



# Providers VAX Secure Invoice Upload

Tracking Number  
**579**

Date  
**5/27/2021**

## 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.

**oth-vax-268**      **Mackey Family Practice, PA**      **57-1008067**      **7000029711**  
 Contract Number (required)      \* Contractor Name      \* Tax ID      \* SCEIS Number

**Kerri Hatcher**      **MD**      **(803) 285-7414**      **kerrih@mackeyfamilypractice.com**  
 Contact (Full Name)      Title      Phone      EXT      Contact EMAIL

**1025 W Meeting St, Suite #200**      **Lancaster**      **SC**      **29720**  
 \* Address      \* STE #      \* City      \* State      \* Zip

INVOICE NUMBER	INVOICE AMOUNT
<b>05142021</b>	<b>1,060.00</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.

COVID19 Vaccine Reimbursement **05142021**

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*  
5/27/2021 10:59:45 AM

**\$1,060.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval

*Bonner, Melissa*  
5/27/2021 11:25:07 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
6/9/2021 10:26:29 AM

Approved Funding

Approved Invoices to Date

Available Funding

**\$0.00**

Payment Processing Instructions

31070000 Not Relevant J0402AZ998 J040X01058580130  
 5021310000 98000018- Full Amount \$1,060

Accounts Payable Approval

*Robinson, Sharon D.*  
6/9/2021 11:47:22 AM



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. 05142021 )
COVID-19 Vaccine Pin Number:	129103
Location Name:	Mackey Family Practice
Location Address (incl zip):	1025 W Meeting St Suite 200 Lancaster SC 29720
Date & Times:	05/17/2021-05/20/2021 0900-1500
Total # Vaccinations:	92
Eligible Vaccinations**:	7

## 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	\$920
Administrative Staff	\$5	\$35
Vaccination Staff	\$15	\$105
<b>Total Event Reimbursement Amount</b>		<b>\$1,060</b>

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

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

**Total Request Amount: \$1,060**

\* 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: DHEC PHI OTH-VAX-268- Mackey Family Practice, PA - Invoice 05202021 & Invoice 05142021

Kerri Hatcher <Office365@messaging.microsoft.com>

Fri 8/19/2022 1:06 PM

To: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>;

Cc: Thames, Barbette Y. <ThamesBY@dhec.sc.gov>; Kerri Hatcher <kerrih@mackeyfamilypractice.com>;

**\*\*\* Caution. This is an EXTERNAL email. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\***

Good afternoon,

We have reviewed our records and the invoice "05142021" should reflect dates of service 5/13/21-5/14/21. We administered 92 vaccinations in our Lancaster office location on those dates and 7 were eligible vaccinations.

I can provide more documentation if needed to support this information but it does contain PHI. Please let me know if you need anything further.

Thank you,

Kerri Hatcher

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**From:** Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

**Sent:** Thursday, August 18, 2022 4:48:14 PM

**To:** Kerri Hatcher <kerrih@mackeyfamilypractice.com>

**Cc:** Thames, Barbette Y. <ThamesBY@dhec.sc.gov>

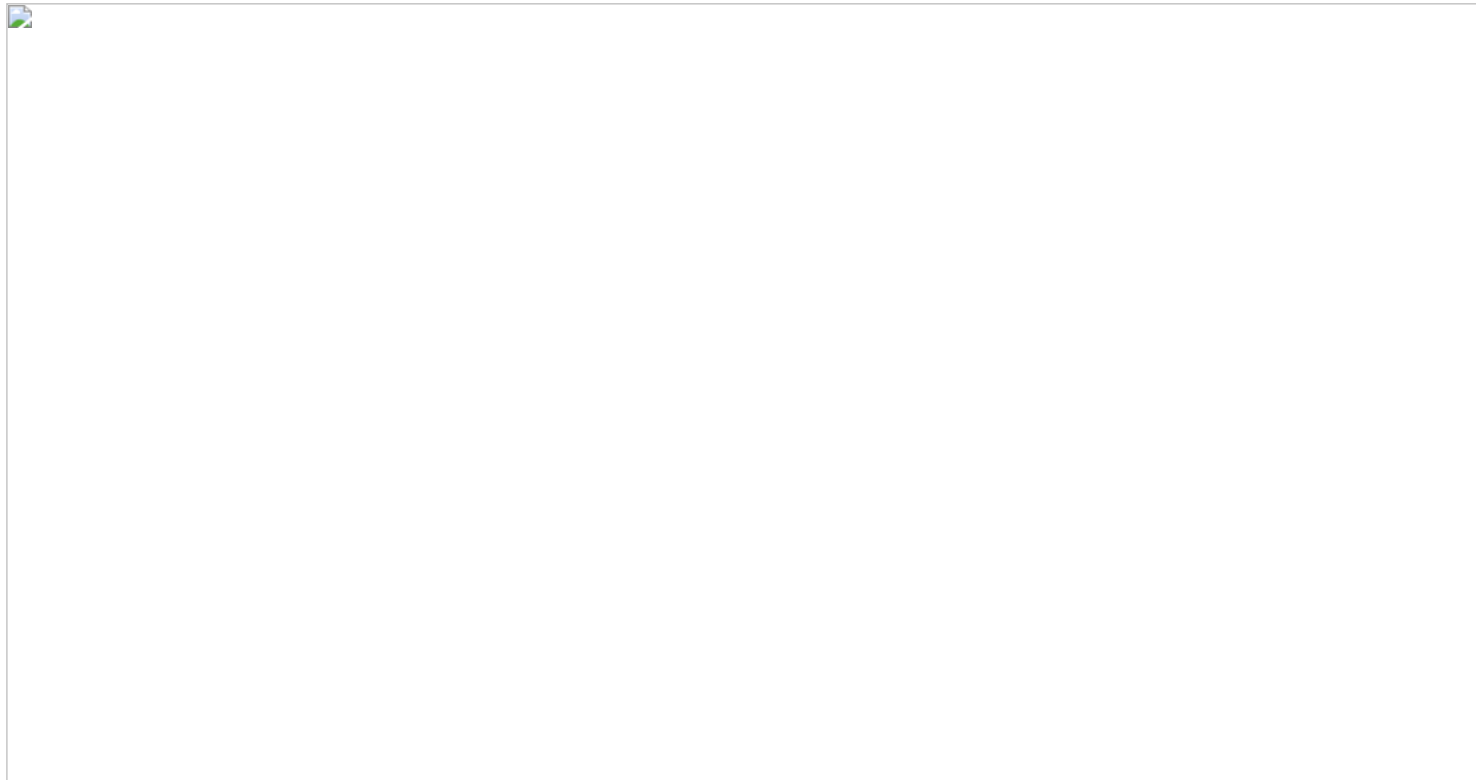
**Subject:** Fw: DHEC PHI OTH-VAX-268- Mackey Family Practice, PA - Invoice 05202021 & Invoice 05142021

Hello Ms. Hatcher,

SCDHEC received two invoices from Mackey Family Practice for the same event. The invoices are listed below. The date, time and location are the same for each invoice, but the reimbursement amounts are different. Could you please review the invoices below and advise if they are duplicate? If they are not duplicate, could you please a revised reimbursement request form with the correct event dates for Invoice # 05202021 and Invoice # 05142021? Thank you for your assistance with this.

**Invoice # 05202021**

**Invoice # 05142021**





Thank you,

**Tierra Samuels**

Office of Budget and Financial Planning

**S.C. Dept. of Health & Environmental Control**

Office: (803) 898-5512

Fax: (803) 253-7637

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



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RE: DHEC PHI OTH-VAX-268- Mackey Family Practice, PA - Invoice 05202021 & Invoice 05142021

Bonner, Melissa <bonnerm@dhec.sc.gov>

Thu 6/17/2021 10:52 AM

To: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Mackey Does this often but I like the way you think and Thank you very much one is for one day the other is for another day it is just how they do there records. It is good to proceed please feel free to contact me anytime & keep up the great work

**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.gov](mailto:bonnerm@dhec.sc.gov)

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



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**From:** Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>  
**Sent:** Thursday, June 17, 2021 10:10 AM  
**To:** Bonner, Melissa <bonnerm@dhec.sc.gov>  
**Subject:** Fw: DHEC PHI OTH-VAX-268- Mackey Family Practice, PA - Invoice 05202021 & Invoice 05142021

Hello Melissa,

I am in the process of reviewing invoice# 05202021 but it looks like we received two invoices from Mackey Family Practice for the same event. The invoices are listed below. The date, time and location are the same for each invoice, but the reimbursement amounts are different. Could you please review the invoices below and advise if they are duplicate? Thank you for your assistance with this.

Invoice # 05202021			Invoice # 05142021		
<b>COVID-19 Vaccination Reimbursement Request</b>			<b>COVID-19 Vaccination Reimbursement Request</b>		
<b>Community Vaccination Event Information*</b>			<b>Community Vaccination Event Information*</b>		
Provider Name:	Mackey Family Practice		Provider Name:	Mackey Family Practice	
COVID-19 Vaccine Pin Number:	129103		COVID-19 Vaccine Pin Number:	129103	
Location Name:	Mackey Family Practice		Location Name:	Mackey Family Practice	
Location Address (incl zip):	1025 W Meeting St Suite 200 Lancaster SC 29720		Location Address (incl zip):	1025 W Meeting St Suite 200 Lancaster SC 29720	
Date & Times:	05/17/2021-05/20/2021 0900-1500		Date & Times:	05/17/2021-05/20/2021 0900-1500	
Total # Vaccinations:	196		Total # Vaccinations:	92	
Eligible Vaccinations**:	32		Eligible Vaccinations**:	7	
<b>Please select yes or no to the following questions to determine eligible reimbursement:</b>			<b>Please select yes or no to the following questions to determine eligible reimbursement:</b>		
Yes	Did your organization provide event management, traffic control and logistics for this event?		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 your organization provide administrative staff for this event?	
Yes	Did your organization provide vaccination staff for this event?		Yes	Did your organization provide vaccination staff for this event?	
<b>Reimbursement Calculator</b>			<b>Reimbursement Calculator</b>		
<b>Item</b>	<b>Rate</b>	<b>Eligible Event Reimbursement</b>	<b>Item</b>	<b>Rate</b>	<b>Eligible Event Reimbursement</b>
Event Mgmt, Traffic, Logistics	\$10	\$1,960	Event Mgmt, Traffic, Logistics	\$10	\$920
Administrative Staff	\$5	\$160	Administrative Staff	\$5	\$35
Vaccination Staff	\$15	\$480	Vaccination Staff	\$15	\$105
<b>Total Event Reimbursement Amount</b>		<b>\$2,600</b>	<b>Total Event Reimbursement Amount</b>		<b>\$1,060</b>
<b>Additional Cost Summary***:</b>			<b>Additional Cost Summary***:</b>		



### Providers VAX Secure Invoice Upload

Tracking Number

578

Date

5/27/2021

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

INVOICE NUMBER	INVOICE AMOUNT
05202021	2,600.00

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COVID-19 Vaccine Reimbursement Calculator

#### Secure Document Upload

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

ADD

COVID19 Vaccine Reimbursement 05202021



### Providers VAX Secure Invoice Upload

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05142021	1,060.00

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COVID19 Vaccine Reimbursement 05142021

Thank you,

**Tierra Samuels**

Office of Budget and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-5512

Fax: (803) 253-7637

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