



HTA VAX Secure Invoice Upload

Tracking Number
365

Date
4/26/2021

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-170 **WILLIAMSBURG REGIONAL HOSPITAL** **57-0468486** **7000201007**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Allen Abernethy **CEO** **(843) 355-0301** **Aabernethy@wmbgrh.com**
 Contact (Full Name) Title Phone EXT Contact EMAIL

500 Nelson Blvd **Kingstree** **SC** **29556**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
008	15,960.00

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 INV 008
 Letter for INV 008
 INV 008

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

Allen Abernethy
 4/26/2021 11:13:29 AM

\$15,960.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
 4/26/2021 1:26:34 PM

Budget and Finance Approval
Baker, Walter
 4/26/2021 3:29:08 PM

Approved Funding **\$300,000.00**
 Approved Invoices to Date **\$108,990.00**
 Available Funding **\$191,010.00**

Payment Processing Instructions

5021310000 - \$ 15960.00- J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/3/2021 11:21:49 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

Community Vaccination Event Information*

Provider Name:	Williamsburg Regional Hospital (Inv. 008)
COVID-19 Vaccine Pin Number:	145104
Location Name:	Williamsburg Town Recreation Department
Location Address (incl zip):	375 Nelson Blvd Kingstree, SC 29556
Date & Times:	April 23, 2021 8:30am - 3:30pm
Total # Vaccinations:	532
Eligible Vaccinations**:	532

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	\$5,320
Administrative Staff	\$5	\$2,660
Vaccination Staff	\$15	\$7,980
Total Event Reimbursement Amount		\$15,960

Additional Cost Summary***:

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

Total Request Amount: \$15,960

* 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.



Williamsburg
Regional Hospital

Contract #HTA-VAX-170

DATE: 4/23/2021
INVOICE #: 008

BILL TO

ACC-Vaccine-Contracts
DHEC
2600 Bull St
Columbia, SC 29201-1708
ACC-Vaccine-Contracts@dhec.sc.gov

JOB

Vaccination Event in Williamsburg County at Williamsburg Town Recreation Department 375 Nelson Blvd, Kingstree, SC 29556

DESCRIPTION	\$ per	AMOUNT
DHEC Vaccination Date 04/23/2021 8:30am - 3:30pm		
Vaccines Distributed		532
Event Management, Traffic & Logistical Support	\$10	\$5,320.00
Administrative Staff	\$5	\$2,660.00
Vaccination Staff	\$15	\$7,980.00
TOTAL		\$15,960.00

Make all checks payable to Williamsburg Regional Hospital. Thank you for your business!



Williamsburg
Regional Hospital

ACC VACCINE FINANCE
SCDHEC
2600 Bull St
Columbia, SC 29201-1708

RE: WILLIAMSBURG REGIONAL HOSPITAL CONTRACT #HTA-VAX-170

MUSC provided Williamsburg Regional Hospital with 900 Moderna vaccines for their vaccination event in Williamsburg County at the Williamsburg Town Recreation Center located at 375 Nelson Blvd Kingstree, SC 29556 on April 23, 2021. Williamsburg Regional Hospital used 532 Moderna vaccines. The remaining vaccines were taken back to MUSC.

If you have any questions please call Williamsburg Regional Hospital at (843)-355-0301.

Thank you.

X 

Douglas Broach
CFO