



Purpose

The Health Care Provider Invoicing and Reporting (HCPIR) application is available to support Psychology 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 a Report](#)

[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

2 Business name

ABC Company

3 Email address

abc@email.com

Business address

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"
 - 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" 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

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 "Psychology" from the drop-down menu in the *Who is submitting?* field.
 - c. Select "Initial Visit and 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Psychology

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

1d Practitioner number

1e Practitioner first name * Will Practitioner last name * Smith

2 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 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 2/3 * Indicates required field

3a
Date of assessment *
01-JUL-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 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-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

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 a Report](#) section of this job aid for more information.

Health Care Provider Invoicing and Reporting

Customer: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report * Indicates required field

Step 3/3 24.99MB remaining / 25MB limit

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

Preview

< Previous **Next >**

Practitioner / Therapist 1

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

Psychology Will Smith

Initial Visit and Report

Date of report *	Report type *	Fee *
01-JUL-2019	Initial Report	\$ 145.00
01-JUL-2019	Visit for Initial Report	\$ 195.00

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 "Psychology" 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 1/3 * Indicates required field

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Psychology

1c Which report are you submitting? *
Reassessment Report

1d Practitioner number

1e Practitioner first name * Practitioner last name *
Will Smith

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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-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 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: Bob Scott **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 23-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 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 a Report](#) section of this job aid for more information.

Health Care Provider Invoicing and Reporting

Customer: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 3/3

24.99MB remaining / 25MB limit

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

8 (Trash icon)

9 (Preview button)

10 (< Previous button)

10 (Next > button)

Practitioner / Therapist 1

10

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

Psychology Will Smith

Report

Date of report * Report type * Fee *

01-JUL-2019 Reassessment Report \$

Add session

Add new practitioner / therapist



Clinical Records

Enter Details of the Clinical Records

- 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 "Psychology" from the drop-down menu in the *Who is submitting?* field.
 - Select "Clinical Records" from the drop-down menu in the *Which Report are you submitting?* field.
 - Enter the date range of the customer's clinical records in the *Clinical records from* and *Clinical records to* fields.
 - 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 1/2 * Indicates required field

1a Date of report *
01-JUL-2019

1b Who is submitting? *
Psychology

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 *
Will Smith

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: Bob Scott **Claim number:** BB15030-6 **Date of accident:** 10-JAN-2018 **Submission date:** 23-JUL-2019

Medical Report * Indicates required field

Step 2/2

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 Attach

25MB remaining / 25MB limit

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

Preview
< Previous Next >

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 a Report](#) section of this job aid for more information.


Health Care Provider Invoicing and Reporting

Customer: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Submission date: 23-JUL-2019

Medical Report

Step 2/2

24.99MB remaining / 25MB limit

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

Preview

Next >

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Psychology		Will	Smith

Report		
Date of submission *	Report type *	Fee *
23-JUL-2019	Clinical Records	\$

Add session

Add new practitioner / therapist



Invoice a Report

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.

The screenshot shows a web form for entering invoice details. It includes several sections and fields:

- Your invoice number ***: A text input field containing "564378". Callout 1a points to this field.
- Practitioner / Therapist 1**: A section header with callout 1b.
- Treatment / Service type ***: A dropdown menu with "Psychology" selected.
- Practitioner number**: An empty text input field.
- Practitioner first name ***: A text input field containing "Will".
- Practitioner last name ***: A text input field containing "Smith".
- Report**: A section header with callout 1c.
- Date of submission ***: A date input field containing "23-JUL-2019". Callout 1c points to this field.
- Report type ***: A dropdown menu with "Clinical Records" selected. Callout 1d points to this field.
- Fee ***: A text input field containing "\$ 50.00". Callout 2 points to this field.
- Add session**: A blue button.
- Add new practitioner / therapist**: A blue button.
- Summary**: A table showing the total amount.

Field	Value
Subtotal	\$ 50.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 50.00

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.

Your invoice number *

564378

Practitioner / Therapist 1

Treatment / Service type *	Practitioner number	Practitioner first name *	Practitioner last name *
Psychology		Will	Smith

Report

Date of submission *	Report type *	Fee *
26-JUL-2019	Clinical Records	\$ 50.00

Session 1

Date of service *	Session type *	Fee *
10-JUL-2019	Standard Visit	\$ 195.00

Add session

Add new practitioner / therapist

Annotations: 3a (around Session 1 table), 3 (around trash icon), 4 (around add session button)

Add New Practitioner

5. In the *Invoice* section, if the customer has session with an additional practitioner, 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.
6. To delete a practitioner, click the **Trash** icon next to the session with the practitioner.

Practitioner / Therapist 2

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

Psychology Charlie Mendes

Session 1

Date of service * Session type * Fee *

15-JUL-2019 Standard Visit \$ 195.00

Add session

Add new practitioner / therapist

Subtotal \$ 295.00

PST \$ 0.00

GST/HST \$ 0.00

Total \$ 295.00



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.

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

Subtotal	\$ 295.00
PST	\$ 0.00
GST/HST	\$ 0.00
Total	\$ 295.00

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.

7

[Preview](#)

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

Preview the Invoice Submission

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

GST/HST	\$ 0.00
Total	\$ 295.00

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.

8

[Preview](#)

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

9. 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: Bob Scott Claim number: BB15030-6 Date of accident: 10-JAN-2018 Invoice number: 23-JAN-2018

9b 9 9a

[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.

GST/HST \$ 0.00

Total \$ 295.00


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.

9b [Preview](#)

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

10. 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.



Health Care Provider Invoicing and Reporting

Thank you for your submission.

Your reference number for this submission is **19-00001389.**

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 "Psychology" 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: Bob Scott	Claim number: BB15030-6	Date of accident: 22-NOV-2017	Submission date: 21-FEB-2019
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Treatment Extension Request / Discharge Notification

Practitioner/ therapist type * 1a

Psychology 1c

Practitioner number 1b

Practitioner first name * 1c

Practitioner last name *

Travis 1c

Hunt

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.

Preview the Request for a Treatment Extension Submission

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

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

Number of additional sessions * Anticipated discharge date *

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?

201 / 750 character limit

Contact preference *

By phone By email

Contact phone number * Contact email *

3

[Preview](#)

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

4. To make a change to the submission, click the **Previous** button to return to the section of the submission you wish to modify.
5. Click the **Submit** button to submit the request for a treatment extension 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.

Health Care Provider Invoicing and Reporting

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

4 **5a**

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



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

Number of additional sessions * Anticipated discharge date *

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?

201 / 750 character limit

Contact preference *

By phone By email

Contact phone number * Contact email *

5b

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.

6

Your reference number for this submission is 19-00001389.
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.



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 "Psychology" 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: Bob Scott Claim number: BB15030-6 Date of accident: 22-NOV-2017 Submission date: 21-FEB-2019

Treatment Extension Request / Discharge Notification

Practitioner/ therapist type *
Psychology (1b) (1a)

Practitioner number (1b) Practitioner first name * Travis (1c) Practitioner last name * Hunt (1c)

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

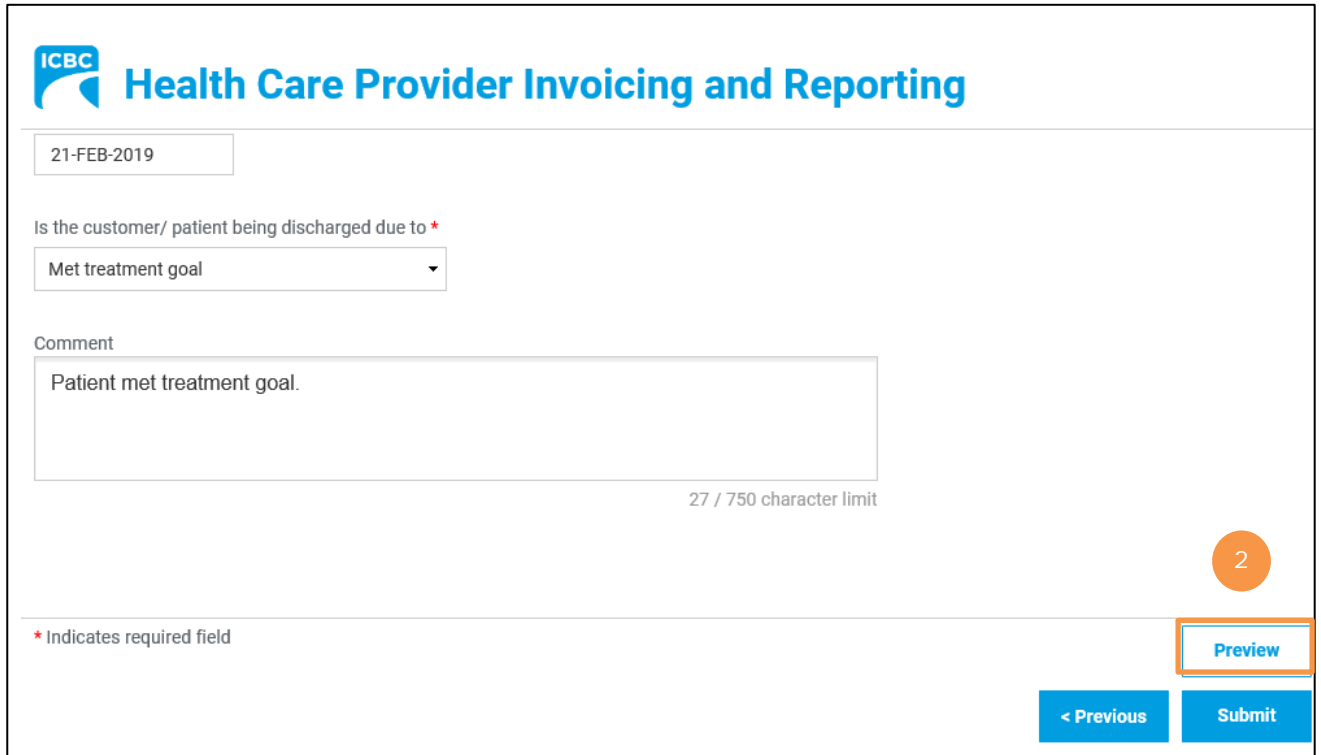
Discharge date * (1e)
22-FEB-2019

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

Comment
Met treatment goal
18 / 750 character limit

Preview the Request for a Discharge Notification

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



The screenshot shows a web form titled "Health Care Provider Invoicing and Reporting" with the ICBC logo. The form contains the following elements:

- A date input field with the value "21-FEB-2019".
- A dropdown menu labeled "Is the customer/ patient being discharged due to *" with the selected option "Met treatment goal".
- A text area labeled "Comment" containing the text "Patient met treatment goal." and a character limit indicator "27 / 750 character limit".
- A legend at the bottom left stating "* Indicates required field".
- A navigation bar at the bottom right with three buttons: "< Previous", "Preview" (highlighted with an orange border), and "Submit".
- An orange circular badge with the number "2" is positioned above the "Preview" button.

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

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

Print < Previous Submit

ICBC Health Care Provider Invoicing and Reporting

Customer: Bob Scott 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 *
Psychology

Practitioner number Practitioner first name * Practitioner last name *
 Travis Hunt

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

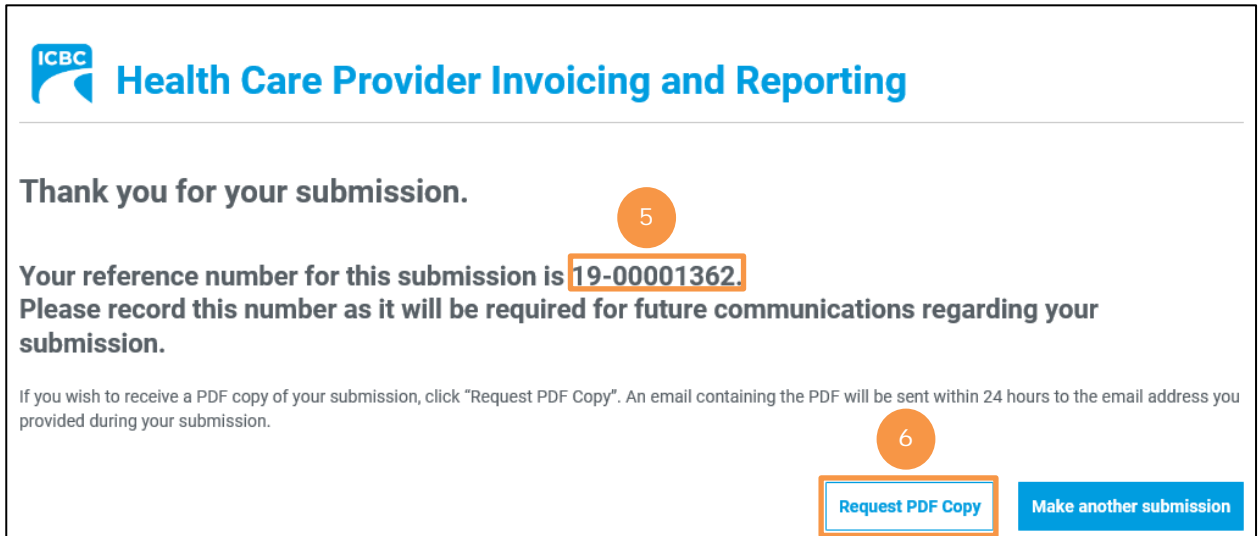
Discharge date *
22-FEB-2019

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

Comment
Patient met treatment goal
26 / 750 character limit

< Previous Preview 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.

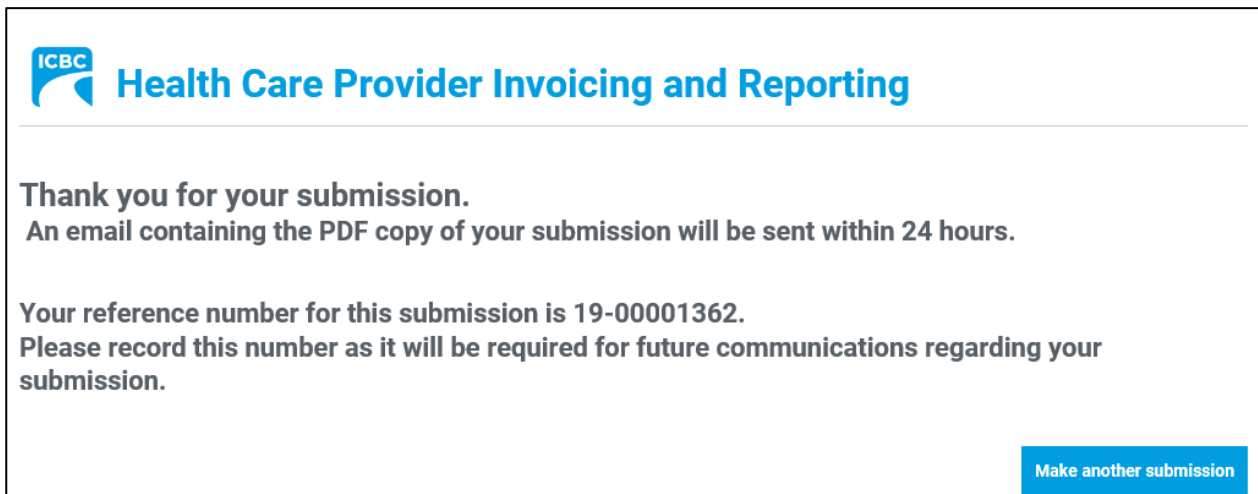
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8

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