



MELBOURNE PODIATRISTS & ORTHOTICS SELF-MANAGED NDIS SERVICE AGREEMENT

1. Parties to the agreement

This Service Agreement is made between the following parties:

Participant

Name: _____
DOB: _____
Address: _____
Contact number: _____
Email: _____
NIDS No: _____

Participant's Representative (if applicable)

Name: _____
Address: _____
Contact number: _____
Email: _____

NDIS Unregistered Provider:

Melbourne Podiatrists & Orthotics
Suite 2 Level 1
277 Camberwell Road,
CAMBERWELL VIC 3124

ABN: 27 439 737 423

Ph: (03) 9882 5584

Fax: (03) 9882 5599

Website: <https://www.melbournepodiatristsandorthotics.com.au/>



2. Purpose of agreement

This Service Agreement is made for the purpose of providing Services and Supports under the Participant's Self-managed National Disability Insurance Scheme (NDIS) plan.

3. Duration of service

This Service Agreement will commence on the date of the signed agreement. Services will be ongoing and supplied as required. The Participant or Participant's Representative may end the agreement by providing 30 days written notice.

4. Agreed services to be provided

The following services will be provided at the following costs current of July 2026. Fees are subject to price increases on 1st July each year.

Initial podiatry consultation 30 mins	(item 002) =	\$150 standard	\$135 concession
Initial podiatry consultation 60 mins	(item 004-B) =	\$250 standard	\$225 concession
Subsequent consultations 30 mins	(item 012) =	\$115 standard	\$104 concession
Subsequent consultations 60 mins	(item 014-B) =	\$207 standard	\$187 concession
NDIS Written Report 60 mins	(item 412) =	\$188.99	

Podiatry consultations may consist of:

- General foot care -nail cutting, corn, callus removal
- General foot assessment, diagnosis and treatment advice

Any additional services or supports will incur extra costs and will need to be negotiated and agreed between both parties. Verbal consent from the participant will be required before proceeding with additional treatment.

4. Additional services and supports

Additional services or supports above those outlined in clause 3 will be negotiated between the Provider and the Participant or their Representative. The Provider will inform the Participant or Representative of any additional associated costs. Verbal consent from the Participant or their Representative will be required before proceeding.

The Participant may request a written quote of costs before proceeding and this will be provided by the Provider in a timely manner.

In some cases, a deposit may be required by the Provider prior to commencing with additional services and supports. Additional supports such as orthotics and splints will need to be paid for in full before being issued.



6. Payment

Payment is required at the time of consultation for self-managed patients.

If accounts are outstanding for any reason, then the Provider will have no option but to defer future appointments and treatment until full payment is received.

Any accounts to third parties will need to be arranged with the Provider prior to the appointment and will incur an additional account fee on top of any consultation fee. See our website for more information:

<https://www.melbournepodiatristsandorthotics.com.au/resources/third-party-accounts/>

7. Appointments

The Participant or their representative is responsible for making appointments. Appointments can be made by phone or online via our website. We do not accept bookings or communication via email.

Melbourne Podiatrists & Orthotics require a minimum of 24 hours' notice for all cancellations. Cancellations without notice or failure to attend appointments may result in a failed fee.

Our communication and failed fee policy can be found on our website:

<https://www.melbournepodiatristsandorthotics.com.au/resources/practice-policies/>

8. Responsibilities of the Participant and their Plan Manager

The Participant agrees to:

- (i) Be responsible for ensuring that all services or supports under this agreement are paid for in full at the time of consultation or at the time requested;
- (ii) Be responsible for all NDIS claims and claiming any funds back through NDIS
- (iii) Treat the Provider with courtesy and respect;
- (iv) Keep the Provider informed of any changes in personal circumstances that may affect payment;
- (v) Communicate with the Provider in a timely manner if the Participant has any concerns about the services or supports being provided;
- (vi) Give a minimum 24 hours' notice before cancelling any booked appointment. Failure to do so may result in a failed fee;
- (vii) Give the Provider the required notice if the Participant seeks to end the Service Agreement.



9. Responsibilities of the Provider

The Provider agrees to:

- (i) Provide all services and supports under this agreement at the quoted cost, in a manner that is timely and meets the participant's needs;
- (ii) Communicate clearly, openly, and honestly;
- (iii) Treat the Participant and any of the Participant's representatives with courtesy and respect;
- (iv) Consult the Participant on decisions regarding how extra services or supports are provided;
- (v) Give the Participant information about managing any complaints or disagreements if required;
- (vi) Listen to the participant's feedback and resolve problems quickly;
- (vii) Protect the Participant's privacy and confidential information;
- (viii) Advise the Participant of any delays in the delivery of Supports.

Signed by the following parties:

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Participant or Participant's Representative

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Date

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Mr. Sam Brown
Owner and Head Podiatrist
Melbourne Podiatrists & Orthotics