



# Providers VAX Secure Invoice Upload

Tracking Number  
720  
 Date  
7/7/2021

## Contract Information

Please enter the contract number first to automatically populate the fields listed with an asterisk (\*) Please note that these fields are "Read Only" and edits are not permitted on the form.

**OTH-VAX-241**      **Gleaton Pharmacy Group, LLC**      **81-1029143**      **7000249309**  
 Contract Number (required)      \* Contractor Name      \* Tax ID      \* SCEIS Number

**Krisalyn Kamille Gleaton**      **Pharmacist/Owner**      **(843) 991-8403**      **krisalyn@focusmedspharmacy.com**  
 Contact (Full Name)      Title      Phone      EXT      Contact EMAIL

**2000 Sam Rittenberg Boulevard**      **Charleston**      **SC**      **29407**  
 \* Address      \* STE #      \* City      \* State      \* Zip

INVOICE NUMBER	INVOICE AMOUNT
13	600.00

## Please Upload Invoice for Payment Review

To ensure prompt processing of your invoice ensure that you include the invoice number in the file name that you upload. Please ensure that all required information is included on the invoice. Click below for more details

## Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

COVID19 Vaccine Reimbursement Calculator (12) - Calvary COGIC 2

I certify that no other funds have been received or will be reimbursed by any other source for the amounts claimed on this invoice

Signature (required) Click to Sign

*Krisalyn Kamille Gleaton*  
 7/7/2021 12:32:50 PM

**\$600.00**  
 Invoice Total       Yes       No

**The attached invoice is accurate and the invoice total is correct.**

ACC Testing Approval

*Bonner, Melissa*  
 7/8/2021 9:56:26 AM

Budget and Finance Approval

Budget and Finance Approval

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

Accounts Payable Approval

*Robinson, Sharon D.*  
 7/13/2021 12:35:53 PM



If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	Gleaton Pharmacy Group, LLC ( Inv. 13 )
COVID-19 Vaccine Pin Number:	910052
Location Name:	Calvary Church of God in Christ
Location Address (incl zip):	302 Jeffs Circle Goose Creek, SC 29445
Date & Times:	06/26/2021 9:00am-1:00pm
Total # Vaccinations:	20
Eligible Vaccinations**:	20

## Please select yes or no to the following questions to determine eligible reimbursement:

- Yes Did your organization provide event management, traffic control and logistics for this event?
- Yes Did your organization provide administrative staff for this event?
- Yes Did you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$200
Administrative Staff	\$5	\$100
Vaccination Staff	\$15	\$300
<b>Total Event Reimbursement Amount</b>		<b>\$600</b>

## Additional Cost Summary\*\*\*:

Total additional cost:	
Less other funding/reimbursement:	
Net additional cost:	<b>\$0</b>

**Total Request Amount: \$600**

\* Community Vaccination Events may span multiple days as long as the event location remains the same. All dates should be specified.

\*\* If seeking third-party reimbursement for the services at the event was not appropriate or feasible, then all vaccinations are eligible for reimbursement. If billing third party payers was feasible, then only vaccinations not eligible for insurance reimbursement are eligible for Staffing Reimbursement.

\*\*\* Claiming additional costs requires detailed justification and documentation. Please attach answers to the following questions:

- 1) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
- 3) Describe activities conducted and outcomes expected or achieved
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.

### OTH-VAX-241 Gleaton Pharmacy Group LLC Invoice #13 \$600

Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Mon 7/12/2021 11:50 AM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

Hello Sharon

Looks like this went straight to you. I approve it. Please use the funding below to pay this invoice.

Full Amount \$600	31070000	Not Relevant	J0402AZ998	J040X01058580130	5021310000
98000018					



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Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
Krisalyn Kamille Gleaton	Pharmacist/Owner	(843) 991-8403	krisalyn@focusedmedspharmacy.com
Contact (Full Name)	Title	Phone EXT	Contact EMAIL
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COVID-19 Vaccine Reimbursement Calculator

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COVID19 Vaccine Reimbursement Calculator (12) - Calvary COGIC 2
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**Tierra Samuels**  
Office of Budget and Financial Planning  
**S.C. Dept. of Health & Environmental Control**  
Office: (803) 898-5512

Fax: (803) 253-7637

Connect: [www.scdhec.gov](http://www.scdhec.gov) [Facebook](#) [Twitter](#)



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