



HTA VAX Secure Invoice Upload

Tracking Number
118

Date
3/15/2021

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
004	15,090.00

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.

Inv 004
 COVID19 Vaccine Reimbursement Calculator INV 004

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
 3/15/2021 2:33:38 PM

\$15,090.00

Yes

No

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

Invoice Total

ACC Testing Approval

Bonner, Melissa
 3/15/2021 2:46:08 PM

Budget and Finance Approval

Gilbert, Jason
 3/16/2021 3:19:04 PM

Approved Funding

\$100,000.00

Approved Invoices to Date

Available Funding

\$100,000.00

Payment Processing Instructions

5021310000 - \$ 15090.00 - J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Long, Sarah A.
 3/16/2021 9:38:33 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:	Williamsburg Regional Hospital (004)
COVID-19 Vaccine Pin Number:	145104
Location Name:	Williamsburg Town Recreation Department
Location Address (incl zip):	375 Nelson Blvd Kingstree, SC 29556
Date & Times:	March 12, 2021 8:00am - 2:00pm
Total # Vaccinations:	503
Eligible Vaccinations**:	503

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	\$5,030
Administrative Staff	\$5	\$2,515
Vaccination Staff	\$15	\$7,545
Total Event Reimbursement Amount		\$15,090

Additional Cost Summary***:

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

Total Request Amount: \$15,090

* 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: 3/15/2021
INVOICE #: 004

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 03/12/2021 8:00am - 2:00pm		
Vaccines Distributed		503
Event Management, Traffic & Logistical Support	\$10	\$5,030.00
Administrative Staff	\$5	\$2,515.00
Vaccination Staff	\$15	\$7,545.00
TOTAL		\$15,090.00

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