



Providers VAX Secure Invoice Upload

Tracking Number
755
 Date
7/19/2021

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 **Nephron SC, Inc.** **45-3731316** **7000211379**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Daniel Stoner **Chief Financial Officer** **(803) 569-2812** **dstoner@nephronpharm.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

4500 12th Street Ext **West Columbia** **SC** **29172**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
0919185	5,070.00

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 0919185-IN (0701_0715)
 0919185-IN 071521 SC DHEC

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
 7/19/2021 3:03:16 PM

\$5,070.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
 7/20/2021 1:55:54 PM

Budget and Finance Approval
Samuels, Tierra B.
 7/20/2021 7:27:23 PM

Approved Funding _____
 Approved Invoices to Date _____
 Available Funding **\$0.00**

Payment Processing Instructions

Full Amount \$5,070.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 7/27/2021 9:33:46 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:	Nephron SC, Inc. (Inv. 0919185-IN)
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:	07/01/2021- 07/15/2021 from 10 am to 4 pm
Total # Vaccinations:	169
Eligible Vaccinations**:	169

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	\$1,690
Administrative Staff	\$5	\$845
Vaccination Staff	\$15	\$2,535
Total Event Reimbursement Amount		\$5,070

Additional Cost Summary***:

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

Total Request Amount: \$5,070

* 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 Pharmaceuticals Corporation
4500 12th Street Extension
West Columbia, SC 29172

Invoice Number: 0919185-IN

Invoice Date: 7/15/2021

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	169	at	10.000	\$1,690.00
Administrative Staff	169	at	5.000	\$ 845.00
Vaccination Staff	169	at	15.000	\$2,535.00

Invoice Total: \$5,070.00