

NDIS Service Agreement with Provider Atlas McNeil Healthcare - 4050007260

Participants' Details:

Participant First Name:	*	Participant Surname:	*
Participant NDIS Number:	*	Date of Birth:	*
Plan Start Date:	*	Plan End Date:	*
Representative (if not participant):		Participant/Representative Phone No:	*
Participant/Representative Email:	*		

Select how your plan is managed:

Agency/NDIA Managed (* required information to complete a service booking and set up account)

Funds to be allocated in booking	*
----------------------------------	---

PACE System (no service booking required but you need to **Record AMH as My Provider on the NDIS portal**)

Funds available for consumables	*
---------------------------------	---

Plan Managed (Please provide Plan Managers details below for invoicing)

Plan Manager Details (If applicable):

Business Name:		ABN:	
Contact Person:		Phone No:	
Postal Address:			
Email address for invoices:			

Participant Delivery Details:

Contact Person for delivery:		Delivery Phone No:	*
Email Address:			
Delivery Address:	*		
Delivery Details:			

Support Co-ordinator Details:

Name:		Phone:	
Organisation (if applicable):			
Email:			

Service Agreement Terms & Conditions

Returns Policy

No returns will be accepted unless prior arrangement with Atlas McNeil Healthcare Community is made. Washable products, Nutrition products and non-stock special order in products cannot be returned.

Faulty products will be credited or replaced once returned and deemed faulty by Atlas McNeil Healthcare Community. If product is not deemed faulty, they will be returned to the participant and costs will be charged.

Return of products ordered in error or change of mind can only be done within 7 days of delivery. A restocking fee and freight charges will be applied.

Payments

After placing an order, we will either provide a Proforma invoice to the Plan Manager for payment or claim through the portal for PACE managed participants. Once the payment is received, we will dispatch the order to the participant as per the delivery details provided.

Recurring Orders

If a recurring order is required, a separate agreement will need to be completed and signed. Please contact us for a copy.

Responsibilities of Provider

Atlas McNeil Healthcare Community will:

- Ensure products are provided in accordance with the requirements of the Participant and as discussed with the participant, their representative or their support co-ordinator.
- Where a product is unavailable or delayed, contact will be made with the participant or their representative to either negotiate a comparable product or advise of the delay in a timely. A sample of this comparable product may be provided.
- Communicate with the Participant with respect and in a culturally sensitive manner.
- Ensure the quality and suitability of the products provided meet the Participant's needs.
- Provide options to formally complain about the supports being provided or the relationship with the Provider.
- Always protect the Participant's privacy.

Responsibilities of Participant/Participant's Representative

- Provide Atlas McNeil Healthcare Community the required notice within 7 days in writing if the Participant needs to end the service agreement or, provide a new service agreement if there are any changes to the delivery address, plan manager, participant's representative, support coordinator or plan dates.
- Speak to Atlas McNeil Healthcare staff with respect and without offensive language.
- Advise Atlas McNeil Healthcare Community promptly if the Participant's Plan is suspended or replaced or stops being a participant of the NDIS.
- To provide sufficient information to Atlas McNeil Healthcare so funds can be claimed.

Participant Feedback, Complaints and Disputes

- If the Participant or their representative/advocate wishes to give the provider feedback or they are not satisfied with the provision of supports and would like to lodge a complaint, they can talk to Atlas McNeil Healthcare Community Customer Service on:
Phone: 03 8766 4611 - Tollfree: 1800 888 541 - Email: ndis@atlasmcneil.com.au
- If the Participant prefers to talk to the **NDIS Commission**, please call **1800 035 544** (free call from landlines) or **TTY 133 677**. Interpreters can be arranged.
National Relay Service and ask for 1800 035 544 or complete an online contact form at <https://www.ndiscommission.gov.au/about/complaints>

*****By signing below, I agree to the above terms and conditions of this service agreement*****

Participant/Representative's Full Name

Participant/Representative's Signature

Date

Atlas McNeil Representative's Full Name

Atlas McNeil Representative's Signature

Date

**Please email the completed form to ndis@atlasmcneil.com.au
We will advise you when the account has been set up and orders can then be placed**