



Providers VAX Secure Invoice Upload

Tracking Number

330

Date

4/21/2021

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.

<u>OTH-VAX-306</u>	<u>Lexington Pharmacy LLC</u>	<u>84-4984674</u>	<u>7000295767</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>DHRUTIBEN PATEL</u>	<u>PHARMD</u>	<u>(803) 490-0022</u>	<u>LEXINGTONPHARMACYLLC@GMAIL</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

<u>104 SCARBOROUGH DR, STE C</u>	<u>Suite C</u>	<u>LEXINGTON</u>	<u>SC</u>	<u>29072</u>
* Address	* STE #	* City	* State	* Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>002</u>	<u>1,620.00</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.

Invoice 002 Lexington Pharmacy April 2021 COVID19 Vaccine Reimbursement Calculator

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

DHRUTIBEN PATEL
4/21/2021 11:00:06 AM

\$1,620.00

Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
4/21/2021 11:56:59 AM

Budget and Finance Approval

Baker, Walter
4/23/2021 3:37:40 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$1620.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
4/29/2021 8:57:59 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:	LEXINGTON PHARMACY LLC (Inv. 002)
COVID-19 Vaccine Pin Number:	932028
Location Name:	LEXINGTON PHARMACY
Location Address (incl zip):	104 SCARBOROUGH DR, STE C, LEXINGTON, SC 29072
Date & Times:	04/06/2021 TO 04/12/2021 Exclude Sundays
Total # Vaccinations:	110
Eligible Vaccinations**:	26

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

<input type="checkbox"/> Yes	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	\$1,100
Administrative Staff	\$5	\$130
Vaccination Staff	\$15	\$390
Total Event Reimbursement Amount		\$1,620

Additional Cost Summary***:

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

Total Request Amount: \$1,620

* 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.