



Independent Support Management

Provider Payment Instructions Letter

Dear Service Provider,

This letter is to advise you that a client of **Independent Support Management (ISM)** has chosen your service/s to be managed by a Plan Manager. ISM will become the financial intermediary for your NDIS claims until our client decides to cease using our service, or during such times as a plan review.

ISM requires the nominated service provider to **submit a written consent form (service agreement)** in order to access our client's NDIS funded supports through our financial intermediary service. Or alternatively the Participant/Nominee can submit a **Provider Payment Consent form**.

It is important to understand what ISM does and does not do, for this we recommend reading about Plan Management [here](#) (*NDIS - Operational Guidelines -13. Managing the funding for supports under a Participant's plan*).

Please be advised that invoices are processed for payment within 1-2 business days from the date ISM received the invoice, and you will receive funds into your nominated bank account within 5 business days. Should ISM receive the invoice outside of operating hours, ISM will begin processing the invoice on the following business day. Upon making payment you can expect to receive a remittance advice from ISM. If you do not receive payment or a remittance advice after 5 business days, please contact our Plan Management Team immediately.

Please direct all **Invoices/Amended Invoices/Statements** to our Accounts Team - planmanager@ndism.com.au

Please direct all **Quotes/Expense Reimbursements/General Enquiries** to our Support Team – support@ndism.com.au

To ensure your invoice/s can be processed in a timely manner you will need to ensure the invoice/s have the following information;

1. Must be a tax invoice
2. Invoice number
3. Invoice date
4. Service provider details (Service provider's name, ABN & contact details)
5. Biller information, participant name & NDIS reference number
6. Service date
7. Line-item and/or service description
8. QTY (number of units) & rate (unit price)
9. Total amount due
10. Bank account details and provider email address (remittance will be sent to this address)

Disclaimer: Failing to provide the above information will result in delayed payment requests.

We look forward to working with you to achieve the goals of our client now and into the future.

Kind regards,

**Plan Management Team
Independent Support Management**

ISM
Independent Support Management
Supporting you to Independence
ABN 53 618 924 271

Head office
P 1800 954 559
141 East St, Rockhampton Q 4700
support@ndism.com.au

www.ndism.com.au

Supporting you to Independence



Independent Support Management



COMPANY NAME

2 Your Support Services

Cnr Walker Street & Quay Place
PO Box 1000 Fakesville NSW Australia
Ph 07 4100 2400 Fax 07 4999 2444

www.company.org.au
ABN 12 435 679 000

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Bill To
Independent Support Management
PO BOX 540
QLD 4700
Australia

1 Tax Invoice

Page 1

3 Date
Tax Invoice #
Account #
Terms
Due Date
PO #
Subsidiary

01/06/2019
INV123456
CUS12345
Fee for Service
09/07/2019

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Customer
Willy Wonka
123 Choco Street
St Lucia
QLD Australia

NDIS Client ID -400123456

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On Behalf Of	Item	Description	Qty	Units	Rate	Gross Amt
Willy Wonka	01_013_0107_1_1	Service Type - 01_013_0107_1_1 Assistance with self-care activities on Saturdays, Support Item - 01_013_0107_1_1, Date/Time-06/08/2019 07:00:00	1.75	Hr	66.77	116.85
Willy Wonka	01_014_0107_1_1	Service Type - 01_014_0107_1_1 Assistance with self-care activities on Sundays, Support Item - 01_014_0107_1_1, Date/Time-06/02/2019 07:00:00	1.75	Hr	85.45	149.54
Willy Wonka	01_014_0107_1_1	Service Type - 01_014_0107_1_1 Assistance with self-care activities on Sundays, Support Item - 01_014_0107_1_1, Date/Time-06/16/2019 07:00:00	1.75	Hr	85.45	149.54

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Subtotal 415.93
GST 0.00
Total 415.93
Amount Due 415.93

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Payment Options Below

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Bank Deposit Details:
BSB 082-000 ACC 721234567 (NAB)

Please quote Account or Invoice No. and advise Us when the deposit has been made.
Email: accounts@company.org.au

EFTPOS Facilites now available,
Please phone 07 4100 2400 to pay by Credit Card, or fill in form below & remit.

Credit Card Holder Name
Type: ___ Master Card ___ VISA
Credit Card #: _____
Expiration Date: ___ Month ___ Year
Signature: _____

Remittance Slip

Customer CUS12345 Independe...
Tax Invoice # INV123456
Amount Due \$415.93
Amount Paid _____

Make Cheques Payable To
Your Compnay Services,
PO Box 1000
Fakesville NSW 2000

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