



RECEIVED 03/07/22
BFM AP

Providers VAX Secure Invoice Upload

Tracking Number

1511

Date

2/18/2022

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-599</u>	<u>Consultorio Medico Latino</u>	<u>84-4908457</u>	<u>7000283589</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>William Morris</u>	<u>Owner</u>	<u>(843) 553-7744</u>	<u>w.cml2810@gmail.com</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

<u>2810 Ashley Phosphate Rd Suite B4</u>	<u>North Charleston</u>	<u>SC</u>	<u>29418</u>
* Address	* STE #	* City	* State * Zip

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
<u>1</u>	<u>300.00</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 (60) (1)
Vax reimbursement 02.18.22

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

William Morris
2/18/2022 2:14:42 PM

\$300.00
Invoice Total

Yes
 No

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

ACC Testing Approval
Bonner, Melissa
3/2/2022 2:09:22 PM

Budget and Finance Approval
Samuels, Tierra B.
3/3/2022 10:44:24 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

Full Amount \$300.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval
Cate, Vasa
3/7/2022 10:19:54 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

Community Vaccination Event Information*

Provider Name:	Consultorio Medico Latino
COVID-19 Vaccine Pin Number:	OTH-VAX-599
Location Name:	Consultorio Medico Latino
Location Address (incl zip):	2810 Ashley Phosphate Rd Suite B4 North Charleston, SC 29418
Date & Times:	10/29/21,11/05/21,12/03/21,01/07/22
Total # Vaccinations:	15
Eligible Vaccinations**:	15

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:

No	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	\$0
Administrative Staff	\$5	\$75
Vaccination Staff	\$15	\$225
Total Event Reimbursement Amount		\$300

Additional Cost Summary*:**

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

Total Request Amount: \$300



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