OUR FULL, LEVEL 1 CANCER PROGRAM

Conners Clinic Patients are Patients for Life!

Patient Name:

Cost:

$29,300 financed

$27,800 one-time pay

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

Does Not Include:

- Your specific Nutraceuticals are not included as everyone is different with specify needs
- Labs/Lab Work, if needed
- Future office visits/phone visits
- Personal expenses such as travel, hotel and food
- Follow-up Thermography Scans
- Therapy Packages beyond the 2-day intensive are optional and separate from this plan. See package price sheet for pricing.

Program Includes:

• Starts with a Two Day Intensive Clinic Visit. What you receive after examination and testing during our Two Day Intensive includes:

- Dietary counsel and nutritional plan
- Specific Nutraceutical recommendations
- Specific, personalized, Rife frequency programs
- Educational tutorials
- Protocol Binder with Nutritional plan, Diet, etc.
- Necessary Rife equipment for continued daily home care which includes the Rife Machine, Hammer Bulb, foot bath detox, carrying case, and laptop computer

✦ During your visit, you may also receive (per Clinician's recommendation):

- Initial Thermography Scan
- Therapies, which may include:
    - Localized Hyperthermia, Pulsed Electro-Magnetic Field (PEMF), Hyperbaric Oxygen Therapy (HBOT), Acoustic Therapy, Light Beam Generator (LBG), Seqex Therapy, etc.

Also:

• You may have access to six months of regular (usually weekly) contact with our unique ZOOM CALL platform where questions may be addressed and you will be motivated to 'stay the course' in your care.

• Genetic Review and follow-ups may be available (if Clinicians deem necessary)

• Two or more weeks following your 2-Day Intensive, our Distance Care Coordinator will visit your home helping you with:

• Implementation of your program (diet, cooking tips, nutrition, food preparation tips, use of coffee enemas and other therapies, supplementation, etc.)

• Home inspection as deemed necessary: help with testing for EMF exposure, possible mold and/or toxin exposure with help/info in mediating such

July, 2019

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 Conners 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 do 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 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, 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 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 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 coming to the clinic to make sure you reserve your spot.

_____One-time CASH/CHECK Payment (payable to Conners Clinic): receive a $1500.00 discount =One-time payment of $27,800.00

_____ Finance options: $29,300.00 requires a cash/check down-payment of $20,300.00 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 _____/_____/______