



# Providers VAX Secure Invoice Upload

Tracking Number  
  
 Date

## 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-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>(843) 845-7905</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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>10</u>	<u>876.00</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.

My Pharmacy\_invoice 10\_expense explanations  
 COVID19 Vaccine Reimbursement Calculator\_invoice 10\_my pharmacy\_mobile unit\_august

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*  
9/17/2021 12:05:01 PM

\$876.00  
Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
9/21/2021 6:55:10 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
9/23/2021 2:30:02 PM

Approved Funding \_\_\_\_\_  
 Approved Invoices to Date \_\_\_\_\_  
 Available Funding \$0.00

Payment Processing Instructions

Full Amount \$876.00	31070000	Not Relevant
J0402AZ998	J040X01058580130	5021310000
98000018		

Accounts Payable Approval

*Long, Mary B.*  
10/15/2021 11:28:11 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

## **My Pharmacy**

**808 Hwy 378 Ste B**

**Lexington, SC 29072**

### **Invoice #10 Additional Expense Explanation-Mobile Unit**

**Explanation of expenses for covid 19 IMZ expenses from 8/01/21 thru 8/31/21**

#### **General description:**

We have a mobile COVID-19 vaccine unit that we received in July. We have used this unit to vaccinate patients throughout the state. We have visited businesses, schools, churches, concerts, state parks, etc. Many have been in rural areas with underserved populations.

This has benefited and continues to benefit South Carolina's COVID 19 vaccination effort due to our ease of access to the public by coming to them, advertising extensively to underserved populations, and providing access throughout the state. We provide a high quality and very efficient process for patients to be vaccinated in a professional exam lane environment in our mobile unit. **Over the last month we have traveled 1565 miles at 0.56\$ per mile. We included the vaccines given in our total submitted for our August on invoice number 9.**

The following locations have been visited in August:

1. US 1 Flea Market and Barnyard Flea Market
2. Bentley Pontoon
3. National Night out-Columbia
4. Icehouse Amphitheater
5. Black and Decker
6. Regal Barber Shop (Shots at the Shop)
7. Mungo Homes
8. Winthrop University

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.

#### **Summary of Expenses:**

**Mileage for mobile unit: 1,565 miles X 0.56 cent per mile=876\$.**

**Hamp Manning, PharmD/Owner**

**Brent Munnerlyn, PharmD/Owner**

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	M Holdings LLC DBA My Pharmacy
COVID-19 Vaccine Pin Number:	932016
Location Name:	My Pharmacy-Mobile Unit Clinics
Location Address (incl zip):	808 Hwy 378 Ste B Lexington, SC 29072
Date & Times:	8/1/2021-8/31/2021
Total # Vaccinations:	0
Eligible Vaccinations**:	

## 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 you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$0
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$0</b>

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

Total additional cost:	876.4
Less other funding/reimbursement:	
Net additional cost:	<b>\$876</b>

## Total Request Amount: **\$876**

\* 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.

Mileage-mobile clinics
1565

1565 X 0.56 per mile



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](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

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