** button. You can add up to four assessment dates.
 - To remove an assessment date, click the **Trash** icon beside the session field.
 - Select whether the customer is currently off work in the *Is the patient currently off work?* field.
- In the *Select One* field, select whether or not the customer's information is being shared with the customer's consent or because of a request from ICBC.
- Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 2/3 * Indicates required field

3a Date of assessment *
01-FEB-2019

3b Add another date

3d Is the patient currently off work? *
 Yes No

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 the PDF reports can be downloaded from the Business Partners web page, filled out and uploaded to the *Medical Report* screen.

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

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 3/3

Attachments

Select the document you want to attach to this medical report and click Attach. *

Acceptable file types for attachment:
Documents (MS Excel, MS Word, Text, Msg/Em), PDF)
Images (Jpeg, Png)


File

25MB remaining / 25MB limit

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



- To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
- To preview the uploaded document, click the **Preview** button.
- Click the **Next** button to proceed to the *Invoicing* screen. Based on your submission, select fields in the *Invoice* screen will auto-populate. Refer to the [Invoice for Patient Care](#) section of this job aid for more information.




Health Care Provider Invoicing and Reporting

Customer: Jenny Williams **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 18-JUL-2019

Medical Report

Step 3/3 * Indicates required field

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title	
Reassessment Report.docx	0.01	Chiro - Reassessment	8 

9

10

Practitioner / Therapist 1

10

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Chiropractor		Chris	Jones

Report

Date of report *	Report type *	Fee *
01-FEB-2019	Reassessment Report	\$ <input type="text"/>

Related expense for report

Currently no related expense added



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 "Chiropractor" 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 name and last name.
2. Click the **Next** button to continue.

Health Care Provider Invoicing and Reporting

Customer: Jenny Williams
Claim number: BB15030-6
Date of accident: 10-JAN-2018
Submission date: 18-JUL-2019

Medical Report * Indicates required field

Step 1/2

Date of report *
01-FEB-2019 1a

Who is submitting? *
Chiropractor 1b

Which report are you submitting? *
Clinical Records 1c

Clinical records from *
01-FEB-2019 1d

Clinical records to *
21-FEB-2019


Practitioner number 1e

Practitioner first name *
Chris 1f

Practitioner last name *
Jones

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.



Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report

Step 2/2 * Indicates required field

Attachments

Select the document you want to attach to this medical report and click Attach. *

Acceptable file types for attachment:
Documents (MS Excel, MS Word, Text, Msg/Eml, PDF)
Images (Jpeg, Png)

File

25MB remaining / 25MB limit

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

- To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
- To preview the uploaded document, click the **Preview** button.
- Click the **Next** button to proceed to the *Invoicing* screen. Based on your submission, select fields in the *Invoice* screen will auto-populate. Refer to the [Invoice for Patient Care](#) section of this job aid for more information.

Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 18-JUL-2019

Medical Report * Indicates required field

Step 2/2 24.99MB remaining / 25MB limit

File name	Size (MB)	Document title	5
Clinical Records.docx	0.01	Chiro - [01FEB2019-21FEB2019]	

7
6
7

Preview

< Previous
Next >

Practitioner / Therapist 1 7

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
<input type="text" value="Chiropractor"/>	<input type="text"/>	<input type="text" value="Chris"/>	<input type="text" value="Jones"/>

Report

Date of submission *	Report type *	Fee *
<input type="text" value="18-JUL-2019"/>	<input type="text" value="Clinical Records"/>	\$ <input type="text"/>

Related expense for report

Currently no related expense added

Add related expense

Add session



Invoice for Patient Care

Enter Details of the Invoice

1. Validate the details of the service that the customer received.
 - a. Enter the invoice number in the *Your invoice number* field. 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 (for example, "Reassessment Report").
2. Depending on the type of report that is being invoiced, a dollar value in the *Fee* field may auto-populate. If a dollar value does not auto-populate, enter a dollar value in the *Fee* field.

The screenshot shows a web form for entering invoice details. It is divided into several sections:

- Your invoice number ***: A text input field containing "56789". Callout 1a points to this field.
- Practitioner / Therapist 1**: A section containing four input fields: "Treatment / Service type *" (Chiropractor), "Practitioner number" (empty), "Practitioner first name *" (Chris), and "Practitioner last name *" (Jones). Callout 1b points to this entire section.
- Report**: A section containing three input fields: "Date of report *" (01-FEB-2019), "Report type *" (Reassessment Report), and "Fee *" (\$ 20.00). Callout 1c points to the date field, 1d points to the report type field, and 2 points to the fee field.
- Related expense for report**: A section with a text area containing "Currently no related expense added" and a blue button labeled "Add related expense".
- Add session**: A blue button at the bottom right of the form.

Add a Session

3. In the *Invoice* section, 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.
4. To delete a session, click the **Trash** icon next to the session.

The screenshot shows a form titled "Session 1" with the following fields and controls:

- Date of service ***: Input field containing "01-FEB-2019".
- Session type ***: Dropdown menu showing "Standard Visit".
- Fee ***: Input field containing "\$ 53.00".
- Trash icon**: A blue trash can icon next to the session details.
- Related expense for session**: A section with the text "Currently no related expense added".
- Add related expense**: A blue button located below the related expense section.
- Add session**: A blue button located at the bottom right of the form.

Callouts in the image:

- 3a**: Points to the Date of service, Session type, and Fee fields.
- 4**: Points to the Trash icon.
- 3**: Points to the Add session button.

Add New Practitioner

- In the *Invoice* section, if the customer has session with an additional practitioner or for a different treatment or service type, click the **Add new practitioner / therapist** button to add a session with a new practitioner.
 - Enter the details related to the session with the additional practitioner.
- To delete a practitioner, click the **Trash** icon next to the session with the practitioner.

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Chiropractor		Chris	Jones

Report

Date of report *	Report type *	Fee *
01-FEB-2019	Reassessment Report	\$ 20.00

Related expense for report

Currently no related expense added

[Add related expense](#)

[Add session](#)

[Add new practitioner / therapist](#)



Tip: A vendor that offers multiple services (for example, physiotherapy and massage therapy) can bill those services under one submission as long as the services are for the same customer under the same claim.



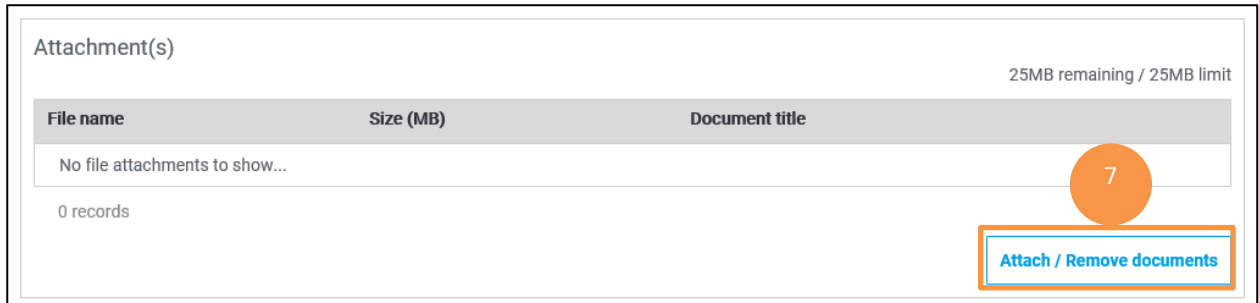
Tip: To bill for a type of therapy that is missing from your drop down list, visit the ICBC Business Partners page to learn how to request to have additional therapy types added to your vendor number.

Add Related Expense

Please be reminded that any expenses related to supplies or equipment require prior approval from an ICBC claims or recovery specialist.

Attach / Remove documents

7. 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		

Attach / Remove documents

8. In the new screen displayed, select the treatment type and related expense type.
9. Click the **Browse** button to select the document that you wish to upload.
10. Click the **Attach** button once you have selected the required document.
11. To remove an incorrect document, select the checkbox next to the attached document and click the **Delete selected** button.
12. To return to the previous screen, click the **Save and return to invoice** button.

13. In the Legal disclaimer section, review the disclaimer and select the checkbox to acknowledge it.

Subtotal	\$ 93.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 93.00

Legal disclaimer: *

By submitting this invoice, the vendor certifies that the goods and/or services contained herein were provided to the customer for medical purposes by qualified and accredited persons. The vendor further certifies that the customer has received all goods and/or services as described and that the information provided for this claim payment is true and complete. It is understood and agreed that providing false or misleading information may result in the cancelation of the vendor's vendor number and ICBC may seek to recover damages and/or financial restitution.

13

[Preview](#)

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

Preview The Invoice Submission

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

Subtotal	\$ 93.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 93.00

Legal disclaimer: *


By submitting this invoice, the vendor certifies that the goods and/or services contained herein were provided to the customer for medical purposes by qualified and accredited persons. The vendor further certifies that the customer has received all goods and/or services as described and that the information provided for this claim payment is true and complete. It is understood and agreed that providing false or misleading information may result in the cancelation of the vendor's vendor number and ICBC may seek to recover damages and/or financial restitution.

14

[Preview](#)

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

15. To make a change to the invoice submission, click the **Previous** button to return to the section of the submission you wish to modify.
 - a. To submit on the *Preview* section, click the **Submit** button.
 - b. To submit on the *Invoice* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button on the *Invoice* section



Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018

15 15b 15a

[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.

Subtotal	\$ 93.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 93.00

Legal disclaimer: *


By submitting this invoice, the vendor certifies that the goods and/or services contained herein were provided to the customer for medical purposes by qualified and accredited persons. The vendor further certifies that the customer has received all goods and/or services as described and that the information provided for this claim payment is true and complete. It is understood and agreed that providing false or misleading information may result in the cancelation of the vendor's vendor number and ICBC may seek to recover damages and/or financial restitution.

15b

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



16. 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.



Health Care Provider Invoicing and Reporting

Thank you for your submission.

Your reference number for this submission is **19-00001377**

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](#)



Submit a Request for a Treatment Initiation or Extension

Enter Details of the Request for a Treatment Initiation or Extension

1. In the *Treatment Extension Request / Discharge Notification* section, enter details of the initiation or extension request.
 - a. Enter "Chiropractor" in the *Practitioner / therapist type* field.
 - b. Enter the practitioner number. This is optional.
 - c. Enter the practitioner's first name and last name.
 - d. Select "Treatment extension" in the *Are you requesting treatment extension or notifying of discharge from care?* field.

Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type * 1a
 Chiropractor 1b

Practitioner number 1c
 Practitioner first name * Practitioner last name *
 Chris Jones

Are you requesting treatment extension or notifying of discharge from care? *
 Treatment extension 1d Discharge notification

- e. Enter the number of additional sessions you will provide the customer in the *Number of additional sessions* field.
- f. Enter the anticipated discharge date.
- g. Enter the reason for treatment extension.
Brief clinical rationale items to include in your extension request are
 - What are the functional/symptom improvements to date?
 - What are the current barriers to recovery?
 - What are the current functional limitations?
 - Does your treatment plan address these barriers? If so, how?

In order to consider your treatment extension, please provide the following information

Number of additional sessions * 1e
 5

Anticipated discharge date * 1f
 31-JAN-2020 1g

Reason for treatment extension *
 1. Functional/symptom improvement to date?
 2. What are the current barriers to recovery?
 3. What are the current functional limitations?
 4. Does your treatment plan address these barriers? If so, how?
202 / 750 character limit

Enter Your Contact Details

2. Enter your contact details to ensure that the appropriate ICBC representative is able to contact you while processing the submission.
 - a. Select how you wish the appropriate ICBC representative to contact you in the *Contact preference* field. You are not required to provide both a phone and an email address. You may choose to provide one.

The screenshot shows the top portion of the ICBC Health Care Provider Invoicing and Reporting form. It includes a header with the ICBC logo and the title. Below the header is a large text input field with a 49 / 750 character limit. The 'Contact preference' section is highlighted with an orange box and labeled '2a'. It contains two checked radio buttons: 'By phone' and 'By email'. Below this are two text input fields: 'Contact phone number' with the value '1-234-256-7869' and 'Contact email' with the value 'abc@email.com'.

Preview The Request for a Treatment Initiation or Extension Submission

3. To preview the PDF format of the request for a treatment initiation or extension submission, click the **Preview** button.

The screenshot shows the bottom portion of the ICBC Health Care Provider Invoicing and Reporting form. It includes the same header and text input field as the previous screenshot. The 'Contact preference' section is identical, with 'By phone' and 'By email' both checked. The 'Contact phone number' field contains '1-234-256-7869' and the 'Contact email' field contains 'abc@email.com'. At the bottom left, there is a note: '* Indicates required field'. At the bottom right, there are three buttons: '< Previous', 'Preview' (highlighted with an orange box and labeled '3'), and 'Submit'.

- To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.
- Click the **Submit** button to submit the request for a treatment extension submission.
 - To submit on the *Preview* section, click the **Submit** button.
 - To submit on the *Treatment Extension Request / Discharge Notification* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button on the *Treatment Extension Request / Discharge Notification* section.

- 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.



Health Care Provider Invoicing and Reporting

Thank you for your submission.

6

Your reference number for this submission is **19-00001377**

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](#)



Submit a Discharge Notification

Enter Details of the Discharge Notification

1. In the *Treatment Extension Request / Discharge Notification* section, enter details of the discharge notification.
 - a. Enter "Chiropractor" in the *Practitioner / therapist type* field.
 - b. Enter the practitioner number. This is optional.
 - c. Enter the practitioner's first name and last name.
 - d. Select "Discharge notification" in the *Are you requesting treatment extension or notifying of discharge from care?* field.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type * **1a**
Chiropractor **1b**

Practitioner number **1c** Practitioner first name * Chris Practitioner last name * Jones

Are you requesting treatment extension or notifying of discharge from care? *
 Treatment extension Discharge notification **1d**

- e. Enter the discharge date.
- f. Select the reason that the customer is being discharged in the *Is the customer being discharged due to* field. If "Other" is selected, an explanation for why the customer is being discharged is required in the *Comment* field.

ICBC Health Care Provider Invoicing and Reporting


Discharge date * **1e**
21-FEB-2019

Is the customer/ patient being discharged due to * **1f**
Met treatment goal

Comment
Customer got well.
18 / 750 character limit

Preview The Request for a Discharge Notification

- To preview the PDF format of the request for a discharge notification submission, click the **Preview** button.



Health Care Provider Invoicing and Reporting

Discharge date *

Is the customer/ patient being discharged due to *

Comment

18 / 750 character limit

* Indicates required field

Preview

< Previous Submit

3. To make a change to the discharge notification submission, click the **Previous** button to return to the section of the submission you wish to modify.
4. Click the **Submit** button to submit the discharge notification submission.
 - a. To submit on the *Preview* section, click the **Submit** button.
 - b. To submit on the *Treatment Extension Request / Discharge Notification* section, click the **Previous** button to exit from the *Preview* section, and click the **Submit** button on the *Treatment Extension Request / Discharge Notification* section.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 22-NOV-2017

Print < Previous Submit

Below is the preview of your submission. Please review and click "Previous" if you would like to make any changes.

ICBC Health Care Provider Invoicing and Reporting

Customer: Jenny Williams Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 24-JUL-2019

Treatment Extension Request / Discharge Notification * Indicates required field

Practitioner/therapist type *
Chiropractor

Practitioner number Practitioner first name * Practitioner last name *
 Chris Jones

Are you requesting treatment extension or notifying of discharge from care? *
 Treatment extension Discharge notification

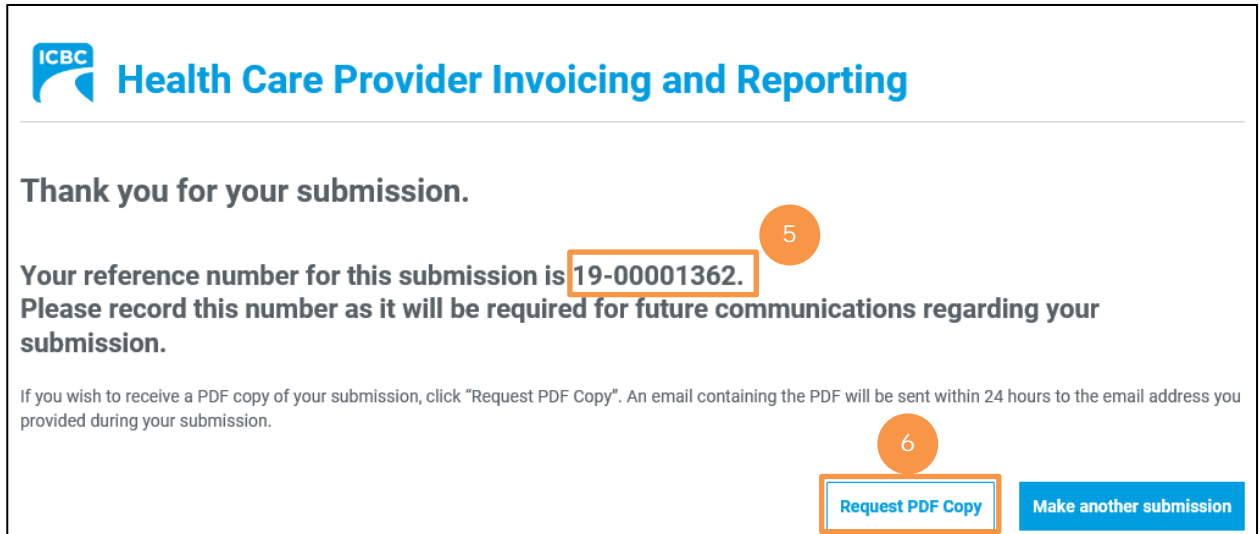
Discharge date *
21-MAR-2019

Is the customer/ patient being discharged due to *
Met treatment goal

Comment
Customer got well
17 / 750 character limit

4b Preview
< Previous Submit

5. 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.
6. If an email address was entered on the *Service Provider / Payee Information screen*, click the **Request PDF Copy** button.



ICBC Health Care Provider Invoicing and Reporting

Thank you for your submission.

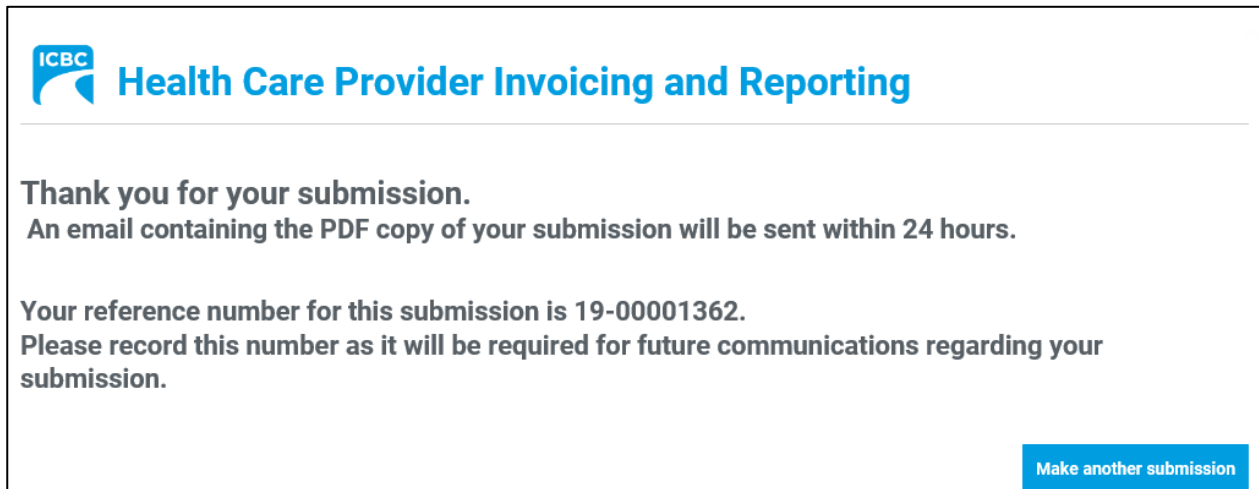
Your reference number for this submission is **19-00001362**.

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](#)

7. A confirmation screen stating that the PDF copy of the submission will be sent within 24 hours will appear.



ICBC Health Care Provider Invoicing and Reporting

Thank you for your submission.


An email containing the PDF copy of your submission will be sent within 24 hours.

Your reference number for this submission is 19-00001362.

Please record this number as it will be required for future communications regarding your submission.

[Make another submission](#)

8. If an email address was not entered on the *Service Provider / Payee Information* screen, enter a valid email address in the *Email address* field.
9. Click the **Request PDF Copy** button.




Health Care Provider Invoicing and Reporting

Thank you for your submission.

Your reference number for this submission is 19-00001361.
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, provide an email address and then click "Request PDF Copy". An email containing the PDF will be sent within 24 hours.

8

Email address 

abc@email.com

9

Request PDF Copy

Make another submission