



Providers VAX Secure Invoice Upload

Tracking Number

1795

Date

8/10/2022

Contract Information

ap rec 08/22/2022

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-576</u>	<u>M Holdings LLC DBA My Pharmacy</u>	<u>83-1454255</u>	<u>7000297256</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>James Hampton Manning</u>	<u>Pharmacist, Owner</u>	<u>(803) 756-3460</u>	<u>hamp@mypharmacyandoptical.com</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

<u>808 Highway 378 Suite B</u>	<u>Lexington</u>	<u>SC</u>	<u>29072</u>
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>62</u>	<u>1,999.24</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.

- Paid Receipts_Charleston_July_22
- My Pharmacy_invoice 62 _expense explanations_Charleston_July 22
- COVID 19 Vaccine Reimbursement Calculator_July_2022_Invoice #62_Charleston

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

James Hampton Manning
8/10/2022 5:55:40 PM

\$1,999.24

Invoice Total Yes No

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

COVID19 Coordination Office

Lopez, Jessica N.
8/16/2022 2:04:19 PM

Budget and Finance Approval

Thames, Barbette Y.
8/19/2022 11:32:41 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

Pay full amount \$ 1,999.24 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
8/22/2022 4:15:03 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:	M Holdings DBA My Pharmacy
COVID-19 Vaccine Pin Number:	932016
Location Name:	My Pharmacy - North Charleston
Location Address (incl zip):	7801 Rivers Ave North Charleston, SC 29406
Date & Times:	07/01/2022 - 07/31/2022
Total # Vaccinations:	6
Eligible Vaccinations**:	2

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

<u>Yes</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 your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$60
Administrative Staff	\$5	\$10
Vaccination Staff	\$15	\$30
Total Event Reimbursement Amount		\$100

Additional Cost Summary***:

Total additional cost:	\$1,899.24
Less other funding/reimbursement:	
Net additional cost:	\$1,899.24

Total Request Amount: \$1,999.24

* 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.

Electric	Rent
59.24	1840

59.24

1840

1899.24

*** 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.

My Pharmacy

808 Hwy 378 Ste B

Lexington, SC 29072

Invoice # 62 Additional Expense Explanation

Explanation of expenses for Covid 19 drive thru Immunization Clinic expenses from 7/1/2022-7/31/2022

Off-Site Location: 7801 Rivers Ave North Charleston, SC 29406

General description:

We have a two-lane drive thru Covid 19 immunization tent located in the front parking lot of Northwoods Mall. This is an off-site clinic we set up due to the need in the area for vaccines. This clinic requires a lot of expenses that are specifically related to this tent and our workflow process for vaccinating the public. From 7/1/2022 – 7/31/2022 we have immunized **8** patients.

This has benefited and continues to benefit South Carolina's COVID 19 vaccination effort due to our ease of access to the public, by taking walk-ins, advertising extensively to underserved populations, and providing access to key rural areas surrounding the Charleston area. We provide a high quality and very efficient process for patients to be vaccinated with convenient hours. Currently the clinic runs Monday thru Friday from 9am to 5pm.

As of 7/12/2022, this site was no longer open. We did not have the success in North Charleston that we were hoping for and felt like there were other area's in the state that could really use our help in their community, therefore we moved everything from this North Charleston site to Orangeburg, SC.

The below submitted costs are not being covered by any other funding source and have been fully paid for by our business. All other avenues were exhausted before using this fund.

The only expenses we have for this site for July are the pro-rated rent that we had to pay to stay open until 7/12/22 and the last electricity bill. All of the other normal expenses will be on the invoice for our new site in Orangeburg.

Summary of Expenses:

1. Electricity -Final Bill
2. Space Rental – Prorated amount for us to use the parking lot space until 7/12/22.

Please let me know if additional information is needed on above.

Thank you,

Hamp Manning, PharmD/Owner

Brent Munnerlyn, PharmD/Owner



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

SERVICE FOR
MY OPTICAL LLC
7801 RIVERS AVE COVID TENT
NORTH CHARLESTON SC 29406-4066

COVID
IMZ

ACCOUNT NUMBER
5-2101-3136-3643

DATE DUE	AMOUNT DUE
Jul 18 2022	\$59.24

BUSINESS CUSTOMER SERVICE
1-800-251-7234
7am - 6pm, Monday - Friday

EMERGENCY SERVICE 1-888-333-4465
24 HOURS A DAY
Gas leaks, downed lines or power outages

JUNE STATEMENT GENERATED ON:
Jul 11 2022

Dominion Energy South Carolina

DominionEnergySC.com

FINAL BILL

ACCOUNT SUMMARY

Previous Bill Amount	\$74.80
ePayment Received 07/01/22 THANK YOU	-74.80
Current Charges	59.24

Amount Due on 7/18/22 \$59.24

A late payment charge of 1.5% may be added to any balance remaining 25 days after billing.

SUMMARY OF CURRENT CHARGES

Electric Charges	\$59.24
Total Current Charges	\$59.24

Final
electric
bill -
N. Charleston

PLEASE KEEP THIS PORTION FOR YOUR RECORDS.

Posting Summary	SERVICE FOR 7801 RIVERS AVE COVID TENT			
	ACCOUNT NUMBER	STATEMENT DATE	AMOUNT DUE	DATE DUE
	5-2101-3136-3643	7/11/22	\$59.24	8/5/22

Dominion Energy
South Carolina

0000000000000 16 FD 192214877 EP

ACCOUNT NUMBER

5-2101-3136-3643

DATE OF BANK DRAFT

Jul 18 2022

AMOUNT TO BE DRAFTED

\$59.24

MY OPTICAL LLC
808 HIGHWAY 378 STE B
LEXINGTON SC 29072-8379

COVID IMZ

Thank you for using Electronic Banking Service.
Your bank draft is set up for:

First Citizens



COVID IMZ

CUSTOMER SERVICE

ACCOUNT NUMBER

1-800-251-7234

5-2101-3136-3643

STATEMENT DATE

Jul 11 2022

DATE DUE	AMOUNT DUE
Jul 18 2022	\$59.24

Payment Options

By Mail: Pay by check or money order in the enclosed envelope. Please do not mail cash.

Online: Visit DominionEnergySC.com to pay directly from your bank account or credit card.

By Phone: Call 1-800-450-9160, 24 hours a day, to pay using your credit card, debit card or directly from your bank account. There is a fee of \$3.50 per transaction that BillMatrix receives for providing this service. Additional limitations may apply.

Authorized Payment Agencies: Visit an authorized payment location near you to pay in person. There is no fee associated with service at an authorized payment location.

PIGGLY WIGGLY #182, 8780 RIVERS AVE, NORTH CHARLESTON SC 29408

PIGGLY WIGGLY # 57, 9619 HWY 78, LADSON SC 29456

ALL SC AND NC WALMARTS

Unauthorized Payment Agencies: Additional payment centers may exist in your area that are not Dominion Energy authorized payment locations. While these unauthorized locations may accept your Dominion Energy payment, they will charge a fee for doing so, and your payment will be delayed in reaching us.

CURRENT CHARGES

Electric Charges

RATE PLAN
009 - General Service

METER NO.	BILLING PERIOD	DAYS	CURRENT	PREVIOUS	CONSTANT	KWH	KW	KVA
002123764	06/24/22-07/11/22	17	36790	36495	1	295	0	0
Basic Facilities Charge								12.47
295 kWh								36.35
Renewable Energy Resources								3.86
Temporary Tax Credit								-0.42
Franchise Fee 4.00% Paid To The City Of North Charleston								2.09
State Sales Tax at 9.00 %								4.89
Total Electric Charges								\$59.24

Thank you for being our customer. This is your final bill with us. Please contact us if we can help in meeting any of your future energy needs.

Electronic check conversion. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

COVID

IMZ



COVID IMZ

7801 RIVERS AVE COVID TENT ...6-3643

[Accounts](#)

[Make Payment](#)

Thank You

[Home - My Account](#)

Your payment has been processed

Amount: **\$59.24**

Drawn from: **M Holdings *****2470**

Payment date: **Jul 12, 2022***

Reference number: **193240316522**

You will receive an email at

tiffany@mypharmacyandoptical.com when your next bill is available online.

*Payments post to your account on your selected payment date, but may take an additional 5 business days to appear on bank records.

Terms and Conditions

I, MY OPTICAL LLC, authorize Dominion Energy to electronically debit my account ending in 2470, maintained at FIRST CITIZENS for my bill payment. Under penalty of law, I certify that I own this account or have the owner's authorization for Dominion Energy to draft this account for payment. The amount of the ACH debit will be the amount of \$59.24. The ACH debit entry will be made to my account on 07/12/2022.

By clicking "Yes, I agree to the terms and conditions," you are consenting to the use of the electronic signature process and the electronic retention of this authorization.

If you believe you received this message in error, immediately call us at 1-800-251-7234.

Yes, I agree to the terms and conditions.

Accepted on July 12th 2022 at 11:11 am

COVID
IMZ

COVID IMZ



Payment Scheduled

i Note

Payments by check may arrive earlier or later than the selected delivery date.

▼ PNC Bank *9913

Estimated delivery
07/11/2022

\$1,840.00

Mail to 500 1ST AVE
PITTSBURGH, PA 15219

Payment type Check

Check # 1044

Pay with M Holdings Checking *2470

Conf # 45

Pro-rated
rent

North
Charleston

Total: **\$1,840.00**

Rent
7/1 - 7/12

COVID IMZ