

**KARI LEWIS, Ed.D.**  
**ADHD Behavior Education Services**  
**1808 Evergreen Avenue · Raleigh, NC 27603**  
**Phone 919-618-8333 · Email [karik@bellsouth.net](mailto:karik@bellsouth.net)**

**Client Information**

**Date** \_\_\_\_\_

**Name of Client** \_\_\_\_\_

**Name of Parents** \_\_\_\_\_  
(if client is not 18 years of age)

**Address** \_\_\_\_\_

**Telephones**            **Home** \_\_\_\_\_            **Work** \_\_\_\_\_

**Cell** \_\_\_\_\_            **e-mail** \_\_\_\_\_

**Name of School** \_\_\_\_\_  
(for clients of school age)

**Name of employer** \_\_\_\_\_  
(for clients not of school age)

**List any current educational or psychological diagnosis of the client (e.g. LD, ADHD)** \_\_\_\_\_

**Name(s) of pediatrician, psychologist, psychiatrist, or other person involved in the client's treatment**  
\_\_\_\_\_

**Name(s) of medication and dosage**  
\_\_\_\_\_

**SCHEDULE OF FEES**

Fees are payable in full at each session, or you can request a monthly invoice with payment due upon receipt of the invoice. Cash, Venmo, check or a credit card is accepted.

Venmo: Kari Lewis @Kari-Lewis-8

If paying with a check, please make check payable to: Kari Lewis, Ed.D.

Payment may be made on PayPal at adhdbehavioreductionservices.com.

Finance charges are added if no payment is made within 30 days.

Late charges are computed at 1.5% monthly for any balance over 30 days old.

Insurance does not cover expenses for this service.

Individual Sessions, per 60 minutes.....	\$145.00 - 160.00
(fee varies depending upon location/weekend hours)	
Administrative fee for monthly billing.....	10.00
School visits (per hour) .....	\$160.00
Telephone consultations longer than 10 minutes, per quarter hour or any portion thereof.....	\$25.00
20 minute scheduled phone sessions.....	\$20.00
Other service.....	negotiable
Returned check fee.....	\$30.00

**LATE CANCELLATIONS OR MISSED APPOINTMENTS:** If unable to keep an appointment kindly provide 24 hours notice, otherwise charges will be made for the time reserved and an invoice will be mailed to you. Please cancel Monday appointments by Friday afternoon.

I have read the above information concerning fees and I understand and accept the policies described above.

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

(responsible party)