



FQHC VAX Secure Invoice Upload

Tracking Number
2020220

Date
5/14/2021

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

INVOICE NUMBER	INVOICE AMOUNT
<u>T1-04282021V</u>	<u>360.00</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.

T1-04282021V - 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
 5/14/2021 2:50:49 PM

\$360.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 5/17/2021 7:59:11 AM

Budget and Finance Approval

Baker, Walter
 5/18/2021 3:02:30 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 - \$360.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/21/2021 9:48:01 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. T1-04282021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	HOLLY HILL DEPOT
Location Address (incl zip):	8603 OLD STATE ROAD HOLLY HILL. SC 29059
Date & Times:	4/28/2021 - 8:30AM - 4PM
Total # Vaccinations:	36
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	\$360
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$360

Additional Cost Summary***:

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

Total Request Amount: \$360

* 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 APRIL 2021

UNIT 1 COVID VACCINES
T1-04282021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES	# of Vaccines
HOLLY HILL DEPOT, 8603 OLD STATE ROAD, HOLLY HILL. SC 29059				
139873	04/28/2021	Covid Vaccine	\$ 10.00	1
139883	04/28/2021	Covid Vaccine	\$ 10.00	1
139885	04/28/2021	Covid Vaccine	\$ 10.00	1
139754	04/28/2021	Covid Vaccine	\$ 10.00	1
139763	04/28/2021	Covid Vaccine	\$ 10.00	1
139764	04/28/2021	Covid Vaccine	\$ 10.00	1
139765	04/28/2021	Covid Vaccine	\$ 10.00	1
139810	04/28/2021	Covid Vaccine	\$ 10.00	1
139871	04/28/2021	Covid Vaccine	\$ 10.00	1
139687	04/28/2021	Covid Vaccine	\$ 10.00	1
139711	04/28/2021	Covid Vaccine	\$ 10.00	1
139714	04/28/2021	Covid Vaccine	\$ 10.00	1
139736	04/28/2021	Covid Vaccine	\$ 10.00	1
139741	04/28/2021	Covid Vaccine	\$ 10.00	1
139748	04/28/2021	Covid Vaccine	\$ 10.00	1
139615	04/28/2021	Covid Vaccine	\$ 10.00	1
139627	04/28/2021	Covid Vaccine	\$ 10.00	1
139632	04/28/2021	Covid Vaccine	\$ 10.00	1
139663	04/28/2021	Covid Vaccine	\$ 10.00	1
139683	04/28/2021	Covid Vaccine	\$ 10.00	1
139685	04/28/2021	Covid Vaccine	\$ 10.00	1
139499	04/28/2021	Covid Vaccine	\$ 10.00	1
139500	04/28/2021	Covid Vaccine	\$ 10.00	1
139530	04/28/2021	Covid Vaccine	\$ 10.00	1
139532	04/28/2021	Covid Vaccine	\$ 10.00	1
139540	04/28/2021	Covid Vaccine	\$ 10.00	1
139552	04/28/2021	Covid Vaccine	\$ 10.00	1
139457	04/28/2021	Covid Vaccine	\$ 10.00	1
139459	04/28/2021	Covid Vaccine	\$ 10.00	1
139465	04/28/2021	Covid Vaccine	\$ 10.00	1
139467	04/28/2021	Covid Vaccine	\$ 10.00	1
139469	04/28/2021	Covid Vaccine	\$ 10.00	1
139474	04/28/2021	Covid Vaccine	\$ 10.00	1
139422	04/28/2021	Covid Vaccine	\$ 10.00	1
139426	04/28/2021	Covid Vaccine	\$ 10.00	1

139453	04/28/2021	Covid Vaccine	\$	10.00	1
			\$	360.00	36