



TEXAS MEDICAL LIABILITY TRUST  
 P.O. Box 14746 • Austin, Texas 78761 • (512)454-6781  
 Toll Free 1-(800)252-9179  
 "A health care liability claim trust  
 created by the Texas Medical Association"

105477 LP 07/09/89  
 Hector P. Garcia MD  
 1315 Bright St.  
 Corpus Christi TX 78405

**INDIVIDUAL RENEWAL QUESTIONNAIRE**

**I. GENERAL INFORMATION**

A. Please list all office locations where you currently practice. List principal location first.

1. 1315 BRIGHT ST. CORPUS CHRISTI, TEXAS NUECES 78405  
Number Street Suite City State Zip County

2. \_\_\_\_\_  
Number Street Suite City State Zip County

3. \_\_\_\_\_  
Number Street Suite City State Zip County

B. 401 PEERMAN CORPUS CHRISTI, TX. 78411  
Home Address City State Zip Code

C. Area Code ( 512 ) 883-1789 Area Code ( 512 ) 852-8498  
Office Phone Home Phone

D. Please list all hospitals where you currently practice. List principal location first.

HOSPITAL (Name, City, State, County)	TYPE OF PRIVILEGES	DEPARTMENT
1. <u>MEMORIAL MEDICAL CENTER</u> <u>CORPUS CHRISTI, TEXAS NUECES</u>	<u>FULL STAFF</u>	<u>FAMILY PRACTICE</u>
2. _____	_____	_____
3. _____	_____	_____

E. Mailing Address  
 Home  Principal Office  Principal Hospital  P.O. Box \_\_\_\_\_

F. Other counties where you practice N.A.

G.  Yes  No Is any of your practice outside of Texas?  
 If yes, where? N.A. Percent? N.A.

**II. UNDERWRITING AND RATING INFORMATION**

**A. TYPE OF PRACTICE**

Partnership  Office Share/De Facto Partnership  
 Professional Association  
 Yes  No Do you desire coverage for the above? If yes, please complete Professional Association/  
 Partnership Application.  
 Individual Practice  Solo Professional Association (coverage is automatically provided under  
 individual policy)  
 Employee  Locum Tenens  
 Independent Contractor  Health Maintenance Organization (HMO),  
 Preferred Provider Organization (PPO),  
 Other \_\_\_\_\_ Independent Practice Association (IPA), etc.  
specify

Exact Name and Address of Solo PA, Professional Association/Partnership, Group, HMO or Employer, etc. \_\_\_\_\_  
DR. HECTOR P. GARCIA M.D., P.A. 1315 BRIGHT ST. CORPUS CHRISTI, TEXAS 78405

Any other name under which you practice (i.e. DBA) NO

B. Please check any of the following procedures you perform: NONE

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acupuncture  | <input type="checkbox"/> Chymopapain   | <input type="checkbox"/> Lipo-Suction                                |
| <input type="checkbox"/> Acupuncture Anesthesia   | <input type="checkbox"/> Colonoscopy   | <input type="checkbox"/> Liver Biopsy                                |
| <input type="checkbox"/> Adult Circumcision   | <input type="checkbox"/> Cosmetic Chemosurgery   | <input type="checkbox"/> Lymphangiography                            |
| <input type="checkbox"/> Angiography  | <input type="checkbox"/> Cosmetic Plastic Surgery  | <input type="checkbox"/> Myelography                                 |
| <input type="checkbox"/> Garren-Edwards Gastric<br>Bubble   | <input type="checkbox"/> Dermabrasion  | <input type="checkbox"/> Pain Management in Office                   |
| <input type="checkbox"/> Percutaneous Transluminal<br>Angioplasty   | <input type="checkbox"/> Electro-Shock Therapy   | <input type="checkbox"/> Pneumoencephalography                       |
| <input type="checkbox"/> Amniocentesis  | <input type="checkbox"/> Epikeratophakia   | <input type="checkbox"/> Radial Keratotomies                         |
| <input type="checkbox"/> Arteriography  | <input type="checkbox"/> Esophagoscopy   | <input type="checkbox"/> Radiation Therapy (other<br>than Grenz Ray) |
| <input type="checkbox"/> Biopsy - Prostate  | <input type="checkbox"/> Gastroscopy   | <input type="checkbox"/> Radium/Radioactive Seed<br>Implants         |
| <input type="checkbox"/> Percutaneous Biopsy -<br>Breast, Kidney, Lung                                      | <input type="checkbox"/> General Anesthesia  | <input type="checkbox"/> Silicone Implants                           |
| <input type="checkbox"/> Bronchoscopy   | <input type="checkbox"/> General Anesthesia in office,<br>including nitrous oxide and<br>sodium brevital | <input type="checkbox"/> Silicone Injections                         |
| <input type="checkbox"/> Cardiac Catheterization<br>other than Swan Ganz or<br>right heart catheterization) | <input type="checkbox"/> Hair Transplant   | <input type="checkbox"/> Skin Planing                                |
| <input type="checkbox"/> Chemabrasion   | <input type="checkbox"/> IUD Insertion   | <input type="checkbox"/> Spinal Anesthetics                          |
|   | <input type="checkbox"/> Keratomileusis  | <input type="checkbox"/> Tubal Ligations                             |
|   | <input type="checkbox"/> Laparoscopy   | <input type="checkbox"/> Vasectomies                                 |
|   | <input type="checkbox"/> Lasers - Used in Therapy  | <input type="checkbox"/> Venogram/I.V.P.                             |
|   |  | <input type="checkbox"/> X-Ray Therapy                               |
- Yes     No    Are any of the procedures you perform considered experimental? If so, please give details. \_\_\_\_\_
- 

C. Check any of the following categories which pertain to you:

- No Surgery - Except incision of boils, cysts, other superficial abscesses or suturing of minor lacerations.
- Minor Surgery - Does not include procedures described below as major surgery. Includes most procedures done under local anesthesia.
- Assisting in Surgery - On your own patients.
- Assisting in Surgery - On other than your own patients.
- Major Surgery - Includes all procedures done under general, spinal or caudal anesthesia. Tonsillectomies, adenoidectomies, or therapeutic D&Cs are considered major surgery.
- Major Surgery on referral patients. What percentage of your practice involves surgery on referral patients? \_\_\_\_\_
- Obstetrics, prenatal care, C-sections, assisting in deliveries or C-Sections.
- Outpatient surgery (in office or other similar non-hospital facility).  
If yes, please give full details. \_\_\_\_\_
- 
- Plastic Surgery. What percentage of your practice involves plastic surgery:  
Cosmetic? \_\_\_\_\_ Reconstructive? \_\_\_\_\_
- Vascular Surgery. What percentage of your practice involves vascular surgery? \_\_\_\_\_
- Thoracic Surgery. What percentage of your practice involves thoracic surgery? \_\_\_\_\_
- Abortions. Please indicate the number of abortions you perform annually.  
Total \_\_\_\_\_ In office \_\_\_\_\_ In hospital \_\_\_\_\_
- Weight-Control Surgery. Please indicate the number of weight-control surgery procedures you perform annually. \_\_\_\_\_
-

D. 1.  Yes  No Do you work in an emergency department **other** than to maintain staff privileges? If yes, please give name of hospital and number of hours per week.

Hospital \_\_\_\_\_ Hours per week \_\_\_\_\_

2.  Yes  No Do you work in a minor emergency/urgent care/walk-in clinic? If yes, please give name of clinic and number of hours per week.

Name of Clinic \_\_\_\_\_ Hours per week \_\_\_\_\_

3. Indicate number of practice hours per week involved in both direct patient care and related administrative activities: 40 Practice time (hours). Indicate average or approximate weekly patient load: 60-66 (number).

- 4.  Yes  No Do you practice in an intensive care unit?
- 5.  Yes  No Do you practice in a birthing center?
- 6.  Yes  No Do you treat or review treatment of employees injured on-the-job on the behalf of any employers?
- 7.  Yes  No Do you practice as an industrial or in-plant physician?
- 8.  Yes  No Do you practice as a team sport physician?
- 9.  Yes  No Do you participate in pharmaceutical testing programs?
- 10.  Yes  No Do you serve as a teaching physician?
- Yes  No Are you responsible for supervision of residents, interns or fellows?

E. 1.  Yes  No Do you \_\_\_\_\_ employ \_\_\_\_\_ supervise or \_\_\_\_\_ contract with any licensed physicians (including interns, residents or fellows)?

Name	Specialty	Insured By	Limits of Liability

Name	Specialty	Insured By	Limits of Liability

2.  Yes  No Do you \_\_\_\_\_ employ \_\_\_\_\_ supervise or \_\_\_\_\_ contract with any individuals who administer anesthesia other than licensed physicians?

Name	Title/Degree	Insured By	Limits of Liability

Name	Title/Degree	Insured By	Limits of Liability

Name	Title/Degree	Insured By	Limits of Liability

3. Indicate number of professional assistants in each category employed or supervised by you personally or by a partnership or corporation of which you are a member or shareholder: Nurses \_\_\_\_\_, Lab and/or X-Ray Technicians \_\_\_\_\_, Physician's Assistants 0, Nurse Midwives 0, Nurse Practitioners 0, Other 0 (specify nature of duties), \_\_\_\_\_

Are these personnel insured? If so, please provide name of insurance carrier and limits of liability:

Insurance Carrier	Limits of Liability

4. List medical societies and professional organizations in which you are currently a member. County Medical Society NUECES COUNTY MEDICAL SOCIETY

Yes  No **Texas Medical Association**

Yes  No If not a member, is membership currently pending? Professional Organizations \_\_\_\_\_

5. CONTINUING MEDICAL EDUCATION: How many CME credits did you receive last year? PLEASE SEE ATTACHMENT

Type	Dates

Type	Dates

Type	Dates

6.  Yes  No Are you American Board Certified?  
 Yes  No Are you Board Eligible?

Date Certified	Name of Specialty Board

Yes  No Have you ever failed to pass a Board Exam?

NOTE: IF ANY OF THE ANSWERS TO QUESTIONS 7 THROUGH 17 ARE "YES", DETAILS MUST BE PROVIDED IN THE ANSWER SECTION OF THE APPLICATION.

7.  Yes  No Are you a proprietor, superintendent, executive officer or administrative officer of any hospital, ambulatory surgery facility, minor emergency clinic, sanitarium, clinic with bed and board facilities, laboratory, birthing center or business enterprise other than x-ray or pathological laboratory? If yes, please give details. \_\_\_\_\_
8.  Yes  No Do you act or serve as a medical director or department head? If yes, please give details. \_\_\_\_\_
9.  Yes  No Do you use a collection agency?  
 Yes  No Does it have authority to file a collection suit at its discretion? \_\_\_\_\_
10.  Yes  No Are you an employee of or do you do any contract work for any Federal, State, local or governmental agency? If yes, please give details, including whether professional liability insurance is provided for you. \_\_\_\_\_
11. Has your license to practice medicine or to prescribe or dispense controlled substances ever been restricted, refused, suspended, or revoked? Is it under pending investigation? Have you voluntarily surrendered any license during or following an investigation?  
 Yes  No Medical License  
 Yes  No BNDD License  
If yes, please give details including dates. \_\_\_\_\_
12.  Yes  No Has any hospital ever suspended, refused, restricted or revoked your privileges; has probation ever been invoked; are you under pending investigation? If yes, please give details including dates. \_\_\_\_\_
13.  Yes  No Have you resigned from any hospital, clinic, other facility or position during or following a medical investigation? If yes, please give details including dates. \_\_\_\_\_
14.  Yes  No Has membership in any professional association or society ever been revoked or refused? If yes, please give details including dates. \_\_\_\_\_
15.  Yes  No Have you become aware of or have you been treated for alcoholism, narcotics addiction or mental illness? If yes, give details including dates and provide a statement of insurability from treating physician. \_\_\_\_\_
16.  Yes  No Have you incurred or become aware of having a chronic illness or physical defect that impairs or could tend to impair your ability to practice your specialty? If yes, give details including dates and provide a statement of insurability from treating physician. \_\_\_\_\_
17.  Yes  No Have you ever been convicted of a crime other than minor traffic violations? If yes, please give details including dates. \_\_\_\_\_





United States  
of America

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 95<sup>th</sup> CONGRESS, FIRST SESSION

Vol. 123

WASHINGTON, FRIDAY, SEPTEMBER 16, 1977

No. 144

## Senate

### MEXICO'S INDEPENDENCE DAY

Mr. TOWER. Mr. President, today marks the 167th anniversary of Mexico's independence from Spanish rule, a period that lasted more than 350 years. September 16 or Diez y Seis is observed with pride by Mexico and all persons of Hispanic heritage as that date in history when a courageous people declared an end to Spanish rule. On this date in 1810, Father Miguel Hidalgo Y Costilla led the call for his country's independence with his famous "Grito de Dolores."

In recognition of the many contributions the Hispanic American community has made to our own Nation, the President proclaimed this week National Hispanic Heritage Week, 1977. In issuing this proclamation, he called upon the American people to observe this week with appropriate ceremonies and activities, reflect upon the influence of Hispanic culture in our land, and most importantly to encourage the full participation of Hispanic Americans in every phase of American life.

I am pleased to note that the Hispanic community in my own State, particularly as represented by the Mexican-American community, will be honoring and observing this historic date. Yet, in Texas as in so many other States these observances will also be joined by citizens who have no cultural or heritage ties to Mexico but who nonetheless recognize and value the spirit of freedom symbolized by Mexico's Independence

Day. Clearly it is this spirit of freedom that forms the common bond between our two nations, and which compels each to guard jealously the independence gained so many years ago.

Mr. President, in my own State, the full participation of the Hispanic American in every phase of American life continues to be a cherished goal. While considerable progress has been made, much still remains to be done. The progress already made toward that goal, however, has depended in great part upon the willingness and partnership of the total Texas community. At the same time, various organizations in my State have diligently represented the interests and concerns of Texans who are also citizens of Mexican or Hispanic ancestry. These organizations have worked to accomplish this goal of full participation, and it is clear that they have contributed immeasurably. Although by no means inclusive, this list of organizations includes the following: League of United Latin American Citizens—LULAC—American GI Forum of the United States; National IMAGE; SER; and the Mexican American Legal Defense and Educational Fund—MALDEF.

Mr. President, National Hispanic Heritage Week, 1977, reminds all Americans of the highest value we place upon our freedom as a Nation. I am pleased to urge my colleagues therefore to take special note of the historical significance of Diez y Seis.

United States Senate

WASHINGTON, D.C. 20510

*John Tower*  
U.S.S.

Dr. Hector P. Garcia  
Founder  
American GI Forum of the U.S.  
1315 Bright St.  
Corpus Christi, Texas 78405



JOHN TOWER  
TEXAS

COMMITTEES:  
ARMED SERVICES  
BANKING, HOUSING AND  
URBAN AFFAIRS  
JOINT COMMITTEE ON  
DEFENSE PRODUCTION

## United States Senate

WASHINGTON, D.C. 20510

September 30, 1977

Dear Fellow Texan:

I am writing to share with you a reprint of my comments from the September 16 Congressional Record on the importance of this date in history to persons of Hispanic heritage.

In my remarks, I pointed out that the President had proclaimed the week National Hispanic Heritage Week, 1977; in his proclamation, he called on Americans to encourage the full participation of Hispanic Americans in every phase of American life.

The full participation of Hispanic Americans in every phase of American life truly goes to the heart of the unified Hispanic American movement today. The question remains, however, how to accomplish it. I suggest to you that a bill I have cosponsored, S. 1066, offers the brightest hope for making full participation a reality, but it requires your attention and support.

You already may be familiar with S. 1066, a bill to establish an Office of Hispanic Affairs in the Executive Office of the President and in the various agencies of the Federal government. The bill calls for various steps to be taken under law to assure that Federal programs are providing the assistance needed by the Spanish speaking community.

One very essential provision in the bill, however, would provide for the designation of a Special Assistant for Hispanic Affairs in each major agency of the government. That person would participate in all policy planning and development for all programs of the agency to insure the full and fair consideration of factors that impact on the total Hispanic community. In short, this would mean the involvement and participation of the Hispanic community at the highest decision and policy-making levels of our government.

I hope this bill will receive your support; if it does, perhaps you will join with me in working to bring it before committee for the hearings it deserves.

Sincerely,

  
John Tower