|  |
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| **MMPFC Invoice Reference Number:** |
| **Child’s Name:** | **Child’s DOB:** |
| 1. **Physiotherapy Support at $224.62 / hour** \*Benchmark NDIS hourly rate 2024-25 for Physiotherapy Services SA
 |
| **Date of Physiotherapy Service: Description of service:** |
| **NDIS Coding of Physiotherapy Services provided in A and/or B below:** *(please circle code)** 8 years and 364 days old - Early Intervention Physiotherapy (as per NDIS definition) 15\_003\_0118\_1\_3
* 9 years and older – Physiotherapy 15\_055\_0128\_1\_3
 |
| **Start Time: Finish Time:** | **Time:** |
| **Physiotherapist’s Travel Time:** (max. 30 minute charge per sector in metro) | **Time:** |
| 1. **TOTAL Physiotherapy time to be invoiced at $224.62 / hr:**
 | **TOTAL TIME (hrs):** |
|  |
| 1. **Non-face-to-face services at $224.62 / hr** \*Benchmark NDIS hourly rate 2024-25 for Physiotherapy Services SA
 |
| * **Documentation (hours):** will include summaries, equipment prescriptions/AT forms etc.
 | **Time:** |
| * **Supplementary charges (hours):** will include any additional travel, cancellations, research on your behalf, phone calls, emails etc
 | **Time:** |
| **Description of service:** |
| 1. **TOTAL Non-face-to-face services at $224.62 / hr:**
 | **TOTAL TIME (hrs):** |
|  |
| 1. **Non-labour Travel (at 0.97 per km) maximum of 15 kms return trip:**
 |
| **Kilometres travelled \_\_\_\_\_\_\_\_\_\_ at $ 0.97 per km = $ \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL** |
| **NDIS Coding of non-labour travel charge:** *(please circle code)** Early Intervention Travel (non-labour costs): 15\_799\_0118\_1\_3
* Physiotherapy Travel (non-labour costs): 15\_799\_0128\_1\_3
 |
| **Invoice sent to:** *please circle* (Family / Plan Manager / LSA / Other)  | **Code:** |
| **Sections A + B = \_\_\_\_\_\_\_\_\_\_\_\_ HOURS at $224.62 /per hour = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Section C = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TOTAL CLIENT CHARGE = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name: Relationship to child:** |
| **Signature / Reason for no signature:** |

**Dear Parent/carer, by signing above you indicate agreement to the following:**

* A Physiotherapist from Movement Matters Physiotherapy for Children has performed or will perform the services as documented below and/or agreed to, within our current Service Agreement, for the named child.
* Sufficient funds are immediately available via your child’s NDIS funding plan, for payment to Movement Matters Physiotherapy for Children for the services provided (including therapy, documentation and travel) OR that you personally, are able to pay by other means.
* Payment of invoices to be made within 5 days of receipt via email your invoice to ensure continuity of service provision.
* **For your records, please use the EFT receipt provided by your bank as proof/receipt of payment. N.B. Documentation will not be released until payment has been made and your account is not owing.**

*The information provided above is a true and accurate description of physiotherapy services provided.*

Physiotherapists Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physiotherapists Name (printed) **John Drysdale** AHPRA Registration: **PHY0001142836**

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 | **Time:** |
| **Description of service:** |
| 1. **TOTAL Non-face-to-face services at $224.62 / hr:**
 | **TOTAL TIME (hrs):** |
|  |
| 1. **Non-labour Travel (at 0.97 per km) maximum of 15 kms return trip:**
 |
| **Kilometres travelled \_\_\_\_\_\_\_\_\_\_ at $ 0.97 per km = $ \_\_\_\_\_\_\_\_\_\_\_\_ TOTAL** |
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| **Sections A + B = \_\_\_\_\_\_\_\_\_\_\_\_ HOURS at $224.62 /per hour = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Section C = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TOTAL CLIENT CHARGE = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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*The information provided above is a true and accurate description of physiotherapy services provided.*

Physiotherapists Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physiotherapists Name (printed): **John Drysdale** AHPRA Registration: **PHY0001142836**