



# FQHC VAX Secure Invoice Upload

Tracking Number

2020369

Date

6/30/2021

## 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.

<b>FQHC-VAX-157</b> Contract Number (required)	<b>Careteam Plus, Inc.</b> * Contractor Name	<b>57-0992733</b> * Tax ID	<b>7000250119</b> * SCEIS Number
<b>Johanna Haynes</b> Contact (Full Name)	<b>CEO</b> Title	<b>(843) 234-8220</b> Phone	<b>EXT</b> Contact EMAIL
<b>100 Professional Park Drive</b> * Address	<b>* STE #</b>	<b>Conway</b> * City	<b>SC 29526</b> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>05072021</b>	<b>920.00</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.

DHEC-FQHC-VAX Invoice 05072021

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

*Johanna Haynes*  
6/30/2021 8:42:24 AM

**\$920.00**  
Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
6/30/2021 9:44:38 AM

Budget and Finance Approval

**Budget and Finance Approval**

Approved Funding	<b>\$349,583.00</b>
Approved Invoices to Date	<b>\$8,380.00</b>
Available Funding	<b>\$341,203.00</b>

Payment Processing Instructions

Full Amount \$920.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	98000018	5021310000	

Accounts Payable Approval

*Robinson, Sharon D.*  
7/1/2021 12:05:31 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

Inv. 05072021

## Community Vaccination Event Information\*

Provider Name:	Careteam Plus Inc.
COVID-19 Vaccine Pin Number:	
Location Name:	Careteam Plus Inc.
Location Address (incl zip):	100 Professional Park Drive, Conway SC 29526
Date & Times:	Week of May 3rd - May 7th, 2021
Total # Vaccinations:	121
Eligible Vaccinations**:	46

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

<input type="checkbox"/> No	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	\$0
Administrative Staff	\$5	\$230
Vaccination Staff	\$15	\$690
<b>Total Event Reimbursement Amount</b>		<b>\$920</b>

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

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

## Total Request Amount: \$920

\* 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.

### Fw: FQHC-VAX-157 \$920 Careteam Plus 05072021

Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Wed 6/30/2021 9:30 PM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

Hello Sharon,

The invoice below went straight to you. I approve it . Please use the funding below.

Full Amount \$920.00 31070000- Not Relevant- J0402AZ998 -J040X01058580130 -5021310000 -98000018

**dhec** FQHC VAX Secure Invoice Upload

Tracking Number: 2020369  
Date: 6/30/2021

**Contract Information**

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FQHC-VAX-157	Careteam Plus, Inc.	57-0992733	7000250119
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

Johanna Haynes	CEO	(843) 234-8220	jhaynes@careteampplus.org	
Contact (Full Name)	Title	Phone	EXT	Contact EMAIL

100 Professional Park Drive		Conway	SC	29526
* Address	* STE #	* City	* State	* Zip

INVOICE NUMBER	INVOICE AMOUNT
05072021	920.00

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COVID-19 Vaccine Reimbursement Calculator

**Secure Document Upload**

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ADD DHEC-FQHC-VAX Invoice 05072021

#### Tierra Samuels

Office of Budget and Financial Planning  
**S.C. Dept. of Health & Environmental Control**

Office: (803) 898-5512

Fax: (803) 253-7637

Connect: [www.scdhec.gov](http://www.scdhec.gov) [Facebook](#) [Twitter](#)



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