



Amy Mathew D.M.D. 2883 North Decatur Road Decatur, Georgia 30033

404-299-7411

Patient Registration

Responsible Party (if someone other than the patient) First Name: Last Name: Address: City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Birth Date: Soc. Sec: Drivers Lic: Responsible Party is Also a Policy Holder for Patient Primary Insurance Policy Holder Address: City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Secondary Insurance Policy Holder Primary Insurance Policy Holder Secondary Insurance Policy Holder Secondary Insurance Policy Holder Birth Date: Ext: Cellular: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed Birth Date: Age: Soc. Sec: Drivers Lic:				Last Na	IIC.		
First Name: Address: City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Birth Date: Soc. Sec: Drivers Lic: Responsible Party is Also a Policy Holder for Patient Primary Insurance Policy Holder Secondary Insurance Policy Holder Address: City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Patient is: Police	cy Holder	Responsible Party	1			
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Address: City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Birth Date:		Soc. Sec:			Drivers Lic:	
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Address: City: State: Zip: Home Phone: Ext: Cellular: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Responsible Party is	Also a Polic	y Holder for Patient	Primary Insurar	nce Policy Holo	der Secondary In	surance Policy Holder
City: State: Zip: Home Phone: Work Phone: Ext: Cellular: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Responsible Party is	Also a Polic	y Holder for Patient	Primary Insurar	nce Policy Holo	der Secondary In	surance Policy Holder
Home Phone: Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Responsible Party is Patient Information	Also a Polic	y Holder for Patient	Primary Insurar	nce Policy Holo	der Secondary In	surance Policy Holder
Sex: Male Female Preferred Pronoun: he/him she/her they/them Marital Status: Married Single Divorced Separated Widowed	Patient Information	Also a Polic	y Holder for Patient	Primary Insurar	nce Policy Holo	der Secondary In	surance Policy Holder
Marital Status: Married Single Divorced Separated Widowed	Patient Information Address:				nce Policy Holo	der Secondary In	surance Policy Holder
	Patient Information Address: City:	State	:				surance Policy Holder
Birth Date: Soc. Sec: Drivers Lic:	Patient Information Address: City: Home Phone:	State	: Work Phone:	Zip:	Ext:	Cellular:	
	Patient Information Address: City: Home Phone: Sex: Male	State \ Female	: Work Phone: Preferred F	Zip: Pronoun:	Ext: he/him	Cellular: she/her	
E-mail: I would like to receive correspondences via e-mail	Patient Information Address: City: Home Phone: Sex: Male Marital Status:	State \ Female	: Work Phone: Preferred F Single Divord	Zip: Pronoun: red Sepa	Ext: he/him	Cellular: she/her Widowed	they/them

Primary Insurance Information				
Name of Insured:		Relationship to Patient:	Self Spouse Child	Other
Insured Soc. Sec:		Insured Birth Date:		
Employer:				
Address:				
City:	State:		Zip:	
Insurance Company:				
Address:				
City:	State:		Zip:	
Rem. Benefits:	.00	Rem. Deduct:		.00
Secondary Insurance Information				
Name of Insured:		Relationship to Patient:	Self Spouse Child	Other
Insured Soc. Sec:		Insured Birth Date:		
Employer:				
Address:				
City:	State:		Zip:	
Insurance Company:				
Address:				
City:	State:		Zip:	
Rem. Benefits:	.00	Rem. Deduct:		.00
Patient 8 O				
Date:				