



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020273**

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.

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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>NOR-0301-052021VP</b>	<b>810.00</b>

## 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-0301-052021VP 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 3:07:39 PM

**\$810.00**  
Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
5/21/2021 11:43:15 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
6/4/2021 10:34:01 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

\$810.00

### Accounts Payable Approval

*Robinson, Sharon D.*  
6/7/2021 9:49:33 AM

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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. NOR-0301-052021VP )
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:	03/01/2021 -03/05/2021 8:30AM - 4PM
Total # Vaccinations:	81
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	\$810
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$810</b>

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

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

**Total Request Amount: \$810**

\* 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

NORFIELD VACCINE 2 MARCH 2021( PHARMACY)

**NOR-0301-052021VP**

**NOR-0301052021VP**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES</b>	<b># of Vaccines</b>
110358	03/01/2021	Covid Vaccine	\$ 10.00	1
110391	03/01/2021	Covid Vaccine	\$ 10.00	1
110419	03/01/2021	Covid Vaccine	\$ 10.00	1
110472	03/01/2021	Covid Vaccine	\$ 10.00	1
110520	03/01/2021	Covid Vaccine	\$ 10.00	1
110557	03/01/2021	Covid Vaccine	\$ 10.00	1
110571	03/01/2021	Covid Vaccine	\$ 10.00	1
110607	03/01/2021	Covid Vaccine	\$ 10.00	1
110629	03/01/2021	Covid Vaccine	\$ 10.00	1
110751	03/01/2021	Covid Vaccine	\$ 10.00	1
110774	03/01/2021	Covid Vaccine	\$ 10.00	1
110763	03/01/2021	Covid Vaccine	\$ 10.00	1
110705	03/01/2021	Covid Vaccine	\$ 10.00	1
110733	03/01/2021	Covid Vaccine	\$ 10.00	1
110687	03/01/2021	Covid Vaccine	\$ 10.00	1
110597	03/01/2021	Covid Vaccine	\$ 10.00	1
110617	03/01/2021	Covid Vaccine	\$ 10.00	1
110619	03/01/2021	Covid Vaccine	\$ 10.00	1
110942	03/02/2021	Covid Vaccine	\$ 10.00	1
110992	03/02/2021	Covid Vaccine	\$ 10.00	1
111014	03/02/2021	Covid Vaccine	\$ 10.00	1
111045	03/02/2021	Covid Vaccine	\$ 10.00	1
111085	03/02/2021	Covid Vaccine	\$ 10.00	1
111120	03/02/2021	Covid Vaccine	\$ 10.00	1
111137	03/02/2021	Covid Vaccine	\$ 10.00	1
111147	03/02/2021	Covid Vaccine	\$ 10.00	1
111223	03/02/2021	Covid Vaccine	\$ 10.00	1
111153	03/02/2021	Covid Vaccine	\$ 10.00	1
111065	03/02/2021	Covid Vaccine	\$ 10.00	1
110923	03/02/2021	Covid Vaccine	\$ 10.00	1
110924	03/02/2021	Covid Vaccine	\$ 10.00	1
110904	03/02/2021	Covid Vaccine	\$ 10.00	1
110905	03/02/2021	Covid Vaccine	\$ 10.00	1
110847	03/02/2021	Covid Vaccine	\$ 10.00	1
111498	03/03/2021	Covid Vaccine	\$ 10.00	1
111499	03/03/2021	Covid Vaccine	\$ 10.00	1

111527	03/03/2021	Covid Vaccine	\$	10.00	1
111562	03/03/2021	Covid Vaccine	\$	10.00	1
111575	03/03/2021	Covid Vaccine	\$	10.00	1
111648	03/03/2021	Covid Vaccine	\$	10.00	1
111672	03/03/2021	Covid Vaccine	\$	10.00	1
111690	03/03/2021	Covid Vaccine	\$	10.00	1
111705	03/03/2021	Covid Vaccine	\$	10.00	1
111735	03/03/2021	Covid Vaccine	\$	10.00	1
111708	03/03/2021	Covid Vaccine	\$	10.00	1
111711	03/03/2021	Covid Vaccine	\$	10.00	1
111631	03/03/2021	Covid Vaccine	\$	10.00	1
111615	03/03/2021	Covid Vaccine	\$	10.00	1
111616	03/03/2021	Covid Vaccine	\$	10.00	1
111599	03/03/2021	Covid Vaccine	\$	10.00	1
111557	03/03/2021	Covid Vaccine	\$	10.00	1
111481	03/03/2021	Covid Vaccine	\$	10.00	1
111520	03/03/2021	Covid Vaccine	\$	10.00	1
111422	03/03/2021	Covid Vaccine	\$	10.00	1
111446	03/03/2021	Covid Vaccine	\$	10.00	1
111910	03/04/2021	Covid Vaccine	\$	10.00	1
111952	03/04/2021	Covid Vaccine	\$	10.00	1
111953	03/04/2021	Covid Vaccine	\$	10.00	1
111975	03/04/2021	Covid Vaccine	\$	10.00	1
112135	03/04/2021	Covid Vaccine	\$	10.00	1
112171	03/04/2021	Covid Vaccine	\$	10.00	1
112214	03/04/2021	Covid Vaccine	\$	10.00	1
112345	03/04/2021	Covid Vaccine	\$	10.00	1
112308	03/04/2021	Covid Vaccine	\$	10.00	1
112192	03/04/2021	Covid Vaccine	\$	10.00	1
112030	03/04/2021	Covid Vaccine	\$	10.00	1
111927	03/04/2021	Covid Vaccine	\$	10.00	1
112707	03/05/2021	Covid Vaccine	\$	10.00	1
112710	03/05/2021	Covid Vaccine	\$	10.00	1
112743	03/05/2021	Covid Vaccine	\$	10.00	1
112803	03/05/2021	Covid Vaccine	\$	10.00	1
112823	03/05/2021	Covid Vaccine	\$	10.00	1
112884	03/05/2021	Covid Vaccine	\$	10.00	1
112909	03/05/2021	Covid Vaccine	\$	10.00	1
113075	03/05/2021	Covid Vaccine	\$	10.00	1
112991	03/05/2021	Covid Vaccine	\$	10.00	1
112954	03/05/2021	Covid Vaccine	\$	10.00	1
112955	03/05/2021	Covid Vaccine	\$	10.00	1
112787	03/05/2021	Covid Vaccine	\$	10.00	1
112703	03/05/2021	Covid Vaccine	\$	10.00	1
112706	03/05/2021	Covid Vaccine	\$	10.00	1

\$ 810.00	81
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