



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020253**

Date  
**5/20/2021**

## 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.

<u>FQHC-VAX-172</u> Contract Number (required)	<u>Family Health Centers, Inc.</u> * Contractor Name	<u>57-0524498</u> * Tax ID	<u>7000026038</u> * SCEIS Number
<u>Angela Brown</u> Contact (Full Name)	<u>Chief Executive Offic</u> Title	<u>(803) 531-6961</u> Phone	<u>Angela.Brown@myfhc.org</u> Contact EMAIL
<u>P. O. Box 1806 3310 Magnolia Street, NE</u> * Address	<u></u> * STE #	<u>Orangeburg</u> * City	<u>SC 29115</u> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>STG-0301-052021V</u>	<u>640.00</u>

## 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.

STG-0301-052021V 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*  
 5/20/2021 10:39:03 AM

\$640.00  
Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 5/21/2021 8:41:06 AM

Budget and Finance Approval

*Baker, Walter*  
 5/25/2021 1:58:04 PM

Approved Funding	<u>\$432,450.00</u>
Approved Invoices to Date	<u></u>
Available Funding	<u>\$432,450.00</u>

### Payment Processing Instructions

5021310000 - \$640.00 - J0402AZ998 - J040X01058580130 - 31070000  
 - Not Relevant - Order Number 98000018

### Accounts Payable Approval

*Robinson, Sharon D.*  
 6/1/2021 11:58:33 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

FAMILY HEALTH CENTERS, INC.

3310 Magnolia Street

Orangeburg, SC 29115

ST. GEORGE VACCINE 1ST DOSE MARCH 2021

**STG-0301-052021V**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES</b>	<b># of Vaccines</b>
110341	03/01/2021	Covid Vaccine	\$ 10.00	1
110756	03/01/2021	Covid Vaccine	\$ 10.00	1
110779	03/01/2021	Covid Vaccine	\$ 10.00	1
110711	03/01/2021	Covid Vaccine	\$ 10.00	1
110643	03/01/2021	Covid Vaccine	\$ 10.00	1
110595	03/01/2021	Covid Vaccine	\$ 10.00	1
110580	03/01/2021	Covid Vaccine	\$ 10.00	1
110548	03/01/2021	Covid Vaccine	\$ 10.00	1
110501	03/01/2021	Covid Vaccine	\$ 10.00	1
110943	03/02/2021	Covid Vaccine	\$ 10.00	1
110965	03/02/2021	Covid Vaccine	\$ 10.00	1
111501	03/03/2021	Covid Vaccine	\$ 10.00	1
111563	03/03/2021	Covid Vaccine	\$ 10.00	1
111649	03/03/2021	Covid Vaccine	\$ 10.00	1
111674	03/03/2021	Covid Vaccine	\$ 10.00	1
111692	03/03/2021	Covid Vaccine	\$ 10.00	1
111707	03/03/2021	Covid Vaccine	\$ 10.00	1
111737	03/03/2021	Covid Vaccine	\$ 10.00	1
111714	03/03/2021	Covid Vaccine	\$ 10.00	1
111633	03/03/2021	Covid Vaccine	\$ 10.00	1
111617	03/03/2021	Covid Vaccine	\$ 10.00	1
111482	03/03/2021	Covid Vaccine	\$ 10.00	1
111453	03/03/2021	Covid Vaccine	\$ 10.00	1
111425	03/03/2021	Covid Vaccine	\$ 10.00	1
111426	03/03/2021	Covid Vaccine	\$ 10.00	1
111406	03/03/2021	Covid Vaccine	\$ 10.00	1
111397	03/03/2021	Covid Vaccine	\$ 10.00	1
111955	03/04/2021	Covid Vaccine	\$ 10.00	1
111956	03/04/2021	Covid Vaccine	\$ 10.00	1
112039	03/04/2021	Covid Vaccine	\$ 10.00	1
112040	03/04/2021	Covid Vaccine	\$ 10.00	1
112079	03/04/2021	Covid Vaccine	\$ 10.00	1
112080	03/04/2021	Covid Vaccine	\$ 10.00	1
112097	03/04/2021	Covid Vaccine	\$ 10.00	1
112138	03/04/2021	Covid Vaccine	\$ 10.00	1
112178	03/04/2021	Covid Vaccine	\$ 10.00	1
112218	03/04/2021	Covid Vaccine	\$ 10.00	1

112238	03/04/2021	Covid Vaccine	\$	10.00	1
112279	03/04/2021	Covid Vaccine	\$	10.00	1
112302	03/04/2021	Covid Vaccine	\$	10.00	1
112375	03/04/2021	Covid Vaccine	\$	10.00	1
112292	03/04/2021	Covid Vaccine	\$	10.00	1
112217	03/04/2021	Covid Vaccine	\$	10.00	1
112033	03/04/2021	Covid Vaccine	\$	10.00	1
112012	03/04/2021	Covid Vaccine	\$	10.00	1
111897	03/04/2021	Covid Vaccine	\$	10.00	1
112741	03/05/2021	Covid Vaccine	\$	10.00	1
112804	03/05/2021	Covid Vaccine	\$	10.00	1
112821	03/05/2021	Covid Vaccine	\$	10.00	1
112874	03/05/2021	Covid Vaccine	\$	10.00	1
112885	03/05/2021	Covid Vaccine	\$	10.00	1
112907	03/05/2021	Covid Vaccine	\$	10.00	1
112917	03/05/2021	Covid Vaccine	\$	10.00	1
112999	03/05/2021	Covid Vaccine	\$	10.00	1
113009	03/05/2021	Covid Vaccine	\$	10.00	1
113042	03/05/2021	Covid Vaccine	\$	10.00	1
113074	03/05/2021	Covid Vaccine	\$	10.00	1
113118	03/05/2021	Covid Vaccine	\$	10.00	1
113037	03/05/2021	Covid Vaccine	\$	10.00	1
112995	03/05/2021	Covid Vaccine	\$	10.00	1
112834	03/05/2021	Covid Vaccine	\$	10.00	1
112793	03/05/2021	Covid Vaccine	\$	10.00	1
112684	03/05/2021	Covid Vaccine	\$	10.00	1
112650	03/05/2021	Covid Vaccine	\$	10.00	1
			<b>\$</b>	<b>640.00</b>	<b>64</b>

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	FAMILY HEALTH CENTERS, INC. ( Inv. STG-0301-052021V )
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at St. George
Location Address (incl zip):	401 Ridge Street St. George, SC 29477
Date & Times:	03/01/2021 -03/05/2021 8:30AM - 4PM
Total # Vaccinations:	64
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	\$640
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$640</b>

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

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

**Total Request Amount: \$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.