

PARTICIPANT REIMBURSEMENT CHECKLIST

We love to serve our participants by processing prompt reimbursement payments. If you have paid a provider for services or purchased consumables under your NDIS plan, please include the following items with your receipt and reimbursement email request. Your assistance will help us meet our target of fast payment.

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Provider ABN

Participant's Full Name

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Service Provider Details (contact and address etc)

Participant NDIS number

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Service or item description (this will appear on your invoice/receipt)

Participant bank account details (Bank account name, BSB and account number)

Date the service was delivered (this will appear on your invoice/receipt)

Reason for purchase e.g recommendation by Occupational Therapist

(this will assist us in knowing which budget to claim from)

Paid in full or 0.00 balance (this should appear on your invoice/receipt)

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Email Subject - Reimbursement Request for (participant name)

Tax Invoice

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Invoice/receipt showing GST component or 0.00 GST

We understand that it is not always possible to have these details on receipts from providers such as coles. Please provide as much information as possible to assist in processing your request. You may be asked to provide a bank statement to confirm your purchase.

Please send your invoice/reimbursement to accounts@myplansupport.com.au attached to your email with a description for reimbursement.

MPS PARTICIPANT PORTAL

You can log into your MPS Participant Portal to view the status of your reimbursement request. For more information please click the link MPS Participant Portal or call our friendly staff for assistance.



02 9161 3900



info@myplansupport.com.au



myplansupport.com.au