



Providers VAX Secure Invoice Upload

Tracking Number
475
Date
5/10/2021

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-273 **PLANTATION PHARMACY** **20-1106284** **7000295450**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

DEBORAH DAPORE **OWNER/RPH** **(843) 795-9554** **PLANTATIONPHARMACY@YAHOO.COM**
 Contact (Full Name) Title Phone EXT Contact EMAIL

776 DANIEL ELLIS DRIVE 2C **CHARLESTON** **SC** **29412-3096**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
5	1,820.00

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.

COVID19 Vaccine INCVOICE 5

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

DEBORAH DAPORE
5/10/2021 11:50:52 AM

\$1,820.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
 5/11/2021 11:11:09 AM

Budget and Finance Approval
Baker, Walter
 5/18/2021 12:52:48 PM

Approved Funding _____
 Approved Invoices to Date _____
 Available Funding **\$0.00**

Payment Processing Instructions

5021310000 - \$1820.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/19/2021 12:20:59 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

Inv. 5

Community Vaccination Event Information*

Provider Name:	DEBORAH DAPORE
COVID-19 Vaccine Pin Number:	910083
Location Name:	PLANTATION PHARMACY AT ELLIS OAKS
Location Address (incl zip):	776 DANIEL ELLIS DRIVE 2C CHARLESTON, SC 29412
Date & Times:	05/10/21
Total # Vaccinations:	74
Eligible Vaccinations**:	54

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	\$740
Administrative Staff	\$5	\$270
Vaccination Staff	\$15	\$810
Total Event Reimbursement Amount		\$1,820

Additional Cost Summary***:

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

Total Request Amount: \$1,820

* 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.

RE: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

Bonner, Melissa <bonnerm@dhec.sc.gov>

Wed 5/19/2021 11:47 AM

To: ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>

Thank you Jessica

Melissa Bonner

Emergency Preparedness Coordinator - COVID Response

Agency Coordination Center - Immunization

S.C. Dept. of Health & Environmental Control

Tel: (803) 386-4147

Email: bonnerm@dhec.sc.govConnect: www.scdhec.gov [Facebook](#) [Twitter](#)

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From: ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Sent: Wednesday, May 19, 2021 11:38 AM

To: Bonner, Melissa <bonnerm@dhec.sc.gov>; ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>

Subject: Re: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

Good day,

I will call to verify the correct balance on this invoice.

Kindly,
Jessica

From: Bonner, Melissa <bonnerm@dhec.sc.gov>

Sent: Wednesday, May 19, 2021 11:31 AM

To: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>

Subject: RE: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

We can either reject this one or see if we can get Jessica to call them and upload the correct one, I am sorry this slipped by me

Melissa Bonner

Emergency Preparedness Coordinator - COVID Response

Agency Coordination Center - Immunization

S.C. Dept. of Health & Environmental Control

Tel: (803) 386-4147

Email: bonnerm@dhec.sc.gov

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From: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>

Sent: Wednesday, May 19, 2021 11:14 AM

To: Robinson, Sharon D. <robinsd@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>; Bonner, Melissa <bonnerm@dhec.sc.gov>

Subject: Re: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

Hey Melissa,

Can you verify the correct balance on this invoice?

Thanks,
Chris

Finance & Administration Section Chief
DHEC COVID-19 Incident Command
ACC-FinAdmin@dhec.sc.gov

From: Robinson, Sharon D. <robinsd@dhec.sc.gov>

Sent: Wednesday, May 19, 2021 11:12 AM

To: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>

Subject: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

Good morning,

OTH-VAX-273: PLANTATION PHARMACY - Inv. 5 shows an amount of \$1,010. But the attached reimbursement request is for \$1820. Please see screenshots below. Please reply to this email with the correct amount approved for payment. Thank you.

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-273	PLANTATION PHARMACY	20-1106284	7000295450
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
DEBORAH DAPORE	OWNER/RPH	(843) 795-9554	PLANTATIONPHARMACY@YAHOO.
Contact (Full Name)	Title	Phone	EXT Contact EMAIL
776 DANIEL ELLIS DRIVE 2C	CHARLESTON	SC	29412-3096
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
5	1,010.00

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COVID-19 Vaccine Reimbursement Calculator

Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

- ADD
- REMOVE
- VIEW

COVID19 Vaccine INCVOICE 5

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

DEBORAH DAPORE
5/10/2021
11:50:52 AM

Approve ▼

Submit

\$1,010.00

Invoice Total

- Yes
 No

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

ACC Testing Approval

Bonner, Melissa
5/11/2021
11:11:09 AM

Budget and Finance Approval

Baker, Walter
5/18/2021
12:52:48 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$1010.00 - J0402AZ998 - J040X01058580130 -

Accounts Payable Approval

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name: DEBORAH DAPORE
 COVID-19 Vaccine Pin Number: 910083
 Location Name: PLANTATION PHARMACY AT ELLIS OAKS
 Location Address (incl zip): 776 DANIEL ELLIS DRIVE 2C
 CHARLESTON, SC 29412
 Date & Times: 05/10/21
 Total # Vaccinations: 74
 Eligible Vaccinations**: 54

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

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Total Event Reimbursement Amount		\$1,820

Additional Cost Summary***:

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

Total Request Amount: \$1,820

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 [Facebook](#) [Twitter](#)



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\$1820 Verified: OTH - VAX - 273 Plantation Pharmacy - Inv. 5

ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Wed 5/19/2021 12:10 PM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>; Bonner, Melissa <bonnerm@dhec.sc.gov>; PLANTATIONPHARMACY@YAHOO.COM <PLANTATIONPHARMACY@YAHOO.COM>

Good day,

Plantation Pharmacy has verified that the correct amount approved for payment is \$1820.

Kindly,
Jessica

ACC-Vaccine-Finance@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

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





Providers VAX Secure Invoice Upload

Original

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Date

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 Contact (Full Name) Title Phone EXT Contact EMAIL

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 * Address * STE # * City * State * Zip

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Signature (required) Click to Sign

DEBORAH DAPORE
 5/10/2021 11:50:52 AM

\$1,010.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 5/11/2021 11:11:09 AM

Budget and Finance Approval

Baker, Walter
 5/18/2021 12:52:48 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$1010.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/19/2021 12:20:59 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



Providers VAX Secure Invoice Upload

Edit

Tracking Number

475

Date

5/10/2021

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 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

DEBORAH DAPORE **OWNER/RPH** **(843) 795-9554** **PLANTATIONPHARMACY@YAHOO.COM**
 Contact (Full Name) Title Phone EXT Contact EMAIL

776 DANIEL ELLIS DRIVE 2C **CHARLESTON** **SC** **29412-3096**
 * Address * STE # * City * State * Zip

INVOICE NUMBER

5

INVOICE AMOUNT

1,010.00

1820.00

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Signature (required) Click to Sign

DEBORAH DAPORE
5/10/2021 11:50:52 AM

~~\$1,010.00~~ 1820

Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
5/11/2021 11:11:09 AM

Budget and Finance Approval

Baker, Walter
5/18/2021 12:52:48 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - ~~\$1010.00~~ 1820 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/19/2021 12:22:55 PM



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