



HTA VAX Secure Invoice Upload

Tracking Number
592

Date
8/26/2021

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-148 Contract Number (required)	TIDELANDS HEALTH * Contractor Name	02-0598440 * Tax ID	7000285006 * SCEIS Number
Elizabeth S. Ward Contact (Full Name)	EVP & CFO Title	(843) 527-7102 Phone	elward@tidelandshealth.org Contact EMAIL
PO Box 421718 * Address	Georgetown * STE #	SC * State	29442 * Zip

INVOICE NUMBER	INVOICE AMOUNT
4	51,160.00

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.

COVID19_Vaccine_Reimbursement_Calculator GPVC #2

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

Elizabeth S. Ward
8/26/2021 4:47:40 PM

\$51,160.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
8/30/2021 4:32:54 AM

Budget and Finance Approval

Samuels, Tierra B.
8/31/2021 9:12:33 AM

Approved Funding **\$996,649.00**

Approved Invoices to Date

Available Funding **\$996,649.00**

Payment Processing Instructions

Full Amount \$51,160.00 31070000 Not Relevant J0402AZ999
 J040X01048580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
9/1/2021 10:06:54 AM



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

Inv. 4

Community Vaccination Event Information*

Provider Name:	Tidelands Health
COVID-19 Vaccine Pin Number:	SCA285399
Location Name:	Tidelands Health@ Georgetown County Regional Vaccination Site
Location Address (incl zip):	1610 Hawkins Street & 606 Blackriver Road Georgetown, SC 29440
Date & Times:	See attached spreadsheet - January 18 - June 10, 2021 - ALL SELF PAY
Total # Vaccinations:	3008
Eligible Vaccinations**:	1054

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	\$30,080
Administrative Staff	\$5	\$5,270
Vaccination Staff	\$15	\$15,810
Total Event Reimbursement Amount		\$51,160

Additional Cost Summary***:

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

Total Request Amount: \$51,160

* 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) Summary Description of Request and Costs
- 2) Describe Benefit to the State of South Carolina and Statewide Vaccination Efforts including the future distribution and administering of vaccines.
- 3) Describe activities conducted and outcomes expected or achieved
- 4) Is the cost being covered by any other funding source or insurance? Please explain.
- 5) Were all avenues of funding exhausted before using Vaccine Reserve Account funds? Please explain.

Tidelands Health

SCA285399

Tidelands Health@ Georgetown

Inv. 4

	Original	8/25/2021	Difference
Total Vacci	25413	28421	3008
Self Pay Va	1970	3024	1054

Inv. 4

DATE	Original GPVC	Current GPVC	Difference
18-Jan	3	28	25
19-Jan	1	23	22
20-Jan	3	1	-2
21-Jan	5	124	119
22-Jan	4	1	-3
25-Jan	1	0	-1
26-Jan	5	132	127
27-Jan	8	2	-6
28-Jan	16	134	118
29-Jan	21	1	-20
1-Feb		1	1
2-Feb	2	96	94
3-Feb	2	1	-1
4-Feb		100	100
9-Feb	16	40	24
11-Feb	3	106	103
12-Feb	1	1	0
15-Feb	2	0	-2
16-Feb	7	77	70
17-Feb	8	1	-7
18-Feb	2	58	56
19-Feb	1	1	0
23-Feb		3	3
24-Feb	1	1	0
3-Mar	4	3	-1
4-Mar	3	8	5
5-Mar	2	2	0
8-Mar	28	46	18
9-Mar	57	52	-5
10-Mar	32	29	-3
11-Mar	50	45	-5
12-Mar	75	59	-16
16-Mar	11	9	-2
17-Mar	66	65	-1
18-Mar	56	56	0
19-Mar	58	56	-2
20-Mar	37	34	-3
23-Mar	49	49	0
24-Mar	14	13	-1
25-Mar	23	23	0
26-Mar	71	82	11
30-Mar	35	37	2
31-Mar	40	38	-2
1-Apr	71	66	-5

2-Apr	81	71	-10
5-Apr	34	34	0
6-Apr	43	53	10
7-Apr	85	84	-1
8-Apr	90	90	0
9-Apr	50	51	1
13-Apr	39	41	2
14-Apr	19	20	1
15-Apr	62	63	1
16-Apr	87	100	13
17-Apr	28	25	-3
20-Apr	25	27	2
21-Apr	31	29	-2
22-Apr	49	47	-2
23-Apr	24	25	1
29-Apr	94	92	-2
6-May	92	92	0
13-May	55	41	-14
20-May	24	27	3
27-May	27	28	1
3-Jun	29	37	8
7-Jun		1	1
8-Jun		4	4
9-Jun		6	6
10-Jun	8	16	8
11-Jun		2	2
16-Jun		10	10
17-Jun		6	6
21-Jun		5	5
22-Jun		1	1
23-Jun		6	6
24-Jun		3	3
25-Jun		6	6
30-Jun		3	3
1-Jul		2	2
2-Jul		1	1
6-Jul		1	1
7-Jul		1	1
9-Jul		6	6
15-Jul		3	3
16-Jul		1	1
19-Jul		2	2
20-Jul		3	3
22-Jul		1	1
23-Jul		8	8
26-Jul		3	3
27-Jul		3	3

30-Jul		3	3
2-Aug		8	8
3-Aug		6	6
6-Aug		4	4
9-Aug		12	12
10-Aug		8	8
13-Aug		10	10
16-Aug		9	9
17-Aug		12	12
19-Aug		5	5
20-Aug		12	12
23-Aug		15	15
24-Aug		29	29
25-Aug		6	6
TOTAL	1970	3024	1054