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How you get paid depends on how the participant manages their NDIS budget.

## Self-managed participants

Participants who are self-managing their plan are invoiced by, and pay, providers directly.

Participants need a receipt from the provider to acquit the expenditure against their plan using the myplace participant portal.

## Plan-managed participants

Where a participant has a plan manager assisting them, providers need to send invoices directly to the participant's plan manager. Invoices must include a valid ABN unless the provider is exempt from quoting an ABN.

The plan manager will process the payment through the myplace provider portal and pay the provider.

## NDIA-managed participants

Registered providers need to submit a payment request through the myplace provider portal to receive payment for services or supports for participants who are NDIA-managed.

Refer to the [Using the myplace provider portal step-by-step guides](#) for detailed steps on making payment requests.

Providers need to submit a payment request within 90 days from the end of the service booking.

You will need the following information to claim:

- participant name
- participant reference number or NDIS number
- dates of support
- support item reference number
- support item price.

## **Payment Terms**

The NDIA is committed to making sure every dollar invested in the NDIS helps participants to make the most of their lives.

Valid claims will generally be paid within 2 to 3 business days.

For example, if you submit a valid claim on Monday up to 12 midnight, generally it will be processed into your bank account by Wednesday.

If you submit a valid claim on Friday, Saturday or Sunday up to 12 midnight, generally it will be paid by Tuesday.

In some circumstances if the provider is not recorded as a My provider it can take up to 10 days to be paid. Find out more about how NDIA's new computer system and my providers.

We're taking more time to check all claims submitted to ensure they are valid and that payments are going to the right support providers and equipment suppliers.

## **Pre-payment claim reviews**

Some claims will be reviewed before we process payment.

If we decide to review a claim, we will send the provider an email that:

- notifies that the claim has been placed on hold
- requests further information
- provides a fact sheet with instructions on how to identify the status of held claims.

When we receive the right information, and the claim is validated, we will add the claim to the next payment run.

We will send an email notifying the provider:

- the claim has been released
- when to expect payment
- that remittance advice will be updated.

If the information is not satisfactory or if we receive no response, the claim will stay on hold until we receive the information necessary to validate the claim.

If a claim is not compliant, it will be rejected and not be paid. We will email the provider advising that the claim has been rejected and the reasons why.

Re-submitting a claim that has been held for review is non-compliant behaviour. Duplicate claiming it will not help you get paid faster, instead it will trigger a deeper review.

If a claim within a bulk upload is being reviewed, only the claim under review will be held. All other claims will be paid according to NDIA payment terms.

## **What you will see in the provider portal**

You can review your payment request status via the provider portal.

If your payment request is in review it will have a “Pending Payment” status while we review the payment.

When the review is finished the payment status is updated. Payments and cancellations will appear on the remittance advice.

If a payment is being held for review, providers will always be contacted via email.

It is important to note that “Pending Payment” status does not mean that payment will be made. When a claim has been approved for payment the status will update to “Paid”.

More information is available in the [myplace portal guide](#).

## **Compliance monitoring**

As part of our compliance monitoring, we may contact you to provide information about supports and/or services you have been paid for.

Unsupported claims may need to be repaid to the NDIA or referred to the NDIS Quality and Safeguards Commission, which could result in revocation of your registered provider status.

Providers concerned they may be in breach of, or at risk of breaching, their responsibilities should contact the NDIA by telephone on 1800 800 110.

For more information about compliance visit our [Provider compliance page](#).

The NDIS Quality and Safeguards Commission also has information and guidance on their website to help providers do the right thing including NDIS Practice Standards and the NDIS Code of Conduct.

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