

# COVID-19 Vaccination Reimbursement Request

Inv. HH-0517-052121V

## Community Vaccination Event Information\*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTER AT HOLLY HILL
Location Address (incl zip):	922 Holly Street Holly Hills, SC 29059
Date & Times:	05/17/2021 - 05/21/2021 8:30AM - 4PM
Total # Vaccinations:	62
Eligible Vaccinations**:	0

## 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 you organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$620
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$620</b>

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

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

**Total Request Amount: \$620**

\* 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.

FAMILY HEALTH CENTERS, INC.  
3310 Magnolia Street  
Orangeburg, SC 29115

**VACCINE MAY 2021**

**SITE COVID VACCINES**

**Inv. HH-0517-052121V**

**Vaccine by Site**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b># OF VAC</b>
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**HOLLY HILL**

145516	05/17/2021	Covid Vaccine	1
145520	05/17/2021	Covid Vaccine	1
145526	05/17/2021	Covid Vaccine	1
145631	05/17/2021	Covid Vaccine	1
145501	05/17/2021	Covid Vaccine	1
145527	05/17/2021	Covid Vaccine	1
145635	05/17/2021	Covid Vaccine	1
145678	05/17/2021	Covid Vaccine	1
145679	05/17/2021	Covid Vaccine	1
145975	05/18/2021	Covid Vaccine	1
145935	05/18/2021	Covid Vaccine	1
145989	05/18/2021	Covid Vaccine	1
145878	05/18/2021	Covid Vaccine	1
145985	05/18/2021	Covid Vaccine	1
146021	05/18/2021	Covid Vaccine	1
146090	05/18/2021	Covid Vaccine	1
146091	05/18/2021	Covid Vaccine	1
146087	05/18/2021	Covid Vaccine	1
145954	05/18/2021	Covid Vaccine	1
145879	05/18/2021	Covid Vaccine	1
145908	05/18/2021	Covid Vaccine	1
145909	05/18/2021	Covid Vaccine	1
145925	05/18/2021	Covid Vaccine	1
146129	05/18/2021	Covid Vaccine	1
146061	05/18/2021	Covid Vaccine	1
146349	05/19/2021	Covid Vaccine	1
146338	05/19/2021	Covid Vaccine	1
146357	05/19/2021	Covid Vaccine	1
146351	05/19/2021	Covid Vaccine	1
146487	05/19/2021	Covid Vaccine	1
146469	05/19/2021	Covid Vaccine	1
146484	05/19/2021	Covid Vaccine	1
146485	05/19/2021	Covid Vaccine	1
146402	05/19/2021	Covid Vaccine	1
146411	05/19/2021	Covid Vaccine	1

146339	05/19/2021	Covid Vaccine	1
146369	05/19/2021	Covid Vaccine	1
146426	05/19/2021	Covid Vaccine	1
146501	05/19/2021	Covid Vaccine	1
146363	05/19/2021	Covid Vaccine	1
146424	05/19/2021	Covid Vaccine	1
146875	05/20/2021	Covid Vaccine	1
146872	05/20/2021	Covid Vaccine	1
146771	05/20/2021	Covid Vaccine	1
146751	05/20/2021	Covid Vaccine	1
146727	05/20/2021	Covid Vaccine	1
146768	05/20/2021	Covid Vaccine	1
146769	05/20/2021	Covid Vaccine	1
147251	05/21/2021	Covid Vaccine	1
147043	05/21/2021	Covid Vaccine	1
147041	05/21/2021	Covid Vaccine	1
147042	05/21/2021	Covid Vaccine	1
147044	05/21/2021	Covid Vaccine	1
147173	05/21/2021	Covid Vaccine	1
147119	05/21/2021	Covid Vaccine	1
147108	05/21/2021	Covid Vaccine	1
147208	05/21/2021	Covid Vaccine	1
147350	05/21/2021	Covid Vaccine	1
147233	05/21/2021	Covid Vaccine	1
147151	05/21/2021	Covid Vaccine	1
147351	05/21/2021	Covid Vaccine	1
147081	05/21/2021	Covid Vaccine	1



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020495**

Date  
**7/29/2021**

## 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**      **ASST CONTROLLER**      **(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**  
**HH-0517-052121V**      **620.00**

## 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.

HH-0517-052121V 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*  
7/29/2021 3:41:39 PM

**\$620.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval  
*Bonner, Melissa*  
8/11/2021 12:27:05 PM

Budget and Finance Approval  
*Samuels, Tierra B.*  
8/12/2021 4:28:02 PM

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

### Payment Processing Instructions

Full Amount \$620.00      31070000      Not Relevant      J0402AZ998  
 J040X01058580130      5021310000      98000018

### Accounts Payable Approval

*Robinson, Sharon D.*  
8/16/2021 4:10:51 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