

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E Info@ecmonhudson.com
www.ecmonhudson.com



MULTI-DISCIPLINARY TEAM OF PROFESSIONALS

PSYCHOLOGY

SPEECH PATHOLOGY

OCCUPATIONAL THERAPY

Provided By: Michelle Ryall Exercise
Physiologist
NDIS Plan Managed- CBA
15_056_0128_1_3 Allied
Health Professional
15_054_0128_1_3 Psychologist
Hamilton - 6068483Y
Rutherford - 6068484J

ABN: 43609946698

Address: Suite 1/15 North Mall,
Rutherford
Rutherford NSW 2322

Email: rutherford@ecmonhudson.com

Phone: (02) 4969 8060

Invoice To: Capital Guardians

Address:

Australia

Supplied To: Mark Andersen

NDIS Plan
Managed- CBA
431786574

Client DOB: 08 Oct 1988

Tax Invoice: 87575

Date: 1/02/2023

Please call 02 4969 8060 to make payment over
the phone.
PAYMENT REQUIRED ON DAY OF SERVICE

Items

Date	Qty	Code	Item Name & Description	Price	GST	Total
01 Feb 2023	1.00	15_200_0126_1_3	Exercise Physiology: NDIS Capacity Building (CBA) - Therapy Supports (Over 7) OVER 7 YEARS NDIS: Assessment Recommendation Therapy or Training - Exercise Physiologist	\$166.99	\$0.00	\$166.99
Invoice Total						\$166.99

Payments

Date	Payment Method	Received
Total Paid		\$0.00
Balance Owing		\$166.99

PAYMENT REQUIRED ON DAY OF SERVICE

Please call 02 4969 8060 to make payment over the phone.

Educational Case Management Pty Ltd ABN: 43609946698

Please ensure that you record Client's Name and Invoice Number on ALL direct deposits.

Account Details: BSB: 082-637 Acct No: 42-918-2388

ACCOUNT WILL NOT BE UPDATED UNTIL WE RECEIVE A REMITTANCE OF THE DEPOSIT IN THE FORM OF A BANK RECEIPT OR SCREEN SHOT OF PAYMENT

REMITTANCE TO BE SENT TO info@ecmonhudson.com