SERVICE AGREEMENT *(please complete all sections in red)*

About Client

Client Name		**Date of Birth:**	
NDIS number			
Client Address			

Plan Nominee (Guardian, SC - If applicable)

Name			
Phone		**Email**	

TurnerTherapy Service Provider

Name	**TurnerTherapy Geelong**	**Title**	**Occupational Therapy Service**
Email	**turnertherapygeelong@gmail.com**		
ABN	**56432419683**		

This agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).

Service Summary

Allied Health Therapy to support NDIS goals.

Description Of Service (please tick)

☐	Therapeutic Services
☐	Reporting (NDIS report, SIL/SDA)
☐	Specific Assessment Type
☐	Assistive Technology/Home modification
☐	Travel costs (up to 30 minutes time & non-labour)

TurnerTherapy

WHO WILL DO IT	OCCUPATIONAL THERAPY	
WHERE	*DETAILS*	
☐ Home ☐ Education (school, childcare, work) ☐ Telehealth ☐ Other	*(Assessment, Recommendation, Ongoing Therapy, Report)*	
Please Tick which service: (Leave free if not applicable)	**PRICE PER HOUR / QUANTITY**	**TOTAL COST**
☐ **Fortnightly Sessions:** 26 sessions x 60-minute sessions 26 sessions x 15 Minutes Notes 26 Sessions Average Travel x Non-labour (26km) + 15-Minute Provider Total =	 $193.99 $48.50 $22.10 $48.50 $313.09	 $5,043.74 $1,261 $1,835.6 **$8,140.34**
☐ **Monthly Sessions:** 12 sessions x 60-minute sessions 12 sessions x 15 Minutes Notes 12 Sessions Average Travel x Non-labour (26km) + 15-Minute Provider Total =	 $193.99 $48.50 $22.10 $48.50 $313.09	 $2,327.88 $582 $847.2 **$3,757.08**

Total Fees and Funding for this Service Agreement:

SERVICE AGREEMENT	
YOUR TOTAL FUNDING Capacity Building DAILY ACTIVITIES	**$**_____
YOUR **ALLOCATED OT** FUNDING Capacity Building DAILY ACTIVITIES	**$**_____
Funding Type	☐ Plan-managed ☐ Self-managed
Plan Manager Accounts Email *	
NDIS Plan Start Date - End Date	_____/_____/_____ - _____/_____/_____

Please Note:

OUR FEES

- TurnerTherapy fees are in line with the NDIS Pricing Arrangements and Price Limits
- TurnerTherapy will adapt its pricing to align with the recommendations of the NDIS
- Payment will only be charged once the service has been delivered

Our invoices issued will cover our fees for the services we have provided. Some of these services will be visible to you and some might be services completed when you are not present.

Please see below for some examples of what this might include:

- Time spent face-to-face in a consult, both in person or via telehealth (video-conferencing)
- Case notes (It is a legal requirement for clinicians to complete notes after each session. A reasonable amount of time will be added to the session to accommodate for this as they are typically completed once we have left the appointment).
- Correspondence including phone calls and emails. This may be with yourself, family members, guardians, or other professionals in a client's care team.
- Case conferences (if required) – This will typically be a care team meeting, which may or may not involve the client and their family.
- Report writing – This can include outcome reports for plan reviews, initial reports, letters of

support, housing applications and any other required reporting. A functional capacity report requires 4hours+ to complete, all SIL/SDA and AT reports are 6hours+.
- Preparation of resources – This will be time taken to create a resource for a client that will then be theirs to keep and utilise.
- Travel charges if the therapist comes to you.
- If sessions are over-time more than 10 minutes, the staff are entitled to bill for that added time.

Cancellations

- Cancellations within ***2 business days*** and failure to attend (within the NDIS definition of short notion cancellation or no-show), may be charged at 100% of the applicable rate except where stated otherwise.
- The Occupational Therapist is not obliged to wait for more than 15 minutes for a session if the client is not present and is entitled to charge for the full session, notes, and associated travel if relevant.
- If you or someone in your household has COVID-19 symptoms or has tested positive, please notify us immediately. For everyone's safety sessions will need to be cancelled, if this is not within the two-day cancellation period it will be classed as a late cancellation.
- If anyone in the household has a form of viral infection, please ensure to cancel the session.
- If the client and/or family do not cancel the session if the client is unwell, the Therapist is entitled to leave during the billable session.
- Parents are responsible for informing the OT of any changes/cancellations to the ongoing/ regular sessions. This includes sessions within the community, schools and childcare. For example; if the client is unwell and not within the usual session location; or excursions; the client is not able to have the session due to changes within the school/education. Please note, that it is not the OT's role, the education staff, or any support worker's to have this knowledge and cancel/reschedule sessions.

OTHER THINGS WE WOULD LIKE YOU TO KNOW

- If you are plan-managed a signed copy of your service agreement will be sent to your nominated Plan Manager.
- Additional expenses (i.e. things that are not included as part of a client's NDIS supports) are the respon sibility of the client and/or the client representative and are not included in the cost supports. (e.g. entrance fees, event tickets, meals, etc.)
- A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specifies in the statement of supports included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act) in the Client NDIS Plan currently in effect under section 37 of the NDIS Act.
- Changes to this service agreement must be agreed to by the Client and the service provider and then documented and signed.
- Either party may end this agreement at any time and must notify the other party in writing that TurnerTherapy will invoice for all the services that have been provided prior to the termination of the agreement.
- Please note it is not up to Turner Therapy to manage the client's NDIS funding, it is the responsibility of the guardian, support coordinator and/ or plan manager. If services with Turner Therapy are completed and there is impacted funding, it is the responsibility of the guardian to ensure payment is completed.
- Please refer to Appendix A for an outline of responsibilities.
- Please note all quotes of services signed are to be upheld in this Service Agreement.

By signing this Agreement, you agree to all of the information included:

Signature	
Name of Signatory	
Title (Client, Plan nominee, Parent)	
Date	**____/____/ 2026**

By signing this Agreement, TurnerTherapy agree to all of the information included

TurnerTherapy Representative	**Grace Turner** **Occupational Therapist**
TurnerTherapy Representative Signature	
Date	**15 / 01 / 2026**

Appendix A

Responsibilities of the Provider and the Client / Client's Representative The provider agrees to:

- Be polite and courteous
- Maintain your privacy and look after your information safely.
- Be honest and transparent in our dealings with you and communicate in a timely manner to ensure that you understand the financial cost of your service.
- Review the provision of support on a regular basis with the Client
  once agreed, provide supports that meet the Client's needs at the Client's preferred times
  always meet and exceed the standards set by the relevant governing bodies
  recognise that you are in charge of your life and we are there to support you
  work from a holistic perspective and consider your goals in everything that we do
  make sure that we are easily contactable.
- Make the TurnerTherapy Feedback and Complaints Policy easily accessible.
  Listen to the Client's feedback and resolve problems quickly by
  issuing regular invoices for the support delivered to the Client (see website).

The Client / Client's representative agrees to:

- Treat our staff with respect and courtesy.
- Ensure that our staff are safe in your home. If the staff feel unsafe at any point due to verbal abuse/ threatening, or physical abuse/ threatening/intimidation, or inappropriate behaviours they are entitled to leave the billable session.
- Maintain open and honest communication relaying any concerns the Client has with their Provider.
- Inform the provider if the client's NDIS plan is suspended or replaced by a new NDIS plan or if the Client stops being a Client in the NDIS.
- Ensure prompt payment of invoices for services received when the support is self-managed or plan--managed with the Client having invoicing authority.
- Ensure it is disclosed to the therapist if the client is unwell.
- To disclose if the client; family member has had a positive case of covid-19.