



## Service Agreement #35

### Provider Details

**Provider Name:** My Better Life

**ABN:** 47473638467

**Address:** 12 James Court, Lisbon,  
Hario 3434

**Phone:** 0400442612

### Customer Details

**Name:** Charlie Johnson

**NDIS Number** 2297850405

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

**Contact:** 1122334455

### Service Details

**Product:** CB:Counselling (15\_043\_0128\_1\_3)

**Total Units:**

**Cost:** 4997.12

**Agreement Beginning:** 03-09-2024

**Agreement Ending:** 03-12-2024

Customer Signature

A handwritten signature in black ink, consisting of a stylized 'L' shape with a horizontal line extending to the right.

Provider Signature

A handwritten signature in black ink, consisting of a stylized 'C' shape with a horizontal line extending to the right.

# 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.