



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. 6)
COVID-19 Vaccine Pin Number:	910052
Location Name:	EME Apartments
Location Address (incl zip):	1815 Central Park Road Charleston, SC 29412
Date & Times:	04/29/2021 9:00am-1:00pm
Total # Vaccinations:	18
Eligible Vaccinations**:	18

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

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	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 #6 \$540.00

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

Thu 7/8/2021 3:48 PM

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

Hello Sharon,

Hope all is well. 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 Contract Number (required)	Gleaton Pharmacy Group, LLC * Contractor Name	81-1029143 * Tax ID	81-1029143 * SCEIS Number	
Krisalyn Kamille Gleaton Contact (Full Name)	Pharmacist/Owner Title	(843) 991-8403 Phone	EXT	krisalyn@focusmedspharmacy.com Contact EMAIL
2000 Sam Rittenberg Boulevard * Address	2000 * STE #	Charleston * City	SC * State	29407 * Zip

INVOICE NUMBER	INVOICE AMOUNT
6	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.

- ADD
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COVID19 Vaccine Reimbursement Calculator (6) - EME 1

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
12:02:03 PM

Approve Submit

Tierra Samuels

Office of Budget and Financial Planning
S.C. Dept. of Health & Environmental Control

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