



FQHC VAX Secure Invoice Upload

Tracking Number

2020275

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>	<u>Family Health Centers, Inc.</u>	<u>57-0524498</u>	<u>7000026038</u>
Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number

<u>Angela Brown</u>	<u>ASST CONTROLLER</u>	<u>(803) 531-6961</u>	<u>Angela.Brown@myfhc.org</u>
Contact (Full Name)	Title	Phone EXT	Contact EMAIL

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

INVOICE NUMBER	INVOICE AMOUNT
<u>NOR-0315-192021VP</u>	<u>600.00</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.

NOR-0315-192021VP 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 3:11:41 PM

\$600.00

Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
5/21/2021 8:40:20 AM

Budget and Finance Approval

Baker, Walter
5/24/2021 3:16:46 PM

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

Payment Processing Instructions

5021310000 - \$600.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/1/2021 11:42:53 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

NORFIELD VACCINE 2 MARCH 2021(PHARMACY)

NOR-0315-192021VP

CLAIMS#	SERVICE DATE	Visit Type	CHARGES	# of Vaccines
118013	03/15/2021	Covid Vaccine	\$ 10.00	1
118085	03/15/2021	Covid Vaccine	\$ 10.00	1
118117	03/15/2021	Covid Vaccine	\$ 10.00	1
118133	03/15/2021	Covid Vaccine	\$ 10.00	1
118213	03/15/2021	Covid Vaccine	\$ 10.00	1
118167	03/15/2021	Covid Vaccine	\$ 10.00	1
117984	03/15/2021	Covid Vaccine	\$ 10.00	1
117844	03/15/2021	Covid Vaccine	\$ 10.00	1
117696	03/15/2021	Covid Vaccine	\$ 10.00	1
117682	03/15/2021	Covid Vaccine	\$ 10.00	1
117649	03/15/2021	Covid Vaccine	\$ 10.00	1
117650	03/15/2021	Covid Vaccine	\$ 10.00	1
117490	03/15/2021	Covid Vaccine	\$ 10.00	1
117491	03/15/2021	Covid Vaccine	\$ 10.00	1
118490	03/16/2021	Covid Vaccine	\$ 10.00	1
118491	03/16/2021	Covid Vaccine	\$ 10.00	1
118597	03/16/2021	Covid Vaccine	\$ 10.00	1
118777	03/16/2021	Covid Vaccine	\$ 10.00	1
118804	03/16/2021	Covid Vaccine	\$ 10.00	1
118929	03/16/2021	Covid Vaccine	\$ 10.00	1
118930	03/16/2021	Covid Vaccine	\$ 10.00	1
118650	03/16/2021	Covid Vaccine	\$ 10.00	1
118443	03/16/2021	Covid Vaccine	\$ 10.00	1
119395	03/17/2021	Covid Vaccine	\$ 10.00	1
119396	03/17/2021	Covid Vaccine	\$ 10.00	1
119604	03/17/2021	Covid Vaccine	\$ 10.00	1
119912	03/17/2021	Covid Vaccine	\$ 10.00	1
119451	03/17/2021	Covid Vaccine	\$ 10.00	1
119439	03/17/2021	Covid Vaccine	\$ 10.00	1
119341	03/17/2021	Covid Vaccine	\$ 10.00	1
119885	03/18/2021	Covid Vaccine	\$ 10.00	1
119795	03/18/2021	Covid Vaccine	\$ 10.00	1
119737	03/18/2021	Covid Vaccine	\$ 10.00	1
119739	03/18/2021	Covid Vaccine	\$ 10.00	1
119696	03/18/2021	Covid Vaccine	\$ 10.00	1
119702	03/18/2021	Covid Vaccine	\$ 10.00	1
119703	03/18/2021	Covid Vaccine	\$ 10.00	1

119640	03/18/2021	Covid Vaccine	\$	10.00	1
119571	03/18/2021	Covid Vaccine	\$	10.00	1
119590	03/18/2021	Covid Vaccine	\$	10.00	1
120986	03/19/2021	Covid Vaccine	\$	10.00	1
120988	03/19/2021	Covid Vaccine	\$	10.00	1
120989	03/19/2021	Covid Vaccine	\$	10.00	1
120991	03/19/2021	Covid Vaccine	\$	10.00	1
120992	03/19/2021	Covid Vaccine	\$	10.00	1
120993	03/19/2021	Covid Vaccine	\$	10.00	1
120994	03/19/2021	Covid Vaccine	\$	10.00	1
120995	03/19/2021	Covid Vaccine	\$	10.00	1
120974	03/19/2021	Covid Vaccine	\$	10.00	1
120982	03/19/2021	Covid Vaccine	\$	10.00	1
121000	03/19/2021	Covid Vaccine	\$	10.00	1
121107	03/19/2021	Covid Vaccine	\$	10.00	1
121149	03/19/2021	Covid Vaccine	\$	10.00	1
121195	03/19/2021	Covid Vaccine	\$	10.00	1
121242	03/19/2021	Covid Vaccine	\$	10.00	1
121344	03/19/2021	Covid Vaccine	\$	10.00	1
121364	03/19/2021	Covid Vaccine	\$	10.00	1
120718	03/19/2021	Covid Vaccine	\$	10.00	1
120648	03/19/2021	Covid Vaccine	\$	10.00	1
120626	03/19/2021	Covid Vaccine	\$	10.00	1
			\$	600.00	60

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC. (Inv. NOR-0315-192021VP)
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:	03/15/2021 -03/19/2021 8:30AM - 4PM
Total # Vaccinations:	60
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	\$600
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$600

Additional Cost Summary***:

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

Total Request Amount: \$600

* 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.