



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Kinesiology 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.

Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * **1**

1234567

Verify

Health Care Provider Invoicing and Reporting

Service Provider / Payee Information * Indicates required field

Vendor number * **2a**

1234567

Verify

2 **3**

Business name

ABC Company

Business address

123 Main St,
Vancouver, BC, CA

Email address

abc@email.com

GST registrant number

123456789

Enter Customer Details

4. Scroll 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 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.
 - 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 "Kinesiology" 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 and last name.
- Click the **Next** button to continue.

ICBC Health Care Provider Invoicing and Reporting

Customer: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a **Date of report ***
01-JUL-2019

1b **Who is submitting? ***
Kinesiology

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

1e **Practitioner number** **Practitioner first name *** Neville **Practitioner last name *** Preston

1d

2
< Previous Next >

3. Enter details of the report you are submitting in the below *Medical Report* section.
 - a. Enter the date in 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. 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: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 2/3 * Indicates required field

3a Date of assessment *
01-JUL-2019

3b Add another date

3c 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 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.

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

ICBC Health Care Provider Invoicing and Reporting

Customer: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-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, Msg/Eml, PDF)
Images (Jpeg, Png)

File 6 7

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: Mary Elle **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 19-JUL-2019

Medical Report

Step 3/3 * Indicates required field

24.99MB remaining / 25MB limit

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

10Preview
< PreviousNext >

Practitioner / Therapist 1 10

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Kinesiology		Neville	Preston

Initial Visit and Report

Date of report *	Report type *	Fee *
01-JUL-2019	Initial Report	\$ 57.00 ✔ Taxable
01-JUL-2019	Visit for Initial Report	\$ 78.00 ✔ Taxable

Related expense for report

Currently no related expense added

Add related expense



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

ICBC Health Care Provider Invoicing and Reporting

Customer: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Kinesiology

1c Which report are you submitting? *
Reassessment Report

1e

1d Practitioner number Practitioner first name * Practitioner last name *
Neville Preston

2 < Previous Next >

3. Enter details of the report you are submitting in the below *Medical Report* section.
 - a. Enter the date in 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 or not 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: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 2/3 * Indicates required field

3a Date of assessment *
01-JUL-2019

3b Add another date

3c **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.



Health Care Provider Invoicing and Reporting

Customer: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report * Indicates required field

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/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: Mary Elle **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 19-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	Kines - Reassessment	<div style="text-align: right;">8</div>

10

9

10

Preview

Next >

< Previous

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Kinesiology		Neville	Preston

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

Related expense for report

Currently no related expense added

Add related expense



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 "Kinesiology" 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.

The screenshot shows the 'Medical Report' section of the ICBC Health Care Provider Invoicing and Reporting form. The form is titled 'Medical Report' and is Step 1/2. It includes a header with the ICBC logo and the title 'Health Care Provider Invoicing and Reporting'. Below the header, there is a summary bar with the following information: Customer: Mary Elle, Claim number: BB15030-6, Date of accident: 10-JAN-2018, and Submission date: 19-JUL-2019. The form is divided into several sections, each with a red asterisk indicating a required field. The 'Date of report' field is set to 01-JUL-2019. The 'Who is submitting?' dropdown menu is set to Kinesiology. The 'Which report are you submitting?' dropdown menu is set to Clinical Records. The 'Clinical records from' field is set to 01-JUL-2019 and the 'Clinical records to' field is set to 18-JUL-2019. The 'Practitioner number' field is empty. The 'Practitioner first name' field is set to Neville and the 'Practitioner last name' field is set to Preston. The form includes a '< Previous' button and a 'Next >' button. The 'Next >' button is highlighted with a red box and a red circle containing the number 2, indicating the next step in the process. Red circles with numbers 1a through 1f are placed over the respective fields to indicate the order of completion.

ICBC Health Care Provider Invoicing and Reporting

Customer: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report * Indicates required field
Step 1/2

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Kinesiology

1c Which report are you submitting? *
Clinical Records


1d Clinical records from * Clinical records to *
01-JUL-2019 18-JUL-2019

1e Practitioner number

1f Practitioner first name * Practitioner last name *
Neville Preston

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: Mary Elle **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 19-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 3 4

Browse... Attach

25MB remaining / 25MB limit

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

Preview< PreviousNext >

5. To remove an incorrect file, click the **Trash** icon to delete the uploaded file.
6. To preview the uploaded document, click the **Preview** button.
7. 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: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 19-JUL-2019

Medical Report

Step 2/2

* Indicates required field

24.99MB remaining / 25MB limit

File name	Size (MB)	Document title
Clinical Records.docx	0.01	Kines - [01JUL2019-18JUL2019]

5

6

7

[Preview](#)

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

Practitioner / Therapist 1

7

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Kinesiology		Neville	Preston

Report

Date of submission *	Report type *	Fee *
19-JUL-2019	Clinical Records	\$ <input type="text"/> <input checked="" type="checkbox"/> Taxable

Related expense for report

Currently no related expense added

[Add related expense](#)



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, "Clinical Records").
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.

Your invoice number * 1a

Practitioner / Therapist 1 1b

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Kinesiology		Neville	Preston

Report		2
Date of submission *	Report type *	Fee *
19-JUL-2019	Clinical Records	\$ 20.00 ✔ Taxable

Related expense for report

Currently no related expense added

Add related expense

Add session

Add new practitioner / therapist

Add Related Expense

3. For any additional pre-approved expense related to the session, click the **Add Related Expense** button to add the details in the *Related expenses for session* section.

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

 - a. Select the expense type from the drop down menu in the *Expense type* field.
 - b. Enter the dollar value of the expense in the *Fee* field. If, for example, travel time was expensed, the amount of time would be entered in the *No. of hours* field in decimal hours and a fee amount would generate. Alternatively, if mileage was expensed, the distance would be entered in the *No. of km* field in kilometers and a fee amount would generate.
 - c. Provide additional information related to the expense type in the *Comment* field. This field can be used to describe what that expense is.
4. To add more than one related expense for a session, click on the **Add Related Expense** button.
 - a. Enter the details related to the additional expense.
5. To delete a related expense, click the **Trash** icon next to the expense you wish to delete.

The screenshot shows a form titled "Related expense for session". It contains several fields and buttons:

- A dropdown menu for "Expense type" with a red asterisk, labeled 3a.
- A text input field for "Comment", labeled 3c.
- A text input field for "Fee" with a red asterisk and a dollar sign, labeled 3b.
- A trash can icon, labeled 5.
- An "Add related expense" button, labeled 3.
- An "Add session" button.
- An "Add new practitioner / therapist" button.



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


Add a Session

6. 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.

7. To delete a session, click the **Trash** icon next to the session.

Session 1

Date of service * 09-JUL-2019 Session type * Standard Visit

Fee * \$ 78.00 Taxable 

Related expense for session

Currently no related expense added

[Add related expense](#)

[Add session](#)

Add New Practitioner

8. 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.
 - a. Enter the details related to the session with the additional practitioner.
9. 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 *
Kinesiology		Neville	Preston

Report

Date of submission *	Report type *	Fee *
19-JUL-2019	Clinical Records	\$ <input type="text"/> <input checked="" type="checkbox"/> Taxable

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.

Attach / Remove documents

10. Where applicable, attach documents supporting the related expenses.
 - a. 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		

10a

[Attach / Remove documents](#)

Subtotal	\$ 148.00
PST	\$ 0.00
GST/HST	\$ 4.90
Total	\$ 152.90

- b. In the new screen displayed, select the treatment type and related expense type.
- c. Click the **Browse** button to select the document that you wish to upload.
- d. 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.

Invoice * Indicates required field

Attachments

Select a treatment and related expense type for the documents you want to attach, select files and then click Attach.
Acceptable file types for attachment: Documents (MS Excel, MS Word, Text, Msg/Eml, PDF) Images (Jpeg, Png)

Treatment type * Related expense type * 10b

File Browse... 10d

24.99MB remaining / 25MB limit

<input type="checkbox"/>	File name	Size (MB)	Document title
<input checked="" type="checkbox"/>	Supporting Document.docx	0.01	Kin – Supporting Documents

1 record 24.99MB remaining / 25MB limit

11

12

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

GST/HST

Total

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 The Invoice Submission](#)

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

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: Mary Elle Claim number: BB15030-6 Date of accident: 10-JAN-2018

15b **15** **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.

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 [Preview](#)

[< Previous](#) [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.

16

Your reference number for this submission is **19-00001385**.

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 "Kinesiology" in the *Practitioner / therapist type* field.
 - b. Enter the practitioner number. This is optional.
 - c. Enter the practitioner's first and last name.
 - d. Select "Treatment extension" in the *Are you requesting treatment extension or notifying of discharge from care?* field.

ICBC Health Care Provider Invoicing and Reporting

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

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type * 1a

Kinesiology 1b

1c

Practitioner number Practitioner first name * Practitioner last name *

 Neville Preston

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?

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.

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

Number of additional sessions *	5	1e	Anticipated discharge date *	31JAN2020	1f
Reason for treatment extension *					1g
1. What is the 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? <small>220 / 750 character limit</small>					
Contact preference *					2a
<input checked="" type="checkbox"/> By phone <input checked="" type="checkbox"/> By email					
Contact phone number *	123 423 5453	Contact email *	abc@email.com		

Preview The Request for a Treatment Extension Submission

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

ICBC Health Care Provider Invoicing and Reporting

48 / 750 character limit

Contact preference *

By phone By email

Contact phone number * Contact email *

1-245-234-6756 lmn@email.com

* Indicates required field

Preview (highlighted with a red box and a red circle containing the number 3)

< Previous 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.

- 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.

Health Care Provider Invoicing and Reporting

Customer: Mary Elle 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.

Health Care Provider Invoicing and Reporting

48 / 750 character limit

Contact preference *

By phone By email

Contact phone number * Contact email *

1-245-234-6756 lmn@email.com


* Indicates required field

5b Preview

< Previous Submit



6. 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 **19-00001385.**

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 "Kinesiology" in the *Practitioner / therapist type* field.
 - b. Enter the practitioner number. This is optional.
 - c. Enter the practitioner's first 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: Mary Elle Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type * 1a
Kinesiology 1b

Practitioner number Practitioner first name * Practitioner last name * 1c
 Neville Preston

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

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

Discharge date * 1e
21-FEB-2019

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

Comment
Customer got well

17 / 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

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

Treatment extension Discharge notification

Discharge date *
21-FEB-2019

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

Comment
Customer got well
17 / 750 character limit

* Indicates required field

Preview (highlighted with an orange box and a '2' in a circle above it)

< Previous Submit

- 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.
- Click the **Submit** button to submit the discharge notification 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.

ICBC Health Care Provider Invoicing and Reporting

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

3 4b 4a

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: Mary Elle Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type *

Kinesiology

Practitioner number Practitioner first name * Practitioner last name *

 Neville Preston

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

Treatment extension Discharge notification

Discharge date *

01-FEB-2019

Is the customer/ patient being discharged due to *

Met treatment goal

Comment

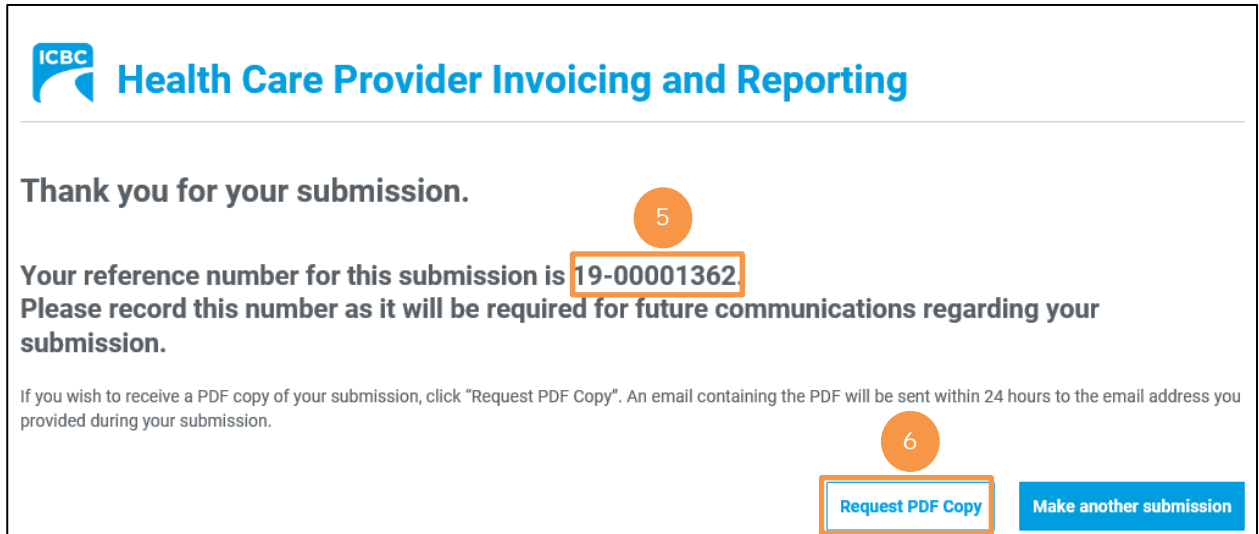
Customer got well

17 / 750 character limit

* Indicates required field

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.

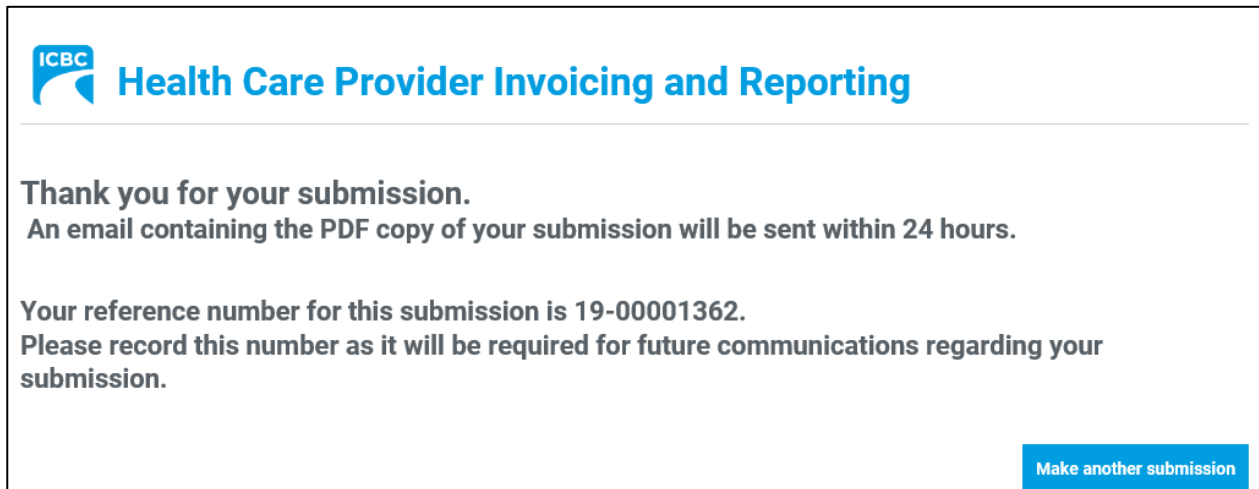
Your reference number for this submission is **19-00001362**.

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.

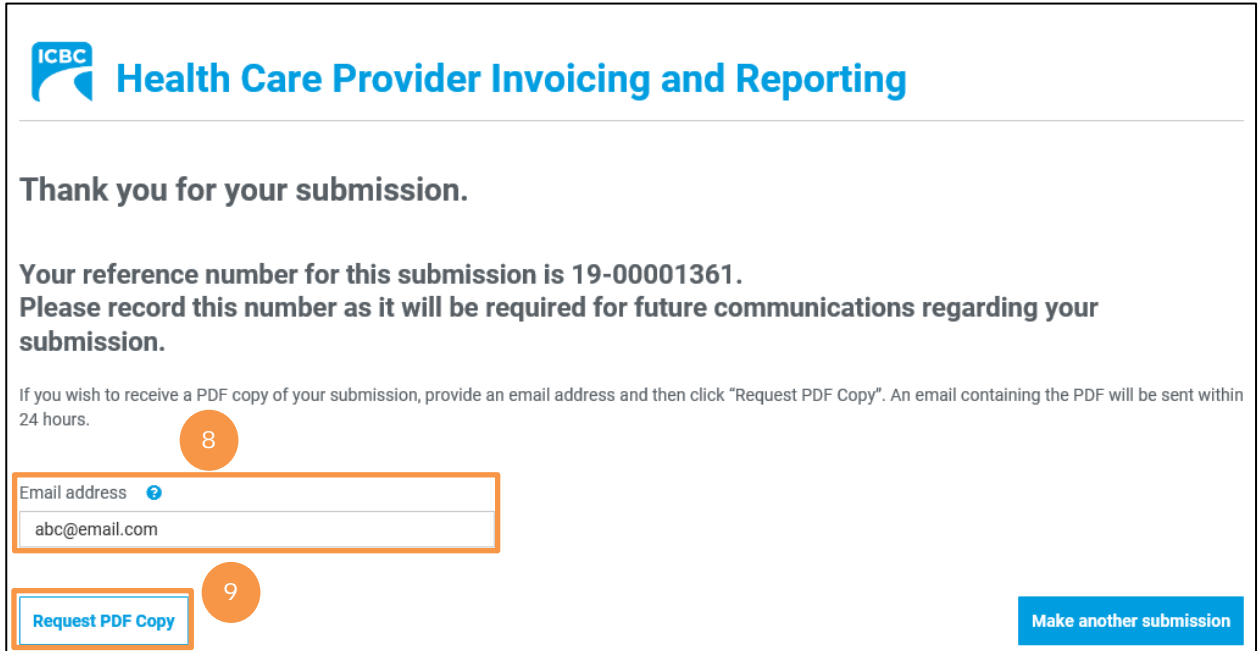
An email containing the PDF copy of your submission will be sent within 24 hours.


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

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