Providers VAX Secure Invoice Upload

Tracking Number: 797

Date: 7/21/2021

Contract Information

Please enter the conract 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-385	Lovelace Family Medicine, PA	57-0989480	7000029556
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

Haley Davis, RN	CEO, President	(864) 617-0893		strickh31@yahoo.com
Contact (Full Name)	Title	Phone	EXT	Contact EMAIL

600 North Wheeler Avenue		Prosperity	SC	29127
* Address	* STE #	* City	* State	* Zip

INVOICE NUMBER	INVOICE AMOUNT
015	500.00

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 bu ons below.

YMCA MAY 015

☑ 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 6:39:25 PM

$500.00
Invoice Total

◉ Yes
○ No

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

ACC Testing Approval

Bonner, Melissa
7/22/2021 7:27:36 AM

Budget and Finance Approval

Samuels, Tierra B.
7/22/2021 9:14:07 AM

Approved Funding

Approved Invoices to Date

Availible Funding **$0.00**

Payment Processing Instructions

Full AMount $500

31070000 Not Relevant J0402AZ998 J040X01058580130
5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
7/27/2021 4:28:33 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. 015

Community Vaccination Event Information*

Provider Name:	Lovelace Family Medicine
COVID-19 Vaccine Pin Number:	VFC136100
Location Name:	Northwest YMCA
Location Address (incl zip):	1501 Kennerly Road
	Irmo, SC 29063
Date & Times:	05/08/2021 (6pm-8pm)
Total # Vaccinations:	50
Eligible Vaccinations**:	50

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	$500
Administrative Staff	$5	$0
Vaccination Staff	$15	$0
Total Event Reimbursement Amount		**$500**

Additional Cost Summary*:**

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

Total Request Amount: $500

* 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 docu
following questions:

1) Summary Description of Request and Costs
2) Describe Benefit to the State of South Carolina and Statewi
distribution and administering of vaccines.
3) Describe activities conducted and outcomes expected or ac
4) Is the cost being covered by any other funding source or ins
5) Were all avenues of funding exhausted before using V

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.

ıle reimbursement:

rol and logistics for this event?

ıt?

the event location remains the same. All

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

ımentation. Please attach answers to the

de Vacinnation Efforts including the future

hieved
urance? Please explain.
accine Reserve Account funds?