

Insurance Receipt

Client

Registrant Name

Mailing Address

Date of Birth: DD/MM/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 hours | \$625 |
| Session 1 – <i>date</i> | | 3 hours | \$68 |
| Session 2 – <i>date</i> | | 3 hours | \$68 |
| Session 3 – <i>date</i> | | 3 hours | \$68 |
| Session 4 – <i>date</i> | | 3 hours | \$68 |
| Session 5 – <i>date</i> | | 3 hours | \$68 |
| Silent Retreat – <i>date</i> | | 4 hours | \$81 |
| Session 6 – <i>date</i> | | 3 hours | \$68 |
| Session 7 – <i>date</i> | | 3 hours | \$68 |
| Session 8 – <i>date</i> | | 3 hours | \$68 |
| TOTAL | 1 | 28 hours | \$625 |

Facilitator Name Credentials

Date of signing

Date