



Contract Information

Providers VAX Secure Invoice Upload

RECEIVED 11/28/22
BFM AP

Tracking Number

1930

Date

11/15/2022

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-320 Contract Number (required) | Health Force, LLC * Contractor Name | 46-3434987 * Tax ID | 7000289446 * SCEIS Number |
| Valerie Aiken Contact (Full Name) | CEO Title | (803) 513-4889 Phone | vaiken@HealthForceUs.com Contact EMAIL |
| 1335 Elm Abode Terrace * Address | * STE # | Columbia * City | SC 29210 * State * Zip |

INVOICE NUMBER

26521

INVOICE AMOUNT

1,740.00

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.

Comet Bus Station Oct 24th

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

Valerie Aiken
11/15/2022 5:15:58 PM

\$1,740.00

Invoice Total

Yes
 No

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

COVID19 Coordination Office

Lopez, Jessica N.
11/16/2022 1:31:56 PM

Budget and Finance Approval

Thames, Barbette Y.
11/22/2022 2:39:44 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Pay full amount \$1,740.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
11/28/2022 5:58:05 PM



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: | Health Force, LLC |
| COVID-19 Vaccine Pin Number: | 940032 |
| Location Name: | Comet Bus Station |
| Location Address (incl zip): | 1727 Sumter St Columbia Sc 29201 |
| Date & Times: | 10/24/2022 |
| Total # Vaccinations: | 58 |
| Eligible Vaccinations**: | 58 |

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

| | |
|------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | Did your organization provide event management, traffic control and logistics for this event? |
| <input type="checkbox"/> Yes | Did your organization provide administrative staff for this event? |
| <input type="checkbox"/> Yes | Did you organization provide vaccination staff for this event? |

Reimbursement Calculator

| Item | Rate | Eligible Event Reimbursement |
|-----------------------------------------|------|------------------------------|
| Event Mgmt, Traffic, Logistics | \$10 | \$580 |
| Administrative Staff | \$5 | \$290 |
| Vaccination Staff | \$15 | \$870 |
| Total Event Reimbursement Amount | | \$1,740 |

Additional Cost Summary***:

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

Total Request Amount: \$1,740

* 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.



1/6/2021

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 process all invoices related to COVID-19 as a Zspecial 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