



NDIS SERVICE AGREEMENT CONTINUE FORM

NDIS Number: _____ Dates of New NDIS Plan _____

Date _____

Client's Name _____

Guardian's Name _____
(If applicable)

Contact Phone Number _____

I agree to continue the Service Agreement signed _____ for another _____ months.
I agree that Redlands Psychologists reserves the right to adjust session charges in line with any NDIA price changes without further notice.

_____ *Initials*

Have you changed how your plan is to be managed since our last agreement? YES _____ NO _____

If yes are you now _____ Self-Managed _____ Plan Managed _____ NDIA Managed
(please circle appropriate)

My Plan Manager has _____ / has not _____ changed? *(please circle appropriate)*

My new Plan Manager is _____

Please note any changes to the Service Agreement or otherwise input N/A.

_____ *Initials*

Signatures

I agree that all the details in this agreement are correct and have been explained to me and I give permission for Redlands Psychologists to contact NDIA/NDIS and/or my Plan Manager in regard to my plan and payments. Any treatment/s listed have been agreed upon by me with the Psychologist noted below. I am aware that I can, at any time, clarify and/or change any details in this agreement

Client's Signature _____ Date _____

Client's Name _____

Practitioner's Signature _____ Date _____

Practitioner's Name _____