



SERVICE AGREEMENT

Participant name:

Participant ndis number:

Service Provider(s) name and provider number:

Location(s):

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Hills Physiotherapy Clinic

381 Belgrave Gembrook Road
Emerald, Victoria 3782
ABN: 25 922 854 494

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Hills Physiotherapy on Wellington

102/1090 Wellington Road
Rowville Victoria 3178
ABN: 48 737 630 035

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Hills Physiotherapy and Muscular Health

Shop 3/1565 Ferntree Gully Road,
Knoxfield, Victoria 3180
ABN: 25 426 445 616

This agreement is made according to the rules and goals of the National Disability Insurance Scheme (NDIS). Hills Physiotherapy is committed to providing inclusive care that allows participants to have their own choice and set their own goals to achieve optimal physical health.

Hills Physiotherapy

1300 9 HILLS (1300 944 557)

www.hillsphysiotherapy.com.au



SERVICE AGREEMENT

Supports

Treatment Type:

Expected Frequency:

Standardised Outcome Measures: These are a series of questionnaires that we use as reliable and valid tool for measuring the effectiveness of your treatment.

Date	SOM	Score

Estimated Duration of Treatment?

Estimated cost?



SERVICE AGREEMENT

Participant Expectations

1. Participants are expected to attend scheduled treatment, or cancel/reschedule with appropriate notice.
2. Follow any home based treatment plans to the best of their ability
3. To ensure payment of treatment is current if self/partially funded.

Additional Notes:

Cancellations and “no shows” for scheduled service appointments

Hills Physiotherapy uses an SMS reminder as a courtesy for our patients. Cancellations are made by calling reception on 1300 9 HILLS (1 300 944 557), prior to 3pm on day before appointment. A cancellation fee may apply if short or no notice is given for a cancellation.

- Providers should have business arrangements in place to minimise the risk of cancellations, “no shows” or late changes to the delivery of a scheduled support. Service agreements between participants and providers need to include details of these arrangements including: rescheduling the appointment; notice periods for cancellations and the cancellation fee that can apply; and changes to agreed appointments.
- If a participant makes a short-notice cancellation, which is after 3pm the day before the service, the provider may charge up to 90% of the agreed price for the cancelled appointment. A fee may be charged against a participant plan up to 12 times per year for personal care and community access supports. Beyond this threshold, the NDIA will require the provider to demonstrate they are taking steps to actively manage cancellations.
- For other cancellations, where the participant has provided notice of cancellation prior to 3pm the day before the scheduled service, providers may not charge a cancellation fee.
- Where participants make short-notice cancellations for therapy services, the therapist can charge a cancellation fee up to 90% of the agreed price for the cancelled appointment. Within the period of any Service Booking between a provider and participant, the total of cancelled appointments charged by the provider must not exceed six hours.
- Where a participant fails, at short-notice or without notice, to keep the scheduled arrangement for the support, the provider must make every effort to contact the participant to determine if there is an additional problem (e.g. the person has fallen out of bed and cannot raise an alarm, or there is a sudden breakdown in the informal supports and additional support is likely to be required).
- Where there is a specific risk that a participant will frequently make short-notice cancellations for a support due to the nature of a person’s disability or the nature of the support (e.g. behaviour intervention supports), the provider should make individual arrangements to minimise the number of cancellations.



SERVICE AGREEMENT

Service Provider Expectations

1. Provide agreed services to the best of their ability and within their scope of practice.
2. Utilize and repeat outcome measures to assess the effectiveness of the treatment plan.

Additional Notes:

Payments

The Provider will seek payment for their provision of services after the Participant / Participant's representative has attended.

Self Funded:

The Participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the Provider will send the Participant an invoice for those supports for the Participant to pay. The Participant will pay the invoice by cash / cheque / EFT/direct bank transfer (details on invoice) within 7 days.

Partially Funded or Managed Plan:

If the funding for any of the supports provided under this Service Agreement is managed by a Plan Nominee: The Participant's Nominee manages the funding for supports provided under this Service Agreement. After providing those supports, the Provider will send the Participant's Nominee an invoice for those supports for the Participant's Nominee to pay. The Participant's Nominee will pay the invoice by cash / cheque / EFT/bank transfer within 7 days.

Fully funded/managed by NDIA:

If the funding for any of the supports provided under this Service Agreement is managed by the National Disability Insurance Agency: The Participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, the Provider will claim payment for those supports from the NDIA.

If the funding for any of the supports provided under this Service Agreement is managed by a Registered Plan Management Provider: The Participant has nominated the Plan Management Provider [] to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, the Provider will claim payment for those supports from: []



SERVICE AGREEMENT

Changes to 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 4 weeks notice.
If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

Feedback, Complaints, and Disputes

If the Participant wishes to give the Provider feedback, the Participant can talk to:

Benjamin Kewish- Director

Mobile: 0408 835 805

Email: Ben@hillsphysiotherapy.com.au

If the Participant is not happy with the provision of supports and wishes to make a complaint, the Participant can talk to:

Benjamin Kewish- Director

Mobile: 0408 835 805

Email: Ben@hillsphysiotherapy.com.au

If the Participant is not satisfied or does not want to talk to this person, 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.

Goods and Services Tax

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

1. 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;
2. the Participant's NDIS plan is expected to remain in effect during the period the supports are provided; and
3. the [Participant / Participant's 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.



SERVICE AGREEMENT

Contact Details

Participant

Phone:

Mobile:

Email:

Address:

Alternative Contact Person:

Provider

Contact Name:

Phone:

Mobile:

Email:

Address:

Agreement Signatures

The parties agree to the terms and conditions of this service agreement

Signature of [Participant / Participant's representative]

Name of [Participant / Participant's representative]

Date

Signature of Authorized person from Provider

Name of Authorized person from Provider

Date