



# Providers VAX Secure Invoice Upload

Tracking Number

**1604**

Date

**4/5/2022**

## Contract Information

ap rec 04/20/2022

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.

<b>OTH-VAX-385</b>	<b>Lovlace Family Medicine, PA</b>	<b>57-0989480</b>	<b>7000029556</b>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

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

<b>600 North Wheeler Avenue</b>	<b>Prosperity</b>	<b>SC</b>	<b>29127</b>
* Address	* STE #	* City	* State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>LFM03/2022</b>	<b>2,220.00</b>

## 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.

LFM 03-2022

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*  
4/5/2022 12:27:01 PM

**\$2,220.00**

Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
4/15/2022 7:05:04 PM

Budget and Finance Approval

*Samuels, Tierra B.*  
4/19/2022 8:28:33 PM

Approved Funding

Approved Invoices to Date

Available Funding **\$0.00**

### Payment Processing Instructions

Full Amount \$2,220.00    31070000    Not Relevant    J0402AZ998  
 J040X01058580130    5021310000    98000018

### Accounts Payable Approval

*Cate, Vasa*  
4/20/2022 12:57:14 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:	During office hours Mon-Fr (8-430) and Sat (9-12)
Total # Vaccinations:	102
Eligible Vaccinations**:	102

## 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	\$1,020
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$1,020</b>

## Additional Cost Summary\*\*\*:

Total additional cost:	\$1,200.00
Less other funding/reimbursement:	
Net additional cost:	<b>\$1,200.00</b>

**Total Request Amount: \$2,220.00**

\* 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.

## March 2022

Summary Description of Request and Costs.

- 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.

- 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.

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.

# trotter OUTDOOR

# Invoice

367 Bridle Path Road  
Saluda, SC 29138

Date	Invoice #
2/28/2022	18874

**Bill To**

Lovlace Family Medicine  
PO Box 630  
Prosperity SC 29127

**Balance Due \$1,200.00**

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		2/28/2022			

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 5 of 6 Sales Tax	7.00%	0.00

**POSTED**

*pd  
3/24/22  
check # 12235*

Please write invoice number on check. Thank you for your business.

**Total \$1,200.00**



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](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control