# EMERALD MEDICAL GROUP

Big Smiles, Little Steps — Paediatric Physiotherapy

**Woo Che | Physiotherapist (B.Phty)**
1 Pilot Farm Rd, Emerald QLD 4720 | 07 4986 7400
wseokche@chhealth.com.au


## NDIS SERVICE AGREEMENT

This agreement sets out the supports that Emerald Medical Group will deliver to your child under their NDIS plan. It meets the requirements of the National Disability Insurance Scheme Act 2013 (Cth) and has been written in plain language.

### 01 Parties to This Agreement

**SERVICE PROVIDER**

**Emerald Medical Group — Woo Seok Che**
1 Pilot Farm Rd, Emerald QLD 4720 | ABN: 61 352 402 068 96

**PARTICIPANT (CHILD)**

**Participant (Child's Full Name)**

**Date of Birth**

**NDIS Participant Number**

**Parent / Guardian / Trusted Person**

**Relationship to Participant**

**Plan Nominee / Plan Manager**

**Plan Manager Contact**

**Start Date for Supports**

**Is the NDIS Plan attached?** ☐ Yes ☐ No

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## 02 How Services Are Delivered

### Stage 1 — Initial Assessment

Conducted on a Saturday at our clinic or at your child's school. The assessment takes approximately 1.5–2 hours and is followed by a written report.

### Stage 2 — Ongoing Therapy

Ongoing therapy sessions are delivered at your child's school where possible — meaning your child receives continuity of care during the school day.

## 03 Responsibilities

### Provider Responsibilities

- Deliver all services with professional skill and care per AHPRA standards
- Conduct all sessions in a safe, respectful, child-friendly environment
- Provide honest, timely, and clear communication at all times
- Provide a written assessment report following the initial assessment
- Develop an individual physiotherapy therapy plan based on assessment outcomes
- Deliver agreed ongoing therapy sessions including at-school sessions
- Give at least 24 hours' notice if an appointment needs to be changed
- Maintain all clinical records securely per applicable legislation
- Advise if funding levels change or any issue arises affecting service delivery
- Give 30 days' written notice if necessary to end the service arrangement
- Maintain AHPRA registration, indemnity insurance, and a valid Blue Card

### Participant / Parent or Guardian Responsibilities

- Provide accurate and up-to-date information to support your child's care
- Treat the provider with respect at all times
- Communicate concerns, health changes, or circumstance changes promptly
- Provide at least 2 business days' notice to cancel or reschedule
- Ensure your child attends on time, or notify as early as possible
- Notify provider if you wish to end or pause the service arrangement
- Provide written consent before assessments are conducted or reports shared
- Provide a copy of your child's current NDIS plan and notify of any changes
- Ensure sufficient funding is available in your child's plan to cover services
- If self-managing, pay invoices within 3 business days of service delivery
- Sign the Release of Information form (Attachment 2) for plan manager

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## 04 Appointments & Cancellations

**Scheduling.** Appointments will be arranged directly with you following receipt of this signed agreement.

**Cancellations.** Please give at least 2 business days' notice. Cancellations with less notice will incur a fee equal to the full scheduled session cost.

**At-School Sessions.** Where therapy is delivered at school, the class teacher and wellbeing coordinator will be notified of session times.

## 05 Privacy & Confidentiality

All personal and health information is handled per the Privacy Act 1988 (Cth), the Australian Privacy Principles, and the Information Privacy Act 2009 (Qld). Information will not be shared without your prior written consent.

## 06 Ending This Agreement

Either party may end this agreement by providing 30 days' written notice. The agreement may be ended immediately if either party seriously breaches its terms, if the participant's funding ceases, or if physiotherapy is no longer clinically appropriate.

## 07 Feedback & Complaints

**Step 1.** Speak directly with Woo Che or contact our Practice Manager at practicemanager@chhealth.com.au.

**Step 2.** Office of the Health Ombudsman (QLD): oho.qld.gov.au or 133 OHO (133 646).

**Step 3.** NDIS Quality and Safeguards Commission: ndiscommission.gov.au or 1800 035 544.

## 08 Payments & NDIS Funding

All services are priced per the current NDIS Pricing Arrangements and Price Limits.

**Plan Managed.** Your plan manager will be invoiced directly. Please complete Attachment 2 to authorise this.

**Self-Managed.** You will receive an invoice following each session, payable within 3 business days.

**Agency-Managed.** The provider will submit claims directly to the NDIA via the NDIS portal following each session.

## 09 Participant Goals & Expectations

**NDIS Plan Goal 1:**

**NDIS Plan Goal 2:**

**NDIS Plan Goal 3:**

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## 10 Attachment 1 — Schedule of Supports (NDIS)

| Support | Description | Fee | Notes |
|---|---|---|---|
| Initial Paediatric Motor Assessment | Structured assessment + report writing | $1,231.56 | NDIS Price Guide — Improved Daily Living. Total: 4 hrs. |
| Cancellation Fee | Applies when cancelled < 2 business days | $193.56 | Per NDIS Cancellation Policy |
| Ongoing Therapy Sessions | Individual sessions per therapy plan. School or clinic as agreed | $257.58/hr | Late cancellation fees apply |
| Travel | Clinician travels to school or agreed location | $0.99/km | Per NDIS Price Guide |

## 11 Attachment 2 — Release of Information (Plan Manager / NDIA)

Complete this section if your plan is managed by a plan manager. This authorises the provider to communicate with your plan manager for invoicing and NDIS plan administration.

**Plan Manager Name**

**Organisation**

**Phone**

**Email**

I authorise Woo Seok Che at Emerald Medical Group to communicate with the plan manager named above for the purpose of invoicing, payment claiming, and administration of my child's NDIS plan. Information that may be shared includes: service dates and types, invoice details, support categories, and information required for NDIS portal claiming.

**Signed (Participant / Parent or Guardian):**

**Print Name:** **Date:**

**Signature:**

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## 12 Agreement Signatures

By signing below, both parties agree to the terms of this NDIS Service Agreement. This agreement is valid for 12 months from the date of signing.

### Participant / Parent or Guardian

**Full Name:** _____

**Signature:** _____

**Date:** _____

### Provider — Woo Seok Che

**Full Name:** _____

**Signature:** _____

**Date:** _____

**Name of Trusted Person (if applicable):** _____

*This consent is valid for 12 months and will be reviewed at your request, after 12 months, or when your child's NDIS plan is reviewed.*

### FOR EMG OFFICE USE ONLY

| Date received | Received by | Appointment date | Clinician |
|---|---|---|---|
| | | | |

Parent contacted: ☐ Yes ☐ No

Appointment booked: ☐ Yes ☐ No