



Assistive technology for independence

Communicate AT NDIS Order Form

Thank you for supporting Communicate AT and for choosing us to supply your Assistive Technology equipment in your National Disability Insurance Scheme plan.

Please complete the following form and return to Communicate AT via email or fax so that your NDIS order can be initiated.

By email: admin@communicateAT.com.au

By Fax: 02 9972 3879

We will then action your request, complete a booking via the portal and make the payment claim or issue a Tax Invoice as directed. All this information will be provided to you in an itemised bill for warranty purposes.

By completing and submitting this form to Communicate AT, you are agreeing to:

- ✓ Use your NDIS funds to purchase the below items/services listed
- ✓ Authorise Communicate AT to create a service booking and claim payment for the below items/services through the NDIS Portal

PARTICIPANT DETAILS

Name	
NDIS Number	
Date of Birth	

NDIS PLAN DETAILS

Plan Start Date / End date	
Plan Type (tick the relevant option)	<input type="checkbox"/> Self Managed (Invoice/Payment/Receipt) <input type="checkbox"/> NDIS Managed (Portal Booking/Portal Payment Claim) <input type="checkbox"/> Plan Managed (complete the areas below)

If Plan Managed:

• Organisation Name	
• Support Coordinator	
• Phone	
• Email	

Communicate AT Pty Ltd ABN 51 151 726 322
PO Box 462
DEE WHY NSW 2099

t | 02 9971 0409
f | 02 9972 3879
m | 0426 984 100
e | admin@communicateAT.com.au

ORDER DETAILS

NDIS Budget Category	
NDIS Line Item Number(s)	
Communicate AT Quote No.	
Products / Items to be Ordered. Please supply items names (or codes if known)	
Delivery Address	Name: _____ Address: _____ Town: _____ Postcode: _____
Delivery Phone Number	Phone: _____
Delivery Email Address	email: _____
Contact to discuss this order: (if other than recipient, participant or participant's family)	Name: _____ Phone: _____
COMPLETED BY	Name: _____ Date: _____

Email To:	admin@communicateAT.com.au
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