



# Providers VAX Secure Invoice Upload

Tracking Number

1740

Date

7/6/2022

## 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.

<b>OTH-VAX-402</b> Contract Number (required)	<b>RIVERTOWN PHARMACY INC</b> * Contractor Name	<b>27-0977772</b> * Tax ID	<b>7000166178</b> * SCEIS Number
<b>LESLIE HAYES TODD</b> Contact (Full Name)	<b>OWNER</b> Title	<b>(843) 602-1417</b> Phone	<b>leslietodd@sccoast.net</b> Contact EMAIL
<b>2000 MAIN STREET</b> * Address	<b>CONWAY</b> * STE #	<b>SC</b> * State	<b>29526</b> * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>06012022/06302022</b>	<b>2,755.00</b>

## 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.

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

*LESLIE HAYES TODD*  
7/6/2022 6:04:56 PM

**\$2,755.00**  
Invoice Total

Yes  
 No

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

COVID19 Coordination Office

*Lopez, Jessica N.*  
7/11/2022 3:43:10 PM

Budget and Finance Approval

*Thames, Barbette Y.*  
7/12/2022 10:19:21 AM

Approved Funding \_\_\_\_\_

Approved Invoices to Date \_\_\_\_\_

Available Funding

**\$0.00**

Payment Processing Instructions

Pay full amount \$2,755.00 31070000 Not Relevant J0402AZ998  
J040X01058580130 5021310000 98000018

Accounts Payable Approval

*Cate, Vasa*  
7/13/2022 12:35:05 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: RIVERTOWN PHARMACY INC  
 COVID-19 Vaccine Pin Number: SCA926049  
 Location Name: RIVERTOWN PHARMACY INC  
 Location Address (incl zip): 2000 MAIN STREET  
 CONWAY SC 29526  
 Date & Times: 06012022/06302022  
 Total # Vaccinations: 49  
 Eligible Vaccinations\*\*: 4

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 your organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$490
Administrative Staff	\$5	\$20
Vaccination Staff	\$15	\$60
<b>Total Event Reimbursement Amount</b>		<b>\$570</b>

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

Total additional cost: \$2,184.66  
 Less other funding/reimbursement: \$0.00  
 Net additional cost: **\$2,185**

**Total Request Amount: \$2,755**

\* 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:



Final Details for Order #114-0176876-9216251

5/27/22  
2184.66

Order Placed: May 27, 2022  
PO number : 05282022  
Amazon.com order number: 114-0176876-9216251  
Order Total: \$2,184.66

Shipped on May 28, 2022	
<b>Items Ordered</b>	<b>Price</b>
1 of: HNZK18 20L Portable -86° Degree Celsius Ultra-Low Temperature Freezer for Laboratory Samples Storage Sold by: Henan Zhuoxian Import & Export Trading Co., Ltd. (seller profile) Business Price Condition: New	\$2,098.00
<b>Shipping Address:</b> Rivertown Pharmacy 2000 MAIN ST CONWAY, SC 29526-3335 United States	Item(s) Subtotal: \$2,098.00 Shipping & Handling: \$86.66 — Total before tax: \$2,184.66 Sales Tax: \$0.00 — Total for This Shipment: \$2,184.66 —
<b>Shipping Speed:</b> Expedited Shipping	

Payment Information	
<b>Payment Method:</b> Visa   Last digits: 7238	Item(s) Subtotal: \$2,098.00
<b>Billing address</b> LESLIE TODD 2000 MAIN ST Conway, SC 29526 United States	Shipping & Handling: \$86.66 — Total before tax: \$2,184.66 Estimated Tax: \$0.00 — Grand Total: \$2,184.66
<b>Credit Card transactions</b>	Visa ending in 7238: May 28, 2022: \$2,184.66

To view the status of your order, return to [Order Summary](#).



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Invoice Total

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COVID19 Coordination Office

COVID19 Coordination Office

Budget and Finance Approval

Budget and Finance Approval

Approved Funding

Approved Invoices to Date

Available Funding

\$0.00

Payment Processing Instructions

[Empty box for Payment Processing Instructions]

Accounts Payable Approval

Accounts Payable Approval



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