



Providers VAX Secure Invoice Upload

Tracking Number
1182

Date
11/3/2021

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
0919305	9,280.00

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.

0919305-IN 103121 SC DHEC
 COVID19 Vaccine Reimbursement Calculator-Nephron SC 0919292-IN (1017_1031)

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
 11/3/2021 3:00:24 PM

\$9,280.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
 11/9/2021 10:44:20 AM

Budget and Finance Approval
Samuels, Tierra B.
 11/15/2021 3:46:05 PM

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

Payment Processing Instructions

Full Amount \$9,280.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Long, Sarah A.
 11/29/2021 2:11:24 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

Invoice

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

Invoice Number: 0919305-IN

Invoice Date: 10/31/2021

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	344	at	10.000	\$3,440.00
Administrative Staff	292	at	5.000	\$1,460.00
Vaccination Staff	292	at	15.000	\$4,380.00

Invoice Total: \$9,280.00

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:	10/16/2021- 10/31/2021 from 10 am to 4 pm
Total # Vaccinations:	344
Eligible Vaccinations**:	292

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	\$3,440
Administrative Staff	\$5	\$1,460
Vaccination Staff	\$15	\$4,380
Total Event Reimbursement Amount		\$9,280

Additional Cost Summary***:

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

Total Request Amount: \$9,280

* 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.



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 to process all invoices related to COVID-19 as a special 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