



# Providers VAX Secure Invoice Upload

Tracking Number

**1643**

Date

**4/19/2022**

Contract Information

ap rec 06/22/2022

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.

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

<b>James Hampton Manning</b>	<b>Pharmacist, Owner</b>	<b>(843) 845-7905</b>	<b>hamp@mypharmacyandoptical.com</b>
Contact (Full Name)	Title	Phone	EXT Contact EMAIL

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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>41</b>	<b>479.70</b>

## 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.

RV Mileage

My Pharmacy\_invoice 41\_RV Mileage.docx (1)

COVID 19 Vaccine Reimbursement Calculator\_Feb\_March\_Invoice #41\_Lexington.xlsx - Summary

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*  
4/19/2022 5:38:39 PM

**\$479.70**

Invoice Total

Yes

No

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

ACC Testing Approval

*Lopez, Jessica N.*  
6/21/2022 2:28:04 PM

Budget and Finance Approval

*Samuels, Tierra B.*  
6/22/2022 1:18:16 PM

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

Full Amount \$479.70	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

*Cate, Vasa*  
6/22/2022 4:26:51 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 - Mobile RV Clinic
Location Address (incl zip):	808 Hwy 378 Suite B Lexington, SC 29072
Date & Times:	2/12/2022 - 4/19/2022
Total # Vaccinations:	0
Eligible Vaccinations**:	0

Please fill in the green cells in this document to calculate the eligible reimbursement for your event. This form will need to be submitted in the invoice portal either as a PDF or XLSX file for each testing event.

## 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 your 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:	\$479.70
Less other funding/reimbursement:	
Net additional cost:	<b>\$479.70</b>

## Total Request Amount: \$479.70

\* 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.

## **My Pharmacy**

**808 Hwy 378 Ste B**

**Lexington, SC 29072**

### **Invoice # 41 Additional Expense Explanation-**Mobile RV Mileage****

**Explanation of expenses for covid 19 Mobile IMZ expenses from 2/12/2022-4/19/2022**

#### **General description:**

We have a mobile COVID-19 vaccine RV that we received in February. We have used this unit to vaccinate patients throughout the state. We have been able to use this mobile unit at off-site events and also at our off-site IMZ clinic in Charleston.

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. **Through February and April we have traveled 820 miles supporting vaccine events throughout the state. We included the vaccines given in our total submitted for February and March will be submitted early April. I have attached other documents in the submission that include specific locations visited and miles calculated miles. The rate of 0.585 per mile was used for this mileage invoice.**

The following locations are some of the larger locations attended in February / March:

Grace Christian Church

We also used the RV to run our off-site in Charleston for a few days while the tent was being put in place and other work was being completed. Having the RV there in the parking lot was a great way to advertise and answer many questions to the public regarding our vaccine services.

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:**

- 1. Mileage for mobile RV – February – March = 820 Miles @ .585 = 479.70**

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

Sincerely,

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