



Providers VAX Secure Invoice Upload

Tracking Number

1605

Date

4/5/2022

Contract Information

ap rec 04/20/2022

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.

OTH-VAX-402	RIVERTOWN PHARMACY INC	27-0977772	7000166178
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

LESLIE HAYES TODD	OWNER	(843) 602-1417	leslietodd@sccoast.net
Contact (Full Name)	Title	Phone	EXT Contact EMAIL

2000 MAIN STREET	CONWAY	SC	29526
* Address	* STE #	* City	* State * Zip

INVOICE NUMBER	INVOICE AMOUNT
1201202112312021	3,160.00

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.

1201202112312021

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
4/5/2022 2:57:49 PM

\$3,160.00
Invoice Total

Yes
 No

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

ACC Testing Approval
Bonner, Melissa
4/15/2022 7:08:13 PM

Budget and Finance Approval
Samuels, Tierra B.
4/18/2022 4:47:41 PM

Approved Funding _____

Approved Invoices to Date _____

Available Funding **\$0.00**

Payment Processing Instructions

Full Amount \$3,160.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Cate, Vasa
4/20/2022 12:17:42 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

RIVERTOWN PHARMACY Inc

Memorandum

To: SCDHEC

From: RIVERTOWN PHARMACY

CC: FILE

DATE: 4/5/2022

During the clinics performed in December 2021 no additional cost were incurred. The paperwork is being submitted late due to the only person trained has been out with detached Retina. Invoice attached. We are seeing a decrease in covid19 vaccines, but seeing the boosters still trickling in, with all age groups. No outside reimbursement was provided.

Sincerely,

Dale Todd

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: 12/01/21 012/31/2021 0830-1800
 Total # Vaccinations: 290
 Eligible Vaccinations**: 13

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	\$2,900
Administrative Staff	\$5	\$65
Vaccination Staff	\$15	\$195
Total Event Reimbursement Amount		\$3,160

Additional Cost Summary***:

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

Total Request Amount: \$3,160

* 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:



1/6/2021

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