

Insurance Receipt

Client

Registrant Name

Mailing Address

Date of Birth: DD, Month, YYYY

Date

Date of last session (Session 8)

Provider

Facilitator Name *Credentials*

Insurance Registration Number

Mailing Address

Description	Quantity	Time	Cost
Mindful Self-Compassion (MSC) Skills training to enhance emotional resiliency to reduce the negative effects of difficult emotions such as anxiety, depression, and shame on a client's well-being. This program is offered in conjunction with The Centre for Mindfulness Studies. Program Start Date – Program End Date	1	28.5 hours	\$595
<i>Session 1 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 2 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 3 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 4 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 5 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Silent Retreat – date</i>		<i>4 hours</i>	<i>\$78</i>
<i>Session 6 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 7 – date</i>		<i>3 hours</i>	<i>\$64</i>
<i>Session 8 – date</i>		<i>3.5 hours</i>	<i>\$69</i>
TOTAL	1	22 hours	\$595

_____[facilitator signature]_____

Facilitator Name *Credentials*

Date of signing

Date