

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 (001)
COVID-19 Vaccine Pin Number:	145104
Location Name:	Williamsburg Town Recreation Department
Location Address (incl zip):	375 Nelson Blvd Kingstree, SC 29556
Date & Times:	February 19, 2021 8:00am - 4:00pm
Total # Vaccinations:	488
Eligible Vaccinations**:	488

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 you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$4,880
Administrative Staff	\$5	\$2,440
Vaccination Staff	\$15	\$7,320
Total Event Reimbursement Amount		\$14,640

Additional Cost Summary***:

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

Total Request Amount: \$14,640

* 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: 3/1/2021
INVOICE #: 001

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 02/19/2021 8:00am - 4pm		
Vaccines Distributed		488
Event Management, Traffic & Logistical Support	\$10	\$4,880.00
Administrative Staff	\$5	\$2,440.00
Vaccination Staff	\$15	\$7,320.00
TOTAL		\$14,640.00

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