



Providers VAX Secure Invoice Upload

Tracking Number

1660

Date

5/10/2022

Contract Information

AP REC 07/07/2022

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.

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

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

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

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
<u>LFM04/2022</u>	<u>8,067.02</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.

LFM 4-2022 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
5/10/2022 10:49:24 AM

\$8,067.02

Invoice Total

Yes
 No

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

ACC Testing Approval

Lopez, Jessica N.
6/24/2022 9:57:36 AM

Budget and Finance Approval

Thames, Barbette Y.
7/1/2022 1:02:41 PM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

Pay full amount \$8,067.02
31070000 Not Relevant J0402AZ998 J040X01058580130
5021310000 98000018

Accounts Payable Approval

Cate, Vasa
7/7/2022 1:15:10 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:	April 1-30 in office Mon-Fr (8-430), Sat (9-12) and onsite drivethru 10-1 on T, V
Total # Vaccinations:	534
Eligible Vaccinations**:	534

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

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>N/A</u>	Did your organization provide administrative staff for this event?
<u>n/a</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$5,340
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$5,340

Additional Cost Summary***:

Total additional cost:	\$2,727.02
Less other funding/reimbursement:	
Net additional cost:	\$2,727.02

Total Request Amount: \$8,067.02

* 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.

April 2022

Summary Description of Request and Costs.

- Monthly fee for billboard posting X 4 billboards @ \$300.00 each for total of \$1200.00
- Production of 4 billboard vinyls @ \$325.00 for total of \$1391.00
- Production of 1-3'X5' vinyl banner @ \$136.02

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
- Promotion of 2nd booster doses in appropriate population

Describe activities conducted and outcomes expected or achieved

- Continue vaccine efforts for initial, secondary and 1st and 2nd 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.



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

trotter OUTDOOR

Invoice

367 Bridle Path Road
Saluda, SC 29138

Date	Invoice #
3/31/2022	18949

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		3/31/2022			

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 6 of 6 Sales Tax	7.00%	0.00

POSTED

*pd
4/21/22
check # 10303*

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

Total \$1,200.00

trotter OUTDOOR

Invoice

367 Bridle Path Road
Saluda, SC 29138

Date	Invoice #
3/31/2022	18985

Bill To

Lovelace Family Medicine
PO Box 630
Prosperity SC 29127

Balance Due \$1,391.00

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		3/31/2022			

Quantity	Item Code	Description	Price Each	Amount
4	Vinyls	Production of billboard vinyls Sales Tax	325.00 7.00%	1,300.00T 91.00

POSTED

*paid
check #12303
4/21/22*

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

Total \$1,391.00

ByFarr Graphic Design

2112 Sumter St
Columbia, SC 29201
+1 8032001004

INVOICE

BILL TO
Lovelace Family Medicine
600 N Wheeler Ave
Prosperity, SC 29127

INVOICE 4367
DATE 04/07/2022
TERMS Due on receipt
DUE DATE 04/07/2022

DESCRIPTION	AMOUNT
PROJECT: Lovelace Family Medicine - 2204MP Roadside Banner	96.00T

PRODUCT: Banner
 -QTY: 1
 -Design: Per proofs
 -Size: 5'x3'
 -Stock Weight: Banner weight
 -Stock Color: White
 -Stock Finish: Vinyl
 -Side 1 Color: Full
 -Side 2 Color: None
 -Details: Grommets included in regular intervals

*Drive thru
Covid
vaccine
Banner*

Shipping	29.94T
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NEXT STEPS:
 • Full project on this invoice, no deposit required.
 • This project is complete and was shipped on 4/6/22.

POSTED

SUBTOTAL	125.94
TAX	10.08
TOTAL	136.02
BALANCE DUE	\$136.02

*paid
4/12/22
check # 12274*