

Arena Therapy - Service agreement:

Please see Service Agreement Terms Of Service for details of terms and conditions. This letter is to confirm and advise that the clients service agreement has been updated. If you have any questions, please don't hesitate to reach out.

Client name:	
NDIS number:	
Plan dates:	
Client contact:	
Client contact details:	
Client billing contact:	
NDIS Funding: <i>Plan or self managed?</i>	

Client support items: Rates: Please view the current NDIS physiotherapy hourly pricing rates at <https://www.ndis.gov.au/providers/pricing-arrangements>.

Early Childhood Supports – Physiotherapist 15_003_0118_1_3
Provider travel- Early childhood supports- Physiotherapy 5_003_0118_1_3
Provider travel - Non-Labour costs (early childhood supports) 15_799_0118_1_3

Funding:

Service agreement dates:	
Funding allocated:	\$
Total funding allocated:	\$

Consent for stake holder communication:

The participant (or their guardian/representative) consents to Arena Therapy communicating with the below parties:

Contact details:

Therapy team:	
School contacts:	
Medical team/ GP:	
Other key stake holders:	

Client/ guardian signature:

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Arena Therapy contact details:

Lily Harris – Senior Physiotherapist

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