Damian D. Garcia, M.D. is not accepting any insurance. Payment is expected at time of service. If you need to file a claim, please ask the front desk for a detailed receipt.

Patient Information						
Patient Name						
First	Middle		Last			
Date of Birth		Sex:	Male	or	Female	
Race/Ethnicity		_Language				
Address						
City	Stat	e			Zip	
Work Phone	Home Ph	Mob	ile Ph			
Email Address	Dri	river's License #				
May we send you reminder er	nails? Yes No May we se	nd you remin	der text	mess	sages? Ye	s No
How did you hear about Dr. Da	mian Garcia?					
Employer						
Work Address						
Marital Status: Married	Single Widowed Divo	rced				
Name of Spouse (if applicable)						
Emergency Contact Financial Information Responsible Party						
Responsible Party's Date of Bir	thRelat	ionship to Pa	tient			
Responsible Party's Driver's Lic Insurance Information for refe						
Ins Company	Member ID				_Group#	
Primary policyholder		Date of I	3irth			
Address & Phone # on back of	ns Card					

If you ever have a change in the above information, please inform the front desk. Please have your ID and insurance card ready so we may make a copy. Rev. 10/2016