



LEVEL 2 CANCER PROGRAM

DL2 Cx

Patient Name:

Cost:

.....
\$20,900 - finance/credit card
\$19,900 - cash/check/wire/ACH
.....

Rife Equipment Included:

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TrueRife F-122, Hammer
Bulb, Ion Pro Wave foot
bath detox and laptop
computer with Connors
Clinic specific, personal
programming. Video
tutorials are also placed on
laptop.

Does Not Include:

- Supplements
- Lab Work - we recommend you have any desired lab work done locally
- Future follow-up phone visits and/or Future follow-up cheek swab testing per clinic fee schedule (currently \$150/15 minutes)

Program Includes:

• We begin by shipping you:

- a Genetic Saliva Collection Lab kit to be collected at home and sent directly to lab.
- a cheek swab to be collected and returned to the clinic for testing.

• When we receive your returned cheek swab:

- We perform testing to determine your unique nutritional, dietary, and Rife frequency protocols.
- We print and ship you a 3-ringed binder detailing our recommendations (usually with 3 days of receiving swab).
- We send you your programmed TrueRife machine, Ion Pro Wave foot bath cleanse, Hammer Bulb and computer programmed to your diagnosis as well as our testing.
- YOU then need to call the clinic and schedule a "Binder review" to clarify all recommendations and help you best understand your protocol.

- When we are notified from the lab that your genetic testing is complete (usually within 6-10 weeks), we will call you and schedule a Review of the findings.

• Also included:

- Follow-up phone/Zoom visits with your assigned liaison: One visit for Rife training and Binder Review, and one for your Genetic Review.



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. Kevin Conners 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, PEMF, 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.
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:

____ One-time CASH/CHECK Payment (payable to Upper Room Wellness): \$19,900.00

____ One-time credit card payment of \$20,900

X _____ Date ____/____/____

X _____ Date ____/____/____