



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020251**

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.

**FQHC-VAX-172**      **Family Health Centers, Inc.**      **57-0524498**      **7000026038**  
 Contract Number (required)      \* Contractor Name      \* Tax ID      \* SCEIS Number

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

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

**INVOICE NUMBER**      **INVOICE AMOUNT**  
**ORG-0329-312021V**      **850.00**

## 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.

ORG-0329-312021V 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 10:30:15 AM

**\$850.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval  

*Bonner, Melissa*  
 5/21/2021 11:48:38 AM

Budget and Finance Approval  

*Samuels, Tierra B.*  
 6/4/2021 10:38:54 AM

Approved Funding      **\$432,450.00**

Approved Invoices to Date

Available Funding      **\$432,450.00**

### Payment Processing Instructions

31070000      Not Relevant      J0402AZ998      J040X01058580130  
 5021310000      Order # 98000018

\$850.00

### Accounts Payable Approval

*Robinson, Sharon D.*  
 6/4/2021 2:06:53 PM

# COVID-19 Vaccination Reimbursement Request

## Community Vaccination Event Information\*

Provider Name:	FAMILY HEALTH CENTERS, INC. ( Inv. ORG-0329-312021V )
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTERS, INC.
Location Address (incl zip):	3310 Magnolia Street, NE Orangeburg, SC 29115
Date & Times:	03/29/2021 -03/31/2021 8:30AM - 4PM
Total # Vaccinations:	85
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	\$850
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$850</b>

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

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

**Total Request Amount: \$850**

\* 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 2 MAIN SITE ORANGEBURG VACCINE MARCH 2021**  
**ORG-0329-312021V**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES</b>	<b># of Vaccines</b>
124619	03/29/2021	Covid Vaccine	\$ 10.00	1
124924	03/29/2021	Covid Vaccine	\$ 10.00	1
124487	03/29/2021	Covid Vaccine	\$ 10.00	1
124471	03/29/2021	Covid Vaccine	\$ 10.00	1
124943	03/29/2021	Covid Vaccine	\$ 10.00	1
124818	03/29/2021	Covid Vaccine	\$ 10.00	1
124412	03/29/2021	Covid Vaccine	\$ 10.00	1
124698	03/29/2021	Covid Vaccine	\$ 10.00	1
124605	03/29/2021	Covid Vaccine	\$ 10.00	1
124603	03/29/2021	Covid Vaccine	\$ 10.00	1
124768	03/29/2021	Covid Vaccine	\$ 10.00	1
124423	03/29/2021	Covid Vaccine	\$ 10.00	1
124422	03/29/2021	Covid Vaccine	\$ 10.00	1
124656	03/29/2021	Covid Vaccine	\$ 10.00	1
124857	03/29/2021	Covid Vaccine	\$ 10.00	1
124609	03/29/2021	Covid Vaccine	\$ 10.00	1
124881	03/29/2021	Covid Vaccine	\$ 10.00	1
124823	03/29/2021	Covid Vaccine	\$ 10.00	1
124692	03/29/2021	Covid Vaccine	\$ 10.00	1
124932	03/29/2021	Covid Vaccine	\$ 10.00	1
124929	03/29/2021	Covid Vaccine	\$ 10.00	1
124466	03/29/2021	Covid Vaccine	\$ 10.00	1
124554	03/29/2021	Covid Vaccine	\$ 10.00	1
124682	03/29/2021	Covid Vaccine	\$ 10.00	1
124499	03/29/2021	Covid Vaccine	\$ 10.00	1
124500	03/29/2021	Covid Vaccine	\$ 10.00	1
124678	03/29/2021	Covid Vaccine	\$ 10.00	1
124683	03/29/2021	Covid Vaccine	\$ 10.00	1
124403	03/29/2021	Covid Vaccine	\$ 10.00	1
124571	03/29/2021	Covid Vaccine	\$ 10.00	1
125233	03/30/2021	Covid Vaccine	\$ 10.00	1
125253	03/30/2021	Covid Vaccine	\$ 10.00	1
125420	03/30/2021	Covid Vaccine	\$ 10.00	1
125573	03/30/2021	Covid Vaccine	\$ 10.00	1
125600	03/30/2021	Covid Vaccine	\$ 10.00	1
125198	03/30/2021	Covid Vaccine	\$ 10.00	1
125590	03/30/2021	Covid Vaccine	\$ 10.00	1

125299	03/30/2021	Covid Vaccine	\$	10.00	1
125251	03/30/2021	Covid Vaccine	\$	10.00	1
125560	03/30/2021	Covid Vaccine	\$	10.00	1
125132	03/30/2021	Covid Vaccine	\$	10.00	1
125317	03/30/2021	Covid Vaccine	\$	10.00	1
125326	03/30/2021	Covid Vaccine	\$	10.00	1
125327	03/30/2021	Covid Vaccine	\$	10.00	1
125604	03/30/2021	Covid Vaccine	\$	10.00	1
125601	03/30/2021	Covid Vaccine	\$	10.00	1
125287	03/30/2021	Covid Vaccine	\$	10.00	1
125254	03/30/2021	Covid Vaccine	\$	10.00	1
125252	03/30/2021	Covid Vaccine	\$	10.00	1
125235	03/30/2021	Covid Vaccine	\$	10.00	1
125331	03/30/2021	Covid Vaccine	\$	10.00	1
125257	03/30/2021	Covid Vaccine	\$	10.00	1
125168	03/30/2021	Covid Vaccine	\$	10.00	1
125321	03/30/2021	Covid Vaccine	\$	10.00	1
125223	03/30/2021	Covid Vaccine	\$	10.00	1
125225	03/30/2021	Covid Vaccine	\$	10.00	1
125222	03/30/2021	Covid Vaccine	\$	10.00	1
126016	03/31/2021	Covid Vaccine	\$	10.00	1
125847	03/31/2021	Covid Vaccine	\$	10.00	1
125771	03/31/2021	Covid Vaccine	\$	10.00	1
125715	03/31/2021	Covid Vaccine	\$	10.00	1
125813	03/31/2021	Covid Vaccine	\$	10.00	1
125995	03/31/2021	Covid Vaccine	\$	10.00	1
125993	03/31/2021	Covid Vaccine	\$	10.00	1
125824	03/31/2021	Covid Vaccine	\$	10.00	1
126153	03/31/2021	Covid Vaccine	\$	10.00	1
126119	03/31/2021	Covid Vaccine	\$	10.00	1
125853	03/31/2021	Covid Vaccine	\$	10.00	1
125660	03/31/2021	Covid Vaccine	\$	10.00	1
126005	03/31/2021	Covid Vaccine	\$	10.00	1
125936	03/31/2021	Covid Vaccine	\$	10.00	1
125638	03/31/2021	Covid Vaccine	\$	10.00	1
126011	03/31/2021	Covid Vaccine	\$	10.00	1
126009	03/31/2021	Covid Vaccine	\$	10.00	1
125743	03/31/2021	Covid Vaccine	\$	10.00	1
125854	03/31/2021	Covid Vaccine	\$	10.00	1
125851	03/31/2021	Covid Vaccine	\$	10.00	1
126146	03/31/2021	Covid Vaccine	\$	10.00	1
125828	03/31/2021	Covid Vaccine	\$	10.00	1
126024	03/31/2021	Covid Vaccine	\$	10.00	1
126025	03/31/2021	Covid Vaccine	\$	10.00	1
125723	03/31/2021	Covid Vaccine	\$	10.00	1

125917	03/31/2021	Covid Vaccine	\$	10.00	1
126006	03/31/2021	Covid Vaccine	\$	10.00	1
126003	03/31/2021	Covid Vaccine	\$	10.00	1
				<hr/>	
			\$	850.00	85
				<hr/>	



If rejecting this form for any reason please provide a brief note to the agency. It will be included in the rejection email notification