



# Providers VAX Secure Invoice Upload

Tracking Number  
209  
 Date  
4/1/2021

## 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-159**      **MUKTA LLC (DBA: BESTRX Pharmacy)**      **81-5108658**      **7000295642**  
 Contract Number (required)      \* Contractor Name      \* Tax ID      \* SCEIS Number

**Ashish B Patel**      **PIC/OWNER**      **(864) 210-1811**      **bestrx.01@gmail.com**  
 Contact (Full Name)      Title      Phone      EXT      Contact EMAIL

**1103 N Main St, Ste E**      **Fountain Inn**      **SC**      **29644**  
 \* Address      \* STE #      \* City      \* State      \* Zip

INVOICE NUMBER	INVOICE AMOUNT
01	1,500.00

## 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.

PEACE MEDICAL COVID19 Vaccine CLINIC Reimbursement Invoice

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

*(Anonymous)*  
 4/1/2021 5:57:44 PM

    **\$1,500.00**      
 Invoice Total       Yes       No

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

ACC Testing Approval

*Bonner, Melissa*  
 4/2/2021 7:53:09 AM

Budget and Finance Approval

*Baker, Walter*  
 4/15/2021 9:02:56 AM

Approved Funding \_\_\_\_\_

Approved Invoices to Date \_\_\_\_\_

Available Funding

**\$0.00**

Payment Processing Instructions

5021310000 - \$1500.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

*Robinson, Sharon D.*  
 5/5/2021 4:55:22 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: BESTRX PHARMACY (Inv. 01)

COVID-19 Vaccine Pin Number: 923007

Location Name: PEACE MEDICAL CENTER - COVID VACCINE CLINIC

Location Address (incl zip): 401 GUESS STREET  
GREENVILLE, SC

Date & Times: 03/21/2021 - 8: 00 AM THRU 01:30 PM

Total # Vaccinations: 100

Eligible Vaccinations\*\* : 25

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

yes 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 you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$1,000
Administrative Staff	\$5	\$125
Vaccination Staff	\$15	\$375
<b>Total Event Reimbursement Amount</b>		<b>\$1,500</b>

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

Total additional cost: 0

Less other funding/reimbursement: 0

Net additional cost: **\$0**

**Total Request Amount: \$1,500**

\* 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.

⏪ Reply all   ▾   🗑 Delete   🚫 Junk   Block   ⋮

## Re: OTH-VAX-159 - MUKTA LLC (DBA, BESTRX Pharmacy) - Invoice #1



Some content in this message has been blocked because the sender isn't in your Safe senders list.  
[I trust content from bestrx.01@gmail.com.](#) | [Show blocked content](#)

AP

ashish patel &lt;bestrx.01@gmail.com&gt;

Wed 5/5/2021 4:48 PM

To: Robinson, Sharon D.



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

Hello Sharon

I am approving this payment as discussed.

Thank you

Ashish Patel

BESTRX Pharmacy

1103 N Main Street, Ste E

Fountain Inn, SC 29644

864 210 1811

On Thu, Apr 22, 2021 at 12:33 PM Robinson, Sharon D. <[robinsd@dhec.sc.gov](mailto:robinsd@dhec.sc.gov)> wrote:

Good a. ernoon,

Thanks for subming this vaccine invoice. It does not include your signature. Please reply to this email to confirm that this request is approved by your organizaon, and we will process it for payment. Thank you!

Regards,  
Sharon

**Sharon D Robinson**

Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt

**S.C. Dept. of Health & Environmental Control**

Office: (803) 898-3578

Fax: (803) 253-7637

Connect: [www.scdhec.gov](http://www.scdhec.gov) [Facebook](#) [Twitter](#)

*PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.*