



# Providers VAX Secure Invoice Upload

Tracking Number  
846  
 Date  
8/4/2021

## 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.

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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>0919202-IN</b>	<b>5,340.00</b>

## 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 0919202-IN (0716\_0730)  
 0919202-IN 073021 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*  
 8/4/2021 1:23:07 PM

**\$5,340.00**  
 Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 8/12/2021 3:02:48 PM

Budget and Finance Approval

*Samuels, Tierra B.*  
 8/16/2021 9:32:01 AM

Approved Funding \_\_\_\_\_

Approved Invoices to Date \_\_\_\_\_

Available Funding **\$0.00**

### Payment Processing Instructions

Full Amount \$5,340.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

### Accounts Payable Approval

*Robinson, Sharon D.*  
 8/18/2021 10:09:56 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

Inv. 0919202 - IN

## 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:	07/16/2021- 07/30/2021 from 10 am to 4 pm
Total # Vaccinations:	178
Eligible Vaccinations**:	178

## 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	\$1,780
Administrative Staff	\$5	\$890
Vaccination Staff	\$15	\$2,670
<b>Total Event Reimbursement Amount</b>		<b>\$5,340</b>

## Additional Cost Summary\*\*\*:

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

**Total Request Amount: \$5,340**

\* 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:** 0919202-IN

**Invoice Date:** 7/30/2021

**Customer Number:** 01-1000049

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

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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	<a href="mailto:dstoner@nephronpharm.com">dstoner@nephronpharm.com</a>
Point of Contact Phone	(803) 569-2812

Event Mgmt, Traffic, Logistics	178	at	10.000	\$1,780.00
Administrative Staff	178	at	5.000	\$ 890.00
Vaccination Staff	178	at	15.000	\$2,670.00

**Invoice Total:** \$5,340.00