



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020259**

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>ASST CONTROLLER</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-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.

STG-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 11:03:27 AM

\$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 8:39:46 AM

Budget and Finance Approval

*Baker, Walter*  
 5/24/2021 3:15:06 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 - \$600.00 - J0402AZ998 - J040X01058580130 - 31070000  
 - Not Relevant - Order Number 98000018

### Accounts Payable Approval

*Robinson, Sharon D.*  
 6/1/2021 11:36:39 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

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	FAMILY HEALTH CENTERS, INC. ( Inv. STG-0315-192021VP )
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:	03/15/2021 -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
<b>Total Event Reimbursement Amount</b>		<b>\$600</b>

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

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

**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.

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

ST. GEORGE VACCINE 2ND DOSE MARCH 2021

STG-0315-192021VP

CLAIMS#	SERVICE DATE	Visit Type	CHARGES	# of Vaccines
117929	03/15/2021	Covid Vaccine	\$ 10.00	1
117303	03/15/2021	Covid Vaccine	\$ 10.00	1
117305	03/15/2021	Covid Vaccine	\$ 10.00	1
117347	03/15/2021	Covid Vaccine	\$ 10.00	1
117360	03/15/2021	Covid Vaccine	\$ 10.00	1
118083	03/15/2021	Covid Vaccine	\$ 10.00	1
118111	03/15/2021	Covid Vaccine	\$ 10.00	1
118145	03/15/2021	Covid Vaccine	\$ 10.00	1
118182	03/15/2021	Covid Vaccine	\$ 10.00	1
118214	03/15/2021	Covid Vaccine	\$ 10.00	1
117839	03/15/2021	Covid Vaccine	\$ 10.00	1
117697	03/15/2021	Covid Vaccine	\$ 10.00	1
117681	03/15/2021	Covid Vaccine	\$ 10.00	1
117592	03/15/2021	Covid Vaccine	\$ 10.00	1
117645	03/15/2021	Covid Vaccine	\$ 10.00	1
117647	03/15/2021	Covid Vaccine	\$ 10.00	1
117589	03/15/2021	Covid Vaccine	\$ 10.00	1
117590	03/15/2021	Covid Vaccine	\$ 10.00	1
117522	03/15/2021	Covid Vaccine	\$ 10.00	1
117483	03/15/2021	Covid Vaccine	\$ 10.00	1
118328	03/16/2021	Covid Vaccine	\$ 10.00	1
119279	03/17/2021	Covid Vaccine	\$ 10.00	1
119340	03/17/2021	Covid Vaccine	\$ 10.00	1
119391	03/17/2021	Covid Vaccine	\$ 10.00	1
119392	03/17/2021	Covid Vaccine	\$ 10.00	1
119454	03/17/2021	Covid Vaccine	\$ 10.00	1
119540	03/17/2021	Covid Vaccine	\$ 10.00	1
119607	03/17/2021	Covid Vaccine	\$ 10.00	1
119909	03/17/2021	Covid Vaccine	\$ 10.00	1
119937	03/17/2021	Covid Vaccine	\$ 10.00	1
119449	03/17/2021	Covid Vaccine	\$ 10.00	1
119438	03/17/2021	Covid Vaccine	\$ 10.00	1
119432	03/17/2021	Covid Vaccine	\$ 10.00	1
119336	03/17/2021	Covid Vaccine	\$ 10.00	1
119339	03/17/2021	Covid Vaccine	\$ 10.00	1
119321	03/17/2021	Covid Vaccine	\$ 10.00	1
119295	03/17/2021	Covid Vaccine	\$ 10.00	1

119298	03/17/2021	Covid Vaccine	\$	10.00	1
119215	03/17/2021	Covid Vaccine	\$	10.00	1
119996	03/18/2021	Covid Vaccine	\$	10.00	1
120015	03/18/2021	Covid Vaccine	\$	10.00	1
119919	03/18/2021	Covid Vaccine	\$	10.00	1
119887	03/18/2021	Covid Vaccine	\$	10.00	1
119881	03/18/2021	Covid Vaccine	\$	10.00	1
119800	03/18/2021	Covid Vaccine	\$	10.00	1
119744	03/18/2021	Covid Vaccine	\$	10.00	1
119705	03/18/2021	Covid Vaccine	\$	10.00	1
119661	03/18/2021	Covid Vaccine	\$	10.00	1
119576	03/18/2021	Covid Vaccine	\$	10.00	1
120379	03/19/2021	Covid Vaccine	\$	10.00	1
120592	03/19/2021	Covid Vaccine	\$	10.00	1
120676	03/19/2021	Covid Vaccine	\$	10.00	1
120677	03/19/2021	Covid Vaccine	\$	10.00	1
121014	03/19/2021	Covid Vaccine	\$	10.00	1
121016	03/19/2021	Covid Vaccine	\$	10.00	1
121099	03/19/2021	Covid Vaccine	\$	10.00	1
121100	03/19/2021	Covid Vaccine	\$	10.00	1
121153	03/19/2021	Covid Vaccine	\$	10.00	1
121248	03/19/2021	Covid Vaccine	\$	10.00	1
121250	03/19/2021	Covid Vaccine	\$	10.00	1
			<b>\$</b>	<b>600.00</b>	<b>60</b>