



# HTA VAX Secure Invoice Upload

Tracking Number  
**115**

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
<b>002</b>	<b>14,370.00</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.

COVID19 Vaccine Reimbursement Calculator INV 002  
 Invoice 002

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 11:50:35 AM

**\$14,370.00**

Yes  
 No

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

Invoice Total

ACC Testing Approval

*Bonner, Melissa*  
 3/15/2021 12:04:17 PM

Budget and Finance Approval

*Gilbert, Jason*  
 3/16/2021 3:28:08 PM

Approved Funding

**\$100,000.00**

Approved Invoices to Date

Available Funding

**\$100,000.00**

Payment Processing Instructions

5021310000 - \$14370.00 - J0402AZ999 - J040x01048580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

*Long, Sarah A.*  
 3/16/2021 9:43:02 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 (002)
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 5, 2021 8:00am - 2:00pm
Total # Vaccinations:	479
Eligible Vaccinations**:	479

## Please select yes or no to the following questions to determine eligible reimbursement:

<input type="checkbox"/> Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did your organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$4,790
Administrative Staff	\$5	\$2,395
Vaccination Staff	\$15	\$7,185
<b>Total Event Reimbursement Amount</b>		<b>\$14,370</b>

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

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

**Total Request Amount: \$14,370**

\* 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: 3/5/2021  
INVOICE #: 002

**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 03/05/2021 8:00am - 2:00pm		
Vaccines Distributed		479
Event Management, Traffic & Logistical Support	\$10	\$4,790.00
Administrative Staff	\$5	\$2,395.00
Vaccination Staff	\$15	\$7,185.00
<b>TOTAL</b>		<b>\$14,370.00</b>

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