



General Consent and Authorization Form

ADMINISTRATION OF TREATMENT

I hereby consent to the administration of treatment deemed necessary by my physician(s) and other physicians who my attend me, their associates and assistants, healthcare, professionals responsible for my care, Prana Health PLLC, and any of its affiliates (Herein after referred to as “Prana Health”), the Prana Health’s house of staff and employees to provide medical care, tests, procedures, drugs or drug products, services, and supplies considered advisable by Prana Health.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as a result of medical treatments, diagnostic procedures, or examinations, while in Prana Health. I am aware that, except in limited situations (such as in a medical emergency), I am required to sign separate consent forms should I need to undergo surgery or other invasive procedures. I understand I have a right to refuse any procedure or medical treatment.

ASSIGNMENT OF INSURANCE BENEFITS

In consideration of any and all medical services, care, drugs, supplies, equipment, and facilities furnished by Prana Health PLLC. (Herein after referred to as “Prana Health”), Prana Health physicians and Prana Health employees, I hereby authorize direct payment to Prana Health and physicians, of all insurance benefits applicable (including Medicare and/or medical benefits), which are not or which shall be come due and payable to me. In addition, I hereby authorized direct payment to Prana Health of all insurance benefits applicable to medical and/or surgical services rendered by physicians for whom Prana Health is authorized to charge and bill. If my attending Physician and/or other physicians or physician extenders associated with him/her or whom he/she may designate accept insurance assignment then I hereby authorize my insurance benefits to be paid directly to those physicians or physician extenders.

Signature: _____

Print Name: _____

Date: _____

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Medicine and by National Board of Physicians and Surgeons
Certified by American Board of Sleep Medicine, and American Board of Obesity Medicine
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