



Providers VAX Secure Invoice Upload

Tracking Number
124

Date
3/22/2021

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-293 Contract Number (required)	Nephron SC, Inc. * Contractor Name	45-3731316 * Tax ID	7000211379 * SCEIS Number
Daniel Stoner Contact (Full Name)	Chief Financial Officer Title	(803) 569-2812 Phone	dstoner@nephronpharm.com Contact EMAIL
4500 12th Street Ext * Address	* STE #	West Columbia * City	SC 29172 * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
0919049-IN	120,990.00

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 Calculator-Nephron SC 0919049-IN (0128_0312)
 0919049-IN 03152021 SC DHEC2

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

Daniel Stoner
 3/22/2021 12:14:12 PM

\$120,990.00

Yes
 No

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

Invoice Total

ACC Testing Approval

Bonner, Melissa
 3/23/2021 10:51:12 AM

Budget and Finance Approval

Gilbert, Jason
 3/23/2021 1:25:24 PM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

5021310000 - \$120,990.00 - J0402AZ998 - J040X0105858013 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Long, Sarah A.
 3/23/2021 8:44:22 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:	Nephron SC, Inc.
COVID-19 Vaccine Pin Number:	932003
Location Name:	Nephorn Pharmaceuticals Corporation
Location Address (incl zip):	4500 12th Street Extension West Columbia, SC 29172
Date & Times:	01/28/2021- 03/12/2021 from 10 am to 3 pm
Total # Vaccinations:	4033
Eligible Vaccinations**:	4033

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

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$40,330
Administrative Staff	\$5	\$20,165
Vaccination Staff	\$15	\$60,495
Total Event Reimbursement Amount		\$120,990

Additional Cost Summary***:

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

Total Request Amount: \$120,990

* 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

Nephron SC, Inc
4500 12th Street Extension
West Columbia, SC 29172

Invoice Number: 0919049-IN

Invoice Date: 3/15/2021

Customer Number: 01-1000049

SC DHEC
ACC-Vaccine-Contracts
2600 Bull Street
Columbia, SC 29201-1708

Name of Contractor	Nephron SC, Inc.
Address of Contractor	4500 12th Street Ext, West Columbia, SC 29172
Contract Number	OTH-VAX-293
Tax ID Number	45-3731316
Point of Contact	Daniel Stoner
Point of Contact Email	dstoner@nephronpharm.com
Point of Contact Phone	(803) 569-2812

Event Mgmt, Traffic, Logistics	4,033 vaccines	at	10.00	\$40,330.00
Administrative Staff	4,033 vaccines	at	5.00	\$20,165.00
Vaccination Staff	4,033 vaccines	at	15.00	\$60,495.00

Invoice Total: \$120,990.00