



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
Mindfulness-Based Cognitive Therapy Program start date - Program end date			\$560 paid
Session 1 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 2 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 3 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 4 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 5 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 6 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 7 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70
Session 8 – <i>Date</i>	<i>Y or N</i>	2.5 hours	\$70

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