



# BORGER FAMILY CHIROPRACTIC

Dr Chris Prock • 603 N Main • Borger, TX 79007 • 806 464 5159

## **Fee Schedule and Financial Agreement**

Non-Member	Single Membership	Double Membership	Family Membership
\$35/visit	\$79/month	\$129/month	\$169/month

### **Financial Policy**

The purpose of Chiropractic is to keep you and your family Connected to your Innate Power Source for the entirety of your lives. My financial policies are designed to be the most affordable mean of fulfilling Chiropractic's purpose. Non-Members are expected to pay for services at the time service is rendered. Monthly Memberships may be paid every month on the same date you begin your first membership. There are no refunds of any fees under any circumstances.

### **Membership Rules and Guidelines**

The purpose of Chiropractic is to keep you and your family Connected to your Innate Power Source for the entirety of your lives. My Membership is provided as an affordable means of serving that purpose. Membership is for Unlimited Lifestyle Recommendations rather than for adjustments or a specific number of visits. I will offer you my professional advice of a recommended check-up frequency. All decisions are yours and yours alone. You may schedule a time by calling our office or simply come in on Fridays during our Power Hour. My time off may not result in an available substitute. Borger Family Chiropractic reserves the right to cancel a membership at any time for any reason.

### **Membership Cancellation/Termination**

The purpose of Chiropractic is to keep you and your family Connected to your Innate Power Source for the entirety of your lives. I understand that unforeseen circumstances may arise which prevent you from maintaining your membership. Therefore, you may cancel membership at any time and pay no cancellation fee. Should you decide to return, you will have to apply in the same manner as you applied before.

### **Conflict Resolution**

If a conflict arises, please know that I am here to serve you. Bring it to my attention, and in the end, you will find I am open to listening. I consider your forthrightness an act of love rather than conflict. My only request is that you provide me the same.

### **Membership Rewards**

Membership fees are co-operative. I appreciate your new member referrals and they are the best way to show your appreciation. Members may receive rewards at the discretion of Borger Family Chiropractic.

I have read, understand, and agree to the above policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Member Entrance Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State ZIP Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children under 18: \_\_\_\_\_

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### **I Understand and Agree:**

**Initial:** \_\_\_\_\_ Chiropractic care as given in this office is done to enhance the expression of LIFE and not for the removal of symptoms and pain.

**Initial:** \_\_\_\_\_ The monthly fee for your Chiropractic Membership is for advice and life coaching and not for the specific Chiropractic adjustment.

**Initial:** \_\_\_\_\_ This Chiropractic Membership is month-to-month and cannot be filed for insurance purposes.

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## **Terms of Acceptance**

The ONLY goal of Chiropractic is to remove any nerve interference caused by subluxation. This is defined as simply a misalignment of spinal bones. This office does NOT diagnose conditions, treat conditions, or even treat pain. We are dedicated to removing nerve interference through Chiropractic care, customized to every member we offer care. After nerve interference is removed, your body is allowed to function to the very best of its ability, often giving a relief of pain and other symptom improvement. This office simply maintains YOUR health through regular spinal adjustments, allowing you to live life to its fullest. By signing below, you ACCEPT Chiropractic care on these terms.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

## **Informed Consent For Chiropractic Care**

Chiropractic care, like all forms of health care, while offering considerable benefit may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. One of the rarest complications associated with chiropractic care, occurring at a rate between one instance per one million to one per two million cervical spine (neck) adjustments may be a vertebral artery injury that could lead to stroke.

Prior to receiving chiropractic care this Chiropractic office, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spine health. These procedures will assist us in determining if chiropractic care is needed, or if any further examinations or studies are needed. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

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I understand and accept that there are risks associated with chiropractic care and give my consent to the examinations that the doctor deems necessary, and to the chiropractic care including spinal adjustments, as reported following my assessment.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Patient or legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (office staff)

\_\_\_\_\_  
Date