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## Salt City Mental Health Ecclesiastical Order

### Ecclesiastical Leaders Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Home Address (must be a physical address):

\_\_\_\_\_  
\_\_\_\_\_

### Session Information

Number of sessions approved: \_\_\_\_\_

Total dollar amount approved: \_\_\_\_\_

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In consideration for the services to be performed by a clinician of Salt City Mental Health, \_\_\_\_\_ (ecclesiastical leader) agrees to pay the provider at the rate of \$180.00 per initial assessment and \$160 per standard mental health therapy session, for an approved number of \_\_\_\_\_ sessions.

Salt City Mental Health shall be paid within a reasonable time after Salt City Mental Health submits an invoice to \_\_\_\_\_ (ecclesiastical leader). The invoice should include the following: an invoice number, the dates covered by the invoice, and a summary of the work performed.

**\*All payments should be made out to Salt City Mental Health**

Printed Name of Ecclesiastical Leader: \_\_\_\_\_

Signature of Ecclesiastical Leader: \_\_\_\_\_