



## LEVEL 2 DISTANCE PLAN

*Connors Clinic Patients are Patients for Life!*

### Patient Name:

### Cost:

.....  
\$15,900

### Does Not Include:

- Nutraceuticals
- Genetic kit itself - order directly from us or 23andme.com
- Other Lab Work, if needed
- Future follow-up phone visits
- Personal expenses such as travel, hotel and food should you come for a visit/therapies
- In-office therapies

### Future Office Visits/ Phone Visits:

.....  
Other follow-up Phone visits are based on time and are paid at the time of service.

Visits beyond those covered in this Plan are always available at an additional charge with either one of our doctors or other support staff.

### Work Up Includes:

- A nutritional protocol with binder detailing recommendations.
- Nutraceutical (supplement) recommendations. Any of the recommended nutrition/supplementation is a separate cost.
- Necessary Rife equipment which includes the Rife, Hammer Bulb and laptop computer. Dr. Connors specific programming is included with the Rife. This will include a personal program that the patient will use at night while sleeping.
- Video Tutorials will be placed on your Rife computer for Rife Training, GUT Health, Binder training, etc.
- You have six months access to regular (usually weekly) contact with us on our unique ZOOM CALL platform where questions will be addressed as a group and you will be motivated to 'stay the course' in your care and where you receive support and prayer from us and others in the group as well.
- A follow up visit (over a ZOOM/phone call) with us for Rife Training and Binder Review, and one for your Genetic Review (if applicable).



June, 2019



*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. Kevin Connors is 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 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 received. All equipment leaving the office is considered used and is not refundable. There is absolutely NO return policy on Rife, Neurofeedback 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, IMRS, 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, IMRS, 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 after day 1 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.
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.

\_\_\_\_One-time CASH/CHECK/CHARGE Payment (payable to Connors Clinic): \$15,900.00

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

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