

Document Date: 03/13/2026

Next Review Date:



Betterview Counseling & Trauma Recovery LLC

845 N. Park Rd STE 101
Wyomissing, PA 19610-1342
Phone: 484-709-1381 | Fax: 833-490-1352

CCBH ENCOUNTER FORM

CLIENT: Vincent Allen

CLIENT MA ID:

STAFF NAME: MaJuana Mayo, LSW

TYPE OF SERVICE: Individual

Visit Date: 03/13/2026 Visit Start Time: 11:00 am Visit end Time: 12:00 pm

I certify that this information on this encounter form is true, correct and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that false claims, statements, documents or concealment of material may be prosecuted under applicable federal and state laws.

Staff Signature

MaJuana Mayo, LSW.

Date: 03/13/2026

Client/Parent/Guardian Signature

Date: