



Providers VAX Secure Invoice Upload

Tracking Number

1517

Date

2/20/2022

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.

<u>OTH-VAX-293</u>	<u>Nephron SC, Inc.</u>	<u>45-3731316</u>	<u>7000211379</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>William Yttre</u>	<u>VP of Finance</u>	<u>(803) 569-2800</u>	<u>wyttre@nephronpharm.com</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

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

INVOICE NUMBER	INVOICE AMOUNT
<u>0919505</u>	<u>4,120.00</u>

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.

0919505-IN 021522 SC DHEC
COVID19 Vaccine Reimbursement Calculator-Nephron SC 0919505-IN (0201_0215 2022)

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

William Yttre
2/20/2022 6:17:46 PM

\$4,120.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
2/24/2022 12:50:47 PM

Budget and Finance Approval

Samuels, Tierra B.
2/25/2022 10:24:02 AM

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

Resubmitting - original reimbursement calculator had incorrect dates, Attached reimbursement calculator is correct. Thank you,
Full Amount \$4,120.00 31070000 Not Relevant
J0402AZ998 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
3/1/2022 10:05:51 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.
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:	02/01/2022- 02/15/2022 from 10 am to 4 pm
Total # Vaccinations:	138
Eligible Vaccinations**:	137

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	\$1,380
Administrative Staff	\$5	\$685
Vaccination Staff	\$15	\$2,055
Total Event Reimbursement Amount		\$4,120

Additional Cost Summary***:

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

Total Request Amount: \$4,120

* 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: 0919505-IN

Invoice Date: 02/15/2022

Customer Number: 01-1000049

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

Name of Contractor	Nephron SC
Address of Contractor	4500 12th Street Ext, West Columbia, SC 29172
Contract Number	OTH-VAX-293
Tax ID Number	45-3731316
Point of Contact	Willian Yttre
Point of Contact Email	wytte@nephronpharm.com
Point of Contact Phone	(803) 569-2800 x1232

Event Mgmt, Traffic, Logistics	138	at	10.000	\$1,380.00
Administrative Staff	137	at	5.000	\$685.00
Vaccination Staff	137	at	15.000	\$2,0555.00

Invoice Total: \$4,120.00



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