



Providers VAX Secure Invoice Upload

Tracking Number

301

Date

4/16/2021

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-268</u> Contract Number (required)	<u>Mackey Family Practice, PA</u> * Contractor Name	<u>57-1008067</u> * Tax ID	<u>7000029711</u> * SCEIS Number
<u>Kerri Hatcher</u> Contact (Full Name)	<u>MD</u> Title	<u>(803) 285-7414</u> Phone	<u>kerrih@mackeyfamilypractice.com</u> Contact EMAIL
<u>1025 W Meeting St, Suite #200</u> * Address	<u>MD</u> * STE #	<u>Lancaster</u> * City	<u>SC 29720</u> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>032621</u>	<u>6,960.00</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.

COVID Vaccine Reimbursement Invoice 032621

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

Kerri Hatcher
 4/16/2021 2:36:33 PM

\$6,960.00
Invoice Total

Yes
 No

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

ACC Testing Approval

ACC Testing Approval

Budget and Finance Approval

Baker, Walter
 4/16/2021 2:46:48 PM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

5021310000 - \$6960.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 4/22/2021 12:12:26 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: Mackey Family Practice (Inv. 032621)
COVID-19 Vaccine Pin Number: 129103
Location Name: Mackey Family Practice
Location Address (incl zip): 1025 West Meeting St, #200
Lancaster, SC, 29720
Date & Times: 3/25/21-3/26/21, 0900-1500
Total # Vaccinations: 472
Eligible Vaccinations**: 112

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?
Yes Did your organization provide administrative staff for this event?
Yes Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$4,720
Administrative Staff	\$5	\$560
Vaccination Staff	\$15	\$1,680
Total Event Reimbursement Amount		\$6,960

Additional Cost Summary***:

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

Total Request Amount: \$6,960

* 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.

Re: OTH-VAX-268 Mackey Family Practice, PA Inv.# 032621

Robinson, Sharon D. <robinssd@dhec.sc.gov>

Thu 4/22/2021 12:04 PM

To: Bonner, Melissa <bonnerm@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>**Cc:** Cate, Vasa <CATEVW@dhec.sc.gov>; Sanders, Suzanne <SANDERSH@dhec.sc.gov>

Thank you. Sharon

Sharon D Robinson

Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

Office: (803) 898-3578

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)

PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.

From: Bonner, Melissa <bonnerm@dhec.sc.gov>**Sent:** Thursday, April 22, 2021 12:00 PM**To:** Robinson, Sharon D. <robinssd@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>**Cc:** Cate, Vasa <CATEVW@dhec.sc.gov>; Sanders, Suzanne <SANDERSH@dhec.sc.gov>**Subject:** RE: OTH-VAX-268 Mackey Family Practice, PA Inv.# 032621

Yes Mr. Baker Accidentally approved this one before me but it is good to go

Melissa Bonner

Emergency Preparedness Coordinator - COVID Response

Agency Coordination Center - Immunization

S.C. Dept. of Health & Environmental Control

Tel: (803) 386-4147

Email: bonnerm@dhec.sc.govConnect: www.scdhec.gov [Facebook](#) [Twitter](#)

PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.

From: Robinson, Sharon D. <robinssd@dhec.sc.gov>**Sent:** Thursday, April 22, 2021 11:57 AM**To:** ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>; ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; Bonner, Melissa

4/22/2021

Mail - Robinson, Sharon D. - Outlook

<bonnerm@dhec.sc.gov>

Cc: Cate, Vasa <CATEVW@dhec.sc.gov>

Subject: OTH-VAX-268 Mackey Family Practice, PA Inv.# 032621

Good afternoon Melissa,

OTH-VAX-268 (Mackey Family Practice, PA) Invoice - 032621 is missing the ACC Testing Approval Signature. Please see screenshot below. Please reply to this email, let me know that this invoice is approved. Thanks. Sharon

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.

<input type="text" value="OTH-VAX-268"/> Contract Number (required)	<input type="text" value="Mackey Family Practice, PA"/> * Contractor Name	<input type="text" value="57-1008067"/> * Tax ID	<input type="text" value=""/> * SCEIS Number
<input type="text" value="Kerri Hatcher"/> Contact (Full Name)	<input type="text" value="MD"/> Title	<input type="text" value="(803) 285-7414"/> Phone	<input type="text" value="kerrih@mackeyfamilypractice.com"/> Contact EMAIL
<input type="text" value="1025 W Meeting St, Suite #200"/> * Address	<input type="text" value=""/> * STE #	<input type="text" value="Lancaster"/> * City	<input type="text" value="SC 29720"/> * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
<u>032621</u>	<u>6,960.00</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

[COVID-19 Vaccine Reimbursement Calculator](#)

Secure Document Upload

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

<input type="button" value="ADD"/>	<input type="text" value="COVID Vaccine Reimbursement Invoice 032621"/>
<input type="button" value="REMOVE"/>	
<input type="button" value="VIEW"/>	

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

Kerri Hatcher
4/16/2021
2:36:33 PM

\$6,960.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Budget and Finance Approval

Baker, Walter
4/16/2021
2:46:48 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Accounts Payable Approval

Sharon D Robinson

Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

Office: (803) 898-3578

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



PRIVACY NOTICE: The information contained in this message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the individual or entity to whom it is addressed. Access to this information by any other individual is unauthorized and may be unlawful. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete the information without retaining any copies. Thank you.