

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	Attendance Y/N	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			\$625 Paid
Session 1 – date	Y or N	3 hours	\$68
Session 2 – date	Y or N	3 hours	\$68
Session 3 – date	Y or N	3 hours	\$68
Session 4 – date	Y or N	3 hours	\$68
Session 5 – date	Y or N	3 hours	\$68
Silent Retreat – date	Y or N	4 hours	\$81
Session 6 – date	Y or N	3 hours	\$68
Session 7 – date	Y or N	3 hours	\$68
Session 8 – date	Y or N	3 hours	\$68

Facilitator Name Credentials

Date of signing

Date