



# DISTANCE, LEVEL 1 CANCER PROGRAM

*Connors Clinic Patients are Patients for Life!*

## Patient Name:

### Cost:

\$24,300 financed

\$22,800 one-time pay

We ask that payment be made when you schedule to reserve your home visit

NOTE: There is an additional fee for travel outside of the contiguous 48 states and/or need for expedited travel

### Does Not Include:

- Your specific Nutraceuticals are not included as everyone is different with specific needs
- Labs/Lab Work, if needed
- Future office visits/phone consults
- Thermography Scans
- Therapy Packages - in clinic. See package price sheet for pricing.

## Program Includes:

- We will 'hand deliver' your entire program by having one of our Primary Clinicians come to your home to teach you exactly how to use any/all equipment to Scan, Test, and Care for you. We bring your Rife Machine and spend the entire day (or more) teaching you and your caregivers/family everything you need to be successful in your care. Again, there is simply nothing like this level of care anywhere:
- One of our Primary Clinicians will come to your home and spend a concerted amount of time.
- They will help teach you everything you need to follow our Connors Clinic program including Rife setup and use, dietary recommendations, use of supplements, and even help teach you natural lifestyle changes (if needed).
- They will be performing testing and scans per our Connors Clinic protocols.
- They may also help assess your home for dangerous EMFs and help provide recommendations to help mitigate any issues you may have.
- You receive necessary Rife equipment for continued daily home care which includes the Rife Machine, Hammer Bulb and laptop computer. You also receive a Protocol Binder with customized Nutritional plan, At-Home Therapy recommendations, Diet, etc.
- For six months, you have regular (usually weekly) contact with us on our unique ZOOM CALL platform where questions will be addressed and you will be motivated to 'stay the course' in your care. You also have access to our patient-only Facebook group where we post regular updates and you can connect with other patients and ask questions.
- You also receive a follow up visit (via ZOOM) with us to go over Genetic Reports if completed as well.



*Please Read Before Signing:*

1. I fully understand the terms of this plan as listed above and agree that the educational counsel included, Kinesiology, and all else provided by Connors Clinic/Upper Room Wellness, Inc, is NOT Board/Insurance/ Medically recognized and may be considered new/experimental/not medically necessary/not reimbursable/not proven, etc and that this is NOT chiropractic, medical or connected to either in any way. We are NOT practicing chiropractic or medicine in this office and I agree to care on those terms under the Pastoral Medical Association guidelines.
2. Any and ALL other services the patient/member may choose to receive will be ADDED to the cost of this plan and will be due and payable at the time of service.
3. There are NO refunds for services once payment is made. All equipment leaving the office is considered used and is not refundable. There is absolutely NO return policy on Rife, Neurofeedback, other equipment or laptop purchase. All sales are final.
4. I completely understand there are NO guarantees of help, correction, relief, or cure, written, spoken or implied. I understand that this office does NOT treat cancer, disease, or any disease or medical diagnosis nor does it make any medical diagnoses of any kind. I fully understand that the use of the Rife and/or any other technology is NOT for treatment of any disease and cannot be construed as a substitute for conventional care. This office makes NO claims of any kind as to validity or acceptance of the Rife machine, Neurofeedback, PEMF, HBOT, Hyperthermia, Laser, ARP or any other technology and I accept complete responsibility for use, dangers, electrical incidence and/or any possible risks involved, real or imagined.
5. I understand that this office does NOT provide or practice medicine or chiropractic, and therefore does NOT bill insurance for ANY services. In this understanding, I fully understand that I cannot expect any insurance payment for services rendered and will NOT seek reimbursement for any care received nor will I ever ask for disability consent, office notes, or documentation of care for any reason. (NO notes, treatment or diagnostic codes will ever be issued or released)
6. I understand that Applied Kinesiology/Nutritional Response Testing, BBT, Detoxification, Laser, PEMF, Rife etc., although safe and non-invasive, are NOT used for diagnosis or treatment of ANY disease and this care does NOT diagnosis or treat disease and should NOT substitute for my primary healthcare provider. NO ONE in this office is functioning as a licensed doctor and education in nutritional guidelines and lifestyle changes are NOT a substitute for seeking standard medical care. It is MY responsibility to seek advice from my primary healthcare provider as it is this office's advice for you to do so.
7. I understand that should I discontinue care for any reason, all fees accrued for anything received are based on current fee schedules for my plan and that there is NO Refund for this plan and that ALL SALES ARE FINAL. I understand that any outstanding balance on my account is due and payable immediately by me and/or my estate for any and all monies owed.
8. I am making a sane and conscious decision to seek advice as per the above understood terms for either myself and/or my dependents. In doing so, I agree to the above terms and acknowledge this with my signature below:

**Payment Options:** I understand and agree that I am ultimately responsible for full payment of services PRIOR to the clinic making reservations to come to my location.

\_\_\_\_ One-time CASH/CHECK Payment (payable to Connors Clinic): receive a \$1500.00 discount = One-time payment of \$22,800.00

\_\_\_\_ Finance options: \$24,300.00 requires a cash/check down-payment of \$15,300.00 and SIX consecutive monthly payments of \$1500.00 beginning 30 days following the initial day of care. These are made through ACH transaction and must be set-up prior to your first visit.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_