



Providers VAX Secure Invoice Upload

Tracking Number

343

Date

4/23/2021

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-195	Fairfield Medical Associates, PA	57-0726632	223
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

liz mann	Practice Manager	(803) 635-6461	liz.mann@fairfieldmedical.org
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

PO Box 1218	Winnsboro	SC	29180
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
21	4,710.00

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.

COVID19 Vaccine Reimbursement Calculator (1)

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

liz mann
4/23/2021 3:04:23 PM

\$4,710.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
4/26/2021 7:04:40 AM

Budget and Finance Approval

Baker, Walter
4/26/2021 8:07:18 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$4710.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
4/29/2021 9:28:23 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:	Fairfield Medical Associates (Inv. 21)
COVID-19 Vaccine Pin Number:	21
Location Name:	Fairfield Medical Associates
Location Address (incl zip):	Drive Thur 321- By-Pass Winnsboro, SC 29180
Date & Times:	4/14/2021
Total # Vaccinations:	157
Eligible Vaccinations**:	157

Please select yes or no to the following questions to determine eligible reimbursement:

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$1,570
Administrative Staff	\$5	\$785
Vaccination Staff	\$15	\$2,355
Total Event Reimbursement Amount		\$4,710

Additional Cost Summary***:

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

Total Request Amount: \$4,710

* 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.