



## Provider Info

For immediate processing, please forward invoices and reimbursements to:  
[invoices@healthassure.com.au](mailto:invoices@healthassure.com.au)

Your invoice must include:

- Business name
- ABN
- Email address
- Phone number
- Business bank account details
- Participant's full name
- Participant's NDIS number
- Invoice number (must be unique)
- Invoice date
- Dates of supports / services provided
- Description of supports / services provided
- NDIS support code/line-item number
- Quantity of hours
- Hourly rate (not to exceed NDIS Price Guide)
- Individual line price and GST rate (indicate where GST free)
- Total amount

If you have any questions, please do not hesitate to get in touch on the details below.

We look forward to working together!

1300 545 095  
[hello@healthassure.com.au](mailto:hello@healthassure.com.au)  
[www.healthassure.com.au](http://www.healthassure.com.au)