

Core Living Essentials  
Kristena Eden  
Salt Lake Community College  
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801-885-6732

## Statement for Insurance Reimbursement

Responsible Party, Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Client \_\_\_\_\_

DOB \_\_\_\_\_

Diagnosis – Generalized Anxiety and Depression disorder

| Date of Service | Fee | Paid |
|-----------------|-----|------|
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[www.corelivingessentials.com](http://www.corelivingessentials.com)