



# Providers VAX Secure Invoice Upload

Tracking Number

**1615**

Date

**4/6/2022**

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.

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

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

<b>2000 MAIN STREET</b>	<b>CONWAY</b>	<b>SC</b>	<b>29526</b>
* Address	* STE #	* City	* State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>20120222282022</b>	<b>1,156.00</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*  
4/6/2022 1:27:32 PM

**\$1,156.00**  
Invoice Total

Yes  
 No

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

ACC Testing Approval  
*Bonner, Melissa*  
4/15/2022 7:33:07 PM

Budget and Finance Approval  
*Samuels, Tierra B.*  
4/19/2022 4:57:09 PM

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

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

Available Funding **\$0.00**

#### Payment Processing Instructions

Please pay \$1,156.31 (\$506.31+650). The attached excel spreadsheet did not include the decimal in the total.  
\$1,156.31      31070000      Not Relevant      J0402AZ998  
J040X01058580130      5021310000      98000018

#### Accounts Payable Approval

*Cate, Vasa*  
4/20/2022 12:20:39 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  
   
 Date & Times: 2/01/2022 2/28/2022 0830-1800  
 Total # Vaccinations: 53  
 Eligible Vaccinations\*\*: 6

### 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	\$530
Administrative Staff	\$5	\$30
Vaccination Staff	\$15	\$90
<b>Total Event Reimbursement Amount</b>		<b>\$650</b>

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

Total additional cost: 506.31  
 Less other funding/reimbursement: 0  
 Net additional cost: **\$506**

**Total Request Amount: \$1,156**

\* 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:

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# RIVERTOWN PHARMACY Inc

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## Memorandum

To: SCDHEC

From: RIVERTOWN PHARMACY

CC: FILE

DATE: 4/5/2022

During the clinics performed in February 2022 additional cost were incurred. Off-site clinic at Marion County Prison located at 2715 E Hwy 76, Mullins SC 29574. The paperwork is being submitted late due to the only person trained has been out with detached Retina. Invoices attached. We saw a decrease in covid19 vaccines but seeing the boosters still trickling across all ages. No outside reimbursement was available or provided.

UPDATED INVOICE TO REFLECT OFF SITE EXPENDITURES FOR CLINIC

Sincerely,

Dale Todd

Rivertown Pharmacy  
 2000 Main Street  
 Conway SC 29526  
 Tel 843-488-4400 Fax 843-488-4401



4.5.2022

BILL TO	SHIP TO	INSTRUCTIONS
SCDHEC		COVID19 Vaccine Clinic PRISON MARION COUNTY SC

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
86	COVID19 Vaccine February 8, 2022, IRS gas \$.58.5 43 miles 2715 Hwy 76 East Mullins SC 29574 Clinic 9:00 to 3:00 Round Trip	\$0.585	\$50.31
6	COVID19 Vaccine Clinic Feb 08, 2022 , Additional Pharm Tech pay \$16.00 for 6 hours	\$16.00	\$96.00
6	Pharmacist @ \$60.00 per Hour	\$60.00	\$360.00

SUBTOTAL  
506.31

SALES TAX  
 SHIPPING & HANDLING  
 TOTAL DUE BY 5.31.2022 **\$506.31**

Thank you for your business!



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