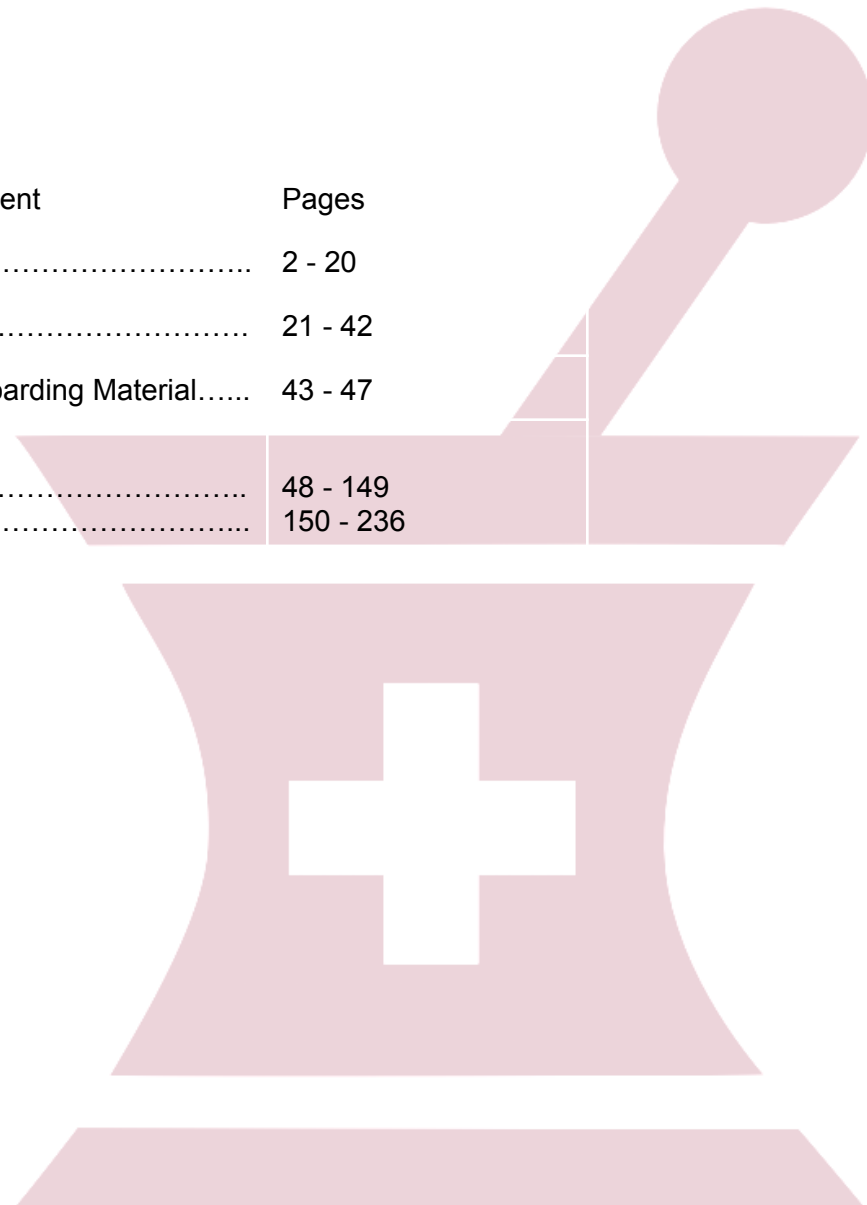


Fall River, MA

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The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at shabbir@safemedicines.org or (415) 630-3736.



AGREEMENT FOR SERVICES

This Agreement made this 16th day of May, 2018 (hereinafter referred to as "Agreement"), by and between PBIRx Inc., located at Merritt Corporate Woods, 612 Wheelers Farms Road, Milford, Connecticut 06461-1673 (hereinafter referred to as "PBIRx") and City of Fall River located at One Government Center, Fall River MA 02722 (hereinafter referred to as "Plan Sponsor"), do hereby agree to the following terms and conditions:

1. Scope of Services - PBIRx agrees to provide the Consulting Service Schedule listed in Schedule A. These services will be provided on behalf of Plan Sponsor as described in Schedule A, attached hereto and incorporated into this Agreement by reference. Any Optional Services will be provided as requested and described in Schedule A.

2. Fees for Services - PBM will compensate PBIRx directly for the Consulting Services which PBIRx is providing on behalf of Plan Sponsor, in accordance with Schedule A. Such compensation is payable to PBIRx for the length of the term of the negotiated contract between PBM and Plan Sponsor. Any optional Services will be provided and billed as requested and agreed to in writing.

3. Term of Agreement - This Agreement shall commence on July 1, 2018 (hereinafter referred to as "Effective Date") and shall remain in effect for as long as Plan Sponsor has an agreement in place with a pharmacy benefit vendor ("PBM") that has a contract negotiated through the services of PBIRx. The initial term of the Agreement is from the Effective Date through June 30, 2019 (the "Initial Term") and thereafter shall automatically renew for successive one (1) year terms unless either party gives written notice, at least ninety (90) days prior to the end of any such term, to the other party of its intent to terminate this agreement as of the end of the then current term; provided, however, that notwithstanding the foregoing, this Agreement shall terminate automatically on the date that the agreement between the Plan Sponsor and the PBM terminates. PBIRx Consulting Services will not terminate until all claims are processed and rebates paid or due on behalf of Plan Sponsor have been reconciled per the terms in Schedule A.

4. Plan Sponsor Data - PBIRx may use Data obtained from the Plan Sponsor or its PBM under this Agreement for actuarial and underwriting considerations, and for the purpose of evaluating responses to and conducting negotiations with respect to a Request for Proposal & Contract ("RFP&C"), but shall not retain or disclose any Data that can be separately identified as being associated with a specific health plan, member, patient, or health care provider. Notwithstanding anything in this Agreement to the contrary, Plan Sponsor expressly authorizes PBIRx to disclose Data to Plan Sponsor's medical consultant, and to other third parties as directed by Plan Sponsor, for purposes of providing services to Plan Sponsor. Plan Sponsor acknowledges and agrees that all information contained in an RFP&C, as well as discussions and auxiliary materials relating to the RFP&C process, is strictly confidential, and further agrees that negotiations are to be conducted by PBIRx on behalf of Plan Sponsor and that any direct contact by Plan Sponsor's employees or other agents with prospective bidders is prohibited as it may compromise the bid process.

5. Confidentiality and Restrictions on Use of Plan Sponsor Data

(a) **"Confidential Information"**- Each party agrees that during the course of their relationship, information that is confidential or proprietary may be disclosed to the other party, including, but not limited to the Data, a party's trade secrets (as defined under applicable state law), information relating to the party's business operations, services, products, research, development, customers, finances, marketing plans and strategy, pricing strategy, and source code, design specifications drawings and data flow analyses for products, deliverables and other materials developed or prepared pursuant to this Agreement (hereinafter called "Confidential Information"). Confidential Information shall not include information that the receiving party can demonstrate (a) is at the time of its disclosure, or thereafter becomes, known to the public through a source other than the receiving party, (b) was known to the receiving party without confidentiality obligation as of the time of its disclosure (c) is independently developed by the receiving party, or (d) is subsequently learned from a third party not under a confidentiality obligation to the providing party.

(b) **Non-disclosure** - During the term of this Agreement and after the expiration or earlier termination hereof, neither party shall disclose any of the other party's Confidential Information to any person, or permit any person to use, examine or reproduce Confidential Information, except as expressly allowed under the terms of this Agreement or upon prior written consent. Furthermore, neither party shall request or require the other party to disclose such other party's Confidential Information to a current or potential business competitor during the term of the Agreement or following its expiration or termination. Each party shall notify its agents and employees of their confidentiality obligations with respect to the Confidential Information and shall require its employees to comply with these obligations. The confidentiality obligations of each party and its employees as described in this Agreement shall survive the expiration or termination of this Agreement and the Business Associate Agreement.

(c) **Business Associate Agreement** - In addition to the foregoing, the parties agree to be bound by the terms of the Business Associate Agreement set forth as Schedule B, attached hereto and incorporated into this Agreement by reference.

(d) **Communications** - Under the terms of this Agreement, PBIRx shall act as the liaison between Plan Sponsor and its Pharmacy Benefit Manager ("PBM"). Plan Sponsor shall require its agents, representatives, and any third parties seeking Plan Sponsor's Data from the PBM to contact PBIRx, and PBIRx shall facilitate the transfer of such Data from the PBM to the requesting party.

6. Termination - Either party may terminate this Agreement upon thirty (30) days written notice to the other party for a material breach of the terms of this Agreement that is not cured by the breaching party within thirty (30) days of receiving written notice of the facts and circumstances allegedly giving rise to the breach.

7. Limitations on Liability - Except in the event of any fraudulent or criminal act, or any intentional or negligent acts or omissions, PBIRx shall have no liability with respect to its obligations under this Agreement or otherwise for consequential, exemplary, special, incidental, or punitive damages even if PBIRx has been advised of the possibility of such damages.

8. Limitations in Scope - Plan Sponsor acknowledges and agrees that, in providing services under this Agreement:

(a) PBIRx is not providing medical or pharmacy services, including but not limited to evaluation, analysis, treatment or diagnosis of any medical conditions or states;

- (b) PBIRx is not providing any Insurance services;
- (c) PBIRx is not acting as a Plan Administrator or named fiduciary of the Plan Sponsor (the "Plan") and the Plan Sponsor shall not name or represent PBIRx as being associated with the Plan in any way, except for providing the services described in this Agreement; and
- (d) PBIRx will maintain Confidential Information in accordance with its standard policies and practices and applicable state and federal law. Except in the event of any fraudulent or criminal act, or any intentional or negligent acts or omissions, PBIRx is not liable in the event Confidential Information, including but not limited to pharmacy claims data provided by Plan Sponsor or its agents or subcontractors to PBIRx in accordance with this Agreement, is disclosed by Plan Sponsor or its agents or subcontractors to any third party or is further disclosed by such third party.

9. Indemnification of Third Party Claims and Insurance - Plan Sponsor shall indemnify and hold harmless PBIRx, its directors, officers, employees and agents, and defend any action brought against same with respect to any claim, demand, cause of action, debt or liability, including reasonable attorney's fees, to the extent that such action is brought by a person or entity not a party to this Agreement, and relates to or arises from the intentional or negligent acts or omissions of the Plan Sponsor with respect to the performance of the terms of this Agreement. PBIRx shall indemnify and hold harmless the Plan Sponsor, its directors, officers, employees and agents, and defend any such action brought against same with respect to any claim, demand, cause of action, debt or liability, including reasonable attorney's fees, to the extent that such action is brought by a person or entity not a party to this Agreement and relates to or arises from PBIRx's unauthorized use or disclosure of Confidential Information, any fraudulent or criminal act, or any intentional or negligent acts or omissions by PBIRx or its directors, officers, employees or agents with respect to the performance of the terms of this Agreement. PBIRx, with respect to each of its Principals, shall maintain general liability and professional liability insurance policies in at least the amount of \$1 million aggregate and shall provide the other party proof of coverage upon request.

10. Warranty - PBIRx warrants that it will perform Services in accordance with reasonable industry standards. PBIRx further warrants that neither it nor any of its employees, agents or representatives acting on its behalf to perform the services under this Agreement has ever been nor is now suspended, excluded, barred or sanctioned by any state or federal regulatory agency or entity. PBIRx makes no other warranties hereunder, and expressly disclaims all warranties, express or implied, including, without limitation, warranties of merchantability and fitness for a particular purpose.

11. Remedies - In addition to any other remedies, which may be available at law, the parties agree that the non-breaching party shall be entitled to injunctive relief, specific performance or other equitable relief or any or all of the foregoing, for any breach or threatened breach of this Agreement without the necessity of proving actual damages and without waiving any other remedies otherwise available at law or in equity.

12. Attorneys' Fees - In the event of a breach of this Agreement by either party, the breaching party shall reimburse the non-breaching party for any and all expenses, including but not limited to reasonable attorney's fees, incurred by the non-breaching party in enforcing the terms of this Agreement to the extent to which the non-breaching party prevails in any such action.

13. Entire Agreement - This Agreement and the attached schedules and exhibits constitute the entire understanding between the parties with respect to its subject matter. This Agreement shall not be amended or modified without written agreement signed by both parties

14. Assignment - This Agreement will be binding upon and insure to the benefit of the respective successors and permitted assigns of PBIRx and the Plan Sponsor. Neither party shall assign its rights under this Agreement without the prior written consent of the other party, which shall not be unreasonably withheld.

15. **Independent Entities** - The parties to this Agreement are acting as independent contractors engaged in the operation of their own respective businesses and have no authority to bind the other into any contractual agreement.

16. **Waiver** - The waiver of any breach or violation of any term or provision in this Agreement shall not constitute a waiver of any subsequent breach or violation of this Agreement.

17. **Survival** - The provisions of Paragraphs 4, 5, 7, 8, 9, 10, and 12 shall survive the termination of this Agreement.

18. **Notices** - Any notice provided pursuant to this Agreement, if specified to be in writing, shall be in writing and shall be deemed given (1) if by hand delivery, upon receipt thereof, (2) if by mail, five (5) days after deposit in the United States mail, postage prepaid, certified mail, return receipt requested, (3) if by facsimile transmission, upon electronic confirmation thereof, or (4) if by next day delivery service, upon such delivery. All notices shall be addressed to the party at the address set forth in the first page of this Agreement.

19. **Severability** - Any terms or provisions of this Agreement which are proven to be invalid or illegal shall be deemed void and shall in no way affect, impair or invalidate any other provision or term contained herein and such remaining terms and provisions shall remain in full force and effect.

20. **Cooperation** - The parties acknowledge and agree that successful completion of the Scope of Services shall require the full and mutual good faith cooperation of each of the Parties.

21. **Governing Law** - This Agreement shall be governed in all respects by the laws of Massachusetts without regard to its conflict of law provisions.

22. **No Third-Party Beneficiaries** - Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer upon any person other than Plan Sponsor or PBIRx and their respective successors or assigns, any rights, remedies, obligations or liability whatsoever.

IN WITNESS WHEREOF, the parties have executed this Agreement as of this date indicated below.

PBIRx, Inc.
By: [Signature]
(signature)
Name: David Sirovich
Title: Executive Vice President
Date: 5/16/2017

Plan Sponsor
By: [Signature]
(authorized signature)
Name: Christina Viveiros
(type or print name)
Title: City Administrator
Date: 6/22/18

SCHEDULE A

PBIRX CONSULTING SERVICES SCHEDULE

Per the terms of this Agreement, PBIRx will provide the following Consulting services, which would be performed on behalf of and in conjunction with the Plan Sponsor. PBM will compensate PBIRx for these Consulting Services

Information Gathering:

1. PBIRx will collect information from client to clearly define the needs and goals specific to client and its members in selecting a vendor.
2. PBIRx completes internal Project Plan and Timetable to achieve client implementation goals.

Contract Management:

1. Review PBM contract for:
 - i. Discrepancy between proposal responses, guarantees, financial offering etc. as compared to contract language
 - ii. Fees not identified in proposal
 - iii. Statements relative to client ability to audit in future
 - iv. Statements relative to client ability to terminate in the future
2. Allow for ongoing negotiation of terms, calculation methodologies, definitions and guarantees
3. Allow for ongoing Audit of all financial terms, rebates and guarantees annually
4. Monitor contract amendments, renewal dates and associated opportunities resulting in improved financial models
5. Discuss any and all PBM programs with associated fees to client to prevent "unexpected" invoices.
6. Apply "calculation methodology" language to all financial guarantees for future auditing clarification.
7. Negotiate identified opportunities, specific business issues/fees, and discrepancies based on responses from client with PBM.
8. Negotiate on behalf of Plan Sponsor, any external components that may affect the outcome of the agreed on pricing components. These may include changes to AWP's, formulary changes, etc.
9. Liaison with client legal counsel on negotiated business issues and legal issues to be addressed.
10. Facilitate the signing of such agreements between client and PBM.

Implementation:

1. Coordinate a Project Plan and Timetable using PBIRx proprietary action plan and PBM proposed action plan. Tasks, responsible parties, and dates are agreed upon.
2. Oversee implementation for accuracy according to documented and negotiated issues as the implementation is permeated throughout several people and departments of the incumbent and/or new PBM.
3. Oversee and facilitate all communication between incumbent and/or new PBM to ensure minimal disruption to the Plan Sponsor.
4. Oversee and facilitate transition of mail service pharmacy prescriptions refills, Specialty drug open refills, Prior Authorizations and eligibility between Incumbent and/or new PBM with minimal to no need for member to incur a doctor visit.
5. Oversee and provide insight into member communication on implementation and/or during the contract period related to any type of possible disruption, i.e. formulary, mail service, plan design change, etc.
6. Review of communication among all parties for accuracy and consistency of service and cost guarantees, promises, plan design parameters, newly negotiated terms, correct implementation of such terms, recoveries of terms not implemented correctly, etc.
7. Provide on-site personnel to communicate new PBM transition, if chosen, to Plan Sponsor with an emphasis on programs identified, which will result in optimal bottom line savings the Plan Sponsor and improved benefits to the members.
8. Address outstanding implementation issues immediately upon notice with expectation that all outstanding items are resolved within first 30 days after effective date.

Strategic Ongoing Pharmacy Benefit Consulting Services

1. Prepare PBIRx Key Statistical Analysis of current utilization to identify programs to benefit plan sponsor and its members relative to cost, savings, and member disruption.
2. Identify clinical and other PBM programs to manage cost by analyzing current data as it applies to the various programs offered by the chosen PBM.
3. Ensure PBM is responsive and services Plan Sponsor appropriately throughout the contract period.
4. Oversee status of PBM contractual performance guarantees based on agreed upon calculation methodologies.
5. Oversee the status and accuracy of rebate sharing according to contract terms. Intercede with PBM to facilitate the correction of any inaccuracies.
6. Notify Plan Sponsor of opportunities to re-negotiate the terms in the contract prior to that period expiring and automatically renewing.
7. Identify trend aberrations and opportunities for management of such trends, including recommendations to implement any new service or program, which may or may not be offered by chosen PBM.

8. Facilitate implementation and contract amendments relating to new service or program (if any).
9. Provide Allocation Rates or Budgeting forecasts, as requested by Plan Sponsor
10. Provide Plan Sponsor with additional reports, if requested by Plan Sponsor after a time/cost estimate from PBIRx for such reports.
11. Data Warehouse all NDC claim files, invoices and quarterly updated specialty drug price lists.
12. Track, analyze and confirm that all pricing guarantees and performance guarantees are met in accordance with the MaxorPlus City of Fall River Pharmacy Service Agreement, Exhibit E.
13. Provide Ongoing Management/Analysis of the pharmacy benefit.
14. Provide a monthly analysis of the standard utilization reports provided by the PBM to identify outliers and opportunities, which may require PBIRx to request ad hoc reports for evaluation and both actuarial and clinical analysis by the PBIRx staff. PBIRx will provide Monthly Ongoing Management/Analysis of the pharmacy benefit outlined below and will:
 - a. Facilitate resolution of various and unique service issues effecting both member and Plan Sponsor.
 - b. Notify Plan Sponsor the cost impact to expect from new drugs coming to market and options for coverage to benefit Plan Sponsor (i.e. new generics), versus the PBM.
 - c. Notify Plan Sponsor the cost impact from brand drugs becoming available as generic, which varies based on PBM discounts, plan design (retail versus mail) and copayments.
 - d. Notify Plan Sponsor of suspected drug abuse and options to address the situation.
 - e. Facilitate the transfer of data to various other programs implemented using vendors other than the PBM, if chosen.
 - f. Review and document reports from vendors other than the PBM.
 - g. Review and analyze standard on line PBM reports to identify outliers and cost savings opportunities.
 - h. Request certain ad-hoc reports based on review of standard PBM reports.
 - i. Provide the Monthly Analysis PBIRx Summary and Observation report into one consolidated format for the purpose of identifying trend aberrations.
15. PBIRx will provide an Annual analysis of the standard utilization reports provided by the PBM to identify outliers and opportunities, which may require PBIRx to request ad hoc reports for evaluation and both actuarial and clinical analysis by the PBIRx staff. PBIRx will provide Annual Ongoing Management/Analysis of the pharmacy benefit outlined below and will:
 - a. Verify monthly services are ongoing.

- b. Provide an Annual Analysis to include the PBIRx Trend Observations, Projections, and Aberration reports. This report should be similar to the monthly PBIRx Trend Observations and Aberration report with more accurate cost projections and aberration identification. Each aberration or trend driver is identified along with detailed charts, graphs and explanations illustrating current trends and cost projections if not addressed, along with new recommendations and cost savings.
- c. PBIRx Key Statistics Analysis report will be presented and including analysis of each and every component of drug trend documenting costs with a detailed explanation for each component, outlining:
 - i. Per member per month overall trend
 - ii. Utilizing members
 - iii. Per prescription cost summary
 - iv. Specialty and high cost drugs
 - v. Utilization of brand, multi-source brand and generics
 - vi. Per member per month prescription utilization
 - vii. Utilization by members/plan cost
 - viii. Mail service utilization and optimization
 - ix. Current plan design and co-pay structure
 - x. Summary of highlights
 - xi. Recommendations/savings
- d. A summary of the analysis includes specific recommendations for cost savings along with member disruption, if any. This report requires a review of various ad-hoc reports from the PBM, which are requested based on initial findings. AdHoc Reports provided as required monthly, semi-annually and annually, as a result of trend aberration analysis. These reports are compiled by PBIRx, as the client advocate and not simply passed through by the PBM.

New Service or Program Implementation:

1. Present recommendations for new service(s) or program(s), i.e. service to reduce pharmacy utilization; program to reduce injectable costs.
2. Present any and all vendor programs with associated fees to prevent "unexpected" invoices.
3. Coordinate a Project Plan for any new service or program implementation.
4. Oversee implementation for accuracy according to contract terms of new programs.
5. Oversee and facilitate all communication between any new service or program to ensure minimal disruption to the member.
6. Oversee and provide insight into member communication related to any new service or program.
7. Address outstanding implementation issues within first 30 days after effective date of any new service or program.

Pharmacy Claims Auditing

PBIRx will provide an annual audit of all pharmacy claims.

1. Work with Plan Sponsor to oversee and facilitate delivery of all PBM claims data in an electronic format to PBIRx.
2. Implement and/or audit to verify financial terms, which are stated in the signed contract between Plan Sponsor and the PBM, to provide pharmacy claims audit.
3. Review & reconcile rebate payments according to contract terms.
4. Provide Plan Sponsor with audit analysis and will work with Plan Sponsor to address any questions, feedback, or negotiation attempts by PBM.

Out of Network Facilitation Services

1. PBIRx will provide to Plan Sponsor information regarding the use of Out of Network licensed neighborhood pharmacies, such as those offered through the services of CanaRx, and estimated savings data in view of Plan Sponsor's possible utilization of this service.
2. PBIRx will assist in the maximum utilization of the CanaRx program. In connection with such utilization, PBIRx will do the following at Plan Sponsor's reasonable request: assist in transmission of eligibility data to CanaRx; facilitate website opportunities for Plan Sponsor; provide to Plan Sponsor a form of cover letter (that can be customized by Plan Sponsor) which can be used for notifying members about the CanaRx program; assist CanaRx with the mailing of enrollment forms for Plan Sponsor and review savings data resulting from use of CanaRx services.
3. Plan Sponsor acknowledges that PBIRx does not own or operate CanaRx and that Plan Sponsor's members will contract directly with CanaRx for services.

Payment Terms

Fees cover all copying, mailing, telephone calls, actuarial and other staff expense associated with the delivery of services as outlined in this proposal. PBM will pay for PBIRx Consulting services.

SCHEDULE B

HIPAA BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") by and between the City of Fall River having its business address at One Government Center, Fall River, MA 02722 ("Covered Entity") and PBIRx, having its business address at 612 Wheelers Farms Road, Milford, CT 06461 ("Business Associate") is effective as of the date of the Service Agreement (defined below) (the "Agreement Effective Date").

RECITALS

- A. Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of an agreement whereby Business Associate will provide certain services to or perform functions on behalf of Covered Entity (the "Service Agreement").
- B. Business Associate may have access to information, some of which may be Protected Health Information ("PHI") as defined below; in fulfilling its responsibilities under the Service Agreement.
- C. Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "Privacy and Security Rules"); and with the requirements of Subtitle D the Health Information Technology for Economic and Clinical Health Act, which is Title XIII of the American Recovery & Reinvestment Act of 2009 (Public Law 111-5) 42 U.S.C. Sections 17921-17954 ("HITECH") and with the Massachusetts privacy and security laws, including the Massachusetts Data Security Act and implementing regulations at 201 CMR 17.00 (the "Massachusetts Privacy and Security Requirements").

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

I. Definitions.

a. **Breach** means unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of such information, EXCEPT where: (1) the covered entity or business associate has a good faith belief that an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information; (2) any unintentional acquisition, access, or use of PHI by an employee or individual acting under the authority of a covered entity or business associate (i) was made in good faith and within the course and scope of the employment or other professional relationship of such employee, or individual, respectively, with the covered entity or business associate; and (ii) such information is not further acquired, accessed, or used or disclosed by any person; or (3) there is an inadvertent disclosure from an individual who is otherwise authorized to access PHI at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility; and any such information received as a result of such disclosure is not further acquired, accessed, used, or disclosed without authorization by any person.

Any acquisition, access, use or disclosure of PHI in a manner not permitted by the above paragraph is presumed to be a "Breach" unless Covered Entity or Business Associate, as applicable, demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the

following factors: (i) the nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification; (ii) the unauthorized person who used the PHI or to whom the disclosure was made; (iii) whether the PHI was actually acquired or viewed; and (iv) the extent to which the risk to the PHI has been mitigated.

b. **Business Associate** shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to, 45 CFR § 160.103.

c. **Covered Entity** shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to 45 CFR § 160.103.

d. **Data Aggregation** shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to, 45 CFR § 164.501.

e. **Designated Record Set** shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to, 45 CFR 164.601 and 45 CFR 164.524. Subject to the foregoing, a Designated Record set means a group of records maintained by or for a Covered Entity that is: (1) the individual's medical and billing records or (2) used in whole or in part, by or for the covered entity to make decisions about the individual, and does not include: (a) duplicate information maintained in other systems; (b) data collected and maintained for research; (c) data collected and maintained for peer review purposes; (d) psychotherapy notes; (e) information compiled in reasonable anticipation of litigation or administrative action; (f) employment records; (g) student records; and (h) source data interpreted or summarized in the individual's medical record such as pathology slides and diagnostic film.

f. **Disclosure** means the release, transfer, provision of access to, or divulging in any other manner, of PHI, outside Business Associate's organization, i.e., to anyone other than its employees who have a need to know or have access to the PHI.

g. **Electronic Health Record** is an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

h. **Electronic Protected Health Information or "EPHI"** means Protected Health Information, as defined herein, that is transmitted by or maintained in electronic media. For purposes of this Agreement, unless otherwise specified, any obligations of Business Associate relating to PHI shall also apply to EPHI.

i. **Health Care Operations** shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to, 45 CFR § 164.501.

j. **Individual** shall have the same meaning as the term "Individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

k. **Limited Data Set** means information that excludes names, postal address (other than city, state, and zip code), telephone and fax numbers, email address, social security and medical record numbers, health plan numbers, account numbers, certificate license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, Web Universal Resource Locators, Internet Protocol address numbers, biometric identifiers including finger and voice prints and full face photographic images and any comparable images.

l. **Personal Health Record** means an electronic record of Individually Identifiable Health Information on an Individual that can be drawn from multiple sources and that is managed, shared, and controlled by or for the Individual.

m. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164.

n. **Protected Health Information** or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual, the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual, and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the Privacy and Security Rules, including, but not limited to, 45 CFR 160.103.

o. **Secured PHI** means PHI rendered unusable, unreadable or indecipherable to unauthorized individuals only if one or more of the following applies:

(i) Electronic PHI has been encrypted as specified in the HIPAA Security Rule by the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key and such confidential process or key that might enable decryption has not been breached;

(ii) Encryption processes tested by National Institute of Standards and Technology (NIST) and judged to meet this standard including:

a) Valid encryption processes for data at rest consistent with NIST Special Publication 800-111, Guide to Storage Encryption Technologies for End User Devices;

b) Valid encryption processes for data in motion that comply with Federal Information Processing Standards (FIPS) 140-2 including standards described in NIST Special Publications 800-2, guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations; 800-77, Guide to IPsec VPNs; or 800-113, Guide to SSL VPNs, and may include others which are FIPS 140-2 validated;

(iii) The media on which the PHI is stored or recorded has been destroyed on one of the following ways:

a) Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed;

b) Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publication 800-88, Guidelines for Media Sanitization, such that the PHI cannot be retrieved.

p. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

q. **Unsecured Protected Health Information** means PHI that is not secured through technology or methodology that HHS has stated renders the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

r. **Use** means, with respect to PHI, the sharing, employment, application, utilization, transmission, examination, or analysis of such information to, from or within Business Associate's organization.

2. **Obligations of Business Associate.**

a. **Permitted Uses.** Business Associate shall use and/or disclose PHI only as permitted or required by this Agreement or as otherwise required by HIPAA, HITECH, and the Massachusetts Privacy and Security Requirements. Business Associate acknowledges that sections of the Privacy Rule, the Security Rule and the HITECH Act apply directly to Business Associate in the same manner as they apply to Covered Entity and agrees to comply with such rules and regulations as applicable. Business Associate shall not use PHI in any manner that would constitute a violation of HIPAA or HITECH if so used by Covered Entity, except that Business Associate may use PHI (i) for the proper management and administration of Business Associate, (ii) to carry out the legal responsibilities of Business Associate, (iii) to report violations of law to appropriate federal and state authorities consistent with 45 CFR § 164.502(j)(1), or (iv) for Data Aggregation purposes for the Health Care Operations of Covered Entity.

b. **Permitted Disclosures.** Business Associate shall not disclose PHI in any manner that would constitute a violation of HIPAA or HITECH if disclosed by Covered Entity, except that Business Associate may disclose PHI (i) in a manner permitted pursuant to this Agreement, (ii) for the proper management and administration of Business Associate; (iii) as required by law, or (iv) for Data Aggregation purposes for the Health Care Operations of Covered Entity.

c. **Appropriate Safeguards.** Business Associate shall implement appropriate safeguards as are necessary to prevent the use or disclosure of PHI otherwise than as permitted by this Agreement, HIPAA, HITECH and state law and to protect the confidentiality, integrity and availability of electronic PHI created, received, maintained or transmitted on behalf of Covered Entity. Business Associate shall use its best efforts to implement and maintain technologies and methodologies that render PHI encrypted or otherwise unusable, unreadable, or indecipherable to unauthorized individuals, as specified in the HITECH Act and the Massachusetts Privacy and Security Requirements.

d. **Reporting of Improper Use or Disclosure.** Business Associate shall report to Covered Entity any Security Incident, unauthorized access of PHI, Use or Disclosure of PHI otherwise than as provided for by this Agreement, Breach involving Unsecured PHI, or any known pattern of activity or practice that constitutes a material breach of this Agreement, within five (5) days of becoming aware of such Improper Use or Disclosure, unauthorized access, Security Incident or Breach. In the event of a Breach, if the identity and/or contact information of all such individuals is not known, Business Associate must nevertheless notify Covered Entity of the Breach within the five (5) day timeframe and provide additional information concerning the identification of affected individuals as soon as it is available. Business Associate shall: (i) take prompt action to mitigate the harmful effects of any Security Incident, Breach, Improper Use or Disclosure or unauthorized access of PHI in violation of this Agreement and state or federal law.

e. **Business Associate's Agents/Subcontractors.** Business Associate may disclose PHI to and permit the use of PHI by its employees, contractors, agents, or other representatives, only if and to the

extent directly related to, and necessary for, the performance of services for or on behalf of Covered Entity. Business Associate shall ensure that any agents, including subcontractors, to whom it provides PHI agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI.

f. **Access to PHI.** Business Associate shall make PHI maintained by Business Associate or its agents or subcontractors in Designated Records Sets or in an Electronic Health Record available to Covered Entity for inspection and copying to enable Covered Entity to fulfill its obligations under HIPAA, HITECH or other applicable laws.

g. **Amendment of PHI.** Business Associate or its agents or subcontractors shall make PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under HIPAA, HITECH or other applicable laws.

h. **Accounting Rights.** Business Associate and its agents or subcontractors shall make available to Covered Entity the information required to provide an accounting of disclosures to enable Covered Entity to fulfill its obligations under HIPAA, HITECH or other applicable laws. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request, or at least three (3) years prior to the request if the records are maintained in an Electronic Health Record.

i. **Governmental Access to Records.** Business Associate shall make its internal practices, books and records relating to the use and disclosure of Covered Entity's PHI, and relating to security incidents involving Covered Entity's Electronic PHI, available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") and/or the Commonwealth of Massachusetts for purposes of determining Business Associate's compliance with HIPAA, HITECH and the Massachusetts Privacy and Security Requirements.

j. **Retention of PHI.** Notwithstanding Section 4(d) of this Agreement, Business Associate and its subcontractors or agents shall retain the information required under Section 2(h) of this Agreement for a period of six (6) years after termination of this Agreement.

3. **Obligations of Covered Entity.** With regard to the use and/or disclosure of PHI by Business Associate, Covered Entity hereby agrees:

a. to inform Business Associate of any changes in the form of Notice of Privacy Practices (the "Notice") that Covered Entity provides to Individuals pursuant to 45 CFR § 164.520, and provide Business Associate a copy of the Notice currently in use.

b. to inform Business Associate of any changes in, or withdrawal of, authorization provided to Covered Entity by Individuals pursuant to 45 CFR § 164.508 to the extent that such changes may affect Business Associate's use or disclosure of PHI.

c. to inform Business Associate of any opt-outs exercised by an Individual from fundraising activities of Covered Entity pursuant to 45 CFR § 164.514 (e) if Business Associate's services involve fundraising.

d. to notify Business Associate, in writing and in a timely manner, of any arrangements permitted or required of Covered Entity under 45 CFR Part 160 and 164 that may impact in any manner the use and/or disclosure of PHI as provided for in 45 CFR § 164.522 agreed to by Covered Entity.

4. Term and Termination.

a. **Term.** This Agreement shall become effective on the Agreement Effective Date and shall continue until terminated by Covered Entity or until the Service Agreement expires or is terminated. In addition, certain provisions and requirements of this Agreement shall survive its expiration or other termination in accordance with Sections 2, 4, 5, 6 and 9 of this Agreement.

b. **Material Breach.** A breach by Business Associate of any material provision of this Agreement, as determined by Covered Entity, shall constitute a material breach of the Agreement and shall provide grounds for termination of the Agreement by Covered Entity.

c. **Reasonable Steps to Cure Breach.** If Covered Entity knows of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of Business Associate's obligations under HIPAA, HITECH, the provisions of this Agreement or the Service Agreement, and does not terminate the Agreement, then Business Associate shall take reasonable steps to cure such breach or end such violation, as applicable. If Business Associate's efforts to cure such breach or end such violation are unsuccessful, Covered Entity shall terminate the Agreement and the Service Agreement, if feasible. If Business Associate knows of a pattern of activity or practice of Covered Entity that constitutes a material breach or violation of Covered Entity's obligations under this Agreement, Business Associate must take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, the Business Associate must terminate this Agreement if feasible. Business Associate shall provide written notice to Covered Entity of any pattern of activity or practice of Covered Entity that Business Associate believes constitutes a material breach or violation of Covered Entity's obligations under this Agreement within five (5) days of discovery and shall meet with Covered Entity to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

d. **Effect of Termination.** Upon termination of the Agreement, or any extension due to processing of "run out" claims, for any reason, Business Associate shall return or destroy all PHI that Business Associate or its agents or subcontractors still maintain in any form, and shall retain no copies of such PHI. If return or destruction is not feasible, Business Associate shall continue to extend the protections of Sections 2(a), 2(b), 2(c) and 2(e) of this Agreement to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible.

5. Amendment.

a. **Written Amendment Required.** This Agreement may not be modified or amended except by a writing duly signed by an authorized representative of each party.

b. **Amendment to Comply with Law.** The parties agree to take such action as is necessary to implement the standards and requirements of HIPAA, HITECH, and other applicable laws relating to the security or confidentiality of PHI.

6. **No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations or liability whatsoever.

7. **No Waiver.** No waiver of a breach of any provision of this Agreement shall be construed to be a waiver of any breach of any other provision of this Agreement or of any succeeding breach of the same provision. No delay in action with regard to any breach of any provision of this Agreement shall be construed to be a waiver of such breach.

8. **Independent Contractor Relationship.** This Agreement is not intended to create, and will not be construed to create, any relationship between the parties other than that of independent contractors. Neither of the parties nor any of their respective representatives will be construed to be the agent, employee, or representative of the other.

9. **Notice.** Any notices required to be given pursuant to the terms and conditions hereof shall be in writing and shall be sent by certified or registered mail, return receipt requested, to the respective parties at their addresses stated below. Notices shall be deemed to be effective on the date when they are mailed.

TO: COVERED ENTITY:

City of Fall River
One Government Center
Fall River, MA 02722
Attention: Madeline Coelho, Director of Human Resources

TO: BUSINESS ASSOCIATE:

PBIRx
612 Wheelers Farms Road
Milford, CT 06461
Attention: David A. Sirowich, Executive Vice President

10. **Severability.** If any section or portion of this Agreement shall be determined to be invalid, such determination shall not affect the enforceability or validity of the remainder of this Agreement.

11. **Interpretation.** The terms and conditions of this Agreement shall supersede any conflicting terms and conditions in the underlying Service Agreement (as amended from time to time) between the parties and shall supersede the terms and conditions of any existing Business Associate Agreement between the parties. This Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, HITECH, and applicable laws. The parties agree that any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with HIPAA, HITECH, and applicable laws.

IN WITNESS WHEREOF, the parties hereto have duly executed this Business Associate Agreement as of the Service Agreement Effective Date.

COVERED ENTITY

By: *Cathy Ann Viveiros*
Print Name: Cathy Ann Viveiros
Title: City Administrator
Date: 6-22-18

PBIRx, Inc

By: *David Sirowich*
Print Name: David Sirowich
Title: Executive Vice President
Date: 5/16/2018

**First Amendment to
Agreement For Services
PBIRx and City of Fall River**

This First Amendment (this "Amendment") is made and entered into as of July 1, 2022 ("Effective Date"), by and between PBIRx, Inc. ("PBIRx") and the City of Fall River, Massachusetts ("Plan Sponsor").

WHEREAS, PBIRx and Plan Sponsor have entered into that certain Pharmacy Services Agreement with an effective date of January 1, 2018 and as amended by the parties from time to time, attached hereto as Exhibit A (the "Agreement"); and

WHEREAS, the parties desire to further amend the Agreement as set forth herein.

NOW, THEREFORE, in consideration of the mutual promises contained herein, and intending to be legally bound, the parties agree to the following:

1. The above recitals are hereby incorporated into this Amendment as if fully set forth herein.
2. The following Section, Out of Network Facilitations Services through ElectRx, will be added to Schedule A.


Out of Network Facilitation Services through ElectRx


If the plan chooses to allow purchases at Out of Network Licensed Neighborhood Pharmacies, through ElectRx, PBIRx can facilitate this process.

1. PBIRx will assist in the implementation of the ElectRx program. In connection with such implementation, PBIRx will do the following at Plan Sponsor's reasonable request: assist in transmission of eligibility data to ElectRx; provide a Member Enrollment Packet; and review and provide savings data resulting from use of ElectRx services.
2. PBIRx will provide ongoing services including identification of new utilizers and formulary updates on a continuum to optimize savings and provide quarterly reporting.
3. As consideration for the ElectRx facilitation services, provided by PBIRx, Plan Sponsor agrees to pay to PBIRx 5% of any savings Plan Sponsor realizes through ElectRx. Such amount shall be payable within thirty (30) days after Plan Sponsor receives an invoice for such amount.
4. Plan Sponsor acknowledges that PBIRx does not own or operate ElectRx, and that Plan Sponsor's members will contract directly with ElectRx for services.

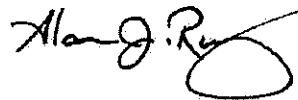
5. Plan Sponsor agrees that the voluntary program through ElectRX will remain in effect for as long as PBIRx provides access on behalf of the Plan regardless of any change with the Pharmacy Benefit Manager or if PBIRx services are terminated.
6. To the extent not expressly amended, modified or supplemented hereby, all other terms and provisions of the Agreement are hereby ratified and shall remain in full force and effect. If any provision contained in this Amendment conflicts with any provision in any of the Agreement, the provision contained in this Amendment shall govern and control.

IN WITNESS WHEREOF, this Amendment has been executed by the parties through their duly authorized officers effective as of the date provided above.

PBIRx, Inc
By: 
Name: David Sinich
Title: VP
Date: 6/21/2022

City of Fall River, Massachusetts
By: 
Name: Nicholas A. Macolini
Title: Director of Human Resources
Date: 6/21/2022

Approved as to Form &
Manner of Execution Only:





Pharmacy Benefit Strategists

High Cost Brand and Specialty Drug Solution

Presented to:

City of Fall River, Massachusetts

October 22, 2020

THE SPECIALTY DRUG REVOLUTION



73% specialty spending increase since 2011



80% of new drug approvals are specialty



Specialty represents 2-3% of prescriptions and between 40% - 50% of prescription drug spend

ELECTRx

Sources: Walgreens and Specialty Pharmacy Times
Pharmacy Benefit Strategists

Percent of Total Drug Spend

2018
Specialty
44.7%

2020 Estimated
Specialty Drug Spend
50%

2018
Traditional
55.3%

2017
40.8% 59.2%

FOUNDED 2004

HEADQUARTERED IN MICHIGAN – REGIONAL OFFICES: IN, FL

500,000 + RX'S FULFILLED

US BASED CUSTOMER SERVICE CENTER

OVER \$150,000,000 IN CLIENT SAVINGS

PHARMACY BENEFIT STRATEGIST

HIPAA COMPLIANT

FULLY INSURED: E & O / GENERAL LIABILITY / CYBER SECURITY

ELECTRx
Pharmacy Benefit Strategists

ELECTRX SPECIALTY CARVE OUT SOLUTION

ELECTRx

Pharmacy Benefit Strategists



40% to 60% savings on most specialty drugs



Domestic Specialty Solution



Customized Member Communication Strategy



Implement Anytime – Not tied to any effective date

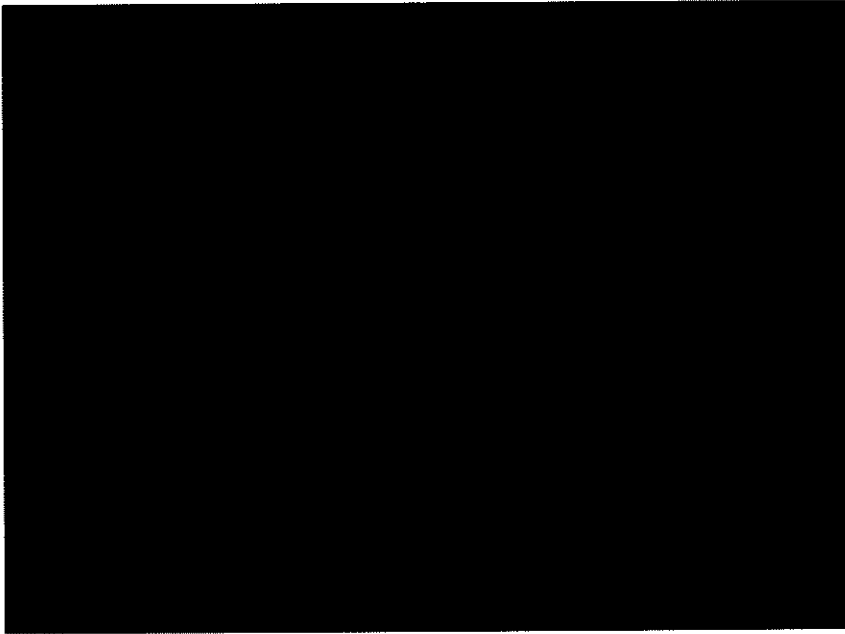
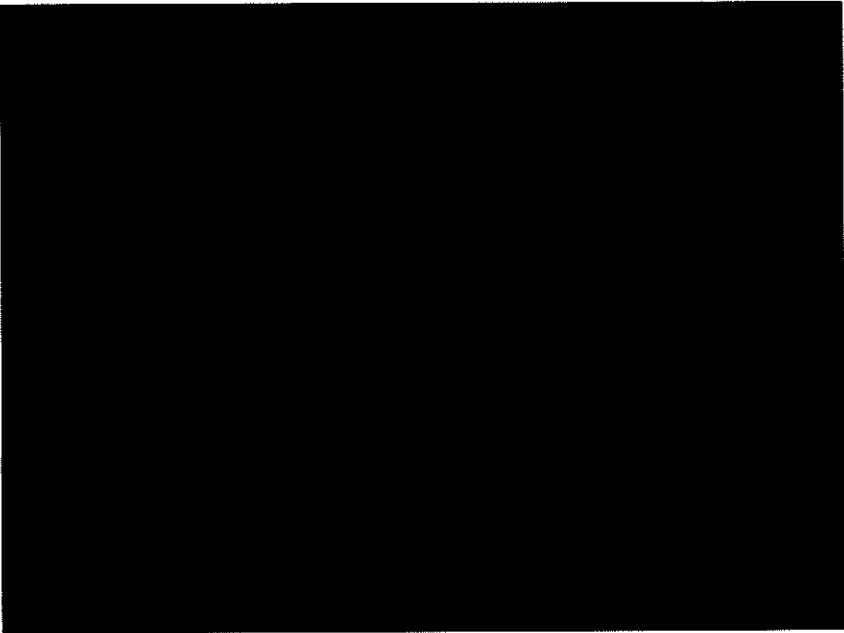
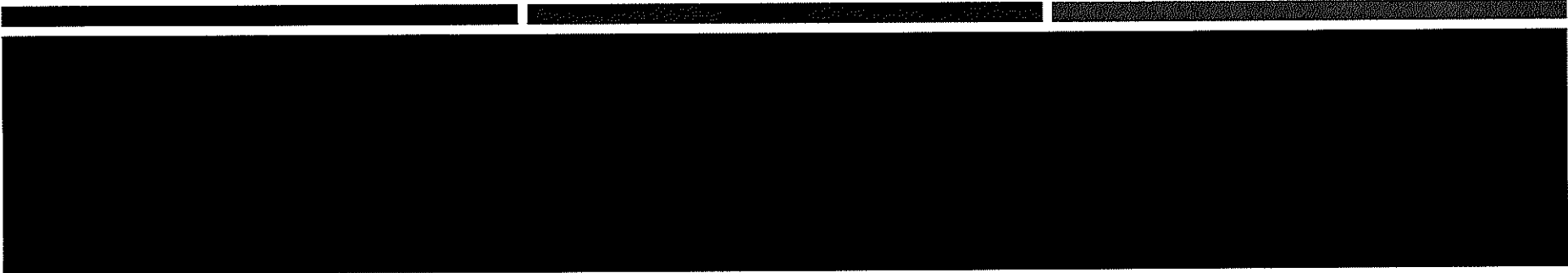
Tier I Countries -
Canada, Australia,
New Zealand,
Great Britain

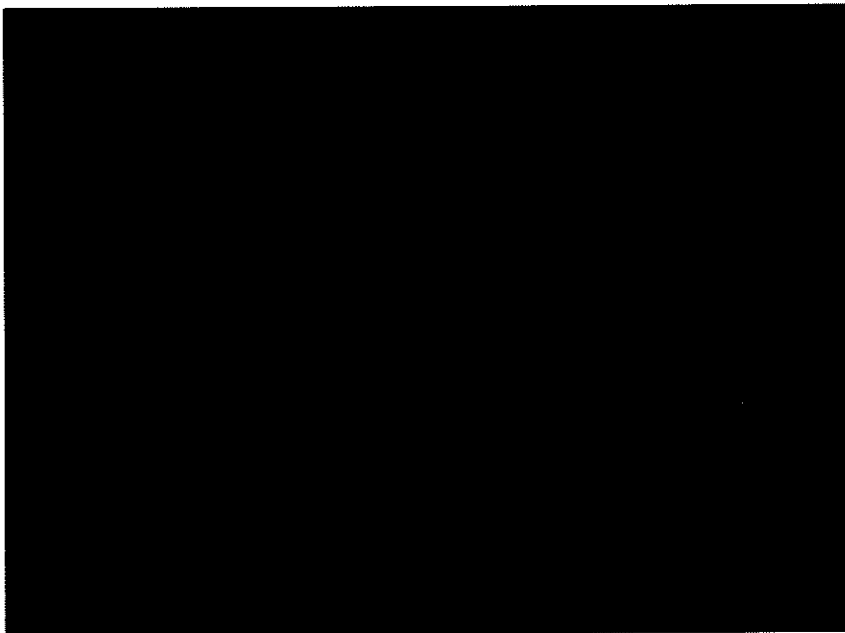
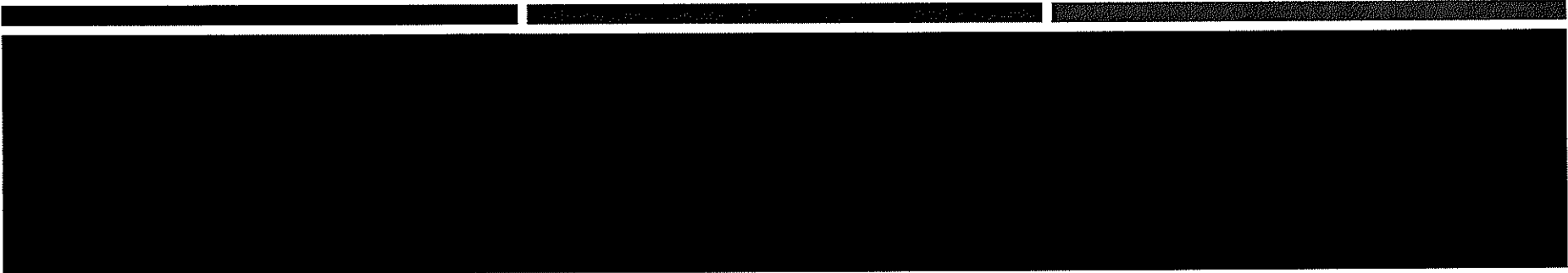
All Cold Chain
Drugs from
Canada

Specialty Pharmacy
is a Brick-N-
Mortar pharmacy
in Winnipeg

Drugs are Sourced
Through McKesson
Canada

Cold Chain Drugs
Shipped in
Transplant Coolers





ELECTRx

Pharmacy Benefit Strategists

ELECTRx STEPS TO IMPLEMENT

Sign Memo of
Understanding

Email from C-Suite
communication
program to employees

Target letter to
identified members
utilizing specialty drugs

Member contacts
ElectRx Concierge
Customer Service Line

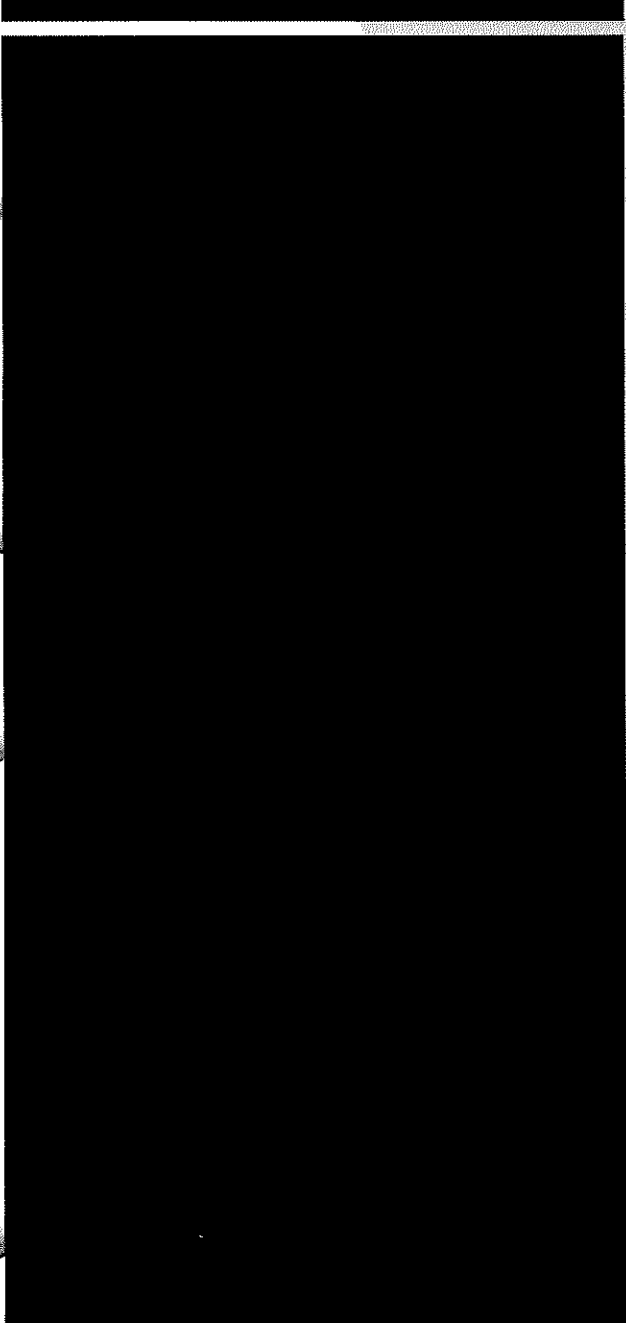
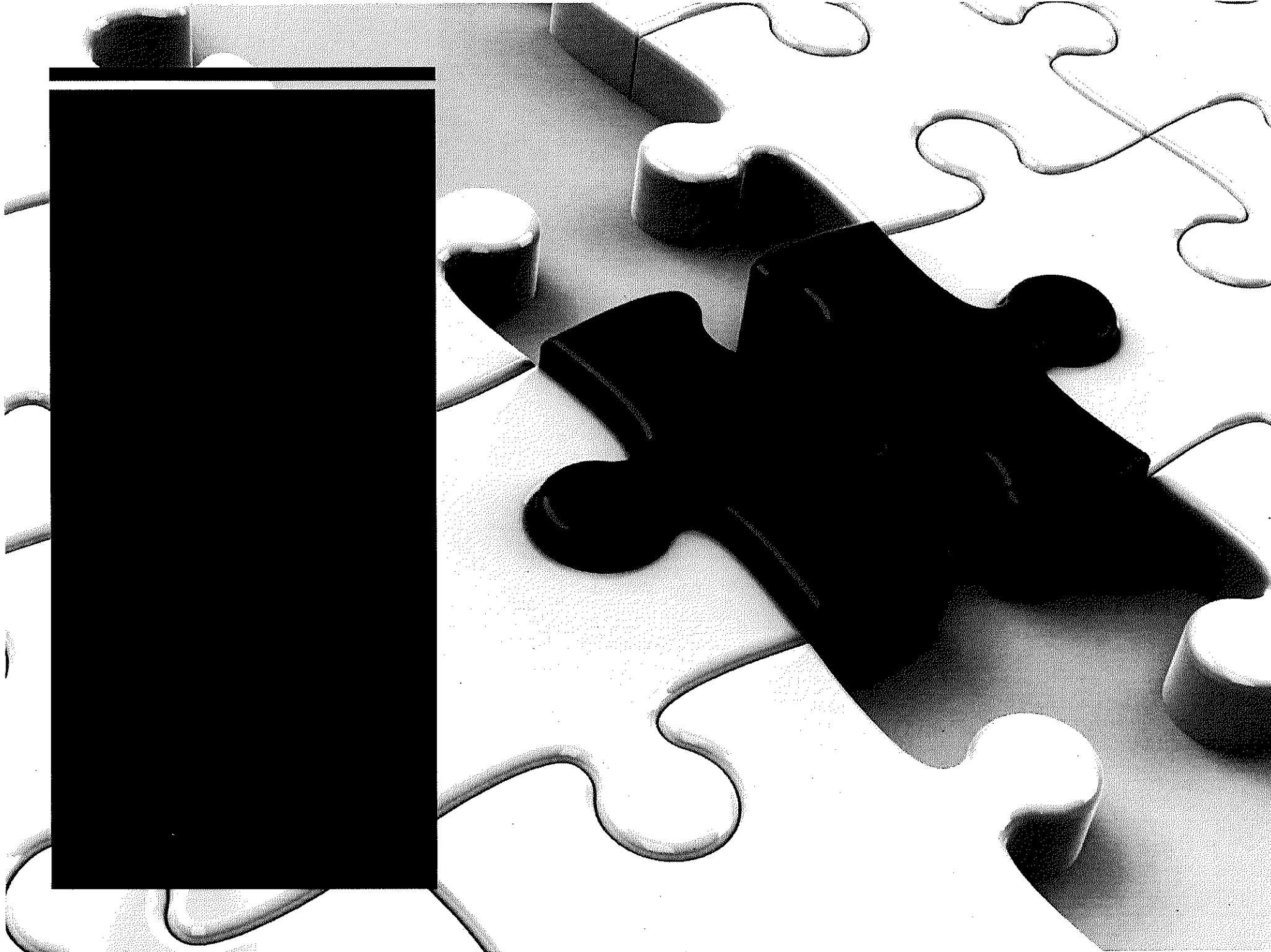
- Collect information
- Script is sent to ElectRx

Integration

- Eligibility
- Claims
- Invoicing

ELECTRx

Pharmacy Benefit Strategists



1,000



Q2

Q3

Q4

Plan Sponsor: Rosen Hotels and Resorts

Report period: Jan. 1, 2019 to Dec. 31, 2019

Total savings: \$1,952,678

Total number of customers: 374

Average savings per customer: \$5,221



Summary By Month

Month	Customers	Scripts	Product Options	PBM Price	ElectRx Price	Savings			Cumulative			
						\$ Savings	% Savings	Per Customer	Per Script	PBM Cml Price	ElectRx Cml Price	Cumulative Savings
Jan 2019	126	143	37	\$210,748	\$60,680	\$150,068	71%	\$1,191	\$1,049	\$210,748	\$60,680	\$150,068
Feb 2019	135	158	40	\$250,092	\$69,484	\$180,608	72%	\$1,338	\$1,143	\$460,841	\$130,164	\$330,677
Mar 2019	79	87	29	\$122,865	\$38,690	\$84,175	69%	\$1,066	\$968	\$583,706	\$168,854	\$414,852
Apr 2019	119	135	38	\$200,704	\$63,945	\$136,759	68%	\$1,149	\$1,013	\$784,411	\$232,799	\$551,611
May 2019	157	184	36	\$263,892	\$71,269	\$192,623	73%	\$1,227	\$1,047	\$1,048,302	\$304,068	\$744,234
Jun 2019	111	132	33	\$199,368	\$64,478	\$134,889	68%	\$1,215	\$1,022	\$1,247,670	\$368,547	\$879,123
Jul 2019	141	164	40	\$256,426	\$74,898	\$181,528	71%	\$1,287	\$1,107	\$1,504,096	\$443,445	\$1,060,652
Aug 2019	138	160	35	\$249,898	\$67,833	\$182,065	73%	\$1,319	\$1,138	\$1,753,995	\$511,278	\$1,242,717
Sep 2019	114	128	37	\$196,087	\$56,883	\$139,205	71%	\$1,221	\$1,088	\$1,950,082	\$568,160	\$1,381,922
Oct 2019	166	190	40	\$306,470	\$85,488	\$220,981	72%	\$1,331	\$1,163	\$2,256,552	\$653,649	\$1,602,903
Nov 2019	138	155	38	\$243,773	\$68,298	\$175,475	72%	\$1,272	\$1,132	\$2,500,325	\$721,947	\$1,778,378
Dec 2019	126	145	39	\$243,470	\$69,171	\$174,300	72%	\$1,383	\$1,202	\$2,743,795	\$791,117	\$1,952,678

Plan Sponsor: Greater Clark County Schools

Report period: Jan 2019 - Dec 2019
 Total savings: \$701,803
 Total number of customers: 306
 Average savings per customer: \$2,293



Summary By Month

Month	Customers	Scripts	Product Options	PBM Price	ElectRx Price	Savings				Cumulative		
						\$ Savings	% Savings	Per Customer	Per Script	PBM Cml Price	ElectRx Cml Price	Cumulative Savings
Jan 2019	72	80	54	\$108,736	\$48,552	\$60,183	55%	\$836	\$752	\$108,736	\$48,552	\$60,183
Feb 2019	52	58	39	\$65,539	\$31,460	\$34,078	52%	\$655	\$588	\$174,274	\$80,013	\$94,262
Mar 2019	70	79	46	\$117,904	\$53,128	\$64,777	55%	\$925	\$820	\$292,179	\$133,140	\$159,038
Apr 2019	72	86	55	\$111,108	\$52,249	\$58,859	53%	\$817	\$684	\$403,287	\$185,389	\$217,897
May 2019	76	90	52	\$93,660	\$50,576	\$43,084	46%	\$567	\$479	\$496,947	\$235,965	\$260,981
Jun 2019	81	98	63	\$134,030	\$60,623	\$73,408	55%	\$906	\$749	\$630,977	\$296,588	\$334,389
Jul 2019	106	127	66	\$148,269	\$67,121	\$81,148	55%	\$766	\$639	\$779,246	\$363,709	\$415,537
Aug 2019	86	106	56	\$122,138	\$58,320	\$63,818	52%	\$742	\$602	\$901,384	\$422,030	\$479,355
Sep 2019	72	76	53	\$97,148	\$45,247	\$51,901	53%	\$721	\$683	\$998,532	\$467,276	\$531,256
Oct 2019	96	107	72	\$127,980	\$60,991	\$66,989	52%	\$698	\$626	\$1,126,512	\$528,268	\$598,244
Nov 2019	92	101	62	\$131,142	\$66,020	\$65,122	50%	\$708	\$645	\$1,257,653	\$594,287	\$663,366
Dec 2019	62	66	48	\$64,050	\$25,613	\$38,437	60%	\$620	\$582	\$1,321,703	\$619,900	\$701,803

A black and white photograph of a typewriter carriage. The words "The End." are printed in a classic typewriter font on a sheet of paper that is partially inserted into the carriage. The carriage is dark, and the paper is light. The background is a plain, light-colored surface. The overall image has a grainy, high-contrast quality.

The End.



Pharmacy Benefit Strategists

Introductory Meeting

ELECTRx

Pharmacy Benefit Strategists

FOUNDED 2004

HEADQUARTERED IN MICHIGAN – REGIONAL OFFICES: IN, FL

450,000 + RX'S FULFILLED

US BASED CUSTOMER SERVICE CENTER

OVER \$150,000,000 IN CLIENT SAVINGS

PHARMACY BENEFIT STRATEGIST

HIPAA COMPLIANT

> FULLY INSURED: E & O / GENERAL LIABILITY

About Us

ELECTRx

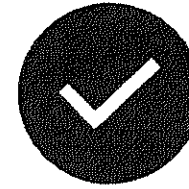
Pharmacy Benefit Strategists



SAVE EMPLOYERS 40% –
60% ON THEIR MOST
COSTLY MEDICATIONS



\$0 CO-PAY TO MEMBERS!



INCREASE PATIENT
ADHERENCE – 1/5 DON'T
TAKE MEDICATIONS
REGULARLY DUE TO COSTS



DESIGN & IMPLEMENT
BENCHMARK PRESCRIPTION
DRUG FULFILLMENT
PROGRAMS

What We Do

How do I know the drugs are safe?

- Tier 1 Countries

- These are advanced countries with major economies and robust legal and regulatory systems similar to the USA
- Elect Rx only sources product from Canada, Great Britain, Australia, New Zealand, and Switzerland

- Manufacturing Facilities

- All manufacturing facilities in these countries are either FDA approved or approved by the equivalent regulatory body in those countries
- Mutual Recognition Agreements or MRA's cover Pharmaceutical Good Manufacturing Practices (GMP) between all of these countries and the USA
- Drugs are manufactured and packaged to the highest standards with the most secure sources of Active Pharmaceutical Ingredient (API) and Excipient

- Medication Dispensing

- ElectRx only uses bricks and mortar retail pharmacies in Tier 1 Countries
- These retail operations have secure generational relationship with wholesalers and distributors including but not limited to companies like McKesson Corporation
- Professional standards governing Pharmacists and Best Pharmacy Practices are equivalent to or greater than similar practices and expectations in the USA
- Comprehensive and current patient profiles and DUR's (Drug Utilization Reviews) are standard practice with each fulfillment
- Medications are only dispensed in the factory sealed packages they were originally shipped from the Wholesaler / Distributor in (No pill counting manually or automated)
- Cold Chain/Cool Chain products are handled with the greatest degree of diligence from the manufacturing process through the supply chain to the end user
- Complete A to Z mail tracking is used for all shipments



Pharmacy Benefit Strategists

Legal Status of PI

- The current FDA Operations Manual describes PI (Personal Importation) as a "permissive violative transaction."
 - (Jargon for its allowed but does violate current Federal Law.)
- The Medicare Prescription Drug Improvement and Modernization Act of 2003 obliged the Secretary of FDA to grant a waiver to an individual to use PI under the following criteria.
 - Medication must be for the individual's personal use only
 - Medication Quantity must be less than or equal to a 90 day's supply
 - Medication must be imported from Canada
 - Medication importation must provide a clear economic benefit to the individual (significant price differential)
 - Medication must have a US FDA approved counterpart
 - Medication CANNOT be a controlled substance
 - The individual must have a valid prescription from their US licensed Attending Physician
 - All safety and efficacy conditions must have been addressed
- An Appropriation Bill passed in the Fall of 2006 stipulated that no funds can be used by US Customs and Border Protection to intercept or apprehend shipments and stop individuals from importing "personal use" quantities of an FDA approved prescription drug from Canada. The funds for that budget item have never been subsequently repatriated
- The FDA modified its Operations Manual in 2010 to permit "Discretionary Enforcement".
- This permitted entry of shipments of violative FDA products when the quantity and purpose are clearly for personal use and the product does not present an unreasonable risk to the user.
- The Opioid Crisis Response Act of 2018 has a provision to exclude individuals using PI for legitimate reasons to import personal prescriptions from foreign countries from the definition of the importers of drugs being targeted by the actual bill.
- After 15 years and over 450,000 packages representing \$250 million in savings later, no ElectRx plan sponsor or any other plan sponsor facilitating PI has ever been directed by the FDA to "cease and desist" importing drugs



Pharmacy Benefit Strategists

ELECTRx

Pharmacy Benefit Strategists

Elect Rx Client Support



Open Enrollment Support



Single Solution Call Center



Quarterly Account Management Meetings



Detailed Savings Analysis



Additional Opportunity Analysis



Pharmacy Benefit Strategists

Next Steps



NDA/BAA



Rx Claim File for Analysis



Sample Member/Plan Communications



MOU or "Promise to Pay"



Savings Realized Within 5 Days

ElectRx Savings Estimate Fall River July'19-June'20

DrugName	# Unique Members	# Rxs	Plan Cost via Maxor	Est. Plan Cost via ElectRx	Est. Rebate 30 Day Rxs via Maxor	Est. Rebate 90 Day Rxs via Maxor	Est. Rebate Specialty Rxs via Maxor	Est. Net Savings via ElectRx
ALPHAGAN P SOL 0.1%	6	19	5,300.41	2,849.24	1,301.69	857.88	-	\$ 291.60
BASAGLAR INJ 100UNIT	1	1	273.85	158.18	100.13	-	-	\$ 15.54
BYDUREON PEN INJ 2MG	2	8	5,658.33	3,589.84	801.04	-	-	\$ 1,267.45
CIMZIA PREFL KIT 200MG/ML	1	12	53,008.91	15,672.60	-	-	12,390.60	\$ 24,945.71
CIPRODEX SUS 0.3-0.1%	25	27	6,030.24	2,315.52	2,703.51	-	-	\$ 1,011.21
COSENTYX PEN INJ 300DOSE	2	17	89,595.99	70,753.32	-	-	17,553.35	\$ 1,289.32
DESCOVY TAB 200/25	1	6	10,941.84	6,627.24	600.78	-	-	\$ 3,713.82
ENBREL INJ 50MG/ML	2	13	67,147.28	40,005.50	-	-	13,423.15	\$ 13,718.63
ENBREL SRCLK INJ 50MG/ML	6	55	286,928.45	169,937.70	-	-	56,790.25	\$ 60,200.50
FIASP FLEX INJ TOUCH	1	5	2,698.82	1,814.83	500.65	-	-	\$ 383.34
HUMALOG INJ 100/ML	21	97	80,206.04	46,510.43	7,309.49	3,431.52	-	\$ 22,954.60
HUMALOG KWIK INJ 100/ML	21	82	50,709.61	22,351.77	6,308.19	2,716.62	-	\$ 19,333.03
HUMALOG KWIK INJ 200/ML	5	26	27,221.56	6,104.65	1,902.47	1,000.86	-	\$ 18,213.58
HUMALOG MIX INJ 75/25KWP	2	8	6,951.73	4,361.70	801.04	-	-	\$ 1,788.99
HUMIRA PEN INJ 40/0.4ML*	10	90	543,803.24	150,691.23	-	-	92,929.50	\$ 300,182.51
HUMIRA PEN INJ 40MG/0.8	4	18	152,301.28	42,887.09	-	-	18,585.90	\$ 90,828.30
HUMULIN N INJ U-100KWP	5	13	4,003.80	2,139.46	1,301.69	-	-	\$ 562.65
HUMULIN R INJ U-500	2	4	8,820.38	1,865.78	400.52	-	-	\$ 6,554.08
INLYTA TAB 5MG	1	4	63,626.28	9,836.63	-	-	4,130.20	\$ 49,659.45
LANTUS INJ 100/ML*	35	25	16,930.59	10,150.14	2,302.99	285.96	-	\$ 4,191.50
LANTUS SOLOS INJ 100/ML	7	183	99,311.14	29,725.41	14,418.72	5,576.22	-	\$ 49,590.79
NUVARING MIS	18	78	15,578.13	6,532.06	7,509.75	428.94	-	\$ 1,107.38
OZEMPIC INJ 2/1.5ML	8	61	53,310.69	18,495.53	5,707.41	571.92	-	\$ 28,535.83
REBIF INJ 44/0.5	1	13	101,850.98	55,907.28	-	-	13,423.15	\$ 32,520.55
SIMPONI INJ 100MG/ML	1	5	28,553.96	14,266.65	-	-	5,162.75	\$ 9,124.56
SYMBICORT AER 160-4.5*	53	224	92,742.69	34,477.43	19,725.61	3,860.46	-	\$ 34,679.19
SYMBICORT AER 80-4.5	19	66	21,271.21	8,807.85	6,208.06	571.92	-	\$ 5,683.38
TALTZ INJ 80MG/ML	2	26	119,610.65	84,790.53	-	-	26,846.30	\$ 7,973.82
TOUJEO MAX INJ 300IU/ML	1	5	11,061.20	5,852.00	200.26	428.94	-	\$ 4,580.00
TOUJEO SOLO INJ 300IU/ML	1	5	4,872.70	2,992.50	400.52	142.98	-	\$ 1,336.70
TREMFYA INJ 100MG/ML	2	8	87,849.95	22,770.80	-	-	8,260.40	\$ 56,818.75
TRESIBA FLEX INJ 100UNIT	5	28	16,733.42	13,505.80	1,902.47	1,286.82	-	\$ 38.33
TRESIBA FLEX INJ 200UNIT	7	50	43,746.49	34,047.64	4,706.11	428.94	-	\$ 4,563.80
TRULICITY INJ 0.75/0.5*	8	38	32,110.57	14,240.99	3,804.94	-	-	\$ 14,064.64
TRULICITY INJ 1.5/0.5	7	30	25,717.30	12,884.70	2,703.51	428.94	-	\$ 9,700.15
TRUVADA TAB 200-300	5	10	44,559.00	34,045.08	200.26	1,143.84	-	\$ 9,169.82
VICTOZA INJ 18MG/3ML	8	45	56,832.61	18,120.92	3,404.42	1,572.78	-	\$ 33,734.49
VOTRIENT TAB 200MG	1	7	46,624.48	23,159.75	-	-	7,227.85	\$ 16,236.89
XIFAXAN TAB 550MG	3	5	11,450.84	4,797.20	500.65	-	-	\$ 6,152.99
ZORTRESS TAB 0.75MG	1	7	11,123.56	6,159.53	700.91	-	-	\$ 4,263.12
	311	1424	2,407,070.20	1,056,202.46	98,427.79	24,735.54	276,723.40	950,981.01
				1,350,867.74		399,886.73		950,981.01
				Savings		Reduced Rebates		Net Savings

*=Humira, Lantus and Symbicort: 1 member used both strengths

Trulicity: 2 members used both strengths

Nick Macolini

From: Nicholas A. Macolini
Sent: Thursday, February 23, 2023 9:19 AM
To: 'Chris Nunnally'; 'Cj Ponte'; 'Diane Laflash'; 'gackley@fallriverschools.org'; 'Jason Desmarais'; 'jsmith@frpd.org'; 'Keith Michon'; Lavoie, Dave; 'Peter DaLuz'; 'Rui Santos'; 'Verizon Mail'; Lt. Nicholas Silva; 'pgomes@fallriverschools.org'; Sandra St. Martin; Bridget Almon; lduarte@frpd.org
Cc: DeMello, Raymond; Cedralia Cabral; Mota, Leslie
Subject: Insurance Information for Employees
Attachments: City of Fall River ElectRx General Communication.pdf; Fall River ElectRx Global Formulary - 20230214 Final.xlsx; Fitness Reimbursement Form.pdf; Weight Loss Reimbursement Form.pdf

Good Morning All,

As a reminder, this past fall we added the ElectRx program, it is a benefit similar to Canarx and provides access to medications that aren't on the Canarx formulary. ElectRx is going to send out a targeted mailing to about 125 members, but we thought it would be helpful to send a generic message from you to your union members first. I've attached the General Communication as well as the formulary for folks to review.

I've also attached the fitness and weight loss reimbursement forms. Please remember to submit the reimbursement for your 2022 gym and fitness fees by 3/31/23.

1095C tax forms will be sent next week. We're hoping to have everything mailed by 2/28 (the IRS deadline is postmarked by 3/2). The purpose of this form is to show full-time employees if they were offered health insurance coverage, if they accepted the coverage, and the monthly cost of the cheapest individual plan regardless of if they enrolled. This means the Access Blue New England rate will be listed if you were on any of our plans, family or individual. So if you were enrolled on Network Blue Family the rate will show Access Blue individual. If you did not take coverage with the city the rate will show Access Blue individual This can be confusing, and we always get questions about it. Anyone who receives a 1095C should keep it with their tax records. Members should have received a 1099HC from Blue Cross which is what they needed to file their taxes. If they did not receive a 1099HC they should log in to their online account or call Blue Cross at 1-800-782-3675. Members on Medicare will receive a form from Medicare.

Feel free to direct members to Human Resources with any questions. 508-324-2661

Best,
Nick



International Mail Order Program

Effective July 1, 2022, City of Fall River, will offer an additional option for you to save money on certain **brand name** prescription drugs through the **Elect Rx International Mail Order Program**. This option does not replace the current personal importation vendor rather, serve as an additional resource for high-cost medications. You can order eligible brand name drugs from Canada using the same "brick and mortar" pharmacies that people in this country use for their medications.

Please refer to the enclosed formula for available medications. Enroll today and receive medications delivered direct to your home for **FREE!**

1. Enclosed is a list of brand name prescription drugs that are offered through the Elect Rx Personal Importation Program (PI). Review this list and see if any of the medications you are currently taking can be filled through the Personal Importation (PI) Program. We are constantly updating this list. Call Customer Service if you do not see your drug listed. You can order up to a 90-day supply of any brand name medication that is eligible for dispensing through this program.
2. Members can enroll by calling (855) 353-2879. A Customer Service Representatives will complete the enrollment process and order for you. You will be asked several questions related to your medical condition including any known allergies and a list of the prescription drugs you are currently taking. **You should have those prescription drugs with you when you make the call.**
3. Have your Physician prepare a prescription with **3 refills** and FAX it to the Elect Rx Toll Free Number at (833) 353-2879. You will receive an automated reminder notification of a pending renewal/refill. Shipping takes 5-15 business days from the date of completed requirements Tip: **Have a 30-day supply on hand to allow for plenty of delivery time.**



Elect Rx Customer Service: (855) 353-2879
Monday-Friday: 8:30AM to 4:30PM



Elect Rx Physician Fax: (833) 353-2879



Customer Service Email: info@electrx.com

ELECTRx

Pharmacy Benefit Strategists



City Fall River is pleased to announce the expansion of the international voluntary medication program through Elect Rx International Rx Mail Order Program. This does not replace the current vendor rather, serve as an additional resource for high-cost medications. **Plan Members enrolled in the City of Fall River Employee Health Plans will pay \$0 on all Brand drugs on the eligible Elect Rx formulary. Below are some examples of medications available through the program.**

<i>Elect Rx Eligible Medications</i>	
<ul style="list-style-type: none">• Basaglar• Bydureon• Dupixent• Humalog• Lantus• Levemir• Ozempic	<ul style="list-style-type: none">• Rybelsus• Stelara• Toujeo SoloStar• Tresiba• Trulicity• Xifaxan

Here is how to get available medications delivered direct to your home at **no cost** to you!



Call Elect Rx Customer Service: 855.353.2879

- Have your medication list handy
- Easy enrollment in the program
- Questions regarding condition and allergies



Ask your physician to Fax a script with 3 refills directly to Elect Rx at 833.353.2879



Questions? Email Customer Service at info@ElectRx.com



Automated reminder notification of pending renewal/refill.
Shipping takes 5-15 days from date of completed requirements



City Fall River is pleased to announce the expansion of the international voluntary medication program through Elect Rx International Rx Mail Order Program. This does not replace any current vendors. This program will enhance the City's existing benefits to assist with high-cost medications.

Plan Members enrolled in the City of Fall River Employee Health Plans will pay \$0 on all Brand drugs on the eligible ElectRx formulary. Below are some examples of medications available through the program.

<i>Elect Rx Eligible Medications</i>	
<ul style="list-style-type: none">• Basaglar• Bydureon• Dupixent• Humalog• Lantus• Levemir• Ozempic	<ul style="list-style-type: none">• Rybelsus• Stelara• Toujou SoloStar• Tresiba• Trulicity• Xifaxan

Here is how to get available medications delivered direct to your home at **no cost** to you!



Call Elect Rx Customer Service: 855.353.2879

- Have your medication list handy
- Easy enrollment in the program
- Questions regarding condition and allergies



Ask your physician to Fax a script with 3 refills directly to Elect Rx at 833.353.2879



Questions? Email Customer Service at info@ElectRx.com



Automated reminder notification of pending renewal/refill.
Shipping takes 5-15 days from date of completed requirements



City of Fall River is pleased to offer a voluntary prescription program through ElectRx. It's **free and easy** to save on high cost brand and specialty medications. Here's how to get available medications delivered direct to your home at **no cost** to you! **While supplies last, members who enroll will receive a \$25 gift card (up to 3) for NEW prescriptions.**

ElectRx Personal Importation Program Eligible Medications:

- ☐ Humira
- ☐ Erleada
- ☐ Biktarvy
- ☐ Eliquis
- ☐ Odefsey
- ☐ Enbrel
- ☐ Nucala
- ☐ Jardiance
- ☐ Orencia
- ☐ Chantix
- ☐ Ozempic

- ☐ Genvoya
- ☐ Taltz
- ☐ Latuda
- ☐ Basaglar
- ☐ Tresiba
- ☐ Xarelto
- ☐ Breo Ellipta
- ☐ Stelara
- ☐ *Many more - call to see if your script is eligible!*



Call ElectRx Customer Service: 855.353.2879

- Have your medication list handy
- Easy enrollment in the program
- Questions regarding condition and allergies



Have your Dr. write a script with 3 refills and the physician fax directly to ElectRx at 833.353.2879 or Escribe to:

A and M Pharmacy, 8282 Woodward Ave. Detroit, MI 48202
NCPDP 2338514 Fax-313-875-2869

*Important: please indicate in the note or comment section:
ELECTRX*



Customer Service Email: info@electrx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34155

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 01, 2022 - June 04, 2022

\$10,684.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34163

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 05, 2022 - June 11, 2022

\$15,958.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34582

***** REVISED INVOICE *****

*This invoice includes additional information.
This replaces the previous invoice.*

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 10, 2022 - July 16, 2022

\$15,579.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34686

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 17, 2022 - July 23, 2022

\$14,338.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34699

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 24, 2022 - July 31, 2022

\$11,906.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34989

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 01, 2022 - August 06, 2022

\$20,517.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 34997

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 07, 2022 - August 13, 2022

\$15,633.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35109

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 14, 2022 - August 20, 2022

\$14,039.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35117

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 21, 2022 - August 27, 2022

\$12,234.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35125

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 28, 2022 - August 31, 2022

\$4,254.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35427

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 01, 2022 - September 10, 2022

\$12,442.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35531

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 11, 2022 - September 17, 2022

\$11,116.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35538

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 18, 2022 - September 24, 2022

\$13,707.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35545

***** REVISED INVOICE *****

*This invoice includes additional information.
This replaces the previous invoice.*

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 25, 2022 - September 30, 2022

\$23,094.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35839

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 01, 2022 - October 08, 2022

\$14,902.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35846

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 09, 2022 - October 15, 2022

\$12,039.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35950

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 16, 2022 - October 22, 2022

\$20,239.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 35956

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 23, 2022 - October 31, 2022

\$19,546.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36259

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 01, 2022 - November 05, 2022

\$11,644.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36266

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 06, 2022 - November 12, 2022

\$11,752.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36371

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 13, 2022 - November 19, 2022

\$15,385.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36379

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 20, 2022 - November 26, 2022

\$14,047.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36385

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 27, 2022 - November 30, 2022

\$5,303.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36683

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 01, 2022 - December 10, 2022

\$19,455.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36785

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 11, 2022 - December 17, 2022

\$19,264.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36792

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 18, 2022 - December 24, 2022

\$8,946.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 36799

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 25, 2022 - December 31, 2022

\$15,344.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37077

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 01, 2023 - January 07, 2023

\$16,928.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37084

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 08, 2023 - January 14, 2023

\$10,734.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37188

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 15, 2023 - January 21, 2023

\$16,448.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



DATE: Jan-23-23
PROGRAM: FallRiverMeds
CUSTOMER: City of Fall River
1 Government Center, 6th Floor
Fall River, MA
02722

January 15, 2023 - January 21, 2023 Page 3

Member #	Last Name	First Name	Total
			\$16,448.00

CONFIDENTIAL
collins@canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37195

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 22, 2023 - January 31, 2023

\$18,372.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37503

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 01, 2023 - February 11, 2023

\$16,198.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37609

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 12, 2023 - February 18, 2023

\$10,865.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37616

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 19, 2023 - February 28, 2023

\$26,674.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 37913

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 01, 2023 - March 11, 2023

\$21,581.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38011

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 12, 2023 - March 18, 2023

\$10,970.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38018

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 19, 2023 - March 25, 2023

\$14,237.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38025

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 26, 2023 - March 31, 2023

\$13,825.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38337

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 01, 2023 - April 08, 2023

\$19,967.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38344

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 09, 2023 - April 15, 2023

\$15,487.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38449

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 16, 2023 - April 22, 2023

\$12,553.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38456

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 23, 2023 - April 30, 2023

\$15,036.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38770

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 01, 2023 - May 06, 2023

\$15,615.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38776

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 07, 2023 - May 13, 2023

\$11,274.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38879

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 14, 2023 - May 20, 2023

\$12,187.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 38885

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 21, 2023 - May 31, 2023

\$29,968.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39211

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 01, 2023 - June 10, 2023

\$22,376.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39310

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 11, 2023 - June 17, 2023

\$12,793.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39317

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 18, 2023 - June 24, 2023

\$11,813.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39324

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 25, 2023 - June 30, 2023

\$18,051.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39632

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 01, 2023 - July 08, 2023

\$11,845.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39639

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 09, 2023 - July 15, 2023

\$9,566.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39739

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 16, 2023 - July 22, 2023

\$14,932.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 39746

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 23, 2023 - July 31, 2023

\$14,240.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40062

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 01, 2023 - August 05, 2023

\$5,474.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40068

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 06, 2023 - August 12, 2023

\$8,822.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



INVOICE # 40068

DATE: Aug-14-23
PROGRAM: FallRiverMeds
CUSTOMER: City of Fall River
1 Government Center, 6th Floor
Fall River, MA
02722

August 06, 2023 - August 12, 2023 Page 2

Member #	Last Name	First Name	Total

			\$8,822.50

CONFIDENTIAL
collins@canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40169

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 13, 2023 - August 19, 2023

\$18,855.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40176

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 20, 2023 - August 26, 2023

\$17,104.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40183

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

August 27, 2023 - August 31, 2023

\$16,872.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40503

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 01, 2023 - September 09, 2023

\$15,630.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40605

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 10, 2023 - September 16, 2023

\$8,915.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40612

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 17, 2023 - September 23, 2023

\$15,728.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40620

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

September 24, 2023 - September 30, 2023

\$14,740.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40921

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 01, 2023 - October 07, 2023

\$14,869.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 40928

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 08, 2023 - October 14, 2023

\$11,769.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41031

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 15, 2023 - October 21, 2023

\$18,305.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41038

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

October 22, 2023 - October 31, 2023

\$13,869.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41374

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 01, 2023 - November 11, 2023

\$23,671.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41473

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 12, 2023 - November 18, 2023

\$19,941.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41480

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 19, 2023 - November 25, 2023

\$15,761.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41486

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

November 26, 2023 - November 30, 2023

\$16,296.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41821

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 01, 2023 - December 09, 2023

\$20,758.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41828

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 10, 2023 - December 16, 2023

\$10,111.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

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CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41932

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 17, 2023 - December 23, 2023

\$6,326.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 41939

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

December 24, 2023 - December 31, 2023

\$7,972.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42256

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 01, 2024 - January 06, 2024

\$11,882.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42263

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 07, 2024 - January 13, 2024

\$8,066.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42360

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 14, 2024 - January 20, 2024

\$8,694.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42368

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

January 21, 2024 - January 31, 2024

\$30,976.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42725

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 01, 2024 - February 10, 2024

\$18,622.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42826

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 11, 2024 - February 17, 2024

\$13,958.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42833

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 18, 2024 - February 24, 2024

\$13,892.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 42840

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

February 25, 2024 - February 29, 2024

\$7,843.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43167

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 01, 2024 - March 09, 2024

\$18,698.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43270

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 10, 2024 - March 16, 2024

\$14,156.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43277

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 17, 2024 - March 23, 2024

\$12,220.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43284

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

March 24, 2024 - March 31, 2024

\$9,566.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43612

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 01, 2024 - April 06, 2024

\$13,426.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43619

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 07, 2024 - April 13, 2024

\$15,864.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43716

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 14, 2024 - April 20, 2024

\$14,888.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 43724

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

April 21, 2024 - April 30, 2024

\$21,349.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44096

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 01, 2024 - May 11, 2024

\$21,751.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44194

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 12, 2024 - May 18, 2024

\$15,077.10 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

If your company is not currently using ZIX, you will be prompted to set up an account to view these encrypted communications. Please let us know if you have any questions or concerns.

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040

Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44201

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 19, 2024 - May 25, 2024

\$14,108.30 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

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Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44208

***** REVISED INVOICE *****

*This invoice includes additional information.
This replaces the previous invoice.*

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

May 26, 2024 - May 31, 2024

\$14,345.60 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

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WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44569

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 01, 2024 - June 08, 2024

\$16,904.10 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

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WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44581

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 09, 2024 - June 15, 2024

\$14,756.00 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

If your company is not currently using ZIX, you will be prompted to set up an account to view these encrypted communications. Please let us know if you have any questions or concerns.

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040

Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44680

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 16, 2024 - June 22, 2024

\$11,366.40 USD

Please note that in our continued efforts to utilize best security practices, beginning in July, CANARX invoices will be sent from invoicing@canarx.com and will be delivered through an encrypted email channel provided by ZIX.

If your company is not currently using ZIX, you will be prompted to set up an account to view these encrypted communications. Please let us know if you have any questions or concerns.

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 44686

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

June 23, 2024 - June 30, 2024

\$9,315.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 45025

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 01, 2024 - July 06, 2024

\$17,830.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com



Canarx Group Inc
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 45031

In Account With:

City of Fall River

**Regarding: FallRiverMeds
1 Government Center, 6th Floor
Fall River, MA
02722**

July 07, 2024 - July 13, 2024

\$13,640.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CANARX GROUP A/C# 102172103

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CANARX Group
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Phone: 1-888-739-2718 • 519-973-3040
Fax: 1-866-715-6337 • 519-973-1780

canarx.com

PBIRx
Merritt Corporate Woods
612 Wheelers Farms Road, 1st FL
Milford, CT 06461-1673

Invoice

Date	Invoice #
3/27/2023	7497

Bill To
City of Fall River One Government Center Fall River, MA 02722 Attn: Nick Macolini

Time Period	Description	Total Units	Rate	Amount due
4th Q 2022	PBIRx Quarterly InternationalRx Services- ElectRx	8,306.92	0.05	415.35
Total				\$415.35

BILLS ARE PAYABLE WITHIN 10 DAYS.
1 1/2% Interest will be charged on any balance
Over 30 days from the date of invoice
Please make all checks payable to: PBIRx



Pharmacy Benefit Strategists

City of Fall River

October 1, 2022 to December 31, 2022

ElectRx Activity / Savings Report

Group Name	NDC 10-Digit Code	Drug Name	Strength	Dispense Quantity	Days Supply	New Or Refill	Date of Shipment	ElectRx Invoice Amount	PBM Cost	Savings
Totals for 10/1 to 12/31/22								<u>\$23,995.63</u>	<u>\$32,302.55</u>	<u>\$8,306.92</u>
City of Fall River	0002-8799-59	Humalog	100 u/1 ml	15	83	N	2022-10-19	\$246.88	\$509.18	\$262.30
City of Fall River	0002-7712-27	Humalog	200 u/1 ml	30	100	N	2022-10-18	\$1,076.33	\$2,036.72	\$960.39
City of Fall River	0088-2220-33	Lantus	100 u/1 ml	30	120	N	2022-11-25	\$549.36	\$816.65	\$267.29
City of Fall River	0088-2219-05	Lantus Solostar	100 u/1 ml	15	107	N	2022-10-19	\$314.96	\$408.30	\$93.34
City of Fall River	0003-2187-13	ORENCIA	250 mg	60	28	N	2022-10-14	\$7,837.81	\$9,999.30	\$2,161.49
City of Fall River	0003-2187-13	ORENCIA	250 mg	60	28	R	2022-11-07	\$3,971.95	\$4,999.65	\$1,027.70
City of Fall River	0169-4136-02	Ozempic 1mg	1.34 mg/mL	9	84	N	2022-10-18	\$1,488.66	\$2,569.13	\$1,080.47
City of Fall River	0169-2550-13	Tresiba	200 u/1 ml	36	97	N	2022-10-18	\$2,056.38	\$2,342.82	\$286.44
City of Fall River	0169-2550-13	Tresiba	200 u/1 ml	54	108	N	2022-10-18	\$3,043.33	\$3,514.22	\$470.89
City of Fall River	0002-1433-80	Trulicity	0.75 mg/0.5 ml	6	84	N	2022-10-18	\$1,704.98	\$2,553.29	\$848.31
City of Fall River	0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	N	2022-11-04	\$1,704.98	\$2,553.29	\$848.31
Total Savings for 2022: 10/1 to 12/31/22			<u>\$8,307</u>							

PBIRx
Merritt Corporate Woods
612 Wheelers Farms Road, 1st FL
Milford, CT 06461-1673

Invoice

Date	Invoice #
5/17/2023	7551

Bill To
City of Fall River One Government Center Fall River, MA 02722 Attn: Nick Macolini

Time Period	Description	Total Units	Rate	Amount due
1st Q 2023	PBIRx Quarterly InternationalRx Services- ElectRx	7,376.87	0.05	368.84
Total				\$368.84

BILLS ARE PAYABLE WITHIN 10 DAYS.
1 1/2% Interest will be charged on any balance
Over 30 days from the date of invoice
Please make all checks payable to: PBIRx

Group_id	pharmacy_id	Group Name	Electrx Employer Code	Division Name	Member Code	Dependent Relationship	NDC 10-Digit Code	Drug Name	Strength	Dispense Quantity	Days supply	Order Number	New Or Refill	Date of Shipment	ElectRx Invoice Amount	20.00% Discounted AWP Cost	Savings	
5911	3	City of Fall River	20743			S	0003-2187-13	ORENCIA	250 mg	60	28	303-24064-7038	R	2022-12-06	\$ 3,600.00	\$	4,999.65	\$ 1,399.65
5911	3	City of Fall River	20743			S	0088-2220-33	Lantus Vial	100unit/ml	30	90	1011109	N	44888	\$ 664.73	\$	1,020.81	\$ 356.08
5911	1	City of Fall River	20743			S	0088-2219-05	Lantus Solostar	100 u/1 ml	15	90	101-31881-8911	R	2023-01-16	\$ 314.96	\$	420.54	\$ 105.58
5911	3	City of Fall River	20743			P	0169-2550-13	Tresiba	200 u/1 ml	45	90	303-26660-6083	R	2023-01-18	\$ 2,797.36	\$	2,928.52	\$ 131.17
5911	3	City of Fall River	20743			P	0002-7712-27	Humalog	200 u/1 ml	30	100	303-26660-6515	R	2023-01-18	\$ 1,076.33	\$	2,036.72	\$ 960.39
5911	3	City of Fall River	20743			S	0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	303-27606-7087	R	2023-01-31	\$ 2,001.98	\$	2,680.94	\$ 678.96
5911	1	City of Fall River	20743			S	0002-7714-59	Humalog	100 u/1 ml	45	90	101-37156-10977	R	2023-02-28	\$ 1,174.78	\$	1,527.55	\$ 352.77
5911	3	City of Fall River	20743			S	0088-2220-33	Lantus	100 u/1 ml	30	120	303-31226-5554	R	2023-03-17	\$ 846.75	\$	1,051.44	\$ 204.69
5911	3	City of Fall River	20743			P	0002-1433-80	Trulicity	0.75 mg/0.5 ml	6	84	303-31658-7086	R	2023-03-22	\$ 2,001.98	\$	2,680.94	\$ 678.96
5911	3	City of Fall River	20743			S	0169-4136-02	Ozempic 1mg	1.34 mg/mL	9	84	303-31832-6678	R	2023-03-23	\$ 1,488.66	\$	2,569.13	\$ 1,080.47
5911	3	City of Fall River	20743			S	0002-8799-59	Humalog	100 u/1 ml	15	83	303-31835-6476	R	2023-03-23	\$ 246.88	\$	509.18	\$ 262.30
5911	3	City of Fall River	20743			S	0088-2219-05	Lantus Solostar	100 u/1 ml	15	107	303-31835-6508	R	2023-03-23	\$ 314.96	\$	420.54	\$ 105.58
5911	1	City of Fall River	20743			S	0169-4060-13	Victoza	6 mg/1 ml	27	90	101-39971-3585	R	2023-03-28	\$ 2,156.13	\$	3,216.41	\$ 1,060.28

PBIRx
Merritt Corporate Woods
612 Wheelers Farms Road, 1st FL
Milford, CT 06461-1673

Invoice

Date	Invoice #
8/15/2023	7629

Bill To
City of Fall River One Government Center Fall River, MA 02722 Attn: Nick Macolini

Time Period	Description	Total Units	Rate	Amount due
2nd Q 2023	PBIRx Quarterly InternationalRx Services- ElectRx	39,326.41	0.05	1,966.32

Total	\$1,966.32
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BILLS ARE PAYABLE WITHIN 10 DAYS.
1 1/2% Interest will be charged on any balance
Over 30 days from the date of invoice
Please make all checks payable to: PBIRx



Group id	pharmacy id	Group Name	Electrx Employer Code	Division Name	Member Code	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Patient Gender	Patient Date of Birth	NDC 10-Digit Code	Drug Name	Strength	Dispense Quantity	Days supply	Order Number	New Or Refill	Date of Shipment	ElectRx Invoice Amount	20.00% Discounted AWP Cost	Savings
5911	1	City of Fall	20743			S				M		0169-2660-	Tresiba	100 u/1 ml	15	90	101-40899	R	2023-04-05	\$ 477.92	\$ 610.12	\$ 132.20
5911	1	City of Fall	20743			S				M		0169-2800-	Saxenda	6 mg/1 ml	45	90	101-42543	R	2023-04-19	\$ 2,751.84	\$ 3,885.17	\$ 1,133.33
5911	1	City of Fall	20743			S				F		64764-300-	Entyvio	300 mg	5	56	101-43050	R	2023-04-26	\$ 4,568.03	\$ 7,848.98	\$ 3,696.23
5911	3	City of Fall	20743			S				M		0088-2219-	Lantus Solk	100 u/1 ml	45	100	309-35226	R	2023-04-26	\$ 944.89	\$ 1,261.63	\$ 402.64
5911	3	City of Fall	20743			P				F		0169-2550-	Tresiba	200 u/1 ml	45	90	303-34054	R	2023-04-26	\$ 2,797.36	\$ 2,928.52	\$ 385.47
5911	1	City of Fall	20743			S				F		0002-7714-	Humalog	100 u/1 ml	45	90	101-44442	R	2023-05-08	\$ 1,174.78	\$ 1,527.55	\$ 352.77
5911	3	City of Fall	20743			S				M		0169-2550-	Tresiba	200 u/1 ml	18	36	309-36550	R	2023-05-11	\$ 1,118.94	\$ 1,890.36	\$ 711.42
5911	1	City of Fall	20743			S				M		0002-1434-	Trulicity	1.5 mg/0.5 m	2	28	101-47728	N	2023-05-30	\$ 667.33	\$ 893.65	\$ 226.32
5911	2	City of Fall	20743			S				F		24208-504-	Vyzulta	0.024 %	10	90	202-17576	N	2023-06-02	\$ 311.56	\$ 924.98	\$ 613.42
5911	1	City of Fall	20743			S				M		0002-8799-	Humalog	100 u/1 ml	30	90	101-49151	R	2023-06-08	\$ 439.27	\$ 1,018.97	\$ 565.10
5911	1	City of Fall	20743			S				M		0088-2220-	Lantus	100 u/1 ml	30	90	101-49164	R	2023-06-08	\$ 615.29	\$ 841.15	\$ 225.87
5911	1	City of Fall	20743			S				M		0169-4136-	Ozempic	1.34 mg/ml	9	84	101-49166	R	2023-06-08	\$ 1,367.67	\$ 2,569.13	\$ 1,201.46
5911	1	City of Fall	20743			S				F		0002-1433-	Trulicity	0.75 mg/0.5 i	6	84	101-49173	R	2023-06-12	\$ 1,704.98	\$ 2,680.94	\$ 975.96
5911	1	City of Fall	20743			S				F		0088-2219-	Lantus Solk	100 u/1 ml	15	90	101-46128	R	2023-06-12	\$ 314.96	\$ 420.54	\$ 105.58
5911	1	City of Fall	20743			S				M		0088-2219-	Lantus Solk	100 u/1 ml	15	90	101-49705	R	2023-06-13	\$ 314.96	\$ 420.54	\$ 105.58
5911	1	City of Fall	20743			S				F		0002-7712-	Humalog	200 u/1 ml	30	90	101-49694	R	2023-06-14	\$ 1,015.83	\$ 2,036.72	\$ 1,020.89
5911	1	City of Fall	20743			S				M		0169-6438-	Levemir	100 u/1 ml	90	90	101-49272	R	2023-06-14	\$ 1,737.98	\$ 2,662.32	\$ 924.34
5911	1	City of Fall	20743			S				M		0002-8799-	Humalog	100 u/1 ml	60	90	101-49275	R	2023-06-14	\$ 806.03	\$ 2,036.74	\$ 1,230.72
5911	1	City of Fall	20743			S				M		0002-1434-	Trulicity	1.5 mg/0.5 m	6	84	101-50312	R	2023-06-15	\$ 1,704.98	\$ 2,680.94	\$ 975.96
5911	1	City of Fall	20743			S				M		0169-2660-	Tresiba	100 u/1 ml	15	90	101-49724	R	2023-06-21	\$ 477.92	\$ 610.12	\$ 132.20
5911	1	City of Fall	20743			S				M		0169-2800-	Saxenda	6 mg/1 ml	45	90	101-51683	R	2023-06-27	\$ 2,751.84	\$ 3,885.17	\$ 1,133.33

PBIRx
Merritt Corporate Woods
612 Wheelers Farms Road, 1st FL
Milford, CT 06461-1673

Invoice

Date	Invoice #
12/12/2023	7724

Bill To
City of Fall River One Government Center Fall River, MA 02722 Attn: Nick Macolini

Time Period	Description	Total Units	Rate	Amount due
3rd Q 2023	PBIRx InternationalRx Services- ElectRx	15,191.28	0.05	759.56
Total				\$759.56

BILLS ARE PAYABLE WITHIN 10 DAYS.
1 1/2% Interest will be charged on any balance
Over 30 days from the date of invoice
Please make all checks payable to: PBIRx

Group Id	plasmac y id	Electrs Group Name	Employer Code	Division Name	Member Code	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Patient Gender	Patient Date of Birth	NDC 10-Digit Code	NDC 11-Digit Code	Drug Name	Strength	Dispense Quantity	Days supply	Order Number	Num Or Refill	Date of Shipment	Electrx Invoice Amount	20.00% Discounted AWP Cost	Savings
5911	1	City of Fall River	20743			S				F		0169-2450-13	00169-2550-13	Tresiba	200 u/1 ml	41	90	101-63640-10977	R	2023-07-04	\$ 2,056.38	\$ 1,849.82	\$ 286.44
5911	1	City of Fall River	20743			S				F		0002-7714-59	00002-7714-59	Humalog	100 u/1 ml	45	90	101-63640-10977	R	2023-07-13	\$ 1,174.78	\$ 1,527.55	\$ 352.77
5911	1	City of Fall River	20743			S				M		0169-4134-02	00169-4134-02	Granpic 1mg	1.34 mg/ml	8	84	101-67458-3824	R	2023-08-10	\$ 1,847.67	\$ 2,485.00	\$ 1,327.34
5911	1	City of Fall River	20743			S				F		0002-1433-80	00002-1433-80	Tnality	0.75 mg/0.5 ml	6	84	101-57455-3862	R	2023-08-14	\$ 1,704.98	\$ 2,680.94	\$ 975.96
5911	1	City of Fall River	20743			S				M		0088-2220-35	00088-2220-33	Lantus	100 u/1 ml	30	90	101-58208-10978	R	2023-08-15	\$ 815.39	\$ 841.15	\$ 225.87
5911	1	City of Fall River	20743			S				M		0002-8799-59	00002-8799-59	Humalog	100 u/1 ml	30	90	101-58208-10978	R	2023-08-16	\$ 433.27	\$ 1,018.37	\$ 585.10
5911	1	City of Fall River	20743			S				M		0002-1434-80	00002-1434-80	Tnality	1.3 mg/0.5 ml	6	84	101-58261-3861	R	2023-08-16	\$ 1,704.98	\$ 2,680.94	\$ 975.96
5911	1	City of Fall River	20743			S				M		0169-2550-13	00169-2550-13	Tresiba	200 u/1 ml	45	90	101-58641-3802	N	2023-08-18	\$ 2,615.86	\$ 2,928.52	\$ 312.67
5911	1	City of Fall River	20743			S				M		0088-2218-05	00088-2218-05	Lantus Solostar	100 u/1 ml	15	90	101-58832-8911	R	2023-08-21	\$ 818.94	\$ 420.54	\$ 109.28
5911	1	City of Fall River	20743			S				M		0169-6438-10	00169-6438-10	Levemir	100 u/1 ml	90	90	101-59342-8950	R	2023-06-22	\$ 1,737.98	\$ 2,662.32	\$ 924.34
5911	1	City of Fall River	20743			S				M		0002-8798-59	00002-8798-59	Humalog	100 u/1 ml	60	90	101-58344-10978	R	2023-08-22	\$ 806.03	\$ 2,038.74	\$ 1,230.72
5911	1	City of Fall River	20743			S				F		0002-7712-27	00002-7712-27	Humalog	200 u/1 ml	30	90	101-59378-10975	N	2023-08-22	\$ 1,015.83	\$ 2,036.72	\$ 1,020.89
5911	2	City of Fall River	20743			S				F		24208-204-05	24208-0504-05	Vyzulta	0.024 %	10	90	209-182206-101231	R	2023-08-22	\$ 811.56	\$ 824.88	\$ 618.42
5911	1	City of Fall River	20743			S				M		0169-2660-15	00169-2660-15	Tresiba	100 u/1 ml	15	90	101-60441-3801	R	2023-08-30	\$ 477.82	\$ 488.10	\$ 10.18
5911	1	City of Fall River	20743			S				M		0169-2800-15	00169-2800-15	Saxenda	6 mg/1 ml	45	90	101-61564-5198	N	2023-08-05	\$ 7,751.84	\$ 8,885.17	\$ 1,133.33
5911	1	City of Fall River	20743			S				F		0169-2550-13	00169-2550-13	Tresiba	200 u/1 ml	36	90	101-62356-3802	R	2023-09-12	\$ 2,056.38	\$ 2,542.82	\$ 286.44
5911	1	City of Fall River	20743			S				F		0002-7714-59	00002-7714-59	Humalog	100 u/1 ml	45	90	101-63640-10977	R	2023-08-20	\$ 1,174.78	\$ 1,527.55	\$ 352.77
5911	1	City of Fall River	20743			S				F		0169-2800-15	00169-2800-15	Saxenda	6 mg/1 ml	45	90	101-64172-5198	R	2023-09-21	\$ 2,751.84	\$ 3,885.17	\$ 1,133.33
5911	1	City of Fall River	20743			S				M		58408-031-04	58408-0032-04	ENBREL	50 mg/1 ml	4	28	104-63779-9767	R	2023-09-21	\$ 3,594.78	\$ 6,767.37	\$ 3,232.61
5911	1	City of Fall River	20743			S				F		0088-2219-05	00088-2219-05	Lantus Solostar	100 u/1 ml	15	90	101-64926-8911	R	2023-09-28	\$ 314.96	\$ 420.54	\$ 105.58

\$ 28,922.04 \$ 44,113.32 \$15,191.28
\$15,191.28

PBIRx
 Merritt Corporate Woods
 612 Wheelers Farms Road, 1st FL
 Milford, CT 06461-1673

Invoice

Date	Invoice #
2/5/2024	7785

Bill To
City of Fall River One Government Center Fall River, MA 02722 Attn: Nick Macolini

Time Period	Description	Total Units	Rate	Amount due
4th Q 2023	PBIRx InternationalRx Services- ElectRx	23,950.8	0.05	1,197.54
Total				\$1,197.54

BILLS ARE PAYABLE WITHIN 10 DAYS.
 1 1/2% Interest will be charged on any balance
 Over 30 days from the date of invoice

Please make all checks payable to: PBIRx

Account #	Member #	Group Name	Elects	Employee	Class	Division Name	Member Code	Relationship	Patent Tax Name	Patent Abtype (Add)	Patent Last Name	Patent Number	Patent Date of Birth	NIC (Budget Code)	Drug Name	Microbi	Quantity	Days	Days	Days	Order Number	Area Of Field	Date of Month	Electric Invoice Month	2012/21 Grounded Bill Cost	2012/21 Grounded Savings
5911	1	City of Fall River	20743											0000-2019-01	Humalog	100 u/1 ml	80	30	30	101-65003-10961	R	2023-09-04	\$ 1,547.27	\$ 2,509.76	\$ 962.49	
5911	1	City of Fall River	20743											56404-032-04	ENBREL	50 mg/1 ml	4	28	28	101-64202-0747	R	2023-10-09	\$ 3,534.76	\$ 6,747.37	\$ 3,212.61	
5911	1	City of Fall River	20743											0000-1439-80	Tricity	1.5 mg/0.5 ml	8	34	34	101-50076-3942	R	2023-10-18	\$ 1,704.88	\$ 2,690.84	\$ 985.96	
5911	1	City of Fall River	20743											0000-1434-80	Tricity	1.5 mg/0.5 ml	6	34	34	101-47189-3661	R	2023-10-18	\$ 1,704.88	\$ 2,690.84	\$ 985.96	
5911	1	City of Fall River	20743											0100-2006-34	Humalog	100 u/1 ml	80	30	30	101-65173-10186	R	2023-09-08	\$ 2,071.88	\$ 3,063.33	\$ 991.45	
5911	1	City of Fall River	20743											0088-2220-33	Lantus	100 u/1 ml	30	30	101-48030-8912	R	2023-10-23	\$ 615.29	\$ 841.15	\$ 225.87		
5911	1	City of Fall River	20743											0000-8750-30	Nutren	100 u/1 ml	30	30	101-48030-10078	R	2023-10-24	\$ 408.27	\$ 616.87	\$ 208.60		
5911	1	City of Fall River	20743											0168-2500-13	Treosin	200 u/1 ml	45	30	101-64512-3002	R	2023-10-26	\$ 2,615.66	\$ 2,928.52	\$ 312.87		
5911	1	City of Fall River	20743											0000-2019-01	Humalog	100 u/1 ml	80	30	101-64916-9717	R	2023-10-30	\$ 1,649.88	\$ 2,641.33	\$ 991.45		
5911	1	City of Fall River	20743											0000-7712-27	Humalog	100 u/1 ml	30	30	101-64852-10975	R	2023-10-30	\$ 1,715.63	\$ 2,036.72	\$ 321.09		
5911	1	City of Fall River	20743											0400-0102-04	ENBREL	50 mg/1 ml	4	28	101-64048-9747	R	2023-10-31	\$ 3,534.76	\$ 6,747.37	\$ 3,212.61		
5911	1	City of Fall River	20743											0000-8750-30	Humalog	100 u/1 ml	60	30	101-48875-10978	R	2023-10-31	\$ 808.01	\$ 1,216.74	\$ 408.73		
5911	1	City of Fall River	20743											0100-5430-30	Humalog	100 u/1 ml	30	30	101-64888-9091	R	2023-10-31	\$ 1,716.69	\$ 2,641.33	\$ 924.64		
5911	1	City of Fall River	20743											0100-2006-34	Humalog	100 u/1 ml	15	30	101-49009-3051	R	2023-11-02	\$ 427.87	\$ 681.10	\$ 253.23		
5911	1	City of Fall River	20743											24300-5040-00	Vigora	0.028 M	10	30	101-54878-10131	R	2023-11-10	\$ 311.54	\$ 524.98	\$ 213.44		
5911	1	City of Fall River	20743											56404-032-04	ENBREL	50 mg/1 ml	4	28	101-71757-9707	R	2023-11-21	\$ 3,534.76	\$ 6,747.37	\$ 3,212.61		
5911	1	City of Fall River	20743											0100-2006-34	Treosin	200 u/1 ml	36	30	101-27107-8992	R	2023-11-21	\$ 2,206.38	\$ 2,641.33	\$ 434.95		
5911	1	City of Fall River	20743											0000-1434-80	Tricity	1.5 mg/0.5 ml	8	34	101-7248-3881	R	2023-11-21	\$ 1,704.88	\$ 2,690.84	\$ 985.96		
5911	1	City of Fall River	20743											0088-2220-33	Lantus	100 u/1 ml	14	30	101-25046-8911	R	2023-11-28	\$ 615.29	\$ 841.15	\$ 225.87		
5911	1	City of Fall River	20743											0168-2640-15	Treosin	100 u/1 ml	15	75	101-73809-3661	R	2023-12-04	\$ 477.82	\$ 616.12	\$ 138.30		
5911	1	City of Fall River	20743											0000-7712-27	Humalog	100 u/1 ml	80	30	101-73012-10961	R	2023-12-05	\$ 1,649.88	\$ 2,641.33	\$ 991.45		
5911	1	City of Fall River	20743											56404-032-04	ENBREL	50 mg/1 ml	4	28	101-78662-9707	R	2023-12-11	\$ 3,534.76	\$ 6,747.37	\$ 3,212.61		
5911	1	City of Fall River	20743											0088-2220-33	Lantus	100 u/1 ml	80	30	101-73990-8912	R	2023-12-12	\$ 615.29	\$ 841.15	\$ 225.87		
5911		City of Fall River													GR Card		5						\$ 129.75			

33 Months

Electric Invoiced Savings total amount \$ 23,950.80 \$ 37,248.28

Drug Name	Strength	RX Count	International Billing	Average U.S. Plan Cost	Program Savings
ENBREL	50 mg/1 ml	4	14,139	27,069	12,930
Humalog	200 u/1 ml	1	1,016	2,037	1,021
Humalog	100 u/1 ml	4	4,374	7,275	2,901
Lantus	100 u/1 ml	2	1,415	1,963	547
Lantus Solosta	100 u/1 ml	2	630	841	211
Levemir	100 [iU]/mL	1	1,738	2,662	924
Saxenda	6 mg/1 ml	1	2,752	3,885	1,133
Tresiba	200 u/1 ml	2	4,672	5,271	599
Tresiba	100 u/1 ml	2	956	1,098	142
Trulicity	0.75 mg/0.5 ml	1	1,705	2,681	976
Trulicity	1.5 mg/0.5 ml	2	3,410	5,362	1,952
Vyzulta	0.024 %	1	312	925	613

PBIRX, INC.
 612 Wheelers Farms Road
 MILFORD, CT 06461-1673 US
 203-882-1188
 dsirowich@pbirx.com
 www.pbirx.com

Invoice

BILL TO
Nick Macolini City of Fall River One Government Center Attn: Nick Macolini Fall River, MA 02722

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
7863	05/05/2024	\$1,446.00	05/20/2024	Net 15	

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
1st Q 2024 InternationalRx Services- ElectRx		28,919.98	0.05	1,446.00

BALANCE DUE

\$1,446.00

ElectRx Activity and Savings Report

Group Name:	City of Fall River
Report Period:	January to March 2024
Number of Utilizing Members:	14
Number of Total Scripts:	26
Total ElectRx Price:	\$41,947.61
Total Average PBM Price:	\$63,173.51
Total Savings:	\$21,225.91
Average % Savings:	33.6%
Average Savings per Member:	\$1,516.14
Average Savings per Script:	\$816.38

Group ID	pharmacy id	Group Name	Electrx Employer Code	Division Name	Member Code	Dependent				Patient Date of Birth	NDC 10-Digit Code	Drug Name	Strength	Dispense Quantity	Days supply	Order Number	New Or Refill	Date of Shipment	ElectRx Invoice Amount2	20.00% Discounted AWP Cost	Savings	Total Savings	Members	RX Count
						Relationship	Patient First Name	Patient Middle Initial	Patient Last Name															
5911	1	City of Fall	20743			S				M	0169-2800 Saxenda	6 mg/1 ml	45	90	101-67337	R	2024-01-0	\$2,751.84	\$3,865.17	\$1,133.33	\$28,919.98	14	26	
5911	1	City of Fall	20743			S				F	0002-7712 Humalog	200 u/1 ml	30	90	101-77515	N	2024-01-1	\$1,015.83	\$2,036.72	\$1,020.89				
5911	1	City of Fall	20743			S				M	58406-032 ENBREL	50 mg/1 m	4	28	101-78084	N	2024-01-1	\$3,534.76	\$7,105.76	\$3,571.00				
5911	1	City of Fall	20743			S				M	0169-2550 Tresiba	200 u/1 ml	45	90	101-77279	R	2024-01-1	\$2,615.86	\$2,928.52	\$ 312.67				
5911	1	City of Fall	20743			S				M	0088-2219 Lantus Sol.	100 u/1 ml	15	90	101-78463	N	2024-01-1	\$ 314.96	\$ 420.54	\$ 105.58				
5911	1	City of Fall	20743			S				M	0002-8799 Humalog	100 u/1 ml	60	90	101-78682	N	2024-01-1	\$ 806.03	\$2,036.74	\$1,230.72				
5911	1	City of Fall	20743			S				M	0169-6432 Levemir	100 [IU]/m	90	90	101-78680	N	2024-01-1	\$1,738.00	\$2,662.32	\$ 924.32				
5911	1	City of Fall	20743			S				M	0002-7510 Humalog	100 u/1 ml	50	90	101-79206	R	2024-01-1	\$1,002.23	\$1,318.56	\$ 316.33				
5911	1	City of Fall	20743			S				M	0002-8799 Humalog	100 u/1 ml	30	90	101-79538	N	2024-01-2	\$ 433.27	\$1,018.37	\$ 585.10				
5911	1	City of Fall	20743			S				M	0169-4130 Ozempic 1	1.34 mg/m	9	84	101-79958	R	2024-01-2	\$1,367.67	\$2,789.33	\$1,421.66				
5911	1	City of Fall	20743			S				F	0169-2660 Tresiba	100 u/1 ml	15	75	101-81171	R	2024-01-2	\$ 477.92	\$ 488.10	\$ 10.18				
5911	1	City of Fall	20743			S				F	0169-2550 Tresiba	200 u/1 ml	36	90	101-81576	N	2024-01-3	\$2,056.38	\$2,342.82	\$ 286.44				
5911	1	City of Fall	20743			S				F	0002-1434 Trulicity	1.5 mg/0.5	6	84	101-80604	R	2024-01-3	\$1,704.98	\$2,814.96	\$1,109.98				
5911	1	City of Fall	20743			S				M	58406-032 ENBREL	50 mg/1 m	4	28	101-81403	R	2024-02-0	\$3,534.76	\$7,105.76	\$3,571.00				
5911	1	City of Fall	20743			S				F	0169-2800 Saxenda	6 mg/1 ml	45	90	101-82525	N	2024-02-0	\$2,751.84	\$3,885.17	\$1,133.33				
5911	1	City of Fall	20743			S				F	0002-7510 Humalog	100 u/1 ml	80	90	101-83755	R	2024-02-1	\$1,567.27	\$ 509.95	\$ -				
5911	1	City of Fall	20743			S				M	0088-2220 Lantus	100 u/1 ml	40	90	101-84420	R	2024-02-2	\$ 800.21	\$ 246.75	\$ -				
5911	1	City of Fall	20743			S				M	0002-1434 Trulicity	1.5 mg/0.5	2	28	101-85302	N	2024-02-2	\$ 667.33	\$ 938.32	\$ 270.99				
5911	1	City of Fall	20743			S				M	0597-0153 Jardiance	25 mg	90	90	101-85855	R	2024-02-2	\$ 494.59	\$1,759.97	\$1,265.38				
5911	1	City of Fall	20743			S				M	58406-032 ENBREL	50 mg/1 m	4	28	101-85445	R	2024-02-2	\$3,534.76	\$7,105.76	\$3,571.00				
5911	1	City of Fall	20743			S				M	0597-0152 Jardiance	10 mg	90	90	101-86353	R	2024-03-0	\$ 449.63	\$1,759.97	\$1,310.34				
5911	1	City of Fall	20743			S				F	0169-2660 Tresiba	100 u/1 ml	30	90	101-86633	R	2024-03-0	\$ 813.94	\$ 976.19	\$ 162.25				
5911	1	City of Fall	20743			S				M	0002-1434 Trulicity	1.5 mg/0.5	2	28	101-86307	R	2024-03-1	\$ 606.66	\$ 938.32	\$ 331.66				
5911	1	City of Fall	20743			S				M	0002-8799 Humalog	100 u/1 ml	30	90	101-88147	N	2024-03-1	\$ 393.88	\$ 305.50	\$ -				
5911	1	City of Fall	20743			S				M	0169-2800 Saxenda	6 mg/1 ml	45	90	101-88026	N	2024-03-2	\$2,501.67	\$3,885.17	\$1,383.50				
5911	1	City of Fall	20743			S				M	58406-032 ENBREL	50 mg/1 m	4	28	101-89246	R	2024-03-2	\$3,213.42	\$7,105.76	\$3,892.34				

Drug Name	Strength	RX Count	International Billing	Average U.S. Plan Cost	Program Savings
ENBREL	50 mg/1 ml	4	13817.706	28,423	14,605
Humalog	100 u/1 ml	5	4202.674	5,189	2,132
Humalog	200 u/1 ml	1	1015.828	2,037	1,021
Jardiance	10 mg	1	449.63	1,760	1,310
Jardiance	25 mg	1	494.593	1,760	1,265
Lantus	100 u/1 ml	1	800.206	247	0
Lantus Solosta	100 u/1 ml	1	314.963	421	106
Levemir	100 [iU]/mL	1	1738	2,662	924
Ozempic 1 mg	1.34 mg/mL	1	1367.674	2,789	1,422
Saxenda	6 mg/1 ml	3	8005.344	11,656	3,650
Tresiba	100 u/1 ml	2	1291.857	1,464	172
Tresiba	200 u/1 ml	2	4672.239	5,271	599
Trulicity	1.5 mg/0.5 ml	3	2978.964	4,692	1,713

ElectRx Activity and Savings Report Detail

NDC 11-Digit Code	Drug Name	Strength	Quantity	Days	Order Number	Date Shipped	ElectRx		
							Invoice Amount	Average PBM Price	Savings
00169-2800-15	Saxenda	6 mg/1 ml	45	90	101-67337-5198	2024-01-02	\$2,751.84	\$3,885.17	\$1,133.33
00169-2550-13	Tresiba	200 u/1 ml	45	90	101-77279-3802	2024-01-10	\$2,615.86	\$2,928.52	\$312.67
00002-7712-27	Humalog	200 u/1 ml	30	90	101-77515-10975	2024-01-10	\$1,015.83	\$2,036.72	\$1,020.89
58406-0032-04	ENBREL	50 mg/1 ml	4	28	101-78084-9767	2024-01-10	\$3,534.76	\$7,105.76	\$3,571.00
00088-2219-05	Lantus Solostar	100 u/1 ml	15	90	101-78463-8911	2024-01-10	\$314.96	\$92.53	-\$222.43
00002-8799-59	Humalog	100 u/1 ml	60	90	101-78682-10978	2024-01-15	\$806.03	\$611.01	-\$195.02
00002-7510-01	Humalog	100 u/1 ml	50	90	101-79206-10981	2024-01-16	\$1,002.23	\$318.72	-\$683.51
00169-6432-10	Levemir	100 [iU]/mL	90	90	101-78680-8951	2024-01-16	\$1,738.00	\$931.78	-\$806.22
00002-8799-59	Humalog	100 u/1 ml	30	90	101-79538-10978	2024-01-22	\$433.27	\$305.50	-\$127.77
00169-4130-13	Ozempic 1 mg	1.34 mg/mL	9	84	101-79958-2524	2024-01-22	\$1,367.67	\$2,789.33	\$1,421.66
00169-2660-15	Tresiba	100 u/1 ml	15	75	101-81171-3801	2024-01-29	\$477.92	\$488.10	\$10.18
00169-2550-13	Tresiba	200 u/1 ml	36	90	101-81576-3802	2024-01-31	\$2,056.38	\$2,342.82	\$286.44
00002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	101-80604-3861	2024-01-31	\$1,704.98	\$2,814.96	\$1,109.98
58406-0032-04	ENBREL	50 mg/1 ml	4	28	101-81403-9767	2024-02-05	\$3,534.76	\$7,105.76	\$3,571.00
00169-2800-15	Saxenda	6 mg/1 ml	45	90	101-82525-5198	2024-02-08	\$2,751.84	\$3,885.17	\$1,133.33
00002-7510-01	Humalog	100 u/1 ml	80	90	101-83755-10981	2024-02-12	\$1,567.27	\$509.95	-\$1,057.32
00088-2220-33	Lantus	100 u/1 ml	40	90	101-84420-8912	2024-02-20	\$800.21	\$246.75	-\$553.46
00002-1434-80	Trulicity	1.5 mg/0.5 ml	2	28	101-85302-3861	2024-02-26	\$667.33	\$938.32	\$270.99
00597-0153-90	Jardiance	25 mg	90	90	101-85855-8638	2024-02-27	\$494.59	\$1,759.97	\$1,265.38
58406-0032-04	ENBREL	50 mg/1 ml	4	28	101-85445-9767	2024-02-29	\$3,534.76	\$7,105.76	\$3,571.00
00597-0152-90	Jardiance	10 mg	90	90	101-86353-8655	2024-03-01	\$494.59	\$1,759.97	\$1,265.38
00169-2660-15	Tresiba	100 u/1 ml	30	90	101-86633-3801	2024-03-05	\$895.33	\$976.19	\$80.86
00002-1434-80	Trulicity	1.5 mg/0.5 ml	2	28	101-86307-3861	2024-03-11	\$667.33	\$938.32	\$270.99
00002-8799-59	Humalog	100 u/1 ml	30	90	101-88147-10978	2024-03-18	\$433.27	\$305.50	-\$127.77
58406-0032-04	ENBREL	50 mg/1 ml	4	28	101-89246-9767	2024-03-25	\$3,534.76	\$7,105.76	\$3,571.00
00169-2800-15	Saxenda	6 mg/1 ml	45	90	101-88026-5198	2024-03-25	\$2,751.84	\$3,885.17	\$1,133.33

PBIRX, INC.

612 Wheelers Farms Rd
Milford, CT 06461-1673 USA
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dsirowich@pbirx.com
www.pbirx.com

Invoice

BILL TO
Nick Macolini City of Fall River One Government Center Attn: Nick Macolini Fall River, MA 02722

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
7954	08/30/2024	\$962.48	09/14/2024	Net 15	

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
2nd Q 2024	InternationalRx Services- ElectRx	19,249.66	0.05	962.48

BALANCE DUE

\$962.48

US Cost: \$ 41,978.32 International Cost: \$ 23,218.28 Savings: \$ 17,863.04 Members: 11 Rx Count: 18

\$780.63

Group Id	pharmacy Id	Group Name	Electrx Employer Code	Division Name	Member Code	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Patient Gender	Patient Date of Birth	NDC 10-Digit Code	Drug Name	Strength	Dispense Quantity	Days supply	New Or Refill	Date of Shipment	ElectRx Invoice Amount	20.00% Discounted AWP Cost	Savings	
																						Order Number
5911	1	City of Fall River				S				F		0189-2690-15	Tresiba	100 u/1 ml	15	75	101-86777-3801	R	2024-04-04	477.817	488.1	53.63
5911	1	City of Fall River	20743			S				M		0002-7510-01	Humalog	100 u/1 ml	50	100	101-90297-10881	R	2024-04-04	1002.232	318.72	0
5911	1	City of Fall River	20743			S				M		0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	101-90947-3881	R	2024-04-10	1704.878	2814.96	1284.96
5911	1	City of Fall River	20743			S				M		58408-032-04	ENBREL	50 mg/1 ml	4	28	101-62729-8787	R	2024-04-18	3534.782	7105.76	3882.34
5911	1	City of Fall River	20743			S				F		0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	101-91606-3861	R	2024-04-18	1704.878	2814.96	1284.98
5911	2	City of Fall River	20743			S				F		24208-504-05	Vyzulta	0.024 %	10	80	202-200842-101231	N	2024-04-18	311.584	880.46	697.22
5911	1	City of Fall River	20743			S				M		58408-032-04	ENBREL	50 mg/1 ml	4	28	101-95774-8787	R	2024-05-13	3534.782	7105.76	3570.998
5911	1	City of Fall River	20743			S				M		0587-0152-90	Jardiance	10 mg	90	90	101-87298-8855	R	2024-05-16	464.583	1758.87	1285.377
5911	2	City of Fall River	20743			S				F		0189-2690-15	Tresiba	100 u/1 ml	30	100	101-87849-3801	R	2024-05-16	865.334	878.19	80.656
5911	2	City of Fall River	20743			D				M		0186-0372-20	SYMBICORT	80 mcg/1 actuation-4.5 mcg/1 actuation	1080	90	202-205149-102008	N	2024-05-21	1010.284	1770.91	760.628
5911	2	City of Fall River	20743			D				F		0186-0372-20	SYMBICORT	80 mcg/1 actuation-4.5 mcg/1 actuation	720	90	202-205165-102005	N	2024-05-21	879.327	1180.61	501.283
5911	1	City of Fall River	20743			D				F		0002-6145-27	Baqsimi	3 mg/1 actuation	2	90	202-205482-101281	N	2024-05-23	442.915	539.14	96.225
5911	1	City of Fall River	20743			S				F		0189-2690-15	Tresiba	100 u/1 ml	15	75	101-86877-3801	N	2024-06-03	477.917	488.1	10.183
5911	1	City of Fall River	20743			S				M		58408-032-04	ENBREL	50 mg/1 ml	4	28	101-100208-8787	N	2024-06-05	3534.782	7105.76	3570.998
5911	1	City of Fall River	20743			S				M		0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	101-101838-3861	R	2024-06-18	1704.878	2814.96	1109.982
5911	1	City of Fall River	20743			S				F		0002-1434-80	Trulicity	1.5 mg/0.5 ml	6	84	101-102891-3861	N	2024-06-24	1704.878	2814.96	1109.982



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
10/24/2022	9616

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period October 1-15, 2022 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	17,026.00	17,026.00
		Total	\$17,026.00



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
11/4/2022	9891

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period October 16-31, 2022	1,161.84	1,161.84
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$1,161.84



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
11/26/2022	10143

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period November 1-15, 2022 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	5,676.13	5,676.13
		Total	\$5,676.13



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
1/16/2023	10972

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment December 1-15, 2022	664.73	664.73
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$664.73

ELECTRx

Pharmacy Benefit Strategists

Invoice Number: 10972

Shipping Period November 16 Through November 30, 2022

Total Due Current Shipping Period: \$664.73

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Rel	Patient Fir	Patient Last N	Gender	Date Of Birth	Product/Drug N	Strength	Dispens	Quantity	Days	Client Price	Order Numb	New O	Date Of Shipment
City of Fall River			E			M		Lantus Vial	100unit/ml	30	3	90	\$ 664.73	1011109	N	11/23/2022
													\$ 664.73			



Pharmacy Benefit Strategists

PO Box 2017

Elyria OH 44036

Invoice

Date	Invoice #
1/19/2023	11110

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period January 1-15, 2023	3,600.00	3,600.00
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$3,600.00



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
2/6/2023	ERX05911C02

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period January 16-31, 2023 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	6,190.63	6,190.63
		Total	\$6,190.63



11C02

Shipping Period:2023-01-16--2023-01-31

Pharmacy Benefit Strategists

Period: \$6,190.63

Plan/Employer	Plan/Employer ID	Employee ID	Dependen	Patient	Patient	Patient	Last	Gender	Date Of Bin	Product/Drug Name	Strength	Dispens	Days	Suppl	Order Number	New- Refill	Date Of Shipm	Client Price w/ S
City of Fall River	20743		S					F		Lantus SoloStar	100 u/1 ml		15	90	101-31881-8911 R		2023-01-16	\$314.96
City of Fall River	20743		P					F		Humalog	200 u/1 ml		30	100	303-26660-6515 R		2023-01-18	\$1,076.33
City of Fall River	20743		P					F		Tretiba	200 u/1 ml		45	90	303-26660-6083 R		2023-01-18	\$2,797.36
City of Fall River	20743		S					M		Trulicity	1.5 mg/0.5 ml		6	84	303-27606-7087 R		2023-01-31	\$2,001.98



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
5/4/2023	BRX05911C08

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period April 16-30, 2023	11,062.12	11,062.12
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
Total			\$11,062.12



Invoice Number: E0065911024

Shipping Period: 2023-04-16 thru 2023-04-30

Total Due Current Shipping Period:

\$11,492.12

Plan/Employee Name	Plan/Employee ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date of Birth	Product/Drug Name	Manufacturer	10 Digit NDC	Strength	Dosage Quantity	Qty Suppl	Order Number	New Or Refill	Date of Shipment	Client Price w/Shipping
City of Fall River	20743		S				F		Entyvio	4764-300-00	300 mg		5	56 101-43050-9775 R		2023-04-15	\$2,751.44	
City of Fall River	20743		S				F		Entyvio	4764-300-00	300 mg		5	56 101-43050-9775 R		2023-04-15	\$4,568.03	
City of Fall River	20743		S				F		Entyvio	4764-300-00	300 mg		5	56 101-43050-9775 R		2023-04-15	\$444.89	
City of Fall River	20743		P				F		Tredia	0169-2550-13	200 u/7 ml		45	90 303-34054-6083 R		2023-04-26	\$2,797.36	



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
6/5/2023	ERX05911010

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	<p>Shipment Period May 16-31, 2023</p> <p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>	667.33	667.33
Total			\$667.33

Plan/Empl Plan/Empl Employee	Dependen	Patient Fc	Patient MI	Patient La	Gender	Date Of Bl	Product/D	Represent	Strength	Dispense C	Days Supp	Order Num	New Or Rc	Date Of St	Client Pnk
City of Fall	20743				M		Trulicity	0002-1434	1.5mg/0.5	2	28	101-47728	N	2023-05-31	667.33



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
6/19/2023	ERX05911011

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period June 1-15, 2023	10,327.51	10,327.51
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$10,327.51



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
7/3/2023	ERX05911012

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period June 16-30, 2023	3,229.76	3,229.76
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$3,229.76



Invoice Number: ERX05911012

Shipping Period: 2023-06-16 thru 2023-06-30

Total Due Current Shipping Period:

\$3,229.76

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date Of Birth
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]



Pharmacy Benefit Strategies
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
7/19/2023	ERX05911013

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period July 1-15, 2023 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	3,231.16	3,231.16
		Total	\$3,231.16



Invoice Number: ERX05911019

Shipping Period: 2023-07-01 thru 2023-07-15

Total Due Current Shipping Period:

\$3,231.16

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date of Birth	Product/Drug Name	Reference/Line ID	Dosage Form	Strength	Dispense Quantity	Day Supply	Order Number	How to Refill	Date of Shipment	Client Price w/ Shipping
City of Fall River	20748		S				F		Humalog	0002-7714-59	100 u/1 ml		45	90	101-53699-10977	A	2023-07-13	\$3,174.74



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
8/17/2023	ERX05911015

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	<p>Shipment Period August 1-15, 2023</p> <p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>	3,687.94	3,687.94
		Total	\$3,687.94

7



15911015 Shipping Period: 20.

Pharmacy Benefit Strategies
Shipping Period: 20

Plan/Employer Nam	Plan/Employer ID	Employee ID	Del Patient	F Patient	Pat Lst	Gen	Date Of Birth	Product/Drug Representative	Strength	Disp	Day	Order Number	Ne Date Of Ship	Client Price
City of Fall River	20743		S			M		Ozempic Inj	0168-4136-02	1.34 mg/ml	9	84 101-57452-2524	R 2023-08-10	\$5,367.67
City of Fall River	20743		S			F		Trolicity	0002-1433-80	0.75 mg/0.5 ml	6	84 101-57455-3862	R 2023-08-14	\$1,704.98
City of Fall River	20743		S			M		Lantus	0088-2220-33	100 u/3 ml	30	90 101-58752-8912	R 2023-08-15	\$615.79



Pharmacy Benefit Strategies
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
9/6/2023	ERX05911016

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period August 16-31, 2023 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	9,418.39	9,418.39
		Total	\$9,418.39

Shipping Period: 2023-08-16 thru 2023-08-31

\$9,418.39

Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender
S	[REDACTED]	[REDACTED]	[REDACTED]	M
S	[REDACTED]	[REDACTED]	[REDACTED]	M
S	[REDACTED]	[REDACTED]	[REDACTED]	M
S	[REDACTED]	[REDACTED]	[REDACTED]	M
S	[REDACTED]	[REDACTED]	[REDACTED]	M
S	[REDACTED]	[REDACTED]	[REDACTED]	F
S	[REDACTED]	[REDACTED]	[REDACTED]	F
S	[REDACTED]	[REDACTED]	[REDACTED]	M

Date Of Birth	Product/Drug Name	Representative 10 Digit NDC	Strength
[REDACTED]	Humalog	0002-1434-80	15 mg/0.5 ml
[REDACTED]	Humalog	0002-8799-59	100 u/1 ml
[REDACTED]	Tresiba	0169-2550-13	200 u/1 ml
[REDACTED]	Lantus Solostar	0088-2219-05	100 u/1 ml
[REDACTED]	Levemir	0169-6438-10	100 u/1 ml
[REDACTED]	Humalog	0002-8799-59	100 u/1 ml
[REDACTED]	Humalog	0002-1434-80	200 u/1 ml
[REDACTED]	Vyzulta	24208-504-05	0.024 %
[REDACTED]	Tresiba	0169-2660-15	100 u/1 ml

Dispense Quantity	Days Supply	Order Number	New Or Refill	Date Of Shipment
6	84	101-58261-3861	R	2023-08-16
30	90	101-58208-10978	R	2023-08-16
45	90	101-58641-3802	N	2023-08-18
15	90	101-58832-8911	R	2023-08-21
90	90	101-59342-8950	R	2023-08-22
60	90	101-59344-10978	R	2023-08-22
30	90	101-59378-10975	N	2023-08-22
10	90	202-182209-101231	R	2023-08-22
15	90	101-60441-3801	R	2023-08-30

Client Price w/ Shipping

~~\$1,704.98~~

\$433.27

~~\$2,615.86~~

\$314.96

~~\$1,737.98~~

\$806.03

~~\$1,015.83~~

\$311.56

~~\$477.92~~



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
9/15/2023	ERX05911017

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period September 1-15, 2023	4,808.22	4,808.22
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$4,808.22



BRX05911017

Shipping Period: 2023-09-01 thru 2023-09-15

Pharmacy Benefit Strategists

Shipping Period:

\$4,808.22

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date Of Birth	Product/Drug Name
City of Fall River	20743	n/a	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Tresiba

Representative 10 Digit NDC	Strength	Dispense Quantity	Days Supply	Order Number	New Or Refill	Date Of Shipment	Client Price w/ Shipping
0169-2800-15	6 mg/1 ml	45	90	101-61564-5198	N	2023-09-05	\$2,753.84
0169-2550-13	200 u/1 ml	36	90	101-62356-3802	R	2023-09-12	\$2,056.38



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
10/3/2023	ERX05911018

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period September 16-30, 2023	7,776.34	7,776.34
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$7,776.34



Abser: ERX05911018

Shipping Period: 2023-09-16 thru 2023-09-30

1 Due Current Shipping Peril \$7,776.34

Plan/Employer Name	Plan/Emp Employee ID	Dependent R	Patient First N	Patient Mlc	Patient Last Name	Gender	Date Of Birt	Product/Drug	Representativ Strength	Dispens Days	Supp Order Number	New L Date Of Shp	Client Price w/ S
City of Fall River	20743	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Humalog	0002-7714-59 100 u/1 ml	45	90 101-65640-10977	R 2023-09-20	\$1,174.78
City of Fall River	20743	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Saxenda	0169-2800-15 6 mg/1 ml	45	90 101-64172-5198	R 2023-09-21	\$2,751.84
City of Fall River	20743	S	[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]	ENBREL	58406-092-04 50 mg/1 ml	4	28 101-63779-9767	R 2023-09-21	\$3,534.76
City of Fall River	20743	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Lantus Solosta	0088-2219-05 100 u/1 ml	15	90 101-64926-8911	R 2023-09-28	\$314.96



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
10/17/2023	ERX05911019

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period October 1-15, 2023	5,102.03	5,102.03
	Gift Cards	51.90	51.90
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$5,153.93



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
11/2/2023	ERX05911020

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period October 16-31, 2023 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	17,235.80	17,235.80
		Total	\$17,235.80

Invoice Number: ERX059110 Oct 16 thru Oct 31, 2023



Pharmacy Benefit Strategists

Priority	Employer ID	Priority	Employee ID	Patient First	Patient Last	Gender	Date Of Birt	Product/Drug	N	Days Sup	New Or Refil	Date Of Shp	Client Price w/ Shipp
City of Fall River	20743 n/a					F		Trulicity	84	R		2023-10-16	\$1,704.98
City of Fall River	20743					M		Trulicity	84	N		2023-10-18	\$1,704.98
City of Fall River	20743					M		Saxenda	90	N		2023-10-19	\$2,751.84
City of Fall River	20743					M		Lantus	90	R		2023-10-23	\$615.29
City of Fall River	20743					M		Humalog	90	R		2023-10-24	\$433.27
City of Fall River	20743					M		Tresiba	90	R		2023-10-26	\$2,615.86
City of Fall River	20743					M		Lantus Solostar	90	R		2023-10-30	\$314.96
City of Fall River	20743 n/a					F		Humalog	90	R		2023-10-30	\$1,015.83
City of Fall River	20743					M		Humalog	90	R		2023-10-31	\$806.03
City of Fall River	20743					M		Levemir	90	R		2023-10-31	\$1,738.00
City of Fall River	20743					M		ENBREL	28	R		2023-10-31	\$3,534.76



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
11/17/2023	ERX05911021

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period November 1-15, 2023 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	789.48	789.48
		Total	\$789.48



Pharmacy Benefit Strategists

Invoice Number: ERX05911021

11/1 to 11/15/2023

Total Due Current Shipping Period: \$789.48

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent	Patient First Na	Patient Last Name	Gen	Date Of Birth	Product/Drug I	Representative 10 Days	Neu Date Of Shipn	Client Pric	
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	M	[REDACTED]	trexibp	0169-2650-15	90 N	2023-11-07	\$477.97
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	F	[REDACTED]	Vyzulta	24208-504-05	90 R	2023-11-10	\$311.56



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
12/5/2023	ERX05911022

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period November 16-30, 2023 Gift Cards: Tavares, Franco, Figueroa, Santos	7,611.08 129.75	7,611.08 129.75
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$7,740.83



Invoice Number: ERX05911022

Shipping Period: 2023-11-16 thru 2023-11-30

Total Due Current Shipping Period:

\$7,611.08

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Date Of Birth	Product/Drug N	Date Of Shipment
City of Fall River	20743	n/a	S	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Trulicity	2023-11-21
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	ENBREL	2023-11-21
City of Fall River	20743	n/a	S	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Trastuz	2023-11-21
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Lantus Solostar	2023-11-29



Invoice Number:

Shipping Period: 2023-11-27 thru 2023-11-28

Total Due Current Shipping Period: \$2,751.84

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent	Patient First Name	Patient Middle Initial	Patient Last Name	Product, Representative	Days Sup	Date Of Shi	Client Price
City of Fall River	20743						5-10169-1000-15	90	2023/11/28	\$2,751.84



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
12/18/2023	ERX05911023

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	<p>Shipment Period December 1-15, 2023</p> <p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>	6,380.16	6,380.16
		Total	\$6,380.16



Invoice Number: ERX05911023

Pharmacy Benefit Strategists

Total Due Current Shipping Period: \$6,380.16
Shipped from 12/1/2023 thru 12/15/2023

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent	Patient #	Patient Last	Product/Dri Strength	Dispe Days	S Date Of Shipm	Client Price
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Insulin 100 u/1 ml	15	75 2023-12-04	\$477.92
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Humalog 100 u/1 ml	80	90 2023-12-05	\$1,567.27
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	ENBREL 50 mg/1 ml	4	28 2023-12-11	\$3,534.76
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Insulin Lantus 100 u/1 ml	40	90 2023-12-12	\$800.21



Pharmacy Benefit Straightline

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
1/19/2024	ERX05911D01

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period January 1-15, 2024	11,039.28	11,039.28
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
Total			\$11,039.28



Pharmacy Benefit Strategists

Invoice Number: ERX05911D01
Shipping 01/01/2024 to 01/15/2024
Total Due Current Shipping Period: \$11,039.28

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent R	Patient First	Patient Last Name	Product/Drug	Dispense (Days Su	Order Number	New Or	Date Of Shipr	Client Price w/
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Saxenda	45	90 101-67337-5198	R	2024-01-02	\$2,751.84
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Tresiba	45	90 101-77279-3802	R	2024-01-10	\$2,615.86
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Humalog	30	90 101-77515-10975	N	2024-01-10	\$1,015.83
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	ENBREL	4	28 101-78084-9767	N	2024-01-10	\$3,534.76
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Lantus Solostar	15	90 101-78463-8911	N	2024-01-10	\$314.96
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	Humalog	60	90 101-78682-10978	N	2024-01-15	\$806.03



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
1/29/2024	FRIVNov2728

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period November 27-28, 2023	2,751.84	2,751.84
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$2,751.84



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
2/6/2024	ERX05911D02

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period January 16-31, 2024	8,780.45	8,780.45
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
Total			\$8,780.45



Pharmacy Benefit Strategists

Invoice Number: ERX05911D02

Shipping Period: 2024

1/16/2024

Due Current Shipping Period: \$8,780.45

1/31/2024

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent	Patient First Name	Patient L	Date Of Birth	Product/Drug	Order Number	Date Of Ship	Client Price w/
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Humalog	101-79206-10981	2024-01-16	\$1,002.23
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Levemir	101-78680-8951	2024-01-16	\$1,738.00
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Ozempic 1 mg	101-79958-2524	2024-01-22	\$1,367.67
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Humalog	101-79538-10978	2024-01-22	\$433.27
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Tresiba	101-81171-9801	2024-01-29	\$477.92
City of Fall River	20743	n/a	S	[REDACTED]	[REDACTED]	[REDACTED]	Trulicity	101-80604-3861	2024-01-31	\$1,704.98
City of Fall River	20743	n/a	S	[REDACTED]	[REDACTED]	[REDACTED]	Tresiba	101-81576-3802	2024-01-31	\$2,056.38



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
2/20/2024	ERX05911D03

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period February 1-15, 2024 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	7,853.87	7,853.87
		Total	\$7,853.87



Pharmacy Benefit Strategists

Invoice Number: ERX05911D03

Shipping Period

02/01/2024 thru

\$7,853.87

2/15/2024

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent	Patient First Name	Patient Last N	Date Of Birth	Product/D Strength	Dispense Days	Date Of Ship	Client Price w/
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	ENBREL 50 mg/1 ml	4	28 2024-02-05	\$3,534.76
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Saxenda 6 mg/1 ml	45	90 2024-02-08	\$2,751.84
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	Humalog 100 u/1 ml	80	90 2024-02-12	\$1,567.27



Pharmacy Benefits Specialists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
2/20/2024	ERX05911D03

Bill To
City of Fall River

Terms	

Quantity	Description	Rate	Amount
	Shipment Period February 1-15, 2024	7,853.87	7,853.87
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
Total			\$7,853.87



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
3/5/2024	ERX05911D04

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	<p>Shipment Period February 16-29, 2024</p> <p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>	5,496.89	5,496.89
		Total	\$5,496.89



Pharmacy Benefit Strategists

Invoice Number: ERX05911004

Shipping Period

2/16/2024 2/29/2024

Total Due Current Shipping Period: \$5,496.89

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Patient	First Patient Last Name	Product/D	Order Number	Date Of Shipm	Client Price
City of Fall River	20743	[REDACTED]	S	[REDACTED]	Lantus	101-84420-8912	2/16/24	\$800.23
City of Fall River	20743	[REDACTED]	S	[REDACTED]	Trulicity	101-85302-3861	2/16/24	\$667.33
City of Fall River	20743	[REDACTED]	S	[REDACTED]	Jardiance	101-85855-8638	2/16/24	\$494.59
City of Fall River	20743	[REDACTED]	S	[REDACTED]	ENBREL	101-85445-9767	2/16/24	\$3,534.76



Pharmacy Benefit Strategies
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
3/19/2024	ERX05911D05

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period March 1-15, 2024	2,057.25	2,057.25
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$2,057.25



Pharmacy Benefit Strategies

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
4/4/2024	ERX05911D06

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period March 16-31, 2024	6,719.87	6,719.87
	<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>		
		Total	\$6,719.87



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
4/18/2024	ERX05911D07

Bill To
City of Fall River

Terms

Quantity	Description	Rate	Amount
	Shipment Period April 1-15, 2024	3,185.13	3,185.13
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$3,185.13



Invoice Number: EK305911007

Shipping Period: 2024-04-01 thru 2024-04-15

Total Due Current Shipping Period:

\$7,185.33

Place of Birth (City/State)	DOB	Gender	Age	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date of Birth	Product/Drug Name	Manufacturer	Strength	Dispense Quantity	Days Supply	Units	Guid #	Order #	Date of Shipment	Direct Price w/ S&H
City of Fall River	2024	M	5					M	03/27/19	Humalog	Novo Nordisk	100 u/l ml	50	30	101-50287-10941	8	2024-04-04	\$1,002.23	
City of Fall River	2024	M	5					M	03/27/19	Humalog	Novo Nordisk	18 mc/0.5 ml	6	30	101-50942-3181	8	2024-04-10	\$1,784.98	



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
5/6/2024	ERX05911D08

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period April 16-30, 2024 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	5,551.30	5,551.30
		Total	\$5,551.30



Pharmacy Benefit Strategists
 PO Box 2017
 Elyria OH 44036

Invoice

Date	Invoice #
5/17/2024	ERX05911D09

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period May 1-15, 2024 Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036	3,534.76	3,534.76
		Total	\$3,534.76



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
6/6/2024	ERX05911010

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period May 16-31, 2024	3,522.45	3,522.45
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$3,522.45



Pharmacy Benefit Strategies

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
6/20/2024	ERX05911D11

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period June 1-15, 2024	4,012.68	4,012.68
Please make payments to: Elect Rx and Health Solutions LLC 1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314 2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036			
		Total	\$4,012.68



Pharmacy Benefit Strategists

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
7/17/2024	ERX05911D13

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period July 1-15, 2024	4,741.65	4,741.65
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$4,741.65



Invoice Number: ER005911D13

Shipping Period: 2024-07-01 thru 2024-07-15

Total Due Current Shipping Period:

\$4,741.83

Pharmacy Benefit Strategists

Plan/Employee Name	Plan/Employee ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date Of Birth	Product/Drug Name	Representative IO Drug/NDC	Strength	Dispense Quantity	Days Supply	Order Number	New Or Refill	Date Of Shipment	Client Price w/ Shipping
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	M	[REDACTED]	STRREL	58406-833-04	50 mg/3 ml	4	28	101-103K77-9787	R	2024-07-02	\$3,534.76
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Vysulta	24208-504-05	0.024 %	10	90	202-209359-101231	R	2024-07-09	\$331.56
City of Fall River	20743	[REDACTED]	S	[REDACTED]	[REDACTED]	[REDACTED]	F	[REDACTED]	Tresiba	0169-2660-13	100 u/2 ml	30	100	101-105590-2801	R	2024-07-15	\$895.53



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
8/6/2024	ERX05911D14

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	<p>Shipment Period July 16-31, 2024</p> <p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>	3,534.76	3,534.76
		Total	\$3,534.76



Pharmacy Benefit Strategists

Invoice Number: ERX05911D14

Shipping Period: 2024-07-16 thru 2024-07-31

Total Due Current Shipping Period:

\$3,534.76

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date Of Birth	Product/Drug Name	Representative IO Dicit NDC	Strength	Dosage Quantity	Days Supply	Order Number	New Or Rebill	Date Of Shipment	Client Price w/ Shipping
City of Fall River	10743						M		TRILET	1145-475-01	40 mg/1 ml	4	30	1044474747		2024-07-23	\$3,534.76



PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
8/16/2024	ERX05911D15

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period August -15, 2024	3,802.67	3,802.67
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box:2017 Elyria OH 44036</p>			
		Total	\$3,802.67



Invoice Number: ER06911D15

Shipping Period: 2024-08-01 thru 2024-08-15

Total Due Current Shipping Period:

\$9,802.67

Handwritten Ref #	Pharmacy ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date of Birth	Pharmacy Group Name	Representative ID	Drug Name	Strength	Dispense Quantity	Buy Supply	Order Number	Free On Hand	Date of shipment	Client Price w/ Shipping
City of Fall River	26748								ORALC 1 mg	0168-1130-11	1 mg / 100		9	8	101-10200-3521	N	2024-08-07	\$1,312.67
City of Fall River	26748								Trealba	0168-2660-15	100 u/1 ml		45	100	101-102118-3401	N	2024-08-07	\$1,312.75
City of Fall River	26748								STIMRIGON	0186-1972-20	10 mg/1 actuation; 3.3 mg/1 actuation		720	80	203-21138-102008	R	2024-08-12	\$479.88
City of Fall River	26748								Baqsimu	0602-6145-27	3 mg/1 actuation		2	90	203-212895-101261	R	2024-08-13	\$442.97



Pharmacy Benefit Strategies

PO Box 2017
Elyria OH 44036

Invoice

Date	Invoice #
9/4/2024	ERX05911D16

Bill To
City of Fall River

Terms
Net 15

Quantity	Description	Rate	Amount
	Shipment Period August 16-31, 2024	3,534.76	3,534.76
<p>Please make payments to: Elect Rx and Health Solutions LLC</p> <p>1. WIRE/ACH Payments Fifth Third Bank Southfield Financial Center 27255 Lahser Road Southfield MI 48034 Account #7914052407 Swift Code # STBCUS3C Routing #072405455 Fifth Third Bank Domestic Wire Routing # 042000314</p> <p>2. Check Payments- Mail to Elect Rx and Health Solutions PO Box 2017 Elyria OH 44036</p>			
		Total	\$3,534.76



Invoice Number: EAX05913D16

Shipping Period: 2024-08-16 thru 2024-08-31

Total Due Current Shipping Period:

\$3,534.76

Plan/Employer Name	Plan/Employer ID	Employee ID	Dependent Relationship	Patient First Name	Patient Middle Initial	Patient Last Name	Gender	Date Of Birth	Product/Drug Name	Representative 10 Digit NDC	Strength	Dispense Quantity	Days Supply	Order Number	How Or Refill	Date Of Shipment	Client Price w/ Shipping
City of Fall River	20743		S				M		ENBREL	58496-037-04	50 mg/1 ml	4		PA 101-109945-9767	R	2024-08-16	\$3,534.76