



Providers VAX Secure Invoice Upload

Tracking Number

1578

Date

3/23/2022

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>Lovlace 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>LFM01/2022</u>	<u>8,101.00</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

SEE BOTH WORKSHEETS ON PAGES 2 & 4.

Secure Document Upload

Please upload the invoice PDF to our secure website using the buttons below.

LFM 01-2022 PDF

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
3/23/2022 4:02:00 PM

\$8,101.00
Invoice Total

Yes
 No

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

ACC Testing Approval
Bonner, Melissa
3/23/2022 4:31:37 PM

Budget and Finance Approval
Samuels, Tierra B.
3/24/2022 10:07:42 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

Please pay \$8,100.73. The excel spreadsheet is rounding up. The correct amount is \$8,100.73 (\$3,420+\$4,680.73).

31070000 Not Relevant J0402AZ998 J040X01058580130
5021310000 98000018

Accounts Payable Approval

Cate, Vasa
3/25/2022 5:12:17 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:	Lovelace Family Medicine
COVID-19 Vaccine Pin Number:	VFC136100
Location Name:	Lovelace Family Medicine
Location Address (incl zip):	600 North Wheeler Avenue Prosperity, SC 29127
Date & Times:	January 2022 During Office Hours M-Sat
Total # Vaccinations:	325
Eligible Vaccinations**:	325

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

yes	Did your organization provide event management, traffic control and logistics for this event?
n/a	Did your organization provide administrative staff for this event?
n/a	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$3,250
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$3,250

Additional Cost Summary***:

Total additional cost:	1430.73
Less other funding/reimbursement:	
Net additional cost:	\$1,431

Total Request Amount: \$4,681

* 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.

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Lovelace Family Medicine
COVID-19 Vaccine Pin Number:	VFC136100
Location Name:	Amick Farms
Location Address (incl zip):	2079 Batesburg Hwy Batesburg-Leesville, SC 29006
Date & Times:	01/28/22 0330am-1130am
Total # Vaccinations:	342
Eligible Vaccinations**:	342

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

yes	Did your organization provide event management, traffic control and logistics for this event?
n/a	Did your organization provide administrative staff for this event?
n/a	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$3,420
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$3,420

Additional Cost Summary***:

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

Total Request Amount: \$3,420

* 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.

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- 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.

January 2022

Summary Description of Request and Costs.

- 4 BD Sharps disposal Container (2 pack) @ 18.98 each for total of 81.24
- 1000 Labels for Inkjet printer (blue) @ 40.89, 1000 Labels for Inkjet printer (green) @30.39 and Avery Address Labels for Laser Printers @ 64.43 for total of 149.49
- Monthly fee for billboard posting X 4 billboards @ 300.00 each for total of 1200.00

Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.

- Used for labeling and differentiating between Pfizer Adult, Pfizer Kids and Moderna Vaccines and their associated documentation.
- Advertising of vaccine site, types of vaccines available and reminder regarding booster

Describe activities conducted and outcomes expected or achieved

- Continue vaccine efforts for initial, secondary and booster doses.
- To provide safety and clarity when administering all three vaccine types simultaneously.

Is the cost being covered by any other funding source or insurance? Please explain.

- No-paid for out of pocket by LFM

Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.

- Lovelace Family Medicine continues to use its own resources in its continued robust vaccination efforts.



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

amazon.com

Details for Order #113-5625521-7665018Print this page for your records.**Order Placed:** January 11, 2022**Amazon.com order number:** 113-5625521-7665018**Order Total:** \$81.24**Not Yet Shipped****Items Ordered**4 of: *BD 5.4 Qt Styx Sharps Disposal Container (2 Pack) by Oakridge Products.
Touchfree Rotating Lid*Sold by: Oakridge Product ([seller profile](#))

Condition: New

Price

\$18.98

Shipping Address:Lovelace Family Medicine, PA
600 N WHEELER AVE
PROSPERITY, SC 29127-9332
United States**Shipping Speed:**

FREE Prime Delivery

Payment information**Payment Method:**

Visa | Last digits: 6580

Item(s) Subtotal: \$75.92

Shipping & Handling: \$0.00

Total before tax: \$75.92

Estimated tax to be collected: \$5.32

Grand Total: \$81.24**Billing address**Carla Trainor/Lovelace Family Medicine, PA
600 N WHEELER AVE
PO BOX 630
PROSPERITY, SC 29127-9332
United StatesTo view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2022, Amazon.com, Inc. or its affiliates

Details for Order #113-3609756-3083440

Print this page for your records.

Order Placed: January 12, 2022
Amazon.com order number: 113-3609756-3083440
Order Total: \$149.49

Not Yet Shipped

Vaccines

Items Ordered

1 of: 8-1/2 x 11" Neon Color High Light Fluorescent Labels for Laser & Inkjet Printer (Blue Fluorescent, 4 x 2" - 10 Per Page | 1000 Labels) **Price**
\$40.89
Sold by: NextDayLabels ([seller profile](#))

Condition: New

1 of: 8-1/2 x 11" Neon Color High Light Fluorescent Labels for Laser & Inkjet Printer (Green Fluorescent, 4 x 2" - 10 Per Page | 1000 Labels) **Price**
\$34.39
Sold by: NextDayLabels ([seller profile](#))

Condition: New

1 of: Avery Address Labels with Sure Feed for Laser Printers, 0.5" x 1.75", 20,000 Labels, Permanent Adhesive (5967), White **Price**
\$64.43
Sold by: Amazon.com Services LLC

Condition: New

Shipping Address:

Lovelace Family Medicine, PA
600 N WHEELER AVE
PROSPERITY, SC 29127-9332
United States

Shipping Speed:

FREE Prime Delivery

Payment information

Payment Method:

Visa | Last digits: 6580

Item(s) Subtotal: \$139.71

Shipping & Handling: \$0.00

Billing address

Carla Trainor/Lovelace Family Medicine, PA
600 N WHEELER AVE
PO BOX 630
PROSPERITY, SC 29127-9332
United States

Total before tax: \$139.71

Estimated tax to be collected: \$9.78

Grand Total: \$149.49

To view the status of your order, return to [Order Summary](#).

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trotter OUTDOOR

Invoice

367 Bridle Path Road
Saluda, SC 29138

Date	Invoice #
12/31/2021	18719

Bill To
Lovelace Family Medicine PO Box 630 Prosperity SC 29127

Balance Due \$1,200.00

POSTED

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		12/31/2021			

Quantity	Item Code	Description	Price Each	Amount
1	Posting	Billboard posting, board 221R at Waffle House on Highway 34	300.00	300.00
1	Posting	Billboard posting, board 22R at Stokes Trainor on Wilson Road	300.00	300.00
1	Posting	Billboard posting, board 62R at Lominicks Equipment repair on Bypass 121	300.00	300.00
1	Posting	Billboard posting, board 222L at Glenns Old Store on Highway 76	300.00	300.00
		Flight 3 of 6 Sales Tax	7.00%	0.00

*paid
1/20/22
ck # 12063*

Please write invoice number on check. Thank you for your business.	Total \$1,200.00
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