

EmailBillor Contact Phone #:

By selecting this option you agreed that Joya medical Australia Pty Ltd After providing those supports, Joya Medical Australia Pty Ltd will claim payment for those supports from the NDIA

Participant's NDIS Plan Attached?	Yes	No
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## PARTICIPANT / PARTICIPANT'S REPRESENTATIVE

1. It is your responsibility to notify Joya Medical Supplies, about how you wish the supports to be delivered to meet the Participant's needs.
2. It is your responsibility to Give the Provider the required written notice if the Participant needs to end the Service Agreement.
3. It's your responsibility to update Joya medical supplies if the Participant's NDIS plan is suspended or replaced by a new NDIS plan or the Participant cease NDIS plan.
4. You will be responsible to provide accurate funding information to Joya Medical Supplies and ensure all orders are maintained under approved budget. If any order placed above funding limit participant will be liable to pay the outstanding amount.
5. You will be responsible to provide approved category/ funding limit/copy of plan and list of consumables. If Joya medical is unable to claim funding from NDIA/plan manager, participant will be liable to cover the cost.
6. You will be liable to order consumable that are approved on plan ensuring approved budget. If Joya Medical Australia Pty Ltd Australia is unable to claim the order amount from NDIS the participant will be liable for the balance of the unclaimed invoices.
7. Participant / Participant's Representative Acknowledge that they will be liable for knowingly placing an order that exceeds the Recipient's funding balance or was aware/could foresee that the client's funding would be insufficient to meet the total cost of the order or the items ordered are not covered under the client's plan.
8. Participant's Representative has obtained the authority of their client to use and share the information to facilitate the fulfilment of orders

## Participant / Participant's Representative Agreed To

Parties agree to the terms and conditions of this Service Agreement.

### Relationship to Participant

*Verbal consent given over phone as unable to complete and sign the online form due to health condition*

Date :Date :Preferred order date/week of the month

Approved Category

[illegible]

### Approved Consumable List

[illegible]

Email completed form to [ndis@joyamedicalsupplies.com.au](mailto:ndis@joyamedicalsupplies.com.au) and we will send service agreement to be signed by participant/authorised person.