Providers VAX Secure Invoice Upload

Tracking Number: **577**

Date: **5/27/2021**

Contract Information

Please enter the conract 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.

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

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

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

INVOICE NUMBER	INVOICE AMOUNT
05192021IL	**2,450.00**

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 bu ons below.

COVID19 Vaccine Reimbursement Invoice 05192021 IL

☑ 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 10:52:56 AM

$2,450.00
Invoice Total

◉ Yes
○ No

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

ACC Testing Approval

Bonner, Melissa
5/27/2021 11:23:21 AM

Budget and Finance Approval

Samuels, Tierra B.
6/9/2021 12:44:05 PM

Approved Funding

Approved Invoices to Date

Availible Funding **$0.00**

Payment Processing Instructions

31070000 Not Relevant J0402AZ998 J040X01058580130
5021310000 98000018- Full amount $2,450

Accounts Payable Approval

Robinson, Sharon D.
6/9/2021 2:13:07 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. 05192021IL)
COVID-19 Vaccine Pin Number:	129114
Location Name:	Mackey Family Practice- Indian Land
Location Address (incl zip):	8351 Charlotte HWY
	Indian Land SC 29707
Date & Times:	5/17/2021-5/19/2021 0900-1500
Total # Vaccinations:	177
Eligible Vaccinations**:	34

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	$1,770
Administrative Staff	$5	$170
Vaccination Staff	$15	$510
Total Event Reimbursement Amount		**$2,450**

Additional Cost Summary***:**

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

Total Request Amount: $2,450

* 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 Vacinnation 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.