



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco RX			
Reference Date:	6/24/2021			
Organization/Firm Providing Reference:	Geo Care			
Contact Name:	Dr. Derrick Schofield			
Contract Title:	EVP, Continuum of Care and Reentry Services			
Contact Email:	dschfield@geocareinc.com			
Contact Phone:	561-504-0294			
Name of Referenced Project:	Pharmacy Management Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: ongoing		
Project Amount:	Up to 250,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Assist with cost efficiencies, performance gains, and clinical improvements of our pharmacy operations.				
Provide great impact across the organization - from staffing and workflow to supply chain management.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<small>All information provided to Broward County is subject to verification. Vendor acknowledges that inaccurate, untruthful, or incorrect statements made in support of this response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code.</small>				
THE SECTION BELOW IS FOR COUNTY USE ONLY				
Verified via: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Verbal	Verified by: Omeed Rackal	Division: Broward Addiction Recovery D		
		Date: 7/19/2021		



VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco Rx			
Reference Date:	7/19/21			
Organization/Firm Providing Reference:	Wellpath			
Contact Name:	Tamika Hawkins			
Contract Title:	Corporate Clinical Operations Specialist			
Contact Email:	tamhawkins@wellpath.us			
Contact Phone:	813-439-7009			
Name of Referenced Project:	Pharmacy Management and Consulting Services			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2017	End Date: ongoing		
Project Amount:	300,000			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy operations for our facilities. This includes overseeing the day-to-day operations of the facility, the charge of ensuring the correct medications are in stock, managing inventory levels, inspections, audits, P&P S				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
Staff Expertise:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professionalism:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)/Subconsultant(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulatory Agency(ies):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6/26/2021

Vendor Reference -Anuco Rx

Company - WellPath

Point of Contact - Tamika Hawkins, Corporate Clinical Operations Specialist

To whom it may concern:

Dr. Jules and her team has assisted us with our pharmacy operations and management throughout the country. They have assisted with us with:

- Planning, monitoring, and administration of clinical, administrative, and distributive pharmaceutical services.
- Develop, recommend, and implement pharmacy policy and procedures; ensure pharmacy compliance with state and federal laws, rules, and regulations.
- Provide guidance, direction, and training to medical staff.
- Prepare the pharmacy for survey and accreditation readiness.

They're a great partner and always responsive. What we appreciate most about Anuco is the hand-on approach with the comprehensive corporate clinical and executive team. Each person brings a specific niche that just pulls everything together. Dr. Jules and her team have sat with us through client meetings and committees always bringing value to the table.

They were truly a partner when we rolled out our Suboxone, Vivtrol and other evidence-based medications program as part of our integrated plan of substance abuse care that treats the whole person. The onsite and corporate clinical team worked with the pharmaceutical company, community and grass-root organizations to help us enhance and increase access to care, compliance and resources. Their approach and involvement through this process was seamless you couldn't tell we were two different entities because we had one goal.

Anuco's communication and passion is very evident in their leader and overall company. Dr. Jules is not just the CEO but a pharmacist that has a passion for making a difference. She is very accessible to all of our sites admin and medical staff. She's always bringing innovative solutions to the table to prevent us from being stagnant. I highly recommend Anuco Rx for this opportunity.

Sincerely,

Tamika Hawkins
Corporate Clinical Operations Specialist
tamhawkins@wellpath.us

VENDOR REFERENCE VERIFICATION FORM

GEN2120541P1 – In-House Pharmacy Management Services				
Reference For (hereinafter, "Vendor"):	Jules Enterprise Group, Inc. dba Anuco RX			
Reference Date:	6/27/2021			
Organization/Firm Providing Reference:	Wexford Health			
Contact Name:	Edward McNeil			
Contract Title:	Client Relations Director			
Contact Email:	emcneil@wexfordhealth.com			
Contact Phone:	404-862-7110			
Name of Referenced Project:	Pharmacy Management and Management			
Contract Number:	N/A			
Date Range of Services Provide:	Start Date: 2018	End Date: Ongoing		
Project Amount:	300,000/Annualiy			
Vendor's Role in Project:	<input type="checkbox"/> Prime	<input checked="" type="checkbox"/> Subconsultant/Subcontractor		
Would you use this Vendor again?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If you answered no to the question above, please specify below: (attach additional sheet if needed)				
Description of services provided by Vendor, please specify below: (attach additional sheet if needed)				
Oversee pharmacy ops. for our facilities, Assist with accreditation audits and CAPs, P&P devlp. pharmcacy mgmt., budget & inventory, formulary mgmt., inspections, education and optimizing pharmacy program.				
Please rate your experience with the referenced Vendor via checkbox:	Needs Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service:				
Responsive:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accuracy:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Turnover:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness of:				
Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deliverables:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project completed within budget:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooperation with:				
Your Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/> Verbal		Date:	7/20/2021