



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. 15)
COVID-19 Vaccine Pin Number:	910052
Location Name:	New Covenant Church
Location Address (incl zip):	2801 Ashley Phosphate Road North Charleston, SC 29418
Date & Times:	06/28/2021 6:00pm-9:00pm
Total # Vaccinations:	18
Eligible Vaccinations**:	18

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	\$180
Administrative Staff	\$5	\$90
Vaccination Staff	\$15	\$270
Total Event Reimbursement Amount		\$540

Additional Cost Summary***:

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

Total Request Amount: \$540

* 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 #15 \$540.00

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

Thu 7/8/2021 3:53 PM

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 \$540.00 31070000 Not Relevant J0402AZ998 J040X01058580130 5021310000 98000018

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@focusedmedspharmacy.com
Contact (Full Name) Title Phone EXT Contact EMAIL

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

Table with 2 columns: INVOICE NUMBER, INVOICE AMOUNT. Row 1: 15, 540.00

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

COVID-19 Vaccine Reimbursement Calculator

Secure Document Upload

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

Buttons: ADD, REMOVE, VIEW. List item: COVID19 Vaccine Reimbursement Calculator (15) - New Covenant Church of God

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 12:40:41 PM

Approve dropdown menu and Submit button

\$540.00 Invoice Total Yes No

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

ACC Testing Approval Bonner, Melissa 7/8/2021 9:54:00 AM

Budget and Finance Approval Budget and Finance Approval

Approved Funding Approved Invoices to Date Available Funding \$0.00

Payment Processing Instructions

Full Amount \$540.00 31070000 Not Relevant J0402AZ998 J040X01058580130 5021310000 98000018

Accounts Payable Approval

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 Facebook Twitter



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7/13/2021

Mail - Robinson, Sharon D. - Outlook

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