



Providers VAX Secure Invoice Upload

Tracking Number
629

Date
6/14/2021

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**
06032021 **190.00**

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 buttons below.

COVID19 Vaccine Reimbursement 06032021

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
6/14/2021 2:03:34 PM

\$190.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
6/15/2021 9:21:31 AM

Budget and Finance Approval

Samuels, Tierra B.
6/16/2021 3:41:38 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$190.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/18/2021 11:12:11 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. 06032021)
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:	06/01/2021 0900-1500
Total # Vaccinations:	17
Eligible Vaccinations**:	1

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	\$170
Administrative Staff	\$5	\$5
Vaccination Staff	\$15	\$15
Total Event Reimbursement Amount		\$190

Additional Cost Summary***:

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

Total Request Amount: \$190

* 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.

Fw: MACKEY FAMILY PRACTICE INVOICES 06032021 & 06012021 - Email Confirmation

ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Thu 7/8/2021 11:14 AM

To: Cate, Vasa <CATEVW@dhec.sc.gov>; Robinson, Sharon D. <robinssd@dhec.sc.gov>

Cc: ACC-FinAdmin <ACC-FinAdmin@dhec.sc.gov>; ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Good day Team,

I hope you all had a wonderful 4th! Invoice 06032021 should have an event date of 6/3/21. Below is an email from the vendor confirming this.

If I can assist beyond this point, please let me know.

Kindly,
Jessica

From: Hannah Rowell <hannahr@mackeyfamilypractice.com>

Sent: Thursday, July 8, 2021 10:51 AM

To: ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov>

Subject: Re: MACKEY FAMILY PRACTICE INVOICES 06032021 & 06012021 - Email Confirmation

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

Good Morning!

You are correct, invoice 06032021 should have an event date of 6/3/21. Please modify the event date to show 6/3/2021.

Let me know if you have any questions or if I need to do anything else!

Thank you,
Hannah Rowell

On Thu, Jul 8, 2021 at 10:42 AM ACC vaccine finance <ACC-vaccine-finance@dhec.sc.gov> wrote:

Good day Hannah,

It was a pleasure speaking with you this morning. As a follow-up to our conversation, MACKEY FAMILY PRACTICE invoices 06032021 & 06012021 reference event date 6/1/21 9am-3pm at the same location but different dollar amounts and vax numbers. We believe invoice 06032021 should most likely have an event date of 6/3/21. If invoice 06032021 should have an event date of 6/3/21, please reply via email to confirm.

See screen shots below.

- VENDOR 7000029711 MACKEY FAMILY PRACTICE PA, OTH-VAX-268
- **INV 06032021, 06/14/2021, \$190.00**

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Mackey Family Practice (Inv. 06032021)
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:	06/01/2021 0900-1500
Total # Vaccinations:	17
Eligible Vaccinations**:	1

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 your organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$170
Administrative Staff	\$5	\$5
Vaccination Staff	\$15	\$15
Total Event Reimbursement Amount		\$190

Additional Cost Summary***:

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

Total Request Amount: \$190



Providers VAX Secure Invoice Upload

Tracking Number

629

Date

6/14/2021

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
06032021	190.00

Please Upload Invoice for Payment Review

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Secure Document Upload

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

COVID19 Vaccine Reimbursement 06032021

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 Mitchell
6/14/2021 2:03:34 PM

\$190.00

Invoice Total

Yes

No

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

ACC Testing Approval

Bonner, Melissa
6/15/2021 9:21:31 AM

Budget and Finance Approval

Samuel, Tierra D.
6/15/2021 3:41:38 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$190.00 31070000 Not Relevant J0402AZ998
J040X01056580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/16/2021 11:12:11 AM

- VENDOR 7000029711 MACKAY FAMILY PRACTICE PA, OTH-VAX-268
- INV 06012021, 06/14/2021, \$270.00

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Mackey Family Practice (Inv. 06012021)
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:	06/01/2021 0900-1500
Total # Vaccinations:	21
Eligible Vaccinations**:	3

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	\$210
Administrative Staff	\$5	\$15
Vaccination Staff	\$15	\$45
Total Event Reimbursement Amount		\$270

Additional Cost Summary***:

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

Total Request Amount: \$270



Providers VAX Secure Invoice Upload

628
Date
6/14/2021

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

INVOICE NUMBER
06012021

INVOICE AMOUNT
270.00

Please Upload Invoice for Payment Review

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Secure Document Upload

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

COVID19 Vaccine Reimbursement 06012021

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

Kerr, Kaitlyn
6/14/2021 2:00:44 PM

\$270.00

Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
6/15/2021 9:22:58 AM

Budget and Finance Approval

Samuel, Tierra B.
6/18/2021 8:46:06 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$270.00 31070000 Not Relevant JD402AZ998
J040XD1058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/16/2021 11:04:37 AM

Kindly,

Jessica E. Cornish, CLSSGB, PsyD(c)

Prgm Mgmt and Admin

COVID-19 Vaccination Reimbursement

Office: (803) 898-8390

Cell: (803) 830-2076

ACC-Vaccine-Finance@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

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

