



Providers VAX Secure Invoice Upload

Tracking Number

1772

Date

7/15/2022

Contract Information

RECEIVED 08/08/22

Please enter the contract number first to auto-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-286</u>	<u>Angel Oak Family Medicine</u>	<u>56-2275039</u>	<u>7000044376</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>Angel Oak Family Medicine</u>	<u>DNP, APRN, FNP-BC</u>	<u>(843) 559-1938</u>	<u>jackiebaer@gmail.com</u>
Contact (Full Name)	Title	Phone	EXT Contact EMAIL

<u>1816 Bohicket Rd Suite F</u>	<u>Johns Island</u>	<u>SC</u>	<u>29457</u>
* Address	* STE #	* City	* State * Zip

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
<u>07152022</u>	<u>1,980.00</u>

23 vaccines administered through 7/1/22 @ \$30/ea; \$690.00

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.

covidvaccine7-15

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

Angel Oak Family Medicine
7/15/2022 3:22:03 PM

\$1,980.00
Invoice Total

Yes
 No

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

COVID19 Coordination Office

Budget and Finance Approval

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Lopez, Jessica N.
8/2/2022 10:16:44 AM

Thames, Barbette Y.
8/2/2022 11:04:11 AM

Payment Processing Instructions

Pay full amount \$1,980.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
8/8/2022 4:01:39 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:	Dr Jacqueline Baer DNP	
COVID-19 Vaccine Pin Number:	110175	
Location Name:	Angel Oak Family Medicine	
Location Address (incl zip):	1816 Bohicket Road Suite F	
	Johns Island SC 29455	
Date & Times:	06/30/2022- 7/15/2022	
Total # Vaccinations:	66	Including 23 vaccines administered 6/30/22-7/1/22 on this claim (vaccines 7/2/22 onward will be claimed on another project)
Eligible Vaccinations**:	66	

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

<input type="checkbox"/>	Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/>	Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/>	Yes	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$660
Administrative Staff	\$5	\$330
Vaccination Staff	\$15	\$990
Total Event Reimbursement Amount		\$1,980

Additional Cost Summary***:

Total additional cost:	
Less other funding/reimbursement:	
Net additional cost:	\$0.00

Total Request Amount: \$1,980.00

* 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.

ANGEL OAK FAMILY MEDICINE
LOCATION:
1816 Bohicket Road Suite F
Johns Island SC 29455

SERVICE DATE	VisitType	# VAC
6/30/2022	Covid Vaccine	19
7/1/2022	Covid Vaccine	4
7/6/2022	Covid Vaccine	10
7/8/2022	Covid Vaccine	6
7/13/2022	Covid Vaccine	14
7/15/2022	Covid Vaccine	13
TOTAL		66

23 vaccines administered
through 7/1/22