



Service Agreement #60

Provider Details

Provider Name: My Better Life

ABN: 47473638467

Address: 12 James Court, Lisbon,
Hario 3434

Phone: 0400442612

Customer Details

Name: Frank Wilson

NDIS Number 2297850405

Address: 123 Default St, Default
City, Default State 00000

Contact: 4455667788

Service Details

Product: CORE:L1 Support Weekday (01_011_0107_1_1)

Total Units:

Cost: 3648.2400000000002

Agreement Beginning: 03-09-2024

Agreement Ending: 03-12-2024

Customer Signature

Provider Signature

Terms and Conditions

- **Service Delivery**

The provider will deliver services as agreed in the service agreement within the specified timeframe.

- **Cancellation Policy**

Participants must provide at least 24 hours notice for cancellations. Failure to do so may result in a cancellation fee.

- **Payment Terms**

All invoices must be paid within 14 days of receipt. Late payments may incur additional fees

- **Confidentiality**

All participant information will be kept confidential and only shared with authorized personnel.

- **Quality Assurance**

The provider is committed to delivering high-quality services and will regularly review performance to ensure standards are met.

- **Participant Rights**

Participants have the right to receive services in a manner that is respectful, non-discriminatory, and in accordance with their individual needs.