



Providers VAX Secure Invoice Upload

Tracking Number
787

Date
7/21/2021

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-385</u> Contract Number (required) | <u>Lovelace Family Medicine, PA</u> * Contractor Name | <u>57-0989480</u> * Tax ID | <u>7000029556</u> * SCEIS Number |
| <u>Haley Davis, RN</u> Contact (Full Name) | <u>CEO, President</u> Title | <u>(864) 617-0893</u> Phone | <u>strickh31@yahoo.com</u> Contact EMAIL |
| <u>600 North Wheeler Avenue</u> * Address | <u>Prosperity</u> * STE # | <u>Prosperity</u> * City | <u>SC 29127</u> * State * Zip |

| | |
|-----------------------|-----------------------|
| INVOICE NUMBER | INVOICE AMOUNT |
| <u>005</u> | <u>670.00</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.

YMCA April 005

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

Haley Davis, RN
 7/21/2021 6:28:20 PM

\$670.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 7/22/2021 7:29:09 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/22/2021 9:15:02 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full AMount \$670

 31070000 Not Relevant J0402AZ998 J040X01058580130
 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 7/27/2021 4:40:22 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

Inv. 005

Community Vaccination Event Information*

| | |
|------------------------------|--------------------------------------|
| Provider Name: | Northwest YMCA |
| COVID-19 Vaccine Pin Number: | VFC136100 |
| Location Name: | Northwest YMCA |
| Location Address (incl zip): | 1501 Kennerly Road Irmo, SC 29063 |
| Date & Times: | 04/17/21 (6pm-8pm) |
| Total # Vaccinations: | 67 |
| Eligible Vaccinations**: | 67 |

Please select yes or no to the following questions to determine eligib

Yes Did your organization provide event management, traffic cont
No Did your organization provide administrative staff for this ever
No Did you organization provide vaccination staff for this event?

Reimbursement Calculator

| Item | Rate | Eligible Event |
|---|------|----------------|
| Event Mgmt, Traffic, Logistics | \$10 | \$670 |
| Administrative Staff | \$5 | \$0 |
| Vaccination Staff | \$15 | \$0 |
| Total Event Reimbursement Amount | | \$670 |

Additional Cost Summary***:

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

Total Request Amount: \$670

* Community Vaccination Events may span multiple days as long as dates should be specified.

** If seeking third-party reimbursement for the services at the even vaccinations are eligible for reimbursement. If billing third party pay eligible for insurance reimbursement are eligible for

*** Claiming additional costs requires detailed justification and documentation following questions:

- 1) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide 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?
- 5) Were all avenues of funding exhausted before using Vaccine?

Please fill in the green cells in this document to calculate the eligible reimbursement for your event. This form will need to be submitted in the invoice portal either as a PDF or XLSX file for each testing event.

Reimbursement:

role and logistics for this event?

it?

the event location remains the same. All

it was not appropriate or feasible, then all
ers was feasible, then only vaccinations not
Staffing Reimbursement.

mentation. Please attach answers to the

de Vaccination Efforts including the future

hieved

urance? Please explain.

vaccine Reserve Account funds?