



PROVIDER INVOICE CHECKLIST

We love to serve providers by processing prompt payment. If you care for a participant whose funds are plan managed by My Plan Support, please include the following items on your invoice. Your assistance will help us meet our target of fast payment.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Provider ABN | <input checked="" type="checkbox"/> Participant's Full Name |
| <input checked="" type="checkbox"/> Unique Invoice Number | <input checked="" type="checkbox"/> Participant NDIS number (if known) |
| <input checked="" type="checkbox"/> Provider address details | <input checked="" type="checkbox"/> Participant address details |
| <input checked="" type="checkbox"/> Provider email address | <input checked="" type="checkbox"/> Date the service was delivered |
| <input checked="" type="checkbox"/> Provider contact details | <input checked="" type="checkbox"/> NDIS item code and service description
e.g. House Cleaning And Other Household Activities 01_020_0120_1_1 |
| <input checked="" type="checkbox"/> Provider bank account details
(Bank account name, BSB and account number) | <input checked="" type="checkbox"/> Hourly rate in line with the NDIS price guide.
https://www.ndis.gov.au/providers/pricing-arrangements |

Please send your invoice to accounts@myplansupport.com.au attached as a PDF.

MPS PROVIDER PORTAL

Once your provider profile has been created with My Plan Support, you will be able register for access to our Provider Portal to view the status of your invoice/s. For more information please click the link [MPS Provider Portal](#)

