

## Service Agreement

### 1.0 Key Details

#### 1.1 Service Provider (us, we, our)

Tell Me All About It

#### 1.2 Client Name (you, your)

#### 1.3 Parent or Legal Guardian of the Client (where the client is under the age of 18 or is unable to provide consent)

#### 1.4 Agreement start date

#### 1.5 Agreement end date (unless cancelled earlier in accordance with this Agreement)

1.6 Review frequency: every 12 months

### 2.0 Supports and Support Fees

2.1 This service agreement (Agreement) outlines the Support(s) we will provide to you and the terms under which those Supports will be provided.

2.2 In accordance with our recommendations, based on our assessments and your goals, we have recommended the following Supports (Supports):

#### Schedule of Supports

*Please note we are unable to provide services to NDIS clients at this time.*

Service	Support Description	Hours Per Year	Hourly Rate	Support Fee
<b>Initial Consultation / Assessment(s)</b>	Assessment appointments on a 6-12 monthly basis at location determined by family.		\$240	
<b>Report(s) / Letters</b>	Reports or letters written in the course of Speech Pathology services. Please note reports are not included with assessments and will be charged as an additional item.		\$230	
<b>Direct supports / Therapy Sessions</b>	Direct sessions to support the Client's Speech Pathology goals.		\$220	
<b>Travel</b>	Travel to and from appointment.		\$20 (per 10 minutes)	

<b>Indirect supports</b>	This includes support planning, resource development, liaison with communication partners.  It may look like meetings, resource development, note taking etc.	\$220
<b>Groups / Classes</b>	Direct sessions involving 2+ clients at a time to support the Clients' Speech Pathology goals.	
		<b>Total Support Fee</b>
		\$





- 2.3 Based on the information you have provided us, we have determined that the Supports are reasonable and necessary for your specific needs.
- 2.4. If any of the information you have provided us is incorrect or incomplete, please let us know as soon as possible. Failure to provide us with the most accurate and up-to-date information may result in us recommending Supports which are not suitable for your individual needs.
- 2.5 Where reasonable, we will give you 24 hours' notice if we need to change a scheduled appointment.
- 2.6 The Support Fees set out above are the amounts payable to us before our assessment of you is completed. In cases where the Supports are required to occur more or less frequently, a new Service Agreement will be completed.
- 2.7 Any other additional expenses are your responsibility and are not included in the cost of the Supports.
- 2.8 We do not manage your Private Health Insurance or Medicare budgets. We recommend that you confirm how much you are able to claim by the relevant funding body prior to receiving the Supports.
- i) you are required to claim any benefits payable to you by external funding bodies yourself;
  - ii) we are unable to claim these benefits on your behalf and do not take responsibility for any benefits owing by external bodies.
- 2.9 The Support Fee is:
- i) inclusive of GST (if applicable);
  - ii) reviewed and increased with consideration to any changes, including inflation, and you will receive prior notice of any increases in the Support Fee.
- 2.10 Where you require a report, we require two weeks' notice to prepare the report.

### 3.0 Private Health Insurance

<b>Health Fund name</b>		<b>Name on card</b> As it appears on the card	
<b>Reference number</b> The number next to your name		<b>Membership number</b>	
<b>Level of coverage</b> If known			

### 4.0 Medicare

<b>Medicare number</b>		<b>Name on card</b> As it appears on the card	
<b>IRN</b> The number next to your name			
<b>GP name</b>		<b>Date of referral</b>	
<b>Clinic name</b>		<b>GP Provider Number</b>	

 0451 692 468  
 PO Box A220 ARNCLIFFE NSW 2205  
 [admin@tellmeall.com.au](mailto:admin@tellmeall.com.au)  
 [www.tellmeall.com.au](http://www.tellmeall.com.au)



		If known	
<b>Clinic phone number</b>		<b>Clinic email address</b>	
<b>Clinic address</b>			

## 5.0 Cancellation, Cessation of Services and Payment Policy

5.1 This service agreement is subject to the terms and conditions outlined in our *Cancellation and Payment Policy* and *Sickness and Symptoms Policy*.

Please note that reminder notifications (i.e., email, text message) are sent as a courtesy and indicate that an appointment is scheduled. The terms in this policy stand in the event a notification is not received.

By signing this Policy, you acknowledge you understand and agree to these terms and are subject to its conditions.

## 6.0 Our Responsibilities

6.1 We will:

- i) provide the Supports to you in a way that meets your needs (as determined by us) and are conducted in a safe environment;
- ii) work with you to provide the Supports at your preferred times, where possible;
- iii) review your needs regularly to ensure the Supports continue to be suitable;
- iv) communicate in an honest and timely manner with you;
- v) consult you on all decisions about how Supports are provided to you;
- vi) listen to your feedback and resolve any problems as soon as possible;
- vii) deal with your personal information in accordance with our Privacy Policy (which is available on our website);
- viii) provide the Supports in a manner consistent with all relevant laws; and
- ix) maintain accurate records of the Supports we have provided to you.

## 7.0 Termination

7.1 Either party may terminate this service agreement by providing the other party with notice in writing (i.e., email or letter).

7.2 If a party breaches this service agreement, the other party may terminate this agreement without notice if that breach is not remedied within 7 days.





## 8.0 Feedback & Complaints

8.1 If you have any concerns with the terms of this agreement, including the Supports being provided to you, please contact us to discuss these concerns and we will attempt to resolve them. You can contact us:

- i) by phone on 0451 692 468;
- ii) by email at [admin@tellmeall.com.au](mailto:admin@tellmeall.com.au).

8.2 If you are unsatisfied with the actions taken by us, you can contact:

- i) the complaints unit of the Health Care Complaints Commission on 1800 043 159.

 0451 692 468  
 PO Box A220 ARNCLIFFE NSW 2205  
 [admin@tellmeall.com.au](mailto:admin@tellmeall.com.au)  
 [www.tellmeall.com.au](http://www.tellmeall.com.au)



## 9.0 Your Acceptance of These Terms

9.1 By signing this agreement you (or your Parent/Guardian as applicable) agree to:

- i) receiving Supports and services from *Tell Me All About It*;
- ii) immediately notify us if you become a participant in the NDIS;
- iii) communicate with us in an open, honest, and timely manner, including notifying us of any changes to your personal circumstances which may impact the way that we provide the Supports to you;
- iv) respect the rights and safety of our employees and contractors, including ensuring the workspace is tidy, providing a smoke-free workplace and controlling or restraining pets;
- v) provide payment for Services before the application of any benefits, such as Medicare or Private Health Insurance, and claim any benefits owed to you by external bodies yourself.

9.2 By signing this agreement you or your Parent/Guardian (as applicable) acknowledge and understand that:

- i) you are responsible for paying the Support Fee;
- ii) we may increase the Support Fee from time to time by providing you with a reasonable prior notice; and
- iii) abusive or inappropriate behaviour towards staff is not tolerated and may result in the cancellation of your appointments.

## Sign-Off

I understand and agree to the terms and conditions outlined in this document.

<b>Person completing form's name</b>		<b>Relationship to client</b>	
<b>Signature</b>		<b>Today's date</b>	

0451 692 468  
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*FOR CLINICAL USE ONLY*

**Tell Me All About It Sign-Off**

<b>Staff name</b>		<b>Position</b>	
<b>Signature</b>		<b>Today's date</b>	