

NDIS Service Agreement

This agreement is being made by the participant/their trusted person and the service provider TLC Speech Pathology. This agreement is made according to the rules and goals of the National Disability Insurance Scheme (NDIS).

Responsibilities of the provider

The provider agrees to:

- Once agreed provide supports that meet the participant's needs at the participant's preferred times
- Communicate openly and honestly in a timely manner
- Treat the participant with courtesy and respect
- Consult the participant on decisions about how supports are provided
- Give the participant information about managing any complaints or disagreements and details of the providers cancellation policy
- Listen to the participants feedback and resolve problems quickly
- Give the participant a minimum of 24 hours notice if the provider has to change a scheduled appointment to provide supports
- Give the participant the required notice if the provider needs to end the service agreement
- Protect the participants privacy and confidential information
- Provide supports in a manner consistent with all relevant laws including NDIS and rules and the Australian Consumer Law; keep accurate records on the supports provided to the participant
- Issue regular invoices and statements of the supports delivered to the participant as per the Terms of Business for Registered Providers

Responsibilities of the participant/participants representative

The participant/participants representative agrees to:

- Inform the provider about how they wish the supports to be delivered to meet the participants needs within therapist recommendation
- Treat the provider with courtesy and respect
- Talk to the provider if the participant has any concerns about the supports being provided
- Give the provider a minimum of 24 hours' notice if the participant cannot make a scheduled appointment and if the notice is not provided by then, the providers cancellation policy will apply
- Give the provider the required notice if the participation needs to end the service agreement
- Let the provider know immediately if the participants NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS.

Payments

The provider will seek payment for their provision of supports after the service has been delivered.

Tick relevant box:

☐ **Plan nominee self-funded:**

The participant nominee managed the funding for supports provided under this service agreement. After providing those supports the provider will send the participants nominee an invoice for those supports for the participants nominee to pay. The participant's nominee will pay the invoice at time of service.

OR

☐ **Service agreement is managed by the national disability insurance agency**

The participant has nominated the NDIA to manage the funding for supports provided under this service agreement. After providing those supports, the provider will claim payment for those supports from the NDIA.

OR

☐ **Service agreement is managed by a registered Plan Management provider:**

The participant has nominated the Plan Management provider:

(Name of registered plan management provider) to manage the funding for NDIS supports provided under this service agreement. After providing those supports, this provider will claim payment for those supports from (insert name of registered plan management provider) _____

Changed to this service agreement

If changed to the supports or their delivery are required, the parties agree to discuss and review this Service Agreement. The parties agree that any changed to this Service Agreement will be in writing signed and dated by the parties.

Ending this service agreement

Should either party wish to end this service agreement they must give 2 weeks' notice. If either party seriously breaches this Service Agreement the requirement of notice will be waived.

Feedback, complaints and disputes

If the participant is not happy with the provision of supports and wishes to make a complaint, the participant can talk with Elizabeth Lucas, Director of TLC Speech Pathology on 0421 665 271

Cancellation policy

24 hours is required or full payment will be claimed.

Fee increase

Fees are regularly increased to reflect the cost of service provision. 2 weeks' notice will be provided prior to any fee increase.

Agreement terms

Name of client: _____

Contact number: _____

NDIS number: _____

NDIS plan duration: from _____ to _____

Speech Pathology Assessment On Site Off Site	Price per session: \$400	Hours allocated:	Number of sessions:
Speech Pathology Intervention clinic session – ½ hour - 45 minutes	Price per session: \$110 \$160	Hours allocated:	Number of sessions:
Therapy report	Price per report: \$90 \$110	Hours allocated:	Number of sessions:
Group workshop activities	Price per session: Information available upon request	Hours allocated:	Number of sessions:
Speech Pathology Intervention school/home/preschool sessions ½ hour off site 1 hour	Price per session: \$120 \$185	Hours allocated:	Number of sessions:
Total	\$		

Name of participant/ participant representative:

Signature of participant/ participant representative:

Name of provider:

Signature of provider

Date:
