



LEVEL 1 CANCER PROGRAM

Connors Clinic Patients are Patients for Life!

Patient Name:

Cost:

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\$35,395 financed/Credit Card

\$34,395 cash/check/wire/ACH

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.
 - Home PEMF machine AND a Hyperthermia machine (see our website for details on spec of these units)

- Does Not Include:

- Supplements
- Lab Work - we recommend you have any desired lab work done locally
- Future follow-up cheek swab testing per clinic fee schedule (currently \$150/15 minutes time)
- Follow-up phone visits may be available but we encourage everyone to take advantage of the free ZOOM meetings.

Program Includes:

• Once entered into a Plan, we begin by:

- Sending you a Genetic Saliva Collection Lab kit to be collected at home and sent directly to lab, and a cheek swab to be collected and returned to the clinic for testing.
- We email you an invitation to join our Members-ONLY Site where training and further instructions are found.

• 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 and other equipment listed on the left hand column.
- YOU then, via the Members-ONLY Site, follow the link to attend the next "Binder review" ZOOM meeting 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 to let you know to jump on the next available ZOOM meeting Genetic Review of the findings.
- On the Members-ONLY Site, you'll see the schedule and links for the weekly ZOOM meetings with Dr. Connors and the ZOOM meetings with your liaison to help you stay on track, answer questions, and educate.



Please Read Before Signing:

1. I fully understand the terms of this plan as listed above and agree that any/all education, counsel, Kinesiology, and all else provided/offered/produced/created/distributed/published by any/all members of 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 all are NOT chiropractic, medical or connected to either in any way to standards of care. We are NOT practicing chiropractic, naturopathy, medicine, or health care and any/all said information should be understood as opinion 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/products/equipment once payment is made. All equipment leaving the office is considered used and is not refundable. There is absolutely NO return policy on Rife, supplements, and any other equipment or laptop purchased. 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, 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, 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, naturopathy, 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, Thermography, 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:

____ Finance/Credit Card Payment: \$35,395.00

____ One-time CASH/CHECK Payment (payable to Upper Room Wellness): receive a \$1000.00 discount = One-time payment of \$34,395.00

X _____ Date ____/____/____

X _____ Date ____/____/____