

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, _____, Date of Birth: _____, S/O / W/O _____, Residing at _____, Presently employed _____, DO HEREBY NOMINATE, APPOINT AND CONSTITUTE _____, Date of Birth: _____, S/O / W/O _____, Residing at _____, AS MY ATTORNEY IN MY NAME AND ON MY BEHALF for medical decision-making and hospital-related matters as detailed below.

POWERS GRANTED

1. To make decisions regarding medical treatment, hospital admission, discharge, surgeries, diagnostic procedures, and emergency care when I am unable to do so.
2. To sign admission forms, consent forms, surgery approvals, anaesthesia consents, blood transfusion consents, ICU approvals, and all medical documentation.
3. To discuss my condition and treatment with doctors and healthcare staff.
4. To access all medical records, prescriptions, and reports.
5. To approve or deny procedures, treatment, medications, or life-support interventions.
6. To arrange hospital shifting, sign discharge papers, ambulance forms, and re admission papers.
7. To manage billing—deposits, settlements, estimates, refunds, receipts.
8. To communicate with insurance companies for cashless or reimbursement claims.
9. To receive medical certificates, summaries, reports, insurance approvals, and claim forms.
10. To coordinate with diagnostic centres, labs, and paramedical services.
11. To engage or change doctors or hospitals if required.
12. To make decisions regarding home care, physiotherapy, or rehabilitation.
13. To perform all acts related or incidental to medical treatment and hospital care.

THAT the Attorney shall act in good faith, prioritising my best interest.

THAT the Principal revokes all earlier powers related to medical matters and agrees to ratify all lawful acts done by the Attorney.

IN WITNESS WHEREOF, the principal has signed this general power of attorney at _____ on this ____ day of _____, 20.

WITNESSES

Address: _____

Address: _____

PRINCIPAL

Signature: _____

Name: _____