



FINANCIAL AUTHORISATION FOR NURSING SERVICES

Client Name: _____ Service Requested By: _____

Staff Type	Hourly Rate	Increment Units
Week day rate		(10 minutes)
Registered Nurse	\$105.00	\$17.50
Allied Health	\$117.90	\$19.65
Week end rate		(10 minutes)
Registered Nurse	\$126.00	\$21.00
Allied Health	\$141.48	\$23.58
Public Holiday rate		(10 minutes)
Registered Nurse	\$189.00	\$31.50
Allied Health	\$212.22	\$35.37

Please note:

- GST will be applied to the above costs.
- The Schedule of Fees is reviewed each year.
- The Schedule of Fees alters in accordance with any award increase.
- Minimum visit time charged is 30 minutes.
(Additional time is charged in 10 minute increments)
- An additional fee may be incurred for travel

TERMS:

To enable RALLY Healthcare to perform the services, the purchaser will provide RALLY Healthcare with:

- Access to all information both at the time of services being provided and following cessation of the provision of services as required; and
- Access to its premises, equipment and resources where necessary

DEBTOR DETAILS:

Organisation Name: _____

Address: _____

Suburb _____ Postcode: _____

Phone: _____ Fax: _____

AUTHORISATION AND ACCEPTANCE OF FEES AND TERMS:

The following person has the authority to sign and accept charges for services on behalf of the organisation. This document relates to the above named client's episode of care.

Name: _____ Position: _____

Signature: _____ Date: _____ / _____ / _____