



Service Booking Agreement

Date: _____

Name of the Participant: _____

Date of Birth: _____ NDIS Number: _____

Home address: _____

Phone/Mobile number: _____ Email: _____

Support Coordinator: Name _____ Company Name _____

Phone: _____

Occupational Therapist: _____ from _____ Ph: _____

The name of someone we can contact if we can't get in touch with you: _____

Relationship to Participant: _____ Their phone number: _____

What NDIS approved supports will be provided? **CONSUMABLES / ASSISTIVE TECHNOLOGY**

How will payments be made? APPROVED BY: _____ ORDERED BY: _____

- Registered Plan Management Provider** – The Participant has nominated the Plan Management Provider _____ to manage the funding for NDIS supports provided under this service agreement. After providing those supports, the Provider will claim payment for those supports from the Plan Management Provider listed above.

Phone Number: _____

Email: _____

- National Disability Insurance Agency (NDIA)** – The Participant has nominated the NDIA to manage the funding for supports provided under this service agreement. After providing those supports, the Provider will claim payment for those supports from the NDIA.
- Self Managed** – The participant has chosen to self-manage the funding for NDIS supports provided under this service agreement. After providing those supports the provider will issue the participant an invoice for those supports and the Participant will pay the invoice.
- Plan Nominee** – The Participant's Nominee manages the funding for supports provided under this service agreement. After providing those supports the provider will issue the participant's Nominee an invoice for those supports and the Participant's Nominee will pay the invoice.

Service provider name: **Maryborough/Hervey Bay Friendly Society Chemists Ltd** trading as **The Friendlies Discount Pharmacy Maryborough Ph:4122 1455 / Hervey Bay Ph:4128 3899**
The Friendlies Independent Living Maryborough Ph:4123 2733

ABN: 55 087 649 330

NDIS Provider Registration Number: 405 001 5265

email: accounts@friendlies.com.au

Signatures

Participants Signature: _____ Date: _____

Staff Name & Location: **FIL** _____ Date: _____