

Dear families and providers,

## PROVIDER PAYMENT INFORMATION FOR NDIS PARTICIPANT PLAN MANAGED BY INFOCUS

### INVOICING PROCESS

For your information, business details for InFocus Disability Services as follows,

#### **InFocus Disability Services**

284 Pine Mountain Road  
Carina Heights QLD 4152

ABN 24 547 377 893

Please email your invoices (PDF file preferred) to [payments@infocusdisability.org.au](mailto:payments@infocusdisability.org.au)

Our team manually reviews, enters and files the invoice into our system. We await approval from the participant/participant nominee and make payment once approved.

### ACCOUNTS/PAYMENT ENQUIRIES

Please either call us on 07 3339 8450 or email [payments@infocusdisability.org.au](mailto:payments@infocusdisability.org.au). Please include an invoice number so we can follow up your request.

### INVOICING REQUIREMENTS

The following must be included on the invoice to be processed and to meet ATO requirements:

- Preferred email subject heading: Please include invoice number and Participant's name
- The words 'Tax Invoice'
- Business name / contact name
- Current ABN, Contact details, including phone, email address and bank details
- Participants full name
- Invoice date
- Invoice number
- Service date(s)
- Description of service(s) and NDIS support line number (if known)
- Hours, quantity, rate (including GST if applicable, please check NDIS Price Guide)
- Invoice total
- See Invoice Template in the attachment

*\*Please note Invoices that do not meet the above requirements will be returned with a request*

### PAYMENT PROCESSING TIME

InFocus Plan management team endeavour to process payment within 14 days from the day we receive your invoice, your assistance with the above will assist us in paying your invoice on a timely manner.

*\*Please note there are delays in payment processing out of our control such as approval by Participant, discrepancies, invoice does not meet the NDIS Price Guide, and unscheduled NDIS plan reviews, etc.*



Supporting you on your NDIS journey

Invoice Template

**Tax Invoice**

Invoice:

Date:

<insertCompany/Contact name>  
ABN:  
<insertAddress>  
<insertAddress>  
<insertSuburb, State, Post Code>  
Email:  
Phone:

**Invoice to:**

<insert Participant name>  
c/- InFocus Disability Services  
284 Pine Mountain Road  
Mt Gravatt Qld 4122  
[payments@infocusdisability.org.au](mailto:payments@infocusdisability.org.au)

Support date(s)	Description	NDIS Support item number (optional)	Hours/QTY	Rate	Amount
				<b>GST</b>	
				<b>Invoice Total</b>	

**Bank details -**

Account name:  
BSB:  
Account number:

*\*Please select NDIS support line item numbers from [www.ndis.gov.au/providers/price-guides-and-pricing](http://www.ndis.gov.au/providers/price-guides-and-pricing)*