



# HTA VAX Secure Invoice Upload

Tracking Number  
452  
 Date  
5/18/2021

## 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.

<u>HTA-VAX-225</u> Contract Number (required)	<u>PROVIDENCE HEATLH</u> * Contractor Name	<u>35-2546435</u> * Tax ID	<u>540005</u> * SCEIS Number
<u>Maria Calloway</u> Contact (Full Name)	<u>CEO</u> Title	<u>(803) 563-4773</u> Phone	<u>maria.calloway@providencehospital</u> Contact EMAIL
<u>2435 Forest Drive</u> * Address	<u></u> * STE #	<u>Columbia</u> * City	<u>SC 29204</u> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>INV004</u>	<u>47,730.00</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.

INV004 Westwood High School Dose #2 April 15 & 16 2021

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

*Maria Calloway*  
 5/18/2021 5:23:42 PM

**\$47,730.00**

Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 5/19/2021 8:06:03 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
 6/3/2021 9:24:10 AM

Approved Funding

**\$931,544.00**

Approved Invoices to Date

Available Funding

**\$931,544.00**

Payment Processing Instructions

per email confirmation, use the following funding . . .

31070000 Not Relevant J0402AZ999 J040X01048580130  
 5021310000 98000018  
 Full Amount: \$47,730

Accounts Payable Approval

*Robinson, Sharon D.*  
 6/3/2021 11:42:18 AM

# COVID-19 Vaccination Reimbursement Request

Inv # Inv 004

## Community Vaccination Event Information\*

Provider Name:	Providence Hospital, LLC
COVID-19 Vaccine Pin Number:	540005
Location Name:	Westwood High School Richland School Dist #2
Location Address (incl zip):	180 Turkey Farm Rd Blythewood, SC 29016
Date & Times:	April 15 & 16
Total # Vaccinations:	1591
Eligible Vaccinations**:	1591

## 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	\$15,910
Administrative Staff	\$5	\$7,955
Vaccination Staff	\$15	\$23,865
<b>Total Event Reimbursement Amount</b>		<b>\$47,730</b>

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

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

**Total Request Amount: \$47,730**

\* 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