



# Providers VAX Secure Invoice Upload

Tracking Number

**1910**

Date

**11/1/2022**

Contract Information

AP REC 11/08/2022

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.

<u>OTH-VAX-264</u> Contract Number (required)	<u>Good Pharmacy of Rock Hill, Inc</u> * Contractor Name	<u>57-0440985</u> * Tax ID	<u>7000063924</u> * SCEIS Number
<u>Marvin A. Hyatt Jr</u> Contact (Full Name)	<u>Vice President</u> Title	<u>(803) 487-8379</u> Phone	<u>hyattlawfirm@comporium.net</u> Contact EMAIL
<u>1237 Ebenezer Road</u> * Address	<u></u> * STE #	<u>Rock Hill</u> * City	<u>SC 29732</u> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>58</u>	<u>4,940.00</u>

## 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.

Good Pharmacy Invoice#58  
COVID19 Vaccine Reimbursement Calculator (58)

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

Marvin A. Hyatt Jr  
11/1/2022 4:25:55 PM

**\$4,940.00**

Invoice Total

 Yes  
 No
**The attached invoice is accurate and the invoice total is correct.**

COVID19 Coordination Office

Lopez, Jessica N.  
11/1/2022 4:34:10 PM

Budget and Finance Approval

Thames, Barbette Y.  
11/7/2022 1:49:07 PM

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

Pay full amount \$4,940.00 31070000 Not Relevant J0402AZ998  
 J040X01058580130 5021310000 98000018  
 Please see the attached document "Good Pharmacy Invoice #58".  
 This is the correct reimbursement form with the number of  
 vaccinations administered

Accounts Payable Approval

Cate, Vasa  
11/7/2022 4:20:00 PM

vaccinations administered.



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:	Good Pharmacy of Rock Hill, Inc
COVID-19 Vaccine Pin Number:	546012
Location Name:	Good Pharmacy of Rock Hill, Inc
Location Address (incl zip):	1237 Ebenezer Road Rock Hill, SC 29732
Date & Times:	08/01/2022-08/31/2022
Total # Vaccinations:	247
Eligible Vaccinations**:	247

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

<input type="checkbox"/> No	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$0
Administrative Staff	\$5	\$1,235
Vaccination Staff	\$15	\$3,705
<b>Total Event Reimbursement Amount</b>		<b>\$4,940</b>

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

Total additional cost:	
Less other funding/reimbursement:	
Net additional cost:	<b>\$0.00</b>

**Total Request Amount: \$4,940.00**

\* 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.

Date Administered	# of Vaccines Administered
8/1/2022	31
8/2/2022	30
8/3/2022	15
8/4/2022	10
8/5/2022	18
8/6/2022	0
8/7/2022	0
8/8/2022	13
8/9/2022	7
8/10/2022	7
8/11/2022	11
8/12/2022	14
8/13/2022	0
8/14/2022	0
8/15/2022	7
8/16/2022	8
8/17/2022	7
8/18/2022	10
8/19/2022	11
8/20/2022	0
8/21/2022	0
8/22/2022	8
8/23/2022	21
8/24/2022	8
8/25/2022	5
8/26/2022	3
8/27/2022	0
8/28/2022	0
8/29/2022	1
8/30/2022	2
8/31/2022	0
Total	247



1/6/2021

To whom it may concern:

As part of the COVID-19 response, DHEC has many partners and vendors who are assisting with testing, contact tracing, and other critical response activities. In order to maintain good working relationships with all our partners and vendors, as well as avoid interruption in services provided, we are requesting the ability process all invoices related to COVID-19 as a Zspecial to expedite payments.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to [ACC-FinAdmin@dhec.sc.gov](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control