

FAMILY HEALTH CENTER, INC.
 3310 Magnolia Street
 Orangeburg, SC 29115
Norfield SITE
 Inv. NOR-0419-232021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES to	
			DHEC	# of Vaccines
134666	04/19/2021	Covid Vaccine	\$ 10.00	1
134674	04/19/2021	Covid Vaccine	\$ 10.00	1
134701	04/19/2021	Covid Vaccine	\$ 10.00	1
134707	04/19/2021	Covid Vaccine	\$ 10.00	1
134711	04/19/2021	Covid Vaccine	\$ 10.00	1
134779	04/19/2021	Covid Vaccine	\$ 10.00	1
134895	04/19/2021	Covid Vaccine	\$ 10.00	1
134985	04/19/2021	Covid Vaccine	\$ 10.00	1
135000	04/19/2021	Covid Vaccine	\$ 10.00	1
135101	04/19/2021	Covid Vaccine	\$ 10.00	1
135102	04/19/2021	Covid Vaccine	\$ 10.00	1
135385	04/20/2021	Covid Vaccine	\$ 10.00	1
135391	04/20/2021	Covid Vaccine	\$ 10.00	1
135413	04/20/2021	Covid Vaccine	\$ 10.00	1
135453	04/20/2021	Covid Vaccine	\$ 10.00	1
135462	04/20/2021	Covid Vaccine	\$ 10.00	1
135485	04/20/2021	Covid Vaccine	\$ 10.00	1
135517	04/20/2021	Covid Vaccine	\$ 10.00	1
135587	04/20/2021	Covid Vaccine	\$ 10.00	1
135589	04/20/2021	Covid Vaccine	\$ 10.00	1
135607	04/20/2021	Covid Vaccine	\$ 10.00	1
135617	04/20/2021	Covid Vaccine	\$ 10.00	1
135711	04/20/2021	Covid Vaccine	\$ 10.00	1
135784	04/20/2021	Covid Vaccine	\$ 10.00	1
135805	04/20/2021	Covid Vaccine	\$ 10.00	1
135806	04/20/2021	Covid Vaccine	\$ 10.00	1
135835	04/20/2021	Covid Vaccine	\$ 10.00	1
135841	04/20/2021	Covid Vaccine	\$ 10.00	1
135858	04/20/2021	Covid Vaccine	\$ 10.00	1
135887	04/20/2021	Covid Vaccine	\$ 10.00	1
135938	04/21/2021	Covid Vaccine	\$ 10.00	1
135942	04/21/2021	Covid Vaccine	\$ 10.00	1
135978	04/21/2021	Covid Vaccine	\$ 10.00	1
135979	04/21/2021	Covid Vaccine	\$ 10.00	1
136054	04/21/2021	Covid Vaccine	\$ 10.00	1
136093	04/21/2021	Covid Vaccine	\$ 10.00	1
136103	04/21/2021	Covid Vaccine	\$ 10.00	1

136105	04/21/2021	Covid Vaccine	\$ 10.00	1
136170	04/21/2021	Covid Vaccine	\$ 10.00	1
136173	04/21/2021	Covid Vaccine	\$ 10.00	1
136181	04/21/2021	Covid Vaccine	\$ 10.00	1
136392	04/21/2021	Covid Vaccine	\$ 10.00	1
136424	04/21/2021	Covid Vaccine	\$ 10.00	1
136771	04/22/2021	Covid Vaccine	\$ 10.00	1
136832	04/22/2021	Covid Vaccine	\$ 10.00	1
136834	04/22/2021	Covid Vaccine	\$ 10.00	1
136835	04/22/2021	Covid Vaccine	\$ 10.00	1
136870	04/22/2021	Covid Vaccine	\$ 10.00	1
136879	04/22/2021	Covid Vaccine	\$ 10.00	1
136931	04/22/2021	Covid Vaccine	\$ 10.00	1
136964	04/22/2021	Covid Vaccine	\$ 10.00	1
136975	04/22/2021	Covid Vaccine	\$ 10.00	1
137067	04/22/2021	Covid Vaccine	\$ 10.00	1
137160	04/22/2021	Covid Vaccine	\$ 10.00	1
137162	04/22/2021	Covid Vaccine	\$ 10.00	1
137195	04/22/2021	Covid Vaccine	\$ 10.00	1
137321	04/22/2021	Covid Vaccine	\$ 10.00	1
137330	04/22/2021	Covid Vaccine	\$ 10.00	1
137331	04/22/2021	Covid Vaccine	\$ 10.00	1
137333	04/22/2021	Covid Vaccine	\$ 10.00	1
137435	04/22/2021	Covid Vaccine	\$ 10.00	1
137472	04/22/2021	Covid Vaccine	\$ 10.00	1
137473	04/22/2021	Covid Vaccine	\$ 10.00	1
137558	04/23/2021	Covid Vaccine	\$ 10.00	1
137564	04/23/2021	Covid Vaccine	\$ 10.00	1
137571	04/23/2021	Covid Vaccine	\$ 10.00	1
137890	04/23/2021	Covid Vaccine	\$ 10.00	1
138187	04/23/2021	Covid Vaccine	\$ 10.00	1
138226	04/23/2021	Covid Vaccine	\$ 10.00	1
138227	04/23/2021	Covid Vaccine	\$ 10.00	1
			\$ 700.00	<u>70</u>

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC. (Inv. NOR-0419-232021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at Norfield
Location Address (incl zip):	7061 Norway Road Neeses, SC 29107
Date & Times:	04/19/2021 -04/23/2021 8:30AM - 4PM
Total # Vaccinations:	70
Eligible Vaccinations**:	0

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	\$700
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$700

Additional Cost Summary***:

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

Total Request Amount: \$700

* 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.



FQHC VAX Secure Invoice Upload

Tracking Number
2020331

Date
6/18/2021

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.

FQHC-VAX-172 **Family Health Centers, Inc.** **57-0524498** **7000026038**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Angela Brown **Chief Executive Offic** **(803) 531-6961** **Angela.Brown@myfhc.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

P. O. Box 1806 3310 Magnolia Street, NE **Orangeburg** **SC** **29115**
 * Address * STE # * City * State * Zip

INVOICE NUMBER **INVOICE AMOUNT**
NOR-0419-232021V **700.00**

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.

NOR-0419-232021V INVOICE

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

Angela Brown
6/18/2021 4:06:57 PM

\$700.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
6/21/2021 9:02:46 AM

Budget and Finance Approval
Samuels, Tierra B.
6/25/2021 12:13:32 PM

Approved Funding **\$432,450.00**
 Approved Invoices to Date
 Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$700.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/29/2021 10:50:09 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