



Providers VAX Secure Invoice Upload

Tracking Number

1595

Date

4/3/2022

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-458 Contract Number (required) **METROLYNA HEALTHCARE LLC** * Contractor Name **56-2169902** * Tax ID **7000046866** * SCEIS Number

EZINWA AFULUKWE Contact (Full Name) **PRACTICE ADMINIS'** Title **(704) 621-7887** Phone **EZINWAA@HSMC1.COM** Contact EMAIL

209 S. COLLEGE STREET * Address **HEATH SPRINGS** * City **SC** * State **29058** * Zip

INVOICE NUMBER **INVOICE AMOUNT**
4 **960.00**

ap rec 04/20/2022

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 Invoice 4
 COVID19 Vaccine Reimbursement Calculator (6)

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

EZINWA AFULUKWE
 4/3/2022 12:38:18 PM

\$960.00

Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 4/15/2022 4:11:16 PM

Budget and Finance Approval

Samuels, Tierra B.
 4/19/2022 7:09:46 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Full Amount \$960.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
 4/20/2022 12:40:36 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:	Metrolyna Healthcare LLC
COVID-19 Vaccine Pin Number:	929006
Location Name:	Heath Springs Medical Center
Location Address (incl zip):	209 S. College Street Heath Springs, SC 29058
Date & Times:	Fridays 9:00 am - 12:00pm
Total # Vaccinations:	32
Eligible Vaccinations**:	32

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

<input type="checkbox"/> Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$320
Administrative Staff	\$5	\$160
Vaccination Staff	\$15	\$480
Total Event Reimbursement Amount		\$960

Additional Cost Summary***:

Total additional cost:	\$0.00
Less other funding/reimbursement:	\$0.00
Net additional cost:	\$0.00

Total Request Amount: \$960.00

* 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.

Invoice#: 4

Contractor Name: Metrolyna Healthcare LLC

Contract Number: OTH-VAX-458

Tax ID: 56-2169902

COVID VACCINE INVOICE#: 4(Billed on April 3, 2022)

Vaccine administration dates in the report: 12/01/2021 – 04/01/2022

Total number of vaccines administered: 32

- **First dose Moderna vaccine: 3 administered.**
- **Second dose Moderna vaccine: 2 administered.**
- **Booster dose Moderna vaccine: 27 administered**
- **Single dose Janssen vaccine: 0 administered.**

Modena:

Total Moderna first, second, and booster dose administered from 12/01/2021 – 04/01/2022: 32 Vaccines

Janssen:

Total Janssen administered from 12/01/2021 – 04/01/2022: 0 Vaccines



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