



Mobile Disability Physio

ABN 611 587 371 97

MDP Physiotherapy Service Agreement and Consent Form

This Service Agreement is between you (*"the Participant"*) and the Service Provider (*"Mobile Disability Physio"* or *"Provider"*) to agree for Mobile Disability Physio to provide services in accordance with the Participant's NDIS Plan. This Service Agreement ensures an agreed set of expectations on how the support and services in your NDIS Plan will be delivered. This Service Agreement will be reviewed at your request or with the expiry of your NDIS Plan.

Service Provider:	Mobile Disability Physio ABN 611 587 371 897
Key Contact:	Lyn Pertich
Phone:	03 9512 1246
Email:	admin@mobiledisabilityphysio.com.au

NDIS Participant Details:

Name		Date of Birth	
Address			
Phone Number		Email	
NDIS Number			
NDIS Plan Dates			

Plan Nominee Name	
Phone Number	
Email	

Support Co-ordinator Name	
Phone Number	
Email	

NDIS Plan Manager Name	
Phone Number	
Email	



Service Agreement Start Date		Service Agreement End Date	
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Services to be Provided	Service Hours	Unit Cost
Capacity Building - Improved Daily Living Early Childhood Supports - Physiotherapist (younger than 7) Line Item: 15_003_0118_1_3 Assessment Recommendation Therapy or Training – Physiotherapist Line Item: 15_055_0128_1_3 Physiotherapy: <ul style="list-style-type: none"> ○ Initial Assessment and Report ○ Physiotherapy Consultation ○ Documentation: Physiotherapy Progress Notes ○ NDIS Reporting: Initial Assessment Report, End of Plan Report, Change of Situation Report, Functional Capacity Assessment ○ Provider Travel Time: as per NDIS Pricing Arrangements and Price Limits ○ Administration Time: Resource Development, Home Exercise Program, Manual Handling Guide ○ Product Sourcing: Equipment ○ Training/education 		\$193.99/hr The hourly rate is aligned with the NDIS Pricing Arrangements and Price Limits. The hourly rate is subject to change in line with changes to the NDIS Pricing Arrangements and Price Limits. https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits
TOTAL		\$

Provider Travel:

Provider travel is charged as per NDIS Pricing Arrangements and Price Limits. <https://www.ndis.gov.au/providers/pricing-arrangements#ndis-pricing-arrangements-and-price-limits>. The Provider will charge travel time up to 30 minutes to travel to the appointment or 30 mins from the appointment. Provider travel will be charged for one way only. Travel between appointments will be shared between Participants. The Provider will not charge per kilometre and will not pass on any road toll fees.

Cancellation Policy:

The Participant agrees to give the Provider a minimum of 48 hours’ notice within business hours to cancel a physiotherapy session. If the Participant provides late notice for cancellation (less than 48 hours business days) the Provider will charge the Participant at 100% consultation rate as per NDIS Pricing Arrangements and Price Limits.

Changes to this Service Agreement:

Once signed, this Service Agreement is subject to change in line with any changes made by the NDIA in the NDIS Pricing Arrangement and Price Limits. If changes to the support services or their delivery are required, the Provider and the Participant agree to discuss and review this Service Agreement. Any changes to this Service Agreement will be made in writing, signed and dated.




Consent Form:

This Consent Form is between the Participant and the Service Provider. The Participant agrees for the Provider to:

- **Obtain Information and/or Records** from relevant agencies and individuals about the Participant (e.g. Medical facilities).
- **Release Information and/or Records** to relevant agencies and individuals about the Participant.
- **Discuss Information and/or Records** with the relevant agencies and individuals about the Participant (e.g. NDIS Support Co-ordinators, Plan Managers, Suppliers, Health Practitioners, Family, Carers).

By signing this **Service Agreement** and **Consent Form**, you are agreeing to engage Mobile Disability Physio to provide support and services in accordance with your NDIS Plan and to obtain, release and discuss information related to the Participant as required.

	Name	Signature/Verbal Consent	Date
Participant:			
Plan Nominee:			
Provider:	Mobile Disability Physio Lyn Pertich		

Please save your completed form and return via email to admin@mobiledisabilityphysio.com.au.