



# Registered Provider Manual Claim Form

## FORM INSTRUCTIONS

### A. When to use this form

This form is for Registered Provider use and should only be used under circumstances when a Registered Provider is unable to submit a claim electronically.

Claims submitted using this form will take longer to process than claims submitted electronically.

Registered Providers can submit claims electronically using the 'myplace' provider portal or can submit a claim and payment enquiry using the my NDIS provider portal.

For assistance regarding electronic claim submission, please call 1800 800 110 or visit the NDIS Service Hub [here](#).

### B. When not to use this form

This form is not to be used by Unregistered providers. Unregistered providers must submit their claim to a participant or their nominated plan manager [here](#).

### C. Supporting information

The Agency requires evidence to support each claim on this form.

Evidence must include:

- a receipt or tax invoice from the provider or third party.

Other types of evidence may include:

- a bank statement or a payroll record for any worker employed.
- a bank statement showing the purchase/transaction.

Please include **copies** of all necessary documentation. Failure to include this documentation may mean your claim is rejected and not paid.

### D. How to complete this form

You must complete all sections and fields in this form.

### E. How to return this form

Return this form with supporting documentation by:

- **Email:** [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
- **Post:** National Disability Insurance Agency  
GPO Box 700  
Canberra ACT 2601

Claims submitted by post may take longer to process.



## Registered Provider Manual Claim Form

### Registered Provider Details

Please complete **all** fields.

<b>Registered Provider Name:</b>	
<b>Registered Provider Number:</b>	
<b>ABN:</b>	
<b>Registered Provider Contact:</b>	

### Claim details

<b>Participant Name: *</b>		<b>Participant NDIS Number:*</b>	
<b>Support Start Date: *</b>		<b>Support End Date: *</b>	
<b>Invoice Number: *</b>		<b>Support Category: *</b>	
<b>Item Number: *</b>		<b>Claim Type: *</b>	
<b>Cancellation Reason:</b>		<b>ABN of support Provider or exemption reason *</b>	
<b>Item Quantity: *</b>		<b>Unit of Measure:</b>	
		<b>Payment Amount: *</b>	
		<b>GST:</b>	

\*Denotes mandatory field. Support categories and item numbers should correspond with the relevant price guides. If you need to claim for more than one support line item, you will need to complete a new form for each claim.

### Declaration

I declare the information I have provided in each claim to be true and correct. I consent to the NDIS collecting my personal and sensitive information.

- I understand that this claim is consistent with the requirements stated in the NDIS Pricing Arrangements and Price Limits.
- I understand that the NDIS may audit me to verify the amounts submitted in each claim.
- The Agency will collect the information provided to process your claim, to identify and respond to any fraudulent activities or misuse of NDIS funds.
- If a claim is insufficiently explained, evidenced or otherwise of concern, the Agency may seek further information or documentation pursuant to s 45A(3)(b).

<b>Full name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Please note that digital signatures are acceptable.



## Registered Provider Manual Claim Form

### Your privacy and personal information

The NDIA will use the personal information provided on this form to assist in determining whether this claim is valid and, if it is, to make payments into your nominated bank account.

To find out more about how the Agency collect and handle personal information via the Privacy Policy at: [www.ndis.gov.au/about-us/policies/privacy](http://www.ndis.gov.au/about-us/policies/privacy). This also includes information about how to request access to, or correction of the personal information, or make a complaint about a breach of your privacy.

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.