



**REQUEST FOR PROPOSALS #220908-232  
Healthcare Services for the Pender County Jail**

**Appendix B**

**Wellpath / Southeast Correctional Medical Group  
Invoices**

**April 2021 - June 2022**

**See the following 15 pages.**

# Invoice



## Southeast Correctional Medical Group

Page 1/1  
Invoice INV0089164  
Date 1/26/2022

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 12/1/2021 to 12/31/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 12/1/2021 to 12/31/2021		\$2,084.03	\$2,084.03
1.00	Offsite 12/1/2021 to 12/31/2021		\$15.34	\$15.34
1.00	Miscellaneous Bill Backs 12/1/2021 to 12/31/2021		\$974.05	\$974.05
1.00	Staffing Adjustments 12/1/2021 to 12/31/2021		\$0.00	\$0.00
-1.00	Cost Pool Apply 12/1/2021 to 12/31/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 12/1/2021 to 12/31/2021		\$26,075.49	\$26,075.49

Total \$29,148.91

### Remittance Instructions:

#### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

PK 403993

# Invoice



Page 1/1  
Invoice INV0090069  
Date 2/23/2022

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 1/1/2022 to 1/31/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 1/1/2022 to 1/31/2022		\$14,247.97	\$14,247.97
1.00	Offsite 1/1/2022 to 1/31/2022		\$2,050.16	\$2,050.16
1.00	Miscellaneous Bill Backs 1/1/2022 to 1/31/2022		\$1,779.03	\$1,779.03
-1.00	Cost Pool Apply 1/1/2022 to 1/31/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 1/1/2022 to 1/31/2022		\$26,075.49	\$26,075.49

**Total** \$44,152.65

**Remittance Instructions:**

**ACH Credits**

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



Page 1/1  
Invoice INW0091033  
Date 3/29/2022

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 2/1/2022 to 2/28/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 2/1/2022 to 2/28/2022		\$4,068.18	\$4,068.18
1.00	Offsite 2/1/2022 to 2/28/2022		\$416.30	\$416.30
1.00	Miscellaneous Bill Backs 2/1/2022 to 2/28/2022		\$3,392.99	\$3,392.99
-1.00	Cost Pool Apply 2/1/2022 to 2/28/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 2/1/2022 to 2/28/2022		\$26,075.49	\$26,075.49

Total \$33,952.96

**Remittance Instructions:**

**ACH Credits**  
Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



**Southeast Correctional Medical Group**

Page 1/1  
Invoice INV0091700  
Date 4/13/2022

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 3/1/2022 to 3/31/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 3/1/2022 to 3/31/2022		\$8,124.57	\$8,124.57
1.00	Offsite 3/1/2022 to 3/31/2022		\$4,444.19	\$4,444.19
1.00	Miscellaneous Bill Backs 3/1/2022 to 3/31/2022		\$335.51	\$335.51
-1.00	Cost Pool Apply 3/1/2022 to 3/31/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 3/1/2022 to 3/31/2022		\$26,075.49	\$26,075.49

**Total** \$38,979.76

**Remittance Instructions:**

**ACH Credits**

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**

1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReivable@Wellpath.us](mailto:AccountsReivable@Wellpath.us)

# Invoice



**Southeast Correctional Medical Group**

Page 1/1  
Invoice INV0093007  
Date 5/23/2022

Southeast Correct Med Grp, LLC  
3340 Perimeter Hill Drive  
Nashville TN 37211

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 4/1/2022 to 4/30/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 4/1/2022 to 4/30/2022		\$7,901.94	\$7,901.94
1.00	Offsite 4/1/2022 to 4/30/2022		\$819.74	\$819.74
1.00	Miscellaneous Bill Backs 4/1/2022 to 4/30/2022		\$663.97	\$663.97
-1.00	Cost Pool Apply 4/1/2022 to 4/30/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 4/1/2022 to 4/30/2022		\$26,075.49	\$26,075.49

**Total** \$35,461.14

**Remittance Instructions:**

**ACH Credits**  
Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
P.O Box 842750  
Dallas, TX 75284-2750

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



## Southeast Correctional Medical Group

Page 1/1  
Invoice INV0093941  
Date 6/14/2022

Southeast Correct Med Grp, LLC  
3340 Perimeter Hill Drive  
Nashville TN 37211

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 5/1/2022 to 5/31/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 5/1/2022 to 5/31/2022		\$1,481.62	\$1,481.62
1.00	Offsite 5/1/2022 to 5/31/2022		\$4,949.91	\$4,949.91
1.00	Miscellaneous Bill Backs 5/1/2022 to 5/31/2022		\$144.46	\$144.46
-1.00	Cost Pool Apply 5/1/2022 to 5/31/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 5/1/2022 to 5/31/2022		\$26,075.49	\$26,075.49

**Total** \$32,651.48

### Remittance Instructions:

#### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

#### Please send checks to:

P.O Box 842750  
Dallas, TX 75284-2750

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



## Southeast Correctional Medical Group

Page 1/1  
Invoice INV0094918  
Date 7/8/2022

Southeast Correct Med Grp, LLC  
3340 Perimeter Hill Drive  
Nashville TN 37211

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 6/1/2022 to 6/30/2022		\$2,666.67	\$2,666.67
1.00	Pharmacy 6/1/2022 to 6/30/2022		\$1,340.92	\$1,340.92
1.00	Offsite 6/1/2022 to 6/30/2022		\$8,943.98	\$8,943.98
1.00	Miscellaneous Bill Backs 6/1/2022 to 6/30/2022		\$430.47	\$430.47
-1.00	Cost Pool Apply 6/1/2022 to 6/30/2022		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 6/1/2022 to 6/30/2022		\$26,075.49	\$26,075.49

**Total** \$36,790.86

**Remittance Instructions:**

**ACH Credits**  
Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
P.O Box 842750  
Dallas, TX 75284-2750

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)



# SECMG

**Southeast Correctional Medical Group**

RECEIVED  
*Q. 1/11/22*

1/7/22  
 Invoice

Page 1/1  
 Invoice INV0088687  
 Date 1/5/2022

Southeast Correct Med Grp, LLC  
 1283 Murfreesboro Rd  
 Suite 500  
 Nashville TN 37217

Bill To: Pender County Jail  
 104 North Walker Street  
 Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 11/1/2021 to 11/30/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 11/1/2021 to 11/30/2021		\$873.35	\$873.35
1.00	Offsite 11/1/2021 to 11/30/2021		\$7,403.89	\$7,403.89
1.00	Miscellaneous Bill Backs 11/1/2021 to 11/30/2021		\$3,507.97	\$3,507.97
-1.00	Cost Pool Apply 11/1/2021 to 11/30/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 11/1/2021 to 11/30/2021		\$26,075.49	\$26,075.49
1.00	Monthly Medical Services true-up 7/1/2021 to 7/31/2021		\$450.00	\$450.00
1.00	Monthly Medical Services true-up 8/1/2021 to 8/31/2021		\$450.00	\$450.00
1.00	Monthly Medical Services true-up 9/1/2021 to 9/30/2021		\$450.00	\$450.00
1.00	Monthly Medical Services true-up 10/1/2021 to 10/31/2021		\$450.00	\$450.00

DO#214

Date 1/20/22 Prepared By Q  
 Approved By [Signature]

Total \$39,660.70

Account #	Amount
<u>510030</u>	<u>39,660.70</u>
<u>404000</u>	<u>          </u>
<u>          </u>	<u>39,660.70</u>

**Remittance Instructions:**

**ACH Credits**  
 Bank Name: Wells Fargo Bank, N.A.  
 ACH ABA #: 121000248  
 Account #: 4125217059  
 Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
 1283 Murfreesboro Rd Suite 500  
 Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

---

# Invoice



## Southeast Correctional Medical Group

Page 1/1  
Invoice INV0087264  
Date 11/17/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 10/1/2021 to 10/31/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 10/1/2021 to 10/31/2021		\$816.05	\$816.05
1.00	Offsite 10/1/2021 to 10/31/2021		\$532.64	\$532.64
1.00	Miscellaneous Bill Backs 10/1/2021 to 10/31/2021		\$8.83	\$8.83
-1.00	Cost Pool Apply 10/1/2021 to 10/31/2021		\$1,357.52	-\$1,357.52
1.00	Monthly Medical Services 10/1/2021 to 10/31/2021		\$25,625.49	\$25,625.49

Total \$28,292.16

**Remittance Instructions:**

**ACH Credits**  
Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

OK 402071

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



Page 1/1  
Invoice INV0079999  
Date 5/6/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 4/1/2021 to 4/30/2021		\$2,666.67	\$2,666.67
-1.00	Pharmacy 4/1/2021 to 4/30/2021		\$630.35	-\$630.35
1.00	Miscellaneous Bill Backs 4/1/2021 to 4/30/2021		\$948.71	\$948.71
-1.00	Cost Pool Apply 4/1/2021 to 4/30/2021		\$318.36	-\$318.36
1.00	Monthly Medical Services 4/1/2021 to 4/30/2021		\$24,758.93	\$24,758.93

**Total** \$27,425.60

**Remittance Instructions:**

**ACH Credits**

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**

1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



Page 1/1  
Invoice INV0081683  
Date 6/11/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 5/1/2021 to 5/31/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 5/1/2021 to 5/31/2021		\$1,360.41	\$1,360.41
1.00	Miscellaneous Bill Backs 5/1/2021 to 5/31/2021		\$696.24	\$696.24
-1.00	Cost Pool Apply 5/1/2021 to 5/31/2021		\$2,056.65	-\$2,056.65
1.00	Monthly Medical Services 5/1/2021 to 5/31/2021		\$24,758.93	\$24,758.93

**Total** \$27,425.60

#### Remittance Instructions:

##### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



Page 1/1  
Invoice INV0082913  
Date 7/19/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 6/1/2021 to 6/30/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 6/1/2021 to 6/30/2021		\$1,809.89	\$1,809.89
1.00	Offsite 6/1/2021 to 6/30/2021		\$293.62	\$293.62
1.00	Miscellaneous Bill Backs 6/1/2021 to 6/30/2021		\$937.72	\$937.72
-1.00	Cost Pool Apply 6/1/2021 to 6/30/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 6/1/2021 to 6/30/2021		\$24,758.93	\$24,758.93

**Total** \$27,800.16

#### Remittance Instructions:

##### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



## Southeast Correctional Medical Group

Page 1/1  
Invoice INV0084250  
Date 8/19/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 7/1/2021 to 7/31/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 7/1/2021 to 7/31/2021		\$892.92	\$892.92
1.00	Offsite 7/1/2021 to 7/31/2021		\$5,117.80	\$5,117.80
1.00	Miscellaneous Bill Backs 7/1/2021 to 7/31/2021		\$244.58	\$244.58
-1.00	Cost Pool Apply 7/1/2021 to 7/31/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 7/1/2021 to 7/31/2021		\$25,625.49	\$25,625.49

Total \$31,880.79

### Remittance Instructions:

#### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)

# Invoice



**Southeast Correctional Medical Group**

Page 1/1  
Invoice INV0085213  
Date 9/22/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 8/1/2021 to 8/31/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 8/1/2021 to 8/31/2021		\$774.05	\$774.05
1.00	Offsite 8/1/2021 to 8/31/2021		\$23,230.48	\$23,230.48
1.00	Miscellaneous Bill Backs 8/1/2021 to 8/31/2021		\$1,119.85	\$1,119.85
-1.00	Cost Pool Apply 8/1/2021 to 8/31/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 8/1/2021 to 8/31/2021		\$25,625.49	\$25,625.49

**Total** \$50,749.87

#### Remittance Instructions:

#### ACH Credits

Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

Please send checks to:  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)



# Invoice



Page 1/1  
Invoice INV0086391  
Date 10/25/2021

Southeast Correct Med Grp, LLC  
1283 Murfreesboro Rd  
Suite 500  
Nashville TN 37217

Bill To: Pender County Jail  
104 North Walker Street  
Burgaw NC 28425

Customer ID	Payment Terms	Purchase Order No.		
PENDE001	Net 30			
Quantity	Description		Rate	Amount
1.00	Cost Pool 9/1/2021 to 9/30/2021		\$2,666.67	\$2,666.67
1.00	Pharmacy 9/1/2021 to 9/30/2021		\$1,026.27	\$1,026.27
1.00	Offsite 9/1/2021 to 9/30/2021		\$5,340.53	\$5,340.53
1.00	Miscellaneous Bill Backs 9/1/2021 to 9/30/2021		\$1,250.91	\$1,250.91
-1.00	Cost Pool Apply 9/1/2021 to 9/30/2021		\$2,666.67	-\$2,666.67
1.00	Monthly Medical Services 9/1/2021 to 9/30/2021		\$25,625.49	\$25,625.49

**Total** \$33,243.20

**Remittance Instructions:**

**ACH Credits**  
Bank Name: Wells Fargo Bank, N.A.  
ACH ABA #: 121000248  
Account #: 4125217059  
Account Name: Southeast Correct Med Grp, LLC

**Please send checks to:**  
1283 Murfreesboro Rd Suite 500  
Nashville, TN 37217

Please direct remittance advices and questions to [AccountsReceivable@Wellpath.us](mailto:AccountsReceivable@Wellpath.us)