

MATRIX HEALTH SYSTEMS/OTTER CREEK ASSOCIATES

Please complete this form for credit card payments; once complete, please email a PDF copy to drfoxman@protonmail.com OR drop off/mail a hard copy addressed to Dr. Paul Foxman to 86 Lake Street, Burlington VT 05401 (VISA, MasterCard, Discover or HSA only)

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Clinician or Program: Dr. Paul Foxman (VCAC) _____

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