



# Providers VAX Secure Invoice Upload

Tracking Number  
**511**

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.

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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>1001</b>	<b>1,470.00</b>

## 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.

1001

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 2:17:44 PM

**\$1,470.00**  
 Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 5/17/2021 8:11:13 AM

Budget and Finance Approval

*Baker, Walter*  
 5/18/2021 3:40:27 PM

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

5021310000 - \$1470.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

*Robinson, Sharon D.*  
 5/21/2021 10:14:09 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. 1001 )
COVID-19 Vaccine Pin Number:	43
Location Name:	Callawassie Island
Location Address (incl zip):	22 Okatie Highway Okatie, SC 29909
Date & Times:	03/31/2021 10am-2pm
Total # Vaccinations:	49
Eligible Vaccinations**:	49

## 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	\$490
Administrative Staff	\$5	\$245
Vaccination Staff	\$15	\$735
<b>Total Event Reimbursement Amount</b>		<b>\$1,470</b>

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

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

**Total Request Amount: \$1,470**

\* 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.



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**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

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**Re: Friends of Caroline Hospice of Beaufort, Inc. - Invoice 1001**

Lindsay Roberg &lt;lindsay@fochospice.org&gt;

Fri 5/21/2021 2:36 PM

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

\*\*\* Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

Hi Sharon,

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

Thank you,

Lindsay Roberg

On Fri, May 21, 2021 at 2:30 PM Robinson, Sharon D. <[robinssd@dhec.sc.gov](mailto: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.



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<b>Friends of Caroline Hospice of B</b> Contact (Full Name)	<b>Executive Director</b> Title	<b>(843) 525-6257</b> Phone	<b>lindsay@focospice.org</b> Contact EMAIL
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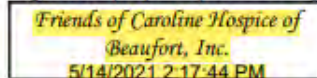
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Signature (required) Click to Sign



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](http://www.scdhec.gov) [Facebook](#) [Twitter](#)




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Lindsay Roberg, BSN, MBA, CHPN, RN  
Executive Director  
Friends of Caroline  
[lindsay@fochospice.org](mailto:lindsay@fochospice.org)  
843-525-6257

 Inline image 1

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