



**Physiotherapy Non-Standard Treatment Application**

**Return To** ICBC  
PO BOX 2121, STN TERMINAL  
VANCOUVER BC V6B 0L6

**Fax** 1-877-686-4222



CLIENT INFORMATION			
CLAIM NUMBER	FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mm/yyyy)

PRACTITIONER INFORMATION		
CLINIC NAME	VENDOR NUMBER	
PRACTITIONER FIRST NAME	PRACTITIONER LAST NAME	PRACTITIONER NUMBER

To be completed when a client requires prolonged treatment sessions and meets the criteria for accessing additional funding in excess of the standard physiotherapy rate.

**Select only ONE request**

Request (select one)	Treatment Types	Criteria
<input type="checkbox"/>	In-home or In-community	<input type="checkbox"/> Hospital discharge or post-surgical client, or; <input type="checkbox"/> Client unable to drive or use other available transit options, or; <input type="checkbox"/> Client unable to leave their residence due to mobility issues or safety concerns
<input type="checkbox"/>	Concussion/Vestibular	<input type="checkbox"/> Diagnosed with or symptoms suggestive of concussion/vestibular pathology, and; <input type="checkbox"/> Screening tests and objective measures support concussion/vestibular diagnosis, and; <input type="checkbox"/> Prolonged sessions are required to carry out treatment plan (>45minutes direct time)
<input type="checkbox"/>	Spinal cord injury	<input type="checkbox"/> Diagnosed spinal cord injury, and; <input type="checkbox"/> Prolonged sessions are required to carry out treatment plan (>45minutes direct time)
<input type="checkbox"/>	Complex musculoskeletal injury	<input type="checkbox"/> Diagnosed musculoskeletal injury, and; <input type="checkbox"/> Treatment complicated by number/types of injuries or comorbidities, and; <input type="checkbox"/> Prolonged sessions are required to carry out treatment plan (>45minutes direct time)
<input type="checkbox"/>	Rural and remote	<input type="checkbox"/> Client access to clinician is impacted by rural/remote setting and distance from clinician, and; <input type="checkbox"/> Prolonged sessions will be provided (>45minutes direct time)
<input type="checkbox"/>	Hand therapy	<input type="checkbox"/> Diagnosed hand or upper extremity injury, and; <input type="checkbox"/> Therapy provided by a Certified Hand Therapist

REQUESTED NUMBER OF NON-STANDARD PHYSIOTHERAPY SESSIONS	ANTICIPATED DATE OF COMPLETION OF NON-STANDARD PHYSIOTHERAPY SESSIONS (ddmmmyyy)
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**Communication Request**

Do you wish to have a phone consult with the claim file handler?  Yes  No

Your contact preference?  Email  Phone

Provide an email address or phone number in case we need to contact you

EMAIL	PHONE
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ADDITIONAL COMMENTS

I certify that: (click box)

- When submitting a health care report, the information provided is accurate and complete based on all available information, treatments, and assessments performed.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Personal information on this form is being collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 28 or 28.1 of the *Insurance Vehicle Act* (BC) for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.