



Providers VAX Secure Invoice Upload

Tracking Number

2010

Date

1/16/2023

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-286 Contract Number (required)	Angel Oak Family Medicine * Contractor Name	56-2275039 * Tax ID	7000044376 * SCEIS Number
Angel Oak Family Medicine Contact (Full Name)	DNP, APRN, FNP-BC Title	(843) 559-1938 Phone	jackiebaer@gmail.com Contact EMAIL
1816 Bohicket Rd Suite F PO Box 336 * Address	SC * State	Johns Island * City	29457 * Zip

INVOICE NUMBER	INVOICE AMOUNT
07152022	1,380.00

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.

COVIDJAN2023

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
 1/16/2023 3:31:07 PM

\$1,380.00
Invoice Total

Yes
 No

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

COVID19 Coordination Office

Cornish, Jessica E.
 1/24/2023 12:23:50 PM

Budget and Finance Approval

Thames, Barbette Y.
 1/24/2023 1:00:32 PM

Approved Funding _____

Approved Invoices to Date _____

Available Funding **\$0.00**

Payment Processing Instructions

Pay full amount \$1,380.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
 1/30/2023 3:51:31 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 SUITE F
Location Address (incl zip):	1816 BOHICKET RD JOHNS ISLAND SC 29455
Date & Times:	12/19-6, 12/20-1, 12/27-1, 12/30-5, 1/3-5, 1/4-5, 1/9-5, 1/10.4, 1/12-4, 1/13-2,
Total # Vaccinations:	46
Eligible Vaccinations**:	46

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 you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$460
Administrative Staff	\$5	\$230
Vaccination Staff	\$15	\$690
Total Event Reimbursement Amount		\$1,380

Additional Cost Summary***:

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

Total Request Amount: \$1,380.00

* 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.



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.

Sincerely,

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