



Providers VAX Secure Invoice Upload

Tracking Number

1642

Date

4/19/2022

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 | ap rec 04/27/2022 |
| <u>0919595</u> | <u>3,670.00</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.

COVID19 Vaccine Reimbursement Calculator-Nephron SC 0919595-IN (0401_0415 2022)
0919595-IN 04152022 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

William Yttre
4/19/2022 1:50:36 PM

\$3,670.00

Yes
 No

Invoice Total

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

ACC Testing Approval

Bonner, Melissa
4/25/2022 12:56:15 PM

Budget and Finance Approval

Samuels, Tierra B.
4/26/2022 9:30:58 AM

Approved Funding _____

Approved Invoices to Date _____

Available Funding \$0.00

Payment Processing Instructions

| | | | |
|------------------------|------------|--------------|------------|
| Full Amount \$3,670.00 | 31070000 | Not Relevant | J0402AZ998 |
| J040X01058580130 | 5021310000 | 98000018 | |

Accounts Payable Approval

Cate, Vasa
4/26/2022 5:09:06 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: | 04/01-04/15 7:00am-9:00am - 2pm-6pmm |
| Total # Vaccinations: | 133 |
| Eligible Vaccinations**: | 117 |

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

| | |
|------------------------------|---|
| <input type="checkbox"/> Yes | Did your organization provide event management, traffic control and logistics for this event? |
| <input type="checkbox"/> Yes | Did your organization provide administrative staff for this event? |
| <input type="checkbox"/> Yes | Did you organization provide vaccination staff for this event? |

Reimbursement Calculator

| Item | Rate | Eligible Event Reimbursement |
|---|------|------------------------------|
| Event Mgmt, Traffic, Logistics | \$10 | \$1,330 |
| Administrative Staff | \$5 | \$585 |
| Vaccination Staff | \$15 | \$1,755 |
| Total Event Reimbursement Amount | | \$3,670 |

Additional Cost Summary***:

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

Total Request Amount: \$3,670

* 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: 0919595-IN

Invoice Date: 04/15/2022

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 | 133 | at | 10.000 | \$1,330.00 |
| Administrative Staff | 117 | at | 5.000 | \$585.00 |
| Vaccination Staff | 117 | at | 15.000 | \$1,755.00 |

Invoice Total: \$3,670.00



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