



# Connecting with your local trusted therapists



Dr. Karen Plant  
CLINICAL PSYCHOLOGIST

## NDIS Schedule of Supports Quote

## Speech Pathology

\* Prices are consistent with current NDIS Price Guide or Therapy Connect Alliance Members current financial year fees. Prices will change each financial year from 1st July.

Date:

### QUOTE DETAILS

<b>Start Date PLAN</b>	<b>Participant's Name</b>	<b>Version No.</b>	2018.1
<b>End Date PLAN</b>	<b>NDIS Participant ID</b>	<b>Quoted By</b>	Tania Teitzel

### SUPPORT DETAILS

What Support	Inclusions	When	Support Category	Support Item	Item ref no#	Unit price	No. of Sessions	Claimable Hours	Total Hours	Total Cost
Assessment	Who (Speech Pathologist); Where & What; Service Inclusions Assessment Session <<Time>> + Claimable Travel Hours of XXKM - 10/60 = XXhr	When	Paste from Support Types	Paste	Paste	Paste	0.00	0.00	0.00	#VALUE!
Therapy	Who (Speech Pathologist); Where & What; Service Inclusions Therapy Session 45 minute Direct and 15 minute Indirect service	When	Paste from Support Types	Paste	Paste	Paste	0.00	0.00	0.00	#VALUE!
Therapy & Travel	Who (Speech Pathologist); Where & What; Service Inclusions Therapy Session 45 minute Direct and 15 minute Indirect service + Claimable Travel Hours of XXKM - 10/60 = XXhr	When	Paste from Support Types	Paste	Paste	Paste	0.00	0.00	0.00	#VALUE!
Plan Review Report	Who (Speech Pathologist); Prepare Plan Review Report; Service Inclusions 30 min indirect keyworker, parent & team liaison + 45min indirect report writing	When	Paste from Support Types	Paste	Paste	Paste	1.00	1.25	1.25	#VALUE!
List Item	Describe Item and Supplier Quote	Pending Approval	Assistive Technology	Paste	Paste	Paste	1.00			#VALUE!

## TOTAL Quote for Supports

1.25 #VALUE!

### ACTION

<b>Schedule of Supports Approved by Participant via</b>		<b>Date Approved</b>	
<b>Service Booking Submitted on My Place By</b>		<b>Service Booking Made</b>	

First Approved Schedule of Supports | No signature required - Refer to signature on Service Agreement

Each Subsequent Approved Schedule of Supports requires a New Parent Signature

Signed:

Date:

Thank you for choosing a Therapy Connect Alliance Service.