



## Plan Management Arrangements for Service Providers

(Please send to your providers)

Dear Service Provider,

Plan Manage Assist is a NDIS registered provider, providing financial management service for NDIS participants.

All registered and non-registered providers must adhere to NDIS price controls and all invoices are paid directly by Plan Manage Assist.

### Initial Set Up – for Providers

To facilitate a fast set-up of your details in our system, could you complete the **Provider Details Form** and return to [accounts@planmanageassist.com.au](mailto:accounts@planmanageassist.com.au) as soon as possible.

### Invoicing Requirements

To ensure prompt processing and payment, **all invoices must include the following** information:

- Your ABN (if registered)
- Unique invoice number
- BSB and Account Number
- Company contact information
- NDIS participant's name
- Participants NDIS number
- Date of service provided, and a detailed description of the services provided (if possible the NDIS support item reference number)

***Failure to provide full information will result in delays of processing and payment of invoices.***

Our preferred file type for all documentation including invoices is PDF extension. If you're unsure of how to do this, please contact us. We will accept invoices via email or post.

If you require an electronic invoice (Excel) to use to make it easier for you. [Please click here](#)

### Payment

We will pay directly to your designated bank account. If a service agreement is signed by the participant with your organisation could you, please forward the billing details of your organisation for our records.

**Invoices should be forwarded to us after the service has been provided.**

Plan Manage Assist will then claim from the NDIS and payment will be made to **you within 7 business** days of receiving your invoice.



## Service Provider Details Form

**(Please send to your providers)**

**Date:**

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**New Provider Details:**

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(Mark X in box to indicate)

**Update Records:**

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<b>PMA Service Provider No.:</b>		(Insert if known)
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<b>Participant's Name:</b>	
<b>NDIS Plan No.:</b>	

<b>Business Name:</b>	
<b>ABN:</b>	
<b>NDIS Provider Number:</b>	
<b>Mailing Address:</b>	
<b>Contact Person:</b>	
<b>Email:</b>	
<b>Mobile / Phone No.:</b>	
<b>Contact Person:</b>	
<b>Invoice Frequency:</b>	
<b>Services Provided:</b>	

<b>Bank Account Name</b>	
<b>BSB No.:</b>	
<b>Account No.:</b>	

**Instructions:**

- **New Service Providers** – Complete all applicable boxes
- **Existing Service Providers** – Complete only where change is applicable
- **Send all invoices to** – [accounts@planmanageassist.com.au](mailto:accounts@planmanageassist.com.au)

OFFICE USE	
<b>Date Processed:</b>	
<b>Authorised:</b>	