

Information Pack and Service Agreement 2025

Clinic based speech pathology services

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Medicare Provider Number: 5102483H







MILA Multimodal, Interaction based Language Approach



Service Information

Clients:

- Children and preteens aged 0-14
- · Privately paying families.
- Families/children with "Self Managed" NDIS plans.
- I am not a NDIS registered provider.

Who can I support:

Anyone seeking to better understand and explore their or their families' communication and interactions. This may include:

- Autistic children
- ADHD/ADDers
- Individuals with situational mutism
- Children who stutter
- Children with language differences (such as DLD)
- Children seeking support with speech clarity

What services do I provide:

- Clinic based sessions
- Parent consults
- School visits as needed
- Non-direct supports such as resource preparation, liaison with school staff, collaboration with other allied health professionals

Opening Times:

- Friday
- 9:30am 1:30pm

Location of Practice:

- I share a room with ABC OT.
- Unit 3 86 Francis Avenue Karringup.
- Free undercover parking provided.
 Look for the bay with the ABC OT logo and 'suit 3'.

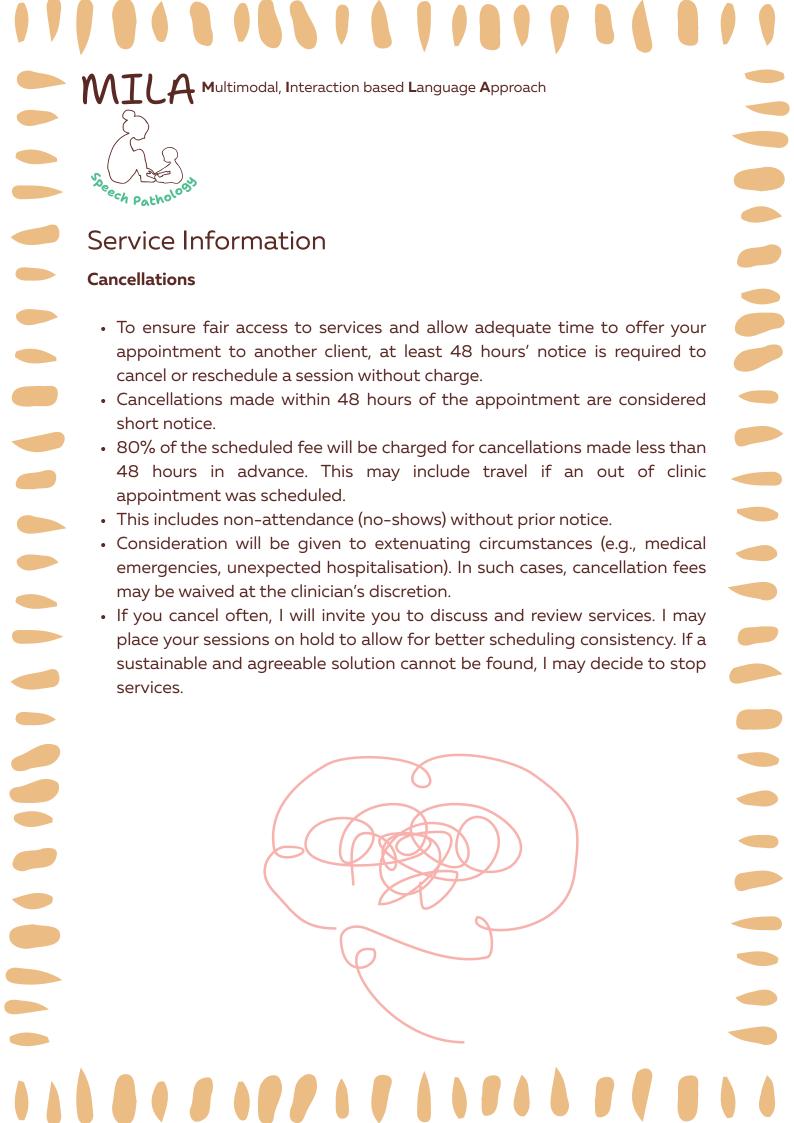
Referrals:

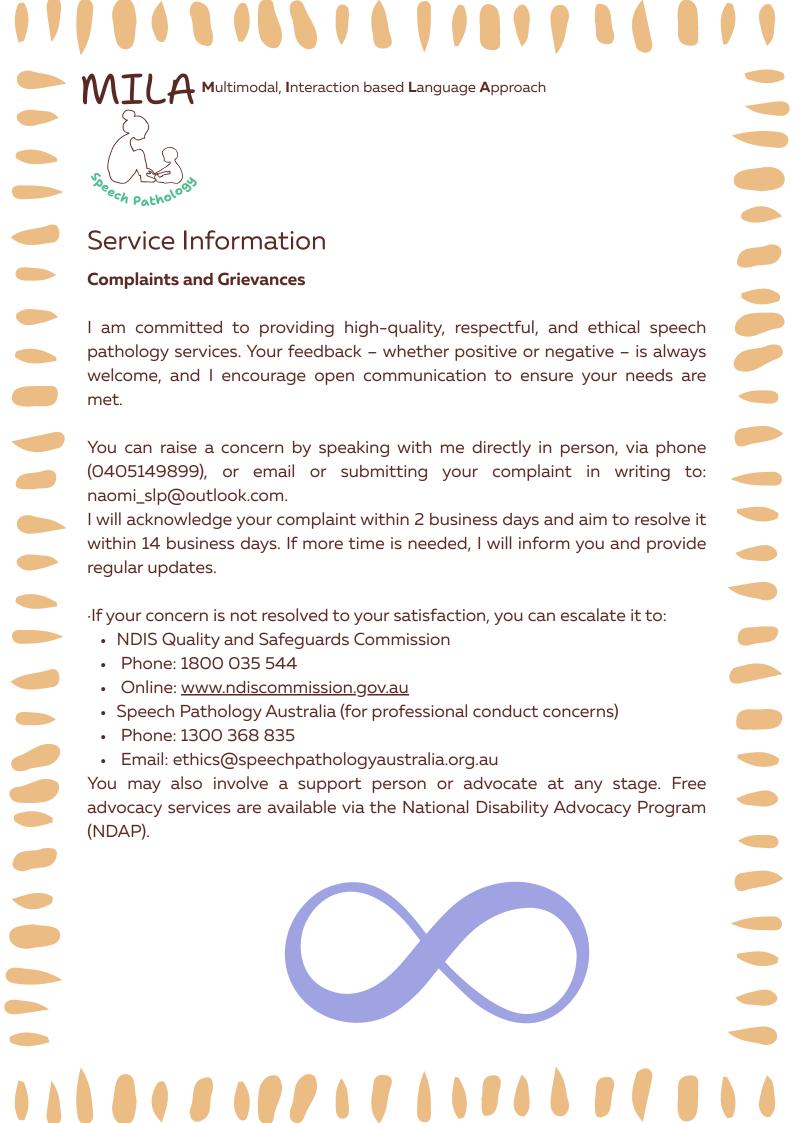
- Self-refer by calling or emailing.
- Written referrals are not required unless under a Medicare care plan.
 If a CDMP (Chronic Disease Management Plan) is issued, a GP referral is required.

Privacy Policy:

- MILA has an extensive privacy policy.
- A copy will be sent via email prior to the initial session.











Fees

I am committed to delivering high-quality speech pathology services while keeping fees affordable, transparent, and aligned with current funding guidelines. Fees are set in accordance with the NDIS Pricing Arrangements and Price Limits, and the same fee structure applies to both privately paying clients and NDIS participants.

Please note that I do not offer bulk billing.

If eligible, you may be able to access Medicare rebates through a Chronic Disease Management (CDM) Plan — please speak to your GP for further information. Additionally, some private health insurance extras may provide partial reimbursement for speech pathology services. You will need to check directly with your insurer regarding your level of cover and eligibility.

As a sole trader with limited administrative support, I use a secure direct debit system for all payments. Fees are automatically processed at the end of each session, and a paid invoice is issued to your email. With your consent, your card details are stored safely and encrypted for use with session fees and any applicable cancellation fees.

All services — including both direct therapy and indirect tasks (e.g., planning, report writing, liaison) — are billed in 15-minute increments at \$48 per increment. The anticipated number of increments required will be discussed with you in advance, and your consent will be

obtained before any service is delivered.

Service	Example	
Assessment	45 min session + 15 mins notes/prep = \$192	
Parent Consult	60 min session + 15 mins notes/prep = \$240	
Individual Session	45 min session + 15 mins notes/prep = \$192	
Indirect Services	45 min report writing = \$144	



AHPRA, my practice is informed by and aligned with the Australian Health Practitioners Code of Conduct to ensure the delivery of high-quality and accountable health services. Additionally, I strictly adhere to the Speech Pathology Australia (SPA) Code of Ethics:

- 1. Integrity I conduct myself with honesty, transparency, and accountability. I provide accurate information, represent my qualifications truthfully, and maintain clear professional boundaries.
- 2. Respect I uphold the dignity, rights, and autonomy of every individual I work with. I embrace diversity and ensure culturally responsive, inclusive, and non-discriminatory practice.
- 3. Care I act in the best interest of each client, prioritising their wellbeing, goals, and preferences. I use evidence-informed practice, monitor outcomes, and tailor services to the unique needs of each child and family.
- 4. Competence I maintain and continually develop the knowledge, skills, and judgement required for safe and effective practice. I seek supervision, professional learning, and reflective practice as essential components of clinical growth.

MILA aligns with the principles outlined in the Australian Health Practitioners Code of Conduct as part of a commitment to best practice. This includes:

- Providing safe, respectful, and high-quality care
- Obtaining informed consent for all services

- Ensuring privacy and confidentiality in line with national legislation
- Practising within my scope of competence, and referring on when necessary
- Responding openly and fairly to complaints and feedback
- Maintaining appropriate and accurate records
- Engaging in ethical billing and fee-setting practices
- Promoting culturally safe and responsive services, particularly for Aboriginal and Torres Strait Islander clients, neurodivergent individuals, and those from diverse backgrounds





Service Agreement

- I have received and read the MILA Information Pack. I understand and agree to the information outlined in this document.
- I understand that services include direct sessions, parent consultations, school visits (if arranged), and indirect supports such as report writing and liaison with other professionals.
- I understand the fee structure for services.
- I understand that full payment is due at the end of each session via direct debit, and that my card details will be securely stored (with consent) for this purpose.
- I understand the cancellation policy that states that 48 hours' notice is required to cancel an appointment without charge. Cancellations made within 48 hours will incur an 80% cancellation fee.
- I understand that video recordings may be used (with consent) to support clinical reflection and parent coaching, and that these are stored securely.
- I understand that all services are provided in accordance with the Speech Pathology Australia Code of Ethics and aligned with the Australian Health Practitioners Code of Conduct.
- I understand that I can request a copy of the privacy policy at any time.
- I understand that I can raise concerns or complaints at any time, and that clear procedures are in place for resolution, including contact details for external bodies.

Client's Name:	Plan Start Date:	
Person reding and completing this form on behalf of the client:	Plan End Date:	
Your relationship to the client:	NDIS number:	



Consent Declaration

I have read and understood the information outlined above. I consent to:

- Participation in speech pathology services at MILA
- Secure storage and use of my card details for payment purposes
- Video recording of sessions as described

Client's Name:	Date:	
Your Name:	Your Signature:	