

DIAGNOSIS AS

NDIS SERVICE AGREEMENT

Service Agreement Details

Agreement ID: d12bd92e-92b6-4681-b9f1-0f67dce283e5 Status: ACTIVE

Client: Emma Williams

Provider: DIAGNOSIS AS

NDIS Number: NDIS001003_T19

ABN: 00000000

Start Date: 20/08/2025

End Date: 20/08/2025

Provider Contact Information

Address: 62 Adisabashua street

Suite A2 A3
Contact: Fred Alale

Email: fred@fred.com

Phone: 2255898555

Service Items

Description	NDIS Code	Hours/Week	Rate/Hour	Weeks	Total
Service	01_014_0107_1_1	50.0	\$0.00	52	\$234000.00

TOTAL AGREEMENT VALUE: \$234000.00

Terms & Conditions

2. The NDIS and this Agreement

You and the Provider agree this Agreement is consistent with the aims and policies of the NDIS. The aim is simple. Give participants real choice. Help them reach goals. Support community life.

3. Supports the Provider will Deliver

The Provider will deliver the supports listed in the Schedule of Supports attached to this Agreement.

All prices are GST inclusive where applicable and are applied as outlined and authorised by the current NDIS Pricing Arrangements and Price Limits.

Extra costs that are not NDIS-funded, such as tickets, meals or personal purchases, are only charged if agreed and will be shown separately.

A Service Booking may be created or updated in myplace so supports can commence on the agreed date.

DIAGNOSIS AS

NDIS SERVICE AGREEMENT

5. Responsibilities of the Provider

The Provider will:

Deliver agreed supports on time, following relevant laws and standards

Treat the Participant with dignity and respect, and involve them in decisions

Ensure staff are trained and competent

Keep appointments or give at least 48 hours' notice where changes are needed

Review supports with the Participant at least every 6 months or sooner if needed

Listen to feedback and resolve issues promptly

Protect privacy and secure information, sharing only with consent or as required by law

Disclose any conflicts of interest and support genuine choice

Keep accurate service and billing records and provide clear statements

6. Responsibilities of the Participant or Representative

The Participant or their representative will:

Tell the Provider what supports are needed and how they prefer to receive them

Provide a copy of the current NDIS plan so supports align with goals

Be respectful to staff

Keep appointments or give at least 48 hours' notice when changing or cancelling

Raise concerns early if unhappy with any part of the service

Update contact details when they change

Advise if the NDIS plan changes or ends

Pay invoices on time if self-managed or ensure the nominee or plan manager does so

Give 28 days' notice to change or end this Agreement

7. Payments

Payment is sought after supports are delivered and acknowledged.

Choose what applies:

NDIA-managed: The Provider claims from the NDIA.

Self-managed: The Provider invoices the Participant. Payment due within {{billing.termsDays}} days by {{billing.methods}}.

Plan nominee: The Provider invoices the nominee. Payment due within {{billing.termsDays}} days.

Plan-managed: The Provider invoices the plan manager. Payment due within {{billing.termsDays}} days.

Establishment fee and similar items are only claimed where allowed by the current NDIS rules and caps.

8. Travel and Transport

Provider travel and participant transport may be claimed only as permitted by the current NDIS rules and price limits and only where agreed. Out of pocket costs like public transport fares are discussed and, if agreed, charged at reasonable cost.

DIAGNOSIS AS

NDIS SERVICE AGREEMENT

9. Cancellations and No-Shows

The Provider's policy follows the NDIS Pricing Arrangements and Price Limits.

Reasonable notice: No fee, the support will be rescheduled where possible.

Short notice or no-show: A cancellation fee may apply up to the relevant NDIS price limit for the booked item, using the current clear business day rules.

If the Provider cancels, they will give 48 hours' notice where possible and offer a new time.

1

0. Changes and Reviews

If changes are needed, the parties will discuss and update the Schedule of Supports and, if required, amend this Agreement in writing and date it.

1

1. Feedback, Complaints and Disputes

Feedback is welcome. Start with the Provider's service team.

Service team: {{provider.service.email}} | {{provider.service.phone}} | {{provider.mailingAddress}}

Escalation: {{provider.contactBlock}}

If still unresolved, the Participant may contact the NDIA or the NDIS Quality and Safeguards Commission using the contacts published by those bodies.

1

2. Privacy and Information Sharing

The Provider keeps information safe and private. Information is shared only with consent or where the law permits or requires it, including in emergencies to protect life or health.

1

3. Disaster and Emergency Management

Purpose

Set out how supports are maintained, adjusted or paused during disasters or emergencies like bushfire, flood, extreme weather, public health orders, major utility failure or police declared incidents.

Provider commitments

Keep an organisation-wide emergency and disaster plan and review it yearly

Train staff on relevant emergency procedures

Keep up-to-date emergency contacts for the Participant and nominee

Put safety first and follow directions from emergency services

Participant-specific planning

Where appropriate, prepare or update a Participant-specific Disaster Management Plan and store it with the Participant's records

Include preferred communication, evacuation supports, essential items and medications, known risks and triggers, and after-event needs

Review after any significant event or at least every 12 months

Service delivery during an event

Shift supports to safe alternate modes if needed, such as phone, video welfare checks, essential in-home supports, or temporary relocation supports

Triage supports by risk and essential need and explain changes

Charge bookings, cancellations and travel only as permitted by the current NDIS rules

Communication and consent

DIAGNOSIS AS

NDIS SERVICE AGREEMENT

1

4. Continuity of Supports and Alternate Service

Commitment

The Provider will take reasonable steps to ensure supports continue through the life of this Agreement.

If the Provider cannot continue

If the Provider is unable to deliver supports, for example due to closure, workforce shortage, safety risk, loss of accreditation, insolvency or disaster impact, the Provider will:

Give as much notice as possible, aiming for 28 days, or as soon as practicable in urgent cases

Work with the Participant, nominee, plan manager or NDIA to identify an alternate provider or safe alternate mode of service

Provide a written handover plan showing upcoming bookings, essential risks, medication and behaviour support notes where relevant, equipment considerations and key contacts

Handover and records

With consent or other lawful authority, the Provider will:

Supply timely copies of relevant records to the Participant or the alternate provider, such as care notes, incident summaries, medication charts, behaviour strategies and agreed plans

Arrange a warm handover meeting where needed

Billing and unspent funds

Issue final invoices for supports delivered to date and cease future claims

Reconcile any prepayments fairly in line with Australian Consumer Law and NDIS rules

Charge no exit fees unless expressly allowed by the current NDIS rules

Participant choice

The Participant keeps full choice to select any alternate provider. The Provider will not hinder reasonable transfers.

1

5. Ending this Agreement

Either party may end this Agreement with 28 days' notice.

The Provider may end supports if fees remain unpaid beyond agreed terms, if illegal activity occurs at a Provider setting, if the Participant ceases with the NDIS, or if continuing would pose serious risk or breach work health and safety duties. The Provider will give reasons and work toward a safe transition.

1

6. GST

For GST purposes, the parties confirm that supports supplied are reasonable and necessary under the Participant's NDIS plan. The Participant or representative will notify the Provider if the plan changes or ends.

Signatures

Participant/Guardian Signature

Signed digitally on 20/08/2025 02:59
By: grhh

Date: _____

Service Provider Signature

Signed digitally on 20/08/2025 03:00
By: Fred Alale

Date: _____