



Providers VAX Secure Invoice Upload

Tracking Number
791
 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>009</u>	<u>950.00</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.

Lake Murray Presbyterian May 009

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 6:32:57 PM

\$950.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 7/22/2021 7:29:37 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/22/2021 9:13:56 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$950

 31070000 Not Relevant J0402AZ998 J040X01058580130
 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 7/27/2021 3:58:17 PM

COVID-19 Vaccination Reimbursement Request

Inv. 009

Community Vaccination Event Information*

Provider Name: Lovelace Family Medicine
COVID-19 Vaccine Pin Number: VFC136100
Location Name: Lake Murray Presbyterian Ch
Location Address (incl zip): 2721 Dutch Fork Road
Chapin, SC 29036
Date & Times: 05/04/2021, 05/11/2021, 05/18/2021
Total # Vaccinations: 95
Eligible Vaccinations**: 95

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

Yes Did your organization provide event management, traffic control, and other support?
No Did your organization provide administrative staff for this event?
No Did your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event
Event Mgmt, Traffic, Logistics	\$10	\$950
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$950

Additional Cost Summary***:

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

Total Request Amount: \$950

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

** If seeking third-party reimbursement for the services at the event, vaccinations are eligible for reimbursement. If billing third party payers, vaccinations eligible for insurance reimbursement are eligible for reimbursement.

*** 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?

urch

18/2021, 05/25/2021 (2pm-5pm)

Reimbursement:

role and logistics for this event?

it?

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.

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?



If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification