



HTA VAX Secure Invoice Upload

Tracking Number
677

Date
10/22/2021

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.

HTA-VAX-264	PRISMA HEALTH	82-2595551	7000296668
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
Chad Moses	CEO	(864) 797-7926	Chad.moses@prismahealth.org
Contact (Full Name)	Title	Phone	Contact EMAIL
300 E Mcbee		Greenville	SC 29605
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
HTAVAX264PHNGV	70.00

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.

HTAVAX264PHNGV

Approved 10/27/21

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

Chad Moses
10/22/2021 11:43:01 AM

Approved on 10/28/21. Full Amount \$70.00.
31070000 - Not Relevant - J0402AZ999 - J040X01048580130
5021310000 - 98000018
Tierra Samuels

\$70.00
Invoice Total Yes No

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

ACC Testing Approval
ACC Testing Approval

Budget and Finance Approval
Budget and Finance Approval

Approved Funding **\$7,716,447.00**

Approved Invoices to Date

Available Funding **\$7,716,447.00**

Payment Processing Instructions

Accounts Payable Approval

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	Prisma Health
COVID-19 Vaccine Pin Number:	123131
Location Name:	Prisma Health North Greenville Hospital
Location Address (incl zip):	807 N. Main St. Travelers Rest, SC 29690
Date & Times:	April 27 - April 30, 2021
Total # Vaccinations:	7
Eligible Vaccinations**:	0

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	\$70
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$70

Additional Cost Summary***:

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

Total Request Amount: \$70

* 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.



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