



Providers VAX Secure Invoice Upload

Tracking Number

1478

Date

2/10/2022

Contract Information

ap rec 02/22/2022

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-252</u>	<u>Herold's Pharmacy, LLC</u>	<u>27-0508219</u>	<u>7000160844</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>Mary Wise</u>	<u>PIC</u>	<u>(843) 754-8867</u>	<u>mary.wise@heroldsparmacy.com</u>
Contact (Full Name)	Title	Phone	EXT Contact EMAIL

<u>2057 Charlie Hall Blvd Suite C</u>	<u>Charleston</u>	<u>SC</u>	<u>29414</u>
* Address	* STE #	* City	* State * Zip

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
<u>01312022</u>	<u>720.00</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.

Re_ OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00
COVID19 Vaccine Reimbursement -01-22

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

Mary Wise
2/10/2022 2:19:59 PM

\$720.00

Yes
 No

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

Invoice Total

ACC Testing Approval

Bonner, Melissa
2/11/2022 7:38:56 AM

Budget and Finance Approval

Samuels, Tierra B.
2/17/2022 2:36:16 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$720.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Per Vendor, billing for 2022 dates of service. See attached email.

Accounts Payable Approval

Cate, Vasa
2/22/2022 5:36:53 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:	Mary Wise
COVID-19 Vaccine Pin Number:	918
Location Name:	Herolds Pharmacy
Location Address (incl zip):	2057 Charlie Hall Blvd Suite C Charleston SC 29414
Date & Times:	1/1/22-1/31/22
Total # Vaccinations:	36
Eligible Vaccinations**:	36

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

<u>No</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	\$0
Administrative Staff	\$5	\$180
Vaccination Staff	\$15	\$540
Total Event Reimbursement Amount		\$720

Additional Cost Summary***:

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

Total Request Amount: \$720.00

* 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.



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.

Sincerely,

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

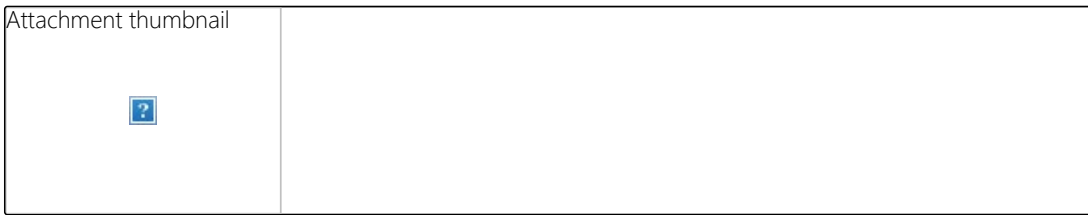
From: [Cornish, Jessica E.](#)
To: [Bonner, Melissa](#)
Cc: [Samuels, Tierra B.](#)
Subject: Re: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00
Date: Thursday, February 17, 2022 12:14:01 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[Outlook-zofstf1z.png](#)
[Outlook-5dkwzy32.png](#)
[Outlook-ssmkp5iv.png](#)
[Outlook-4nwbkxzb.png](#)

Good day,

The vendor confirmed that she made a mistake. Will the email below suffice? Or, does she need to re-submit the invoice?

Mary D Wise <mary.wise@heroldsparmacy.com>
Thu 2/17/2022 12:07 PM

To: ACC vaccine finance



***** Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. *****

I'm very sorry, yes I meant 2022.

Do I need to redo the invoice?

Thank you!!

Kindly,
Jessica E. Cornish, MA, APM, CLSSGB, PsyD(c)
Senior Consultant - Continuous Quality Improvement
Office of Operational Excellence
Finance & Operations
S.C. Dept. of Health & Environmental Control
301 Gervais Street, Columbia, SC 29201
Office: (803) 898-8390
Cell: (803) 830-2076
Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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From: Cornish, Jessica E. <cornisJE@dhec.sc.gov>
Sent: Wednesday, February 16, 2022 12:15 PM
To: Bonner, Melissa <bonnerm@dhec.sc.gov>
Cc: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Subject: Re: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00

My pleasure; you are most welcome! Thank you ma'am.

Kindly,
Jessica E. Cornish, MA, APM, CLSSGB, PsyD(c)
Senior Consultant - Continuous Quality Improvement
Office of Operational Excellence
Finance & Operations
S.C. Dept. of Health & Environmental Control
301 Gervais Street, Columbia, SC 29201
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From: Bonner, Melissa <bonnerm@dhec.sc.gov>
Sent: Wednesday, February 16, 2022 12:14 PM
To: Cornish, Jessica E. <cornisJE@dhec.sc.gov>
Cc: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Subject: RE: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00

Thank you so much Jess you are amazing

Melissa Bonner
Emergency Preparedness Coordinator - COVID Response
Agency Coordination Center – Immunization & Testing
S.C. Dept. of Health & Environmental Control
Tel: (803) 386-4147
Email: bonnerm@dhec.sc.gov
Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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Sent: Wednesday, February 16, 2022 12:14 PM
To: Bonner, Melissa <bonnerm@dhec.sc.gov>
Cc: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Subject: Re: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00

Good day,

Sure, I reach out to the provider.

Kindly,
Jessica E. Cornish, MA, APM, CLSSGB, PsyD(c)
Senior Consultant - Continuous Quality Improvement
Office of Operational Excellence
Finance & Operations
S.C. Dept. of Health & Environmental Control
301 Gervais Street, Columbia, SC 29201
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From: Bonner, Melissa <bonnerm@dhec.sc.gov>
Sent: Wednesday, February 16, 2022 11:38 AM
To: Cornish, Jessica E. <cornisJE@dhec.sc.gov>
Cc: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Subject: FW: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00

Jessica, will you please see if these dates are correct ? when you can,

Melissa Bonner

Emergency Preparedness Coordinator - COVID Response
Agency Coordination Center – Immunization & Testing
S.C. Dept. of Health & Environmental Control
Tel: (803) 386-4147
Email: bonnerm@dhec.sc.gov
Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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From: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Sent: Wednesday, February 16, 2022 10:17 AM
To: Bonner, Melissa <bonnerm@dhec.sc.gov>
Subject: OTH-VAX-252 Herold's Pharmacy, LLC Invoice # 01312022 \$720.00

Hello Melissa,

Could you please review the attached invoice and confirm if the event dates are correct? Looks like they really want to bill for 2022. Did they provide an updated invoice? I tried reaching out to vendor but no response.

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name: Mary Wise
COVID-19 Vaccine Pin Number: 918
Location Name: Herolds Pharmacy
Location Address (incl zip): 2057 Charlie Hall Blvd Suite C
Charleston SC 29414
Date & Times: 01/01/21-01/31/21
Total # Vaccinations: 36
Eligible Vaccinations**: 36

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

No 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 your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$0
Administrative Staff	\$5	\$180
Vaccination Staff	\$15	\$540
Total Event Reimbursement Amount		\$720

Additional Cost Summary***:

Total additional cost: \$0.00
Less other funding/reimbursement: \$0.00
Net additional cost: **\$0.00**

Total Request Amount: \$720.00

Thank you,

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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