

# 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
<b>Mindful Self-Compassion (MSC)</b> 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. <b>Program start date – Program end date</b>			<b>\$625 Paid</b>
Orientation – date	Y or N	1 hour	\$22
Session 1 – date	Y or N	3 hours	\$67
Session 2 – date	Y or N	3 hours	\$67
Session 3 – date	Y or N	3 hours	\$67
Session 4 – date	Y or N	3 hours	\$67
Session 5 – date	Y or N	3 hours	\$67
Silent Retreat – date	Y or N	3 hours	\$67
Session 6 – date	Y or N	3 hours	\$67
Session 7 – date	Y or N	3 hours	\$67
Session 8 – date	Y or N	3 hours	\$67

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**Facilitator Name Credentials**

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**Date of signing**

**Date**