



Thrive Counseling LLC
872 Massachusetts Ave, Suite 2-2
Cambridge, MA 02139

Receipt for Services

This receipt is to certify that (Client Name) _____ participated in counseling with
(Therapist Name) _____ at *Thrive Counseling LLC* on (dates):

Counseling fees total _____. Other fees total _____. Grand total _____. **Paid in Full.**

Procedural Code (ex: 90806, etc.) _____ Diagnosis Code _____

Tax ID of Thrive Counseling LLC is ##-#####. For any additional confirmation or information, contact *Thrive Boston Counseling* at (617) 395-5806, or via email at Support@thriveboston.com



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