

How to fill out the standard medical report

Directions for Physicians

INVOICE INFORMATION			
CLAIM NUMBER 1	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF GP REPORT (dd/mmm/yyyy)	VENDOR NUMBER 2
INVOICE/REFERENCE NUMBER 3	PAYEE NAME 4		
PAYEE ADDRESS			
PAYEE ADDRESS			

1 Claim number This is the number that a customer receives from ICBC to identify their claim. ICBC uses this number to match the customer and report to the right claim in order to provide your payment

2 Vendor number To bill ICBC, clinics or practitioners must apply for a vendor number. The vendor number identifies who will receive payment for the visit and report.

Find your vendor number
If you have previously submitted an invoice for a CL19 or clinical records, look for a 7 digit vendor number up on the top left side of your payment statement.

Apply for a vendor number
If it's your first time billing ICBC, you can apply for a vendor number on the invoicing and reporting page of the ICBC business partners site.

Update your vendor details
For updates to your bank information, email address, or other vendor details —you can update this information on the invoicing and reporting page of the ICBC business partners site.

3 Invoice / reference number This field can be used for your own internal filing and accounting system. If you generate an accounts receivable item for accounting purposes, feel free to put that number here to help match your files when the payment is received.

4 Payee name This is who gets paid for the work and it must match the **vendor number** information.

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	MSP/PRACTITIONER NUMBER
ARE YOU THE PATIENT'S REGULAR PRACTITIONER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Practitioner info

In some cases, the practitioner information may differ from the vendor number (for example, if a practitioner is employed at a clinic rather than having their own practice). **This field is used to identify the person actually providing the service and completing the report.** Details may be the same, or different than, the vendor information.

WORK STATUS
1. IS THE PATIENT EMPLOYED OR ENGAGED IN TRAINING ACTIVITIES? PLEASE INDICATE WHICH ONE(S) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Training/Apprenticeship <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Not employed

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Work status

It is important for ICBC, as an insurer, to understand how someone is affected by their crash. To measure this, we want to know about this person's regular activities.

- **Work (gainful employment)** may be full time, part time, and may also be self-employed or seasonal.
- **Training/apprenticeship** includes activities which may not be direct employment, but are part of vocational training or an extension of their studies (for example, heavy duty mechanic apprentice, or pastry chef apprentice).
- **Student** identifies this person as completing studies at a primary, secondary, post-secondary institution.
- **Retired** are individuals who have left the work force.
- **Not employed** are individuals whose regular activities don't include gainful employment.

Diagnosis

PRIMARY DIAGNOSIS – IDENTIFY THE MOST SERIOUS OR SIGNIFICANT INJURY.			
DIAGNOSIS	ICD 9 CODE	DEGREE/GRADE (WAD, SPRAIN, STRAIN)	ORIENTATION <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilat. <input type="checkbox"/> None
OTHER DIAGNOSIS – IDENTIFY ANY ADDITIONAL INJURIES THE PATIENT HAS SUSTAINED.			
DIAGNOSIS	ICD 9 CODE	DEGREE/GRADE (WAD, SPRAIN, STRAIN)	ORIENTATION <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilat. <input type="checkbox"/> None

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Degree/grade

ICBC only requires **one** from the following list, as this impacts claim adjudication under the new regulations:

- **Sprain or strain** (1, 2, 3)

OR

- **WAD** (1,2,3,4)