



Providers VAX Secure Invoice Upload

Tracking Number
1277
 Date
12/10/2021

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.

OTH-VAX-538 **Ember Modern Medicine** **84-4044647** **7000296089**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Brian Blank **Owner** **(864) 608-6698** **brianblank@embermodernmedicine**
 Contact (Full Name) Title Phone EXT Contact EMAIL

1068 North Church Street **Greenville** **SC** **29601**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
17	1,883.00

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.

Corrected COVID19 Vaccine Reimbursement Requests 12-10-21 Invoice 17
 COVID19 Vaccine Reimbursement Requests 12-10-21 Invoice 17

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

Brian Blank
 12/10/2021 4:12:32 PM

\$1,883.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 12/13/2021 7:37:11 AM

Budget and Finance Approval

Samuels, Tierra B.
 12/20/2021 9:12:51 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Please pay **\$1883.39**. See corrected vaccine reimbursement invoice.

\$1,883.39 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Martin, Patrick W.
 12/30/2021 9:39:10 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

Community Vaccination Event Information*

Provider Name:	Brian Blank
COVID-19 Vaccine Pin Number:	923075
Location Name:	Ember Modern Medicine
Location Address (incl zip):	1068 North Church Street Greenville, SC 29601
Date & Times:	November 27 - December 10, 2021
Total # Vaccinations:	52
Eligible Vaccinations**:	52

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:

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 your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$520
Administrative Staff	\$5	\$260
Vaccination Staff	\$15	\$780
Total Event Reimbursement Amount		\$1,560

Additional Cost Summary***:

Total additional cost:	\$323.39
Less other funding/reimbursement:	0
Net additional cost:	\$323

Total Request Amount: \$1,883

* 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) Summary Description of Request and Costs
 - a. Cooler Transport BioCarrier – medical grade vaccine cooler for use of transport of vaccines - \$323.39.
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
 - a. We plan to use this cooler to transport vaccines to offsite locations for temporary vaccine clinics. Businesses have asked us to come to their sites to give them out now that many are mandating it.
- 3) Describe activities conducted and outcomes expected or achieved
 - a. We hope to distribute vaccines at other locations and perform clinics at businesses and possibly even schools.
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
 - a. No.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.
 - a. Yes. We do not bill insurance and have not sought reimbursement from anyone.



IMPORTANT UPDATE
ONLINE ORDERING BROWSER SECURITY REQUIREMENTS
[CLICK HERE FOR MORE INFO](#)



[Home](#) | [Physician's Office](#) / [My Account](#) / [Order Status](#) / **Order Status Detail**

ORDER INFORMATION:

Reference #: EZ200053320211201103152	Ordered By:
PO #: EZ200053320211201103152	Order Date: 12/1/2021
Order #: 22583855	Ordering Method: Aruba

ADDRESS DETAILS:

<p>Shipping Address</p> <p>Account #: 4048030 Ember Modern Medicine 1068 N Church St Suite 101 Greenville, SC 296011639 United States of America</p> <p>Shipping Method: ShippingMethods.EDS</p>	<p>Billing Address</p> <p>Account #: 4048029 Ember Modern Medicine 1068 N Church St Suite 101 Greenville, SC 296011639 United States of America 864-608-6698</p> <p>Payment Method: Bill On Account</p>
--	--

[SAVE TO SHOPPING LIST](#)

LINE(S): (1)					ADD TO ORDER
Description	Order/Ship Qty	Invoice Info*	Status	Track	Re-Order
<p>Cooler Transport BioCarrier 15-5/8x12-7/16x11-3/4" 2 to 8C / 12 Hours Ea 1412765 Health Care Logistics 19961</p>	<p>1 / 0 \$319.89/EA</p>	<p>13465713</p>	<p>Manufacturer Drop Ship</p>		<input type="checkbox"/>
				Subtotal*:	\$319.89
				Tax:	\$0.00
				Shipping:	\$3.50
				Total:	\$323.39

[Save items with quantities to a shopping list](#)

ADD TO ORDER

12/10/21, 4:08 PM

Order Status Detail - Henry Schein Medical

Did not find your order? Try our [Order Status](#) section.
To view PDF files, you need to have Adobe Acrobat Reader®. [Click here for a free download.](#)

* Click on the Invoice Number for a PDF document copy of any invoice.
Note: More than one invoice may be associated with a single order.

For order tracking, billing, returns and other service inquiries contact Customer Service at 1-800-472-4346, 8:00am-8:00pm ET or email custserv@henryschein.com.

My Sales Consultant

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Brian Blank
COVID-19 Vaccine Pin Number:	923075
Location Name:	Ember Modern Medicine
Location Address (incl zip):	1068 North Church Street, Suite 101 Greenville, SC 29601
Date & Times:	November 27 - December 10, 2021
Total # Vaccinations:	52
Eligible Vaccinations**:	52

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:

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 your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$520
Administrative Staff	\$5	\$260
Vaccination Staff	\$15	\$780
Total Event Reimbursement Amount		\$1,560

Additional Cost Summary***:

Total additional cost:	\$323.39
Less other funding/reimbursement:	\$0.00
Net additional cost:	\$323.39

Total Request Amount: \$1,883.39

* 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) Summary Description of Request and Costs
 - a. Cooler Transport BioCarrier – medical grade vaccine cooler for use of transport of vaccines - \$323.39.
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
 - a. We plan to use this cooler to transport vaccines to offsite locations for temporary vaccine clinics. Businesses have asked us to come to their sites to give them out now that many are mandating it.
- 3) Describe activities conducted and outcomes expected or achieved
 - a. We hope to distribute vaccines at other locations and perform clinics at businesses and possibly even schools.
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
 - a. No.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.
 - a. Yes. We do not bill insurance and have not sought reimbursement from anyone.



IMPORTANT UPDATE
ONLINE ORDERING BROWSER SECURITY REQUIREMENTS
[CLICK HERE FOR MORE INFO](#)



[Home](#) | [Physician's Office](#) / [My Account](#) / [Order Status](#) / **Order Status Detail**

ORDER INFORMATION:

Reference #: EZ200053320211201103152	Ordered By:
PO #: EZ200053320211201103152	Order Date: 12/1/2021
Order #: 22583855	Ordering Method: Aruba

ADDRESS DETAILS:

<p>Shipping Address</p> <p>Account #: 4048030 Ember Modern Medicine 1068 N Church St Suite 101 Greenville, SC 296011639 United States of America</p> <p>Shipping Method: ShippingMethods.EDS</p>	<p>Billing Address</p> <p>Account #: 4048029 Ember Modern Medicine 1068 N Church St Suite 101 Greenville, SC 296011639 United States of America 864-608-6698</p> <p>Payment Method: Bill On Account</p>
---	---

[SAVE TO SHOPPING LIST](#)

LINE(S): (1)					ADD TO ORDER
Description	Order/Ship Qty	Invoice Info*	Status	Track	Re-Order
Cooler Transport BioCarrier 15-5/8x12-7/16x11-3/4" 2 to 8C / 12 Hours Ea 1412765 Health Care Logistics 19961	1 / 0 \$319.89/EA	13465713	Manufacturer Drop Ship		<input type="checkbox"/>
				Subtotal*:	\$319.89
				Tax:	\$0.00
				Shipping:	\$3.50
				Total:	\$323.39

[Save items with quantities to a shopping list](#)

ADD TO ORDER

12/10/21, 4:08 PM

Order Status Detail - Henry Schein Medical

Did not find your order? Try our [Order Status](#) section.

To view PDF files, you need to have Adobe Acrobat Reader®. [Click here for a free download.](#)

* Click on the Invoice Number for a PDF document copy of any invoice.

Note: More than one invoice may be associated with a single order.

For order tracking, billing, returns and other service inquiries contact Customer Service at 1-800-472-4346, 8:00am-8:00pm ET or email custserv@henryschein.com.

My Sales Consultant



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 to process all invoices related to COVID-19 as a special 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