





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:               | Conway Medical Center ( Inv. 145 )     |
| COVID-19 Vaccine Pin Number: | 126108                                 |
| Location Name:               | Health Plaza South                     |
| Location Address (incl zip): | 6010 Hwy 707<br>Myrtle Beach, SC 29588 |
| Date & Times:                | 5/17/2021; 8:00a-5:00p                 |
| Total # Vaccinations:        | 118                                    |
| Eligible Vaccinations**:     | 118                                    |

## 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 | \$1,180                      |
| Administrative Staff                    | \$5  | \$590                        |
| Vaccination Staff                       | \$15 | \$1,770                      |
| <b>Total Event Reimbursement Amount</b> |      | <b>\$3,540</b>               |

## Additional Cost Summary\*\*\*:

|                                   |            |
|-----------------------------------|------------|
| Total additional cost:            | 0          |
| Less other funding/reimbursement: | 0          |
| Net additional cost:              | <b>\$0</b> |

**Total Request Amount: \$3,540**

\* 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.