

# Sarai Leeb-Herman LCSW

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Email [saraileebhermanlcsw@gmail.com](mailto:saraileebhermanlcsw@gmail.com)  
NPI 1497291701

Client Name

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DOB

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Address

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City

State

Zip

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Home Phone

Cell phone

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Emergency Contact/

Relationship to you?

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Referral Source

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**Please have drivers license and insurance card ready to be copied**

## **Primary Insurance**

Name of insured

Self

Spouse

Child

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Insured address

Insured DOB

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Insured Employer

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Insurance Company

ID#

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Group #

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**Secondary Insurance**

Name of insured	Self	Spouse	Child
Insured address	Insured DOB		
Insured Employer			
Insurance Company	ID#		
Group #			

**I hereby releases any medical or other information necessary to process this claim. I authorize Payment to be sent to Sarai Leeb Herman LCSW.**

**Insured or authorized signature**

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**Printed Name**

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