



## Plan Management Requirements for Service Providers

**(Please send to your providers)**

Dear Service Provider,

Plan Manage Assist is an NDIS-registered provider, providing financial management services 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 it to [accounts@planmanageassist.com.au](mailto:accounts@planmanageassist.com.au)

### 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 in the 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.

If you require an electronic invoice template. [Please click here](#)

### Payment

PMA will pay directly into your designated bank account.

**Invoices should be forwarded to PMA 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:**

**New Provider:**

**Update Records:**

*(Mark X in box to indicate)*

<input type="checkbox"/>
<input type="checkbox"/>

<b>Participant's Name:</b>	
<b>Participant NDIS Plan No:</b>	
<b>Business Name:</b>	
<b>ABN:</b>	
<b>Business NDIS Provider Number: <i>(if you have one)</i></b>	
<b>Mailing Address:</b>	
<b>Contact Person:</b>	
<b>Email:</b>	
<b>Mobile / Phone No.:</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)