

NDIS Plan Management Service Agreement

1. Parties This Service Agreement is for:	
Client First Name *	Client Surname Name *
Client Date Of Birth +	NDIC Number *
Client Date Of Birth *	NDIS Number *
A participant (or the representative of the participant) in the National	
Client Representative Name *	Practice Name * Care Plan Management Pty Ltd
Date *	
2. The NDIS and this Service Agreement	
This Service Agreement is made for the purpose of providing supports. The parties agree that this Service Agreement is made in the context of the purpose of providing supports.	
 Support the independence and social and economic client of people Enable people with a disability to exercise choice and control in the NDIS plan to be provided to Care Plan Management 3. Schedule of supports 	le with disability, and ee pursuit of their goals and the planning and delivery of their supports.
	services. The supports and their prices are set out in the attached include the cost of providing the supports. Additional expenses (i.e. things asibility of the client / clients representative and are not included in the
 4. Care Plan Management is responsible for the following an Review the provision of promised support at least annually with the 	
 Once agreed, provide supports that meet the client's needs at the c Communicate openly and honestly in a timely manner; Treat the client with courtesy and respect; 	client's preferred times;
• Consult the client on decisions about how supports are provided;	agreements and details of Care Plan Management cancellation policy;
 Listen to the client's feedback and resolve problems quickly; Give the client a minimum of 24 hours notice if Care Plan Manage Give the client the required notice if Care Plan Management needs 	
Agreement" below for more information); • Protect the client's privacy and confidential information;	s to end this service Agreement (see Ending this service
 Provide supports in a manner consistent with all relevant laws, inc Keep accurate records on the supports provided to the client; and Will issue invoices and statements of the supports delivered to the <i>Providers</i> as requested 	
5. Responsibilities of the client / client representative The client/client's representative agrees to:	
 The client/client's representative agrees to: Inform Care Plan Management about how they wish the supports to 	o be delivered to meet the client needs;
·	concerns about the supports being provided; of make a scheduled appointment, noting that if the notice is not provided,
*Care Plan Management cancellation policy will apply;	ement (see 'Ending this Service Agreement' below for more information);
	n is suspended or replaced by a new NDIS plan, or the client stops being a
6. Payments	
Care Plan Management will seek payment for their provision of suppo	orts after the supports have been delivered.
Agreement. After providing those supports, [Practice Name] will ser client / client representative to pay. The client / client representative NDIA MANAGED - The client has nominated the NDIA to manage the providing those supports, Care Plan Management will claim payment PLAN MANAGED - The client has nominated the Plan Management	e funding for supports provided under this Service Agreement. After
Plan Manager Provider Name Care Plan Management Plan Manager Email admin@careplanma	
7. Changes to this Service Agreement	
any changes to this Service Agreement will be in writing, signed, and o	gree to discuss and review this Service Agreement. The parties agree that dated by the parties.
	e 2 weeks' notice. If either party seriously breaches this Service Agreement
the requirement of notice will be waived. 9. Feedback, complaints, and disputes	
If the client wishes to give Care Plan Management feedback or is not h participant can talk to Kaleem Ulah on 08 7117 1409 or email us on ad	nappy with the provision of supports and wishes to make a complaint, the lmin@careplanmanagement.com.au
If the client is not satisfied or does not want to talk to this person, at a to the NDIS Commission can be lodged:	ny time, they can make a complaint to the NDIS Commission. Complaints
 online at www.ndiscommission.gov.au; or by phone on: 1800 035 544. 	
10. 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 or	ne or more of the reasonable and necessary supports specified in the
 the client's NDIS Plan is expected to remain in effect during the period the client / client representative will immediately notify the provide being a participant in the NDIS. 	e client's NDIS Plan currently in effect under section 37 of the NDIS Act; eriod the supports are provided; and der if the client's NDIS Plan is replaced by a new plan or the client stops
	vention. If you need to cancel an appointment it is recommended it occur
	on fee. If you contact Care Plan Management after 5 pm the day before you lation fee of 90% charged to your account and payment due at your next
	sons, the service will be rescheduled at no penalty to either party. Where I initiate contact with the family and their support network to establish the
I have read & understood the cancellation policy *	the needs of the cinit.
12. Contact details	
The Client Representative can be contacted on:	Altown ative contact move on
Client Representative Name *	Alternative contact person
Address *	Phone *
Email Address of Client Representative *	
Care Plan Management can be contacted on:	
Name *	Mobile. *
Email. *	Postal Address
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I/we as the client or as the client representative agree to provide timel National Disability Insurance Scheme (NDIS) service plan.	ly information and the incurred invoices through claiming against the
Start Service Date *	Finish Service Date *
Frequency of support * Weekly Fortnightly Monthly As scheduled	
The total funding claimed by this service over the period of this service agreement will be	
at the scheduled rate of	Total Funding
Minutes 14. Agreement signatures	
The parties understand and agree to the terms and conditions of this S	Service Agreement.
Signature of Client Representative *	
Draw signature Type signature Clea	<u>r</u>