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**New Provider Details**

Hi Your Choice team! Here are details of a new provider I am now working with.

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| **NDIS Participant name and NDIS Number:**  |
| **Provider Business Name:** |
| **Provider ABN:**  |
| **Registered NDIS Provider?** (Yes/No)If “Yes”, provide NDIS Provider Number here.  |
| **Provider email address** for us to send remittance advices:  |
| **Provider phone number for invoice queries**:  |
| **Brief description of goods / services to be provided**: eg.  Incontinence pads, Assistance at Home or Speech Therapy. |
| **NDIS Budget category** (if known): |
| **Agreed hourly rate** (if applicable): |
| **Bank details for payments:** Bank Name:BSB: Account Number:Account Name:  |

**Now save and email the Your Choice DPM team this form by clicking**  Send.

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