



Providers VAX Secure Invoice Upload

Tracking Number

222

Date

4/5/2021

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.

<u>OTH-VAX-214</u> Contract Number (required)	<u>Shelby Pharmacy LLC</u> * Contractor Name	<u>47-3837111</u> * Tax ID	<u>7000244143</u> * SCEIS Number
<u>Jerry Shelby</u> Contact (Full Name)	<u>Owner</u> Title	<u>(256) 503-5535</u> Phone	<u>easleyspecialty@gmail.com</u> Contact EMAIL
<u>401 Hillcrest Dr</u> * Address	<u></u> * STE #	<u>Easley</u> * City	<u>SC 29640</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>04012194</u>	<u>6,000.00</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.

COVID19 Vaccine Reimbursement Calculator 2

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

Jerry Shelby
4/5/2021 2:11:43 PM

\$6,000.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
4/6/2021 8:20:08 AM

Budget and Finance Approval

Baker, Walter
4/15/2021 9:23:16 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$600.00 - J0402AZ998 - J040X01058580130 - 31070000
- Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
4/22/2021 10:16:22 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

COVID-19 Vaccination Reimbursement Request			Inv# 04012194					
Community Vaccination Event Information*								
Provider Name:	Jerry Shelby							
COVID-19 Vaccine Pin Number:								
Location Name:	Easley HealthMart Pharmacy							
Location Address (incl zip):	401 Hillcrest Dr Easley SC 29640							
Date & Times:	March 10th- March 24 10AM-2PM, Monday-Friday							
Total # Vaccinations:	200							
Eligible Vaccinations**:	200							
Please select yes or no to the following questions to determine eligible reimbursement:								
Did your organization provide event management, traffic control and	Yes							
Did your organization provide administrative staff for this event?	Yes							
Did your organization provide vaccination staff for this event?	Yes							
Reimbursement Calculator								
Item	Rate	Eligible Event Reimbursement						
Event Mgmt, Traffic, Logistics	\$10	\$2,000						
Administrative Staff	\$5	\$1,000						
Vaccination Staff	\$15	\$3,000						
Total Event Reimbursement Amount		\$6,000						
Additional Cost Summary***:								
Total additional cost:	0							
Less other funding/reimbursement:	0							
Net additional cost:	\$0							
Total Request Amount: \$6,000								
* 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 see 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.								

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.

Category	Flag	Price		
Event Management, Traffic, Logistics?	X	10		
Administrative Staff?	X	5		
Specimen Collection Staff?	X	15		
Performed Resulting?	X	5		
Provided PPE?	X	5		
Provided Test Kits?	X	10		
Provided Lab Analysis?	X	90		
Yes				
No				