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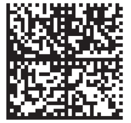
Physiotherapy Non-Standard Treatment Application

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/mmm/yyyy)

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

DATE OF REQUEST (ddmmmyyyy)	REQUESTED NUMBER OF NON-STANDARD PHYSIOTHERAPY SESSIONS	ANTICIPATED DATE OF COMPLETION OF NON-STANDARD PHYSIOTHERAPY SESSIONS (ddmmmyyyy)

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

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.