Providers VAX Secure Invoice Upload

Tracking Number: 963

Date: 9/9/2021

Contract Information

Please enter the conract 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-259	F. Marion Dwight, MD, PA	57-0704514	SC62183
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

Danette F McAlhaney, MD	President	(803) 245-5168		dfralix@aol.com
Contact (Full Name)	Title	Phone	EXT	Contact EMAIL

2113 Main Hwy		Bamberg	SC	29003
* Address	* STE #	* City	* State	* Zip

INVOICE NUMBER	INVOICE AMOUNT
84	1,800.00

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 bu ons below.

Reimbursement Request Invoice # 84

☑ 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

Danette F McAlhaney, MD
9/9/2021 2:02:42 PM

$1,800.00
Invoice Total

◉ Yes
○ No

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

ACC Testing Approval

Bonner, Melissa
9/10/2021 8:06:08 AM

Budget and Finance Approval

Samuels, Tierra B.
9/10/2021 3:38:10 PM

Approved Funding

Approved Invoices to Date

Availible Funding **$0.00**

Payment Processing Instructions

Full Amount $1,800.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
9/14/2021 11:52:32 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

INVOICE #84

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	DANETTE F MCALHANEY, MD
COVID-19 Vaccine Pin Number:	105051
Location Name:	2113 MAIN HWY
Location Address (incl zip):	BAMBERG, SC 29003
Date & Times:	THURSDAY Sept. 3, 2021 2:30 pm-5:00 pm
Total # Vaccinations:	60
Eligible Vaccinations**:	60

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	$600
Administrative Staff	$5	$300
Vaccination Staff	$15	$900
Total Event Reimbursement Amount		**$1,800**

Additional Cost Summary***:

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

Total Request Amount: $1,800

* 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: