

Service Agreement #58

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 Week night (01 002 0107 1 1)

Total Units:

Cost: 4094.279999999997

Agreement Beginning: Tue Sep 03 2024 15:56:22 GMT+1000 (Australian Eastern

Standard Time)

Agreement Ending: Tue Dec 03 2024 11:00:00 GMT+1100 (Australian Eastern

Daylight Time)

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.

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