



# 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:	07/01-07/15 7:00am-9:00am - 2pm-6pm
Total # Vaccinations:	55
Eligible Vaccinations**:	49

## 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	\$550
Administrative Staff	\$5	\$245
Vaccination Staff	\$15	\$735
<b>Total Event Reimbursement Amount</b>		<b>\$1,530</b>

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

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

**Total Request Amount: \$1,530**

\* 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:** 0919763-IN

**Invoice Date:** 07/27/2022

**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
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	<a href="mailto:wytte@nephronpharm.com">wytte@nephronpharm.com</a>
Point of Contact Phone	(803) 569-2800 x1232

Event Mgmt, Traffic, Logistics	55	at	10.000	\$550.00
Administrative Staff	49	at	5.000	\$245.00
Vaccination Staff	49	at	15.000	\$735.00

**Invoice Total:** 

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\$1,530.00



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](mailto:ACC-FinAdmin@dhec.sc.gov).

Sincerely,

Darbi C MacPhail, MHA  
Chief Finance and Operations Officer  
SC Department of Health and Environmental Control