



Facilitate Occupational Therapy Services NDIS Service Agreement

Parties

This Service Agreement is for a Participant in the National Disability Insurance Scheme.	Participant
The Participant nominates the following Representative (Family Member, Carer, Friend):	Representative
The Service Agreement is made between the Participant (or Representative) and:	Facilitate Occupational Therapy Services
This Service Agreement will commence on	/ /

Participant Details:

Participant Name	x		
Participant Date of Birth	x	NDIS Number	x
Phone Number	x	Mobile	x
Email	x		
Address	x		

Alternative Contact Details (Next of Kin / Representative):

Name	X		
Phone	X	Mobile	X
Email	X		
Address	X		

Please Indicate the Preferred Contact Person:

<input type="checkbox"/>	Participant	<input type="checkbox"/>	Next of Kin / Representative
<input type="checkbox"/>	Other: Contact Details		

Please Indicate Who Should Receive a Copy of this Service Agreement:

<input type="checkbox"/>	N/A – Not Required	<input type="checkbox"/>	Participant
<input type="checkbox"/>	Next of Kin / Representative	<input type="checkbox"/>	Other: Please provide details

Support Coordination

If the Participant has a Support Coordinator, contact will be established to communicate regarding needs and goals:

Contact Name	X
Organisation	X
Phone	X
Email	X

The NDIS and this Service Agreement

This Service Agreement is made for the purpose of providing supports under the Participant's NDIS Plan. 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.

Responsibilities of the Provider

The Provider agrees to:

- Review the provision of supports at least 3 monthly with the Participant
- Once agreed, provide Supports that meet the Participant's needs in a timely manner
- Communicate openly and honestly via the Participants preferred communication method (email, phone, post, face to face)
- 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 Provider's cancellation policy
- 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 Supports
- 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 Supports 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 Supports delivered to the Participant as per the Terms of Business for Registered Providers.

Responsibilities of the Participant / Representative / Nominee

The Participant / Representative / Nominee agrees to:

- Inform the Provider about how they wish the Supports to be delivered to meet their needs
- 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 Provider's cancellation policy (as outlined in the Schedule of Supports) 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.

Schedule of Supports

The Provider may provide the following Supports to the Participant, as agreed with the Participant:

- Occupational Therapy Services – This may include Face-to-Face and Non-Face-to-Face intervention and services
- Occupational Therapy Assistant Services
- Home Modifications
- Assistive Technology
- Travel

The Supports and their prices are set out in the attached Schedule of Supports. Supplementary Schedules will be developed throughout the Intervention, in order to obtain Approval for additional Supports or Intervention Hours. All prices are GST inclusive (if applicable) and include the cost of providing the Supports. Additional expenses (i.e. things that are not included as part of a Participant's NDIS supports) are the responsibility of the Participant / Representative and are not included in the cost of the supports.

Travel Fees

A majority of Occupational Therapy Intervention is completed at the Participants home, workplace or community. Therefore, travel is considered a Billable Service. Facilitate Occupational Therapy Services are guided by the NDIS guidelines with regards to Fees for Travel. As these policies may change from time to time, current policy is detailed on Service Schedules. Please refer to the current Service Schedule for information regarding current Travel Fee Policy.

Feedback, complaints and disputes

If the Participant wishes to give the Provider feedback or make a complaint, the Participant or Representative can speak to Carla Widloecher or Bryony Clark on 1300 855 513 or make contact via email (Admin@FacilitateOT.com.au) or in writing (PO Box 285, Fairy Meadow NSW 2519).

If the Participant is not satisfied with the response or does not wish to talk to these contacts, 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.

Changes to this Service Agreement

If changes to the Supports 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.

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.

Cancellation Policy

Facilitate Occupational Therapy Services are guided by the NDIS guidelines with regards to Cancellation Fees. As these policies may change from time to time, the current Cancellation Policy is detailed on Service Schedules. Please refer to the current Service Schedule for information regarding current Cancellation Policy.

Payment Options

There are three options for Financial Management of NDIS Plans – the relevant option is identified in the Participant’s NDIS Plan. The style of Management may change when a new NDIS Plan is developed. The Provider will seek payment for the provision of agreed Occupational Therapy Intervention and Supports through the appropriate method.

The three options are as follows:

- **SELF MANAGED:** The Participant (or their Nominee) self-manages the funding for the NDIS Supports. After providing Supports, the Provider will send the Participant (or Nominee) an invoice for payment. The Participant (or Nominee) will have the option to pay the invoice by Cheque / EFT / Direct Transfer within 7 days of the date of invoice.
- **NDIA/PORTAL/AGENCY MANAGED:** The Participant nominates the NDIA to manage the funding for Supports provided. After providing those Supports, the Provider will claim payment from the NDIA.
- **PLAN MANAGED:** The Participant nominates a Plan Management Provider to manage the funding for NDIS Supports provided under this Service Agreement. After providing those Supports, the Provider will claim payment from the Registered Plan Management Provider.

If the Participant currently has a Plan Manager, please provide the details below:

Plan Management Organisation	X	.
Contact Name	X	.
Address	X	.
Phone	X	.
Email	X	.

Goods and Services Tax (GST)

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

- a supply of Supports 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 Supports are provided; and
- the Participant / Representative 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.

Copy of Participant’s NDIS plan

Please provide a copy of the Participant’s NDIS plan.

This allows us review the NDIS goals, the Plan Management style, and to ensure that the Plan includes appropriate funding for the requested services.

Agreement signatures

The Parties agree to the terms and conditions of this Service Agreement. Please refer to Schedule of Supports for information regarding Scope of Agreed Services.

x	x	/ /
Participant / Representative Signature	Participant / Representative Name	Date

Please feel free to contact us with any questions regarding this Service Agreement. Facilitate Occupational Therapy Services can be contacted on:

Service Name	Facilitate Occupational Therapy Services
Phone	1300 855 513
Email	Admin@FacilitateOT.com.au
Clinic Address	116 Railway St Corrimal NSW 2518
Postal Address	PO Box 285, Fairy Meadow NSW 2519