



Providers VAX Secure Invoice Upload

Tracking Number
1278
 Date
12/11/2021

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-376 **KARMA HEALTHCARE LLC** **47-3582662** **7000296469**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

SURYAKANT PATEL **Pharmacy Manager** **(864) 761-4566** **ironcitypharmacy@gmail.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

301-B W CHEROKEE ST **BLACKSBURG** **SC** **29702**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
7	370.00

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 TIMKEN DEC

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

SURYAKANT PATEL
 12/11/2021 7:40:01 PM

\$370.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 12/13/2021 7:36:29 AM

Budget and Finance Approval

Samuels, Tierra B.
 12/13/2021 3:06:52 PM

Approved Funding _____
 Approved Invoices to Date _____
 Available Funding **\$0.00**

Payment Processing Instructions

Full Amount \$370.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Martin, Patrick W.
 12/14/2021 8:52:49 AM

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: KARMA HEALTHCARE LLC
COVID-19 Vaccine Pin Number: 911004
Location Name: TIMKEN PLAN
Location Address (incl zip): 100 TIMKEN RD
GAFFNEY
Date & Times: 12/09/21
Total # Vaccinations: 37
Eligible Vaccinations**:

Please select yes or no to the following questions to determine eligible re

Yes Did your organization provide event management, traffic contro
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	\$370
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$370

Additional Cost Summary***:

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

Total Request Amount: \$370.00

* Community Vaccination Events may span multiple days as long as the dates should be specified.

** If seeking third-party reimbursement for the services at the event vaccinations are eligible for reimbursement. If billing third party payers eligible for insurance reimbursement are eligible for reimbursement.

*** Claiming additional costs requires detailed justification and documentation questions:

- 1) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination 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?
- 5) Were all avenues of funding exhausted before using Vaccine Reimbursement?

Reimbursement:

Travel and logistics for this event?

?

event location remains the same. All dates

was not appropriate or feasible, then all
rs was feasible, then only vaccinations not
Staffing Reimbursement.

ation. Please attach answers to the following

acinnation Efforts including the future

ed

ice? Please explain.

serve 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 to process all invoices related to COVID-19 as a special 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