



Providers VAX Secure Invoice Upload

Tracking Number
515

Date
5/14/2021

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-350 **Friends of Caroline Hospice of Beaufort,** **57-0725866** **Unknown**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Friends of Caroline Hospice of E **Executive Director** **(843) 525-6257** **lindsay@fochospice.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

1110 13th Street **Port Royal** **SC** **29935**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
1005	1,230.00

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.

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

Friends of Caroline Hospice of Beaufort, Inc.
5/14/2021 2:36:37 PM

\$1,230.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
5/17/2021 8:09:21 AM

Budget and Finance Approval

Baker, Walter
5/18/2021 3:37:01 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$ 1230.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/21/2021 10:03:37 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:	Friends of Caroline Hospice of Beaufort, Inc (Inv. 1005)
COVID-19 Vaccine Pin Number:	48
Location Name:	Spring
Location Address (incl zip):	22 Okatie Highway Okatie, SC 29909
Date & Times:	05/04/2021 10-2
Total # Vaccinations:	41
Eligible Vaccinations**:	41

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	\$410
Administrative Staff	\$5	\$205
Vaccination Staff	\$15	\$615
Total Event Reimbursement Amount		\$1,230

Additional Cost Summary***:

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

Total Request Amount: \$1,230

* 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.



Providers VAX Secure Invoice Upload

Tracking Number
515

Date
5/14/2021

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-350 **Friends of Caroline Hospice of Beaufort,** **57-0725866** **Unknown**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Friends of Caroline Hospice of E **Executive Director** **(843) 525-6257** **lindsay@fochospice.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

1110 13th Street **Port Royal** **SC** **29935**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
1005	1,230.00

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.

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

Friends of Caroline Hospice of Beaufort, Inc.
 5/14/2021 2:36:37 PM

\$1,230.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 5/17/2021 8:09:21 AM

Budget and Finance Approval

Baker, Walter
 5/18/2021 3:37:01 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$ 1230.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/21/2021 10:03:37 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

Re: Friends of Caroline Hospice of Beaufort, Inc. - Invoice 1005

Lindsay Roberg <lindsay@fochospice.org>

Fri 5/21/2021 2:36 PM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

BA B

Hi Sharon,

Per our conversation, I approve the invoice to be processed.

Thank you,

Lindsay Roberg

On Fri, May 21, 2021 at 2:34 PM Robinson, Sharon D. <robinssd@dhec.sc.gov> wrote:

Good a. ernoon,

Thanks for subming this vaccine invoice. But it does not include your personal signature at the bottom. A screenshot is attached below. Please reply to this email confirming that this request is approved by your organizaon. Then, we will quickly process this invoice for payment and attach the email confirmaon.



Providers VAX Secure Invoice Upload

Tracking Number

515

Date

5/14/2021

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.

<u>oth-vax-350</u> Contract Number (required)	<u>Friends of Caroline Hospice of Beaufort,</u> * Contractor Name	<u>57-0725866</u> * Tax ID	<u>Unknown</u> * SCEIS Number
<u>Friends of Caroline Hospice of B</u> Contact (Full Name)	<u>Executive Director</u> Title	<u>(843) 525-6257</u> Phone	<u>lindsay@fochospice.org</u> Contact EMAIL
<u>1110 13th Street</u> * Address	<u></u> * STE #	<u>Port Royal</u> * City	<u>SC 29935</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>1005</u>	<u>1,230.00</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.

1005

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

Friends of Caroline Hospice of Beaufort, Inc.
5/14/2021 2:36:37 PM

Thank you,
Sharon


Sharon D Robinson
Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt
S.C. Dept. of Health & Environmental Control
Office: (803) 898-3578
Fax: (803) 253-7637
Connect: www.scdhec.gov [Facebook](#) [Twitter](#)

PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If

the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.

--

Lindsay Roberg, BSN, MBA, CHPN, RN
Executive Director
Friends of Caroline
lindsay@fochospice.org
843-525-6257

 Inline image 1

CONFIDENTIALITY NOTICE -- This email is intended only for the person(s) named in the message header. Unless otherwise indicated, it contains information that is confidential, privileged and/or exempt from disclosure under applicable law. If you have received this message in error, please notify the sender of the error and delete the message. Thank you.

This message (including any attachments) may contain confidential, proprietary, privileged and/or private information. The information is intended to be for the use of the individual or entity designated above. If you are not the intended recipient of this message, please notify the sender immediately, and delete the message and any attachments. Any disclosure, reproduction, distribution or other use of this message or any attachments by an individual or entity other than the intended recipient is prohibited.