

Name: _____ DOB: _____ Age: _____

Therapist: _____ Ax IC Date: _____

Parent Meeting Date: _____

Availability for scheduling weekly appointments:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/> 8:00 - 9:00 <input type="checkbox"/> 9:00 - 10:00 <input type="checkbox"/> 10:00- 11:00 <input type="checkbox"/> 11:00- 12:00	<input type="checkbox"/> 8:00 - 9:00 <input type="checkbox"/> 9:00 - 10:00 <input type="checkbox"/> 10:00- 11:00 <input type="checkbox"/> 11:00- 12:00	<input type="checkbox"/> 8:00 - 9:00 <input type="checkbox"/> 9:00 - 10:00 <input type="checkbox"/> 10:00- 11:00 <input type="checkbox"/> 11:00- 12:00	<input type="checkbox"/> 8:00 - 9:00 <input type="checkbox"/> 9:00 - 10:00 <input type="checkbox"/> 10:00- 11:00 <input type="checkbox"/> 11:00- 12:00	<input type="checkbox"/> 8:00 - 9:00 <input type="checkbox"/> 9:00 - 10:00 <input type="checkbox"/> 10:00- 11:00 <input type="checkbox"/> 11:00- 12:00
PM	<input type="checkbox"/> 1:30- 2:30 <input type="checkbox"/> 2:30- 3:30 <input type="checkbox"/> 3:30- 4:30 <input type="checkbox"/> 4:30- 5:30	<input type="checkbox"/> 1:30- 2:30 <input type="checkbox"/> 2:30- 3:30 <input type="checkbox"/> 3:30- 4:30 <input type="checkbox"/> 4:30- 5:30	<input type="checkbox"/> 1:30- 2:30 <input type="checkbox"/> 2:30- 3:30 <input type="checkbox"/> 3:30- 4:30 <input type="checkbox"/> 4:30- 5:30	<input type="checkbox"/> 1:30- 2:30 <input type="checkbox"/> 2:30- 3:30 <input type="checkbox"/> 3:30- 4:30 <input type="checkbox"/> 4:30- 5:30	<input type="checkbox"/> 1:30- 2:30 <input type="checkbox"/> 2:30- 3:30 <input type="checkbox"/> 3:30- 4:30 <input type="checkbox"/> 4:30- 5:30

* Please provide us with at least 3 times you are available to attend for a weekly appointment. The more times you are able to provide the easier it will be for us to accommodate you on our schedule.

*When a vacancy becomes available at one of your indicated preferred times we will call you to offer that time.

*Please be aware there is generally a wait for weekly appointments after assessment. After school times (from 2:30 pm on) are in highest demand and therefore have a longer waiting time.

To be completed by assessing therapist:

Room recommendations: _____

Treatment frequency discussed and agreed with parents _____

NDIS clients: Agreed number of sessions for service booking _____

Monthly consultations required while on waiting list

Consult with assessing therapist

Consult with other therapist required.

NDIS Payments and MoveAbout

There are 3 management options for families when commencing NDIS. Please note that MoveAbout only accepts NDIA-managed (children aged 7 years and over) and self-managed (all participants). We DO NOT accept plan-managed participants*. Please review the information below and be aware of this during your child's initial planning meeting or review meeting.

The management options are as follows:

- NDIA-managed: MoveAbout bills the NDIA directly.
- Self-managed: You pay at time of service and then claim the amount back from the NDIA.
- *Plan- managed: 3rd party organisation pays on your behalf and then claims the amount back from the NDIA. **Please note, we do NOT accept plan-managed participants***. All payments for services at MoveAbout must be made at the time of session unless NDIA-managed.*
- There is also an option to use a combination of the above, i.e. 50% NDIA-managed, 50% plan-managed.

MoveAbout Therapy Services is a registered NDIS provider for Therapeutic Supports (i.e. participants 7 years of age and over). As of 31 March 2020, MoveAbout Therapy Services will no longer be registered to provide supports under Early Childhood Early Intervention. As such, we will not be able to accept any participant who is under 7 years of age at the time of their last review, unless they are self-managed.

In summary MoveAbout Therapy Services will accept the following plans:

- **Participants under 7 years of age** at time of initial planning meeting or last review:
 - Self- managed plans only.
- **Participants 7 years or age and over** at time of initial planning meeting or last review:
 - Agency- managed or self- managed plans.

If you have any questions regarding NDIS funding management, please ask reception.

*If you opt to have your child's plan managed by a Plan Manager, you will not be able to use this funding with MoveAbout unless you pay MoveAbout at time of service and claim reimbursement directly from your Plan Manager.

Letter of Referral

Clients Name: _____

Referring Doctor's Name: _____

Referring Doctor's Medicare Provider No.: _____

Referring Doctor's Address: _____

Date of Referral: ____/____/____

Dear MoveAbout Therapy Services,

Could you please see _____ **(Client's Name),**

For (tick the appropriate service):

Occupational Therapy

Under the following plan (tick the appropriate plan):

- Chronic Disease Management (CDM)-Formerly EPC Plan**
- Mental Health Care Plan (MHCP)**
- Helping Children with Autism (HCA)**
- Better Start for Children with Disability (BSCD)**

The relevant plan has been submitted to Medicare.

For the number of session stated below:

- 4**
- 5**
- 6**
- Other:** _____

Regards,

_____ **(Doctor's Signature)**

_____ **(Doctor's Name Printed)**



Dear Families & Doctors,

MoveAbout Therapy Services participated in a Medicare audit in 2011. While our documentation was found to be satisfactory, many of the referrals that we received were deemed to be insufficient due to the fact that they were missing details that Medicare required. Where a valid referral is not present, Medicare may seek recovery of the funds reimbursed (and may also include a 20% fine in addition to this amount) from the referring doctor, allied health provider or client receiving the service.

Please note: a copy of the plan IS NOT a referral. It must be a separate letter.

In an effort to support you to provide a valid referral, MoveAbout will only accept referrals that include ALL of the following criteria:

- Referring Doctor's Name and Signature.
- Referring Doctor's Medicare Provider No.
- Referring Doctor's Address.
- Date of Referral.
- Who the Referral is to:
 - MoveAbout Therapy Services
 - or
 - Specific individual therapist name (please note: your assessing therapist may not be your treating therapist and a new referral may be needed).
- Name of Medicare Plan that the referral is being made under:
 - Chronic Disease Management (CDM)- Formerly EPC Plan
 - Mental Health Care Plan (MHCP)
 - Helping Children with Autism (HCA)
 - Better Start for Children with Disability (BSCD)
- Number of sessions allocated under this referral.
- A copy of the plan in which the referral is being completed under.

A Medicare plan can only be used with one therapist. Should the child change therapist during a course of treatment, while under a Medicare plan, a new referral will be required.

Medicare and MoveAbout

Dear Families,

Your child may be eligible to use the following Medicare plans which may subsidise treatment sessions:

- Chronic Disease Management Plan (formerly EPC)
- Mental Health Care Plan (MHCP)
- Helping Children with Autism initiative (HCA)
- Better Start for Children with Disabilities initiative (BSCD)

Please discuss these options with your GP or Paediatrician if you would like to know whether any of these plans are suitable for your child.

Medicare has strict criteria regarding what constitutes a valid referral. Please note that referrals that do not meet Medicare's criteria will not be accepted. Details can be found at www.health.gov.au

A valid referral must have the following:

- Referring doctor's details including provider number
- MoveAbout details
- Child's name
- Therapy type (i.e. occupational therapy)
- Name of plan the child is referred under
- Number of sessions (maximum of 6 on first referral for MHCP, 5 for CDM or maximum of 10 on first referral for HCA & BSCD).
- A separate referral letter must accompany the plan.

Note: Not all occupational therapists are able to provide services under the Mental Health Care Plan. Therefore we ask that you inform us prior to booking in therapy if you intend to use this plan.