

NDIS Service Agreement

1. Parties

This Service Agreement is for _____ a participant in the National Disability Insurance Scheme, and is made between:

Name of the participant or their trusted person (such as a family member or friend)]	
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AND

Provider

Vickers TeamCare

This Service Agreement will commence on _____ for a period of 12 months.

2. How the agreement fits with the NDIS

This Service Agreement is made to provide therapy services under the participant's NDIS plan.

A copy of the participant's NDIS plan **IS /IS NOT** attached to this Service Agreement

The parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

3. Supports that will be provided

Vickers TeamCare agrees to provide _____ with Speech Therapy Services to improve communication. The speech therapist providing the services will be **Amy Vickers**

4. Responsibilities of Vickers TeamCare

Practice name agrees to:

- review the provision of therapy services at each occasion of service with the participant
- once agreed, provide therapy services 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 treatment is provided
- give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- listen to the participant's 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 therapy services except in the case of illness
- give the participant the required notice if the provider needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information)
- protect the participant's privacy and confidential information
- provide support in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, and the Australian Consumer Law; keep accurate records on the supports provided to the participant
- issue regular invoices and statements of the therapy services delivered to the participant as per the Terms of Business for Registered Providers.

5. Responsibilities of Participant/Participants trusted person

The participant/participant's representative agrees to:

- inform the provider about how they wish the therapy services to be delivered to meet the participant's needs
- treat the provider with courtesy and respect
- talk to the provider if the participant has any concerns about the therapy services being provided
- give the provider a minimum of 48 hours' notice if the participant cannot make a scheduled appointment; and if the notice is not provided by then, the provider's cancellation policy will apply
- give the provider the required notice if the participant needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information), and
- let the provider know immediately if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS

6. Payments

The participant has chosen to self-manage/ plan manage the funding for NDIS services provided under this Service Agreement.

After providing services, Vickers TeamCare will provide an Invoice to the participant or the participant's nominee or plan manager who manages the funding. The invoice will be for services provided under this Service agreement. The Invoice will be provided in person at the time of the consultation or by e-mail. The participant can elect to pay the invoice by cash/cheque at the time of consultation or by direct debit.

7. Changes to this Service Agreement

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

8. Ending this Service Agreement

Should Vickers TeamCare wish to end this Service Agreement, they must give *one months'* notice.

Should the participant or the participants trusted person wish to end this Service Agreement they may give *24 hours* notice.

If either party seriously breaches this Service Agreement the requirement of notice will be waived.

9. Variation of service agreement

On completion of the service agreement or if an agreement is terminated by either party and then recommenced both parties can sign a new agreement and agree to any variation in terms

10. Feedback, complaints, and disputes

If the participant wishes to give the provider feedback, the participant can talk to *Alison Vickers by leaving a message at Vickers TeamCare 72265332, and she will return the call.*

If the participant is not happy with the provision of therapy services and wishes to make a complaint, the participant can talk to *Alison Vickers by leaving a message at Vickers TeamCare 72265332, and she will return the call*

If the participant is not satisfied or does not want to talk to this person, the participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

11. Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of therapy services under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement included, under subsection 33(2) of the *National Disability Insurance Scheme Act 2013* (NDIS Act), in the participant's NDIS plan currently in effect under section 37 of the NDIS Act;
- the participant's NDIS plan is expected to remain in effect during the period the therapy supports are provided; and

- the **Participant/Participants trusted person** will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

12. Information about support

How much supports will cost

Name of support	Price of support (incl GST when applicable)
Hourly fee for therapy (clinic and community), assessments, report writing and school/preschool visits	\$193
Travel cost \$25 per 15 minutes Maximum travel cost \$50	\$0-\$50

How and when support will be provided

The participant/participants trusted person, in consultation with the therapist, will assess what is best suited to the achievement of treatment goals in deciding the location of consultation, number of consultations, length of consultation, and report requirement.

Include any details in the box below.

NDIS NUMBER:	
NDIS TREATMENT GOALS:	
How and when support will be provided	
QUOTE	
Cost of Service (e.g 1 hour services \$193)	
Frequency of service (e.g weekly alternating home and school)	
Travel cost	
Length of therapy (e.g. 6 months)	
Estimated cost	
DATE OF NDIS REVIEW:	
DATE NDIS PROGRESS REPORT SHOULD BE PROVIDED:	

Cancellation Policy

- We appreciate as much notice as possible
- No charge if cancellation 48 hours before the consultation
- If cancellation is less than 48 hours before the consultation the consultation fee will be charged but the time will be spent creating resources for the client additional to resources used within the consultation.

Travel

- Travel cost will be charged at \$25 for 15 minutes or \$50 for up to 30 minutes

13. Contact details

The Participant/Participants trusted person can be contacted on:

Name of Participant/Participants trusted person	
Phone [B/H] Phone [A/H]	
Mobile	
Email	
Address	
Alternative contact person	

The provider can be contacted on:

Contact name	Vickers TeamCare
Phone [B/H] Phone [A/H]	0272265332
Email	info@vickersteamcare.com.au
Address	5/42-44 Urunga Pde Miranda 2228

14. Agreement signatures

The parties agree to the terms and conditions of this Service Agreement.

Name of Participant/Participants trusted person	
Signature	
Date	

Name of Service Provider	Vickers TeamCare
Name of authorized person from Vickers TeamCare	Amy Vickers
Signature	
Date	