



## NDIS SERVICE AGREEMENT

Please complete and send ALL pages to: [contact@ausmedhealth.com.au](mailto:contact@ausmedhealth.com.au)

If you have any queries please feel free to call **(03) 9560 3168**.

Please note: All fields must be completed or the Service Agreement may not be able to be processed.

Please attach a copy of the Participant's NDIS plan if possible, to assist in ensuring approved consumables are supplied.

<b>Provider Name:</b>	
<b>Participant Name:</b>	
<b>NDIS Number:</b>	
<b>Date Of Birth:</b>	
<b>Who Is Arranging Payment Of Your Invoices?</b>	
<b>Contact Person:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Delivery Address:</b>	
<b>Permanent Delivery Instructions:</b>	<div><input type="checkbox"/> Authorised To Leave</div> <div><input type="checkbox"/> Signature Required</div> <div><input type="checkbox"/> Other – please specify</div> <div></div>
<b>Support Coordinator Name:</b> (If Applicable)	



<b>Support Coordinator Contact Number:</b> (If Applicable)		
<b>Support Coordinator Email:</b> (If Applicable)		
<b>Plan Dates (DD/MM/YY):</b>	<b>Start:</b>	<b>End:</b>

<b>Consumables Service Booking Amount:</b> (i.e. How much do you want AusMed Health to reserve for your goods)	
<b>If you wish to order via the webstore, please provide the email address to be linked to the webstore account:</b> <a href="#">Please note: This must be a unique email address, NOT linked to any other account with AusMed Health.</a>	

**RESPONSIBILITIES OF 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.
- Listen to the Participant's feedback and resolve problems quickly.
- Give the Participant the required notice if the Provider needs to end the Service Agreement.
- Protect the Participant's privacy and confidential information.

**RESPONSIBILITIES OF PARTICIPANT / PARTICIPANT'S REPRESENTATIVE**

- Inform the Provider about how they wish the supports to be delivered to meet the Participant's needs.
- Give the Provider the required notice if the Participant needs to end the Service Agreement.
- 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.
- 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 those supports, AusMed Health will claim payment for those supports from the NDIA.

[Please note: If AusMed Health is unable to claim the order amount from NDIS the participant will be liable for the balance of the unclaimed invoices.](#)



## AGREEMENT SIGNATURES

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

\_\_\_\_\_  
**Participant / Participant's Representative** Name

\_\_\_\_\_  
**Provider** Representative Name

\_\_\_\_\_  
**Participant / Participant's Representative** Signature

\_\_\_\_\_  
**Provider** Representative Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_