

MATRIX HEALTH SYSTEMS/OTTER CREEK ASSOCIATES

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

Cardholder's Name: _____

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Amount: _____

Date of Service: _____

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Clinician or Program: Audrey Winograd (VCAC) _____

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