



ICBC Claims Information

Client Name (please print): _____

.. Date of accident: _____
(Day / Month / Year)

.. ICBC Claim #: _____

.. ICBC Adjuster: _____

.. ICBC Adjuster's Phone: (_____) _____

ICBC Adjuster: _____

ICBC Adjuster's Phone: (_____) _____

.. Have you submitted all paperwork to ICBC? .. Yes .. No

.. Do you have an ICBC approval letter? (CL300A Form) .. Yes .. No

.. Law Firm: _____

.. Law Firm Address: _____

.. Lawyer's Name: _____

.. Lawyer's Phone: (_____) _____

This section for office use only:

.. Photocopied referral/referring doctor's name: _____

.. Photocopied CL300A form

.. PHN entered in CM

.. Create ICBC dossier in CM

This section for office use only:

.. Start Date: _____ End Date: _____
Initial treatment (Day / Month / Year) (Day / Month / Year)

.. ICD9 Code

.. ICBC contacted to confirm approval, visits and end dates

.. Lawyer notification by telephone that patient is attending Parkway

.. Lawyer's "Disclosure of Information" letter in chart

.. No contact with ICBC whatsoever .. Allow Billing & Ext. info. only