

# The Therapeutic Center for Children and Families

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- Andrew Lustbader, MD
- Preston Wiles, MD
- Jill L. Barron, MD
- Jill Vaughan, APRN
- Deirdre Trevett, APRN
- Adrienne Nash, APRN
- Maryellen Pachler, APRN
- Catherine Lewis, LCSW
- Amy McQuaid, LCSW
- Leslie Greenblatt, LCSW
- Katherine Sullivan, LCSW

**Please check one payment option:**

- I/We elect to pay by credit card at the time of service and would like the credit card debited for each session.
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**Please provide credit card information for:** \_\_\_\_\_  
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Type of Credit Card (circle one): **MASTERCARD** **VISA**

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month year

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