Provider Checklist

Use this checklist to help you confirm if your support is a valid claim

Invoice Requirements

- ☐ Provider name and valid/ active ABN
- ☐ Bank details
- ☐ Contact details

Participant Requirements

- ☐ The biller is the participant
- ☐ Full name (one participant per claim)
- ☐ NDIS number
- ☐ Address (if possible)

Service Information

- ☐ Invoice number - this must be unique to each claim you submit
- ☐ Support item number or description
- ☐ Service date/s
- ☐ Type of claim (if different from standard face to face)

Claim Information

- ☐ Number of hour/ quantity
- ☐ Hourly rate/ quantity rate
- ☐ Total invoice amount (check calculations)
- ☐ GST component (check if applicable)

Checklist Questions

- ☐ I have checked claiming rules for my type of support
- ☐ I have checked the support is an approved NDIS support
- ☐ I have checked the support meets the NDIS claim criteria
- ☐ I have discussed the support with the participant and it is in line with their funding
- ☐ I have checked with the participant and the support is included in the plan
- ☐ I have checked with the participant and the support meets their impairment category (if applicable)
- ☐ I have checked with the participant and the support is within their total budget amount
- ☐ I have checked with the participant and the support is within their available funding period