



# Insurance Receipt

**Client: Registrant Name**

**Date of last session (session 8)**

Mailing Address

Date of birth

## Providers

Address: Centre for Mindfulness Studies 180 Sudbury Street Unit C2 Toronto ON M6J 0A8

**Facilitator Name** Credentials and Insurance Registration Number

**Facilitator Name** Credentials and Insurance Registration Number *\*if applicable*

Description	Attendance (Y/N)	Time	Cost
<b>Mindfulness-Based Cognitive Therapy</b> Group therapy program. Skills building and lifestyle counselling for stress, anxiety, and depression management. This program is offered in conjunction with the Centre for Mindfulness Studies. <b>Program start date - Program end date</b>			<b>\$550 paid</b>
Session 1 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 2 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 3 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 4 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 5 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 6 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 7 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75
Session 8 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$68.75

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**Facilitator Name** *Credentials*

Date of signing

**Date**

\_\_\_\_\_  
**Facilitator Name** *Credentials*

Date of signing

**Date**

*IF APPLICABLE: The insurance receipt has been signed by both program facilitators but please note that your insurance provider requires that you submit your claim under one provider name and one credential. Please verify your insurance coverage prior to submitting your claim. For more information regarding insurance coverage, visit [MindfulnessStudies.com/insurance](http://MindfulnessStudies.com/insurance)*