



NDIS SERVICE AGREEMENT

For all queries, please call 03 8787 8222

Organisation ID:

Please complete and either:

- Email **all** pages to ndis@superiorhealthcare.com.au
- Mail to 8 Dexter Drive, Epping, VIC 3076
- Or Fax to 03 8787 8333

The compulsory fields must be completed, or they cannot be processed.

Provider Name	Superior Healthcare -	
Participant Name		
NDIS Number		
Date of Birth		
Plan Dates	From:	To:
Circle One	NDIA/Agency Managed Plan Managed Self-Managed	
<p>Please note: If the client is Plan Managed, there is <u>no need</u> to fill out this service agreement. Please go ahead and place your order online and use NDIS Recipients details at checkout. Please type the planner email in the 'Notes' section so we can send them the invoice directly.</p> <p>Once you get to the checkout page, please select 'NDIS Account/Funded' and this will allow you to bypass making any payment and submit the order.</p> <p>We will handle the rest 😊</p>		
(If Plan Managed) Planner Name		
Planner Contact Number		
Planner Email		
Consumables Service Booking Amount How much would you like SHC to reserve for your goods? If no amount is specified, \$3000.00 will be the default.		

Responsibilities of Provider

The provider agrees to:

- Once agreed, provide supports that meet the participants' needs at the participants' preferred times.
- Communicate openly and honestly in a timely manner.
- Treat the participant with courtesy and respect.
- Consult the participant on decision about how supports are provided.
- Listen to the participants' feedback and resolve problems quickly.
- Give the participant the required notice if the provider needs to end the service agreement.
- Protect the participants' privacy and confidential information.

Responsibilities of Participant/Participants Representative

- Inform the provider about how they wish the supports to be delivered to meet the participants' needs.
- Give the provider the required notice if the participant 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.
- To provide adequate information to the provider so a service booking can be made, and funds claimed whilst remaining under budget.

Payments

The participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing supports, Superior Healthcare will claim payment for those supports from the NDIA. If Superior Healthcare is unable to claim the order amount from NDIS the participant will be liable for balance on the account.

Agreement Signatures

The Parties agree to the terms and condition of this service agreement.

X

Signature of Participant/Representative

X

Name of Participant/Representative

Date

X

Signature of authorised person from Provider

X

Name of authorised person from Provider

Date