

This Service Agreement is between the below mentioned NDIS participant & service provider			
Participant Name			
Date of Birth			
Address			
Phone number			
Email			
NDIS Ref No #			
Plan dates		to	
Next of Kin / Advocate			
Address			
Phone number			

Service details

Nursing Service to be provided	Continence Assessment
Service Provider	Continence Confidence - Amanda M (RN, NCS, CNC)
Location of service	Telehealth
Date to commence services	1/07/2025
Price of supports	CNC at \$169.16/hr
Provider visit duration estimate	90 min per visit
Provider non-face to face work estimate	4.5 hours documentation / report writing / follow-up work / arranging product samples – if/as required
Provider Travel estimate	Choose an item. Choose an item.
Duration of services	Once off
Estimated total	CNC - 6 hrs \$1014.96
Time / day of service	Weekday, Daytime
Duration of Service Agreement	12 months or sooner once episode completed
Review / Re-issue SA	Prior to duration date or by negotiation
Cancelling a SA	Minimum of 7 days' notice in writing – letter / email
Cancellation of an appointment (by client / carer)	eg - No show; not in attendance; less than 2 business days' notice – a fee of up to 100% of the service may be charged



Continence Confidence

E: refer@peeandpoo.au

W: www.peeandpoo.au

F: Continence Confidence

ABN: 25 745 602 605

Fee structure & Invoicing details –

Payments – The Provider will seek payment for their provision of supports after the Participant (or their representative) receives or confirms service delivery. Generally, we invoice in 2 stages – (1) After the appointment & follow up work eg casenotes and may include travel (2) After the report/letter is attended. We reserve the right to withhold report until stage 1 payment is received. The Provider will send the Participant an invoice (in the case of self-managed plan) or send an invoice to the nominated Plan Manager. Payment terms will be stated on the invoice, usually 7 business day terms. Unless indicated, community nursing services are GST-free. Refer to our website for more information.

Plan type	Self-Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/>
Organisation or contact person to send invoice to	
Postal Address	
Email	

As per the NDIS Pricing Arrangements and Price Limits 2025-2026 (v1.0: 01/07/2025) -

© National Disability Insurance Agency 2025

As well as direct service provision, these support items can be used to claim for

- Non-face to face Support Provision
- Provider Travel
- Short notice cancellation – 2 clear business days
- NDIA Requested Reports

Disability Related Health Supports (Nursing) - Capacity Building – Improved Daily Living

Provide nursing care to respond to the disability-related health needs of a participant where that care is not the usual responsibility of the health system.

Item Number	Item Name and Notes	Unit	National	Remote	Very Remote
15_418_0114_1_3	Delivery of Health Supports by a Clinical Nurse Consultant - Weekday Daytime	Hour	\$169.16	\$236.82	\$253.74

Providers of this support can also claim for the costs of:

- Provider non-labour travel using support item 15_799_0114_1_3



Continence Confidence

E: refer@peeandpoo.au

W: www.peeandpoo.au

F: Continence Confidence

ABN: 25 745 602 605

Disability Related Health Supports (Nursing) – Core – Assistance with Daily Life

Provide nursing care to respond to the disability-related health needs of a participant where that care is not the usual responsibility of the health system. They have been duplicated into the *Assistance with Daily Life* Support Category so that participants can have greater access to these supports if they need them.

Item Number	Item Name and Notes	Unit	National	Remote	Very Remote
01_618_0114_1_1	Delivery of Health Supports by a Clinical Nurse Consultant - Weekday Daytime	Hour	\$169.16	\$236.82	\$253.74

Providers of this support can also claim for the costs of:

- Provider travel non-labour costs using support item 01_799_0114_1_1

Changes to this Service Agreement - If changes to the supports or their delivery are required, the Parties agree to discuss and review this Service Agreement. The Parties agree that any changes to this Service Agreement will be in writing, signed, and dated by the Parties.

Ending this Service Agreement - Should either Party wish to end this Service Agreement they must give a reasonable time period of at least 7 days' notice in writing / email. If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

Feedback, complaints and disputes - If the Participant wishes to give the Provider feedback or is not happy with the provision of supports and wishes to make a complaint, the Participant can talk to the Manager of Continence Confidence, as per footnote details. If the Participant is not satisfied or does not want to talk to this person, the Participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

Signatures - Parties agree to the terms and conditions of this Service Agreement.

Participant / Representative Signature and Name		Date
--	--	------

Service Provider Continence Confidence Signature and Name		Date
---	--	------

**Continence Confidence**

E: refer@peeandpoo.au

W: www.peeandpoo.au

F: Continence Confidence

ABN: 25 745 602 605

Responsibilities of the Provider - The Provider agrees to:

- Review the provision of supports at least 3 monthly with the Participant (if ongoing services are required ie-catheter changes). **General continence assessments are recommended to be attended / reviewed every 1-2 years or as needs change & a new SA will be issued.**
- Provide a Continence Assessment - includes face to face / phone consult plus documentation as required by NDIS standards; any necessary behind the scenes work (ie ordering pad samples, product recommendations) and report on conclusion of 'once-off' episode of care.
- Once agreed, provide supports that meet the Participant's needs at the Participant's preferred days and / or times.
- Communicate openly and honestly in a timely manner.
- Treat the Participant with courtesy and respect.
- Consult the Participant on decisions about how supports are provided.
- Give the Participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant).
- Listen to the Participant's feedback and resolve problems quickly.
- Give the Participant a minimum of 24 hours' notice if the Provider must change a scheduled appointment (eg due to illness) to provide supports & provide alternative options.
- Give the Participant the required notice if the Provider needs to end the Service Agreement
- Protect the Participant's privacy and confidential information.
- Provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules, and the Australian Consumer Law; keep accurate records on the supports provided to the Participant, and
- Issue regular & prompt invoices of the supports delivered to the Participant.

Responsibilities of the Participant – The Participant agrees to:

- Inform the Provider about how they wish the supports to be delivered to meet the Participant's needs. ie – this could be face to face or telehealth consults.
- Treat the Provider with courtesy and respect.
- In the instance of a home visit – to refrain from smoking in the Providers vicinity; ensure any pets/animals are secured away, for work health safety reasons.
- Talk to the Provider if the Participant has any concerns about the supports being provided
- Give the Provider a minimum of 24 hours' notice (via phone message / sms / email) if the Participant cannot make a scheduled appointment (eg due to illness); and if the notice is not provided by then, the Provider's cancellation policy will apply.
- Give the Provider the required notice if the Participant needs to end the Service Agreement.
- Let the Provider know immediately if the Participant's NDIS plan is suspended or replaced by a new NDIS plan or the Participant stops being a Participant in the NDIS.
- Let the Provider know immediately of a change in plan management & stakeholders, and
- Confirm they have sufficient funds in their NDIS plan to cover the services estimate, or method of payment is confirmed (eg self-funded, compensable).

Continence Confidence



E: refer@peeandpoo.au

W: www.peeandpoo.au

F: [Continence Confidence](#)

ABN: 25 745 602 605