



FQHC VAX Secure Invoice Upload

Tracking Number
2020125

Date
4/21/2021

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>Assist. 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>N-HH02222021</u>	<u>520.00</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.

Nurse Vaccines HH INVOICES 02262021

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
4/21/2021 11:53:48 AM

\$520.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
4/21/2021 12:29:56 PM

Budget and Finance Approval

Baker, Walter
4/23/2021 3:07:05 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

5021310000 - \$520.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/3/2021 10:33:59 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. N-HH02222021)
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTER AT HOLLY HILL
Location Address (incl zip):	922 Holly Street Holly Hills, SC 29059
Date & Times:	2/22/2021, 2/23/2021, 2/24/2021, 2/25/2021, 2/26/2021 - 8:30AM - 4PM
Total # Vaccinations:	52
Eligible Vaccinations**:	0

Please select yes or no to the following questions to determine eligible reimbursement:

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$520
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$520

Additional Cost Summary***:

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

Total Request Amount: \$520

* 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.

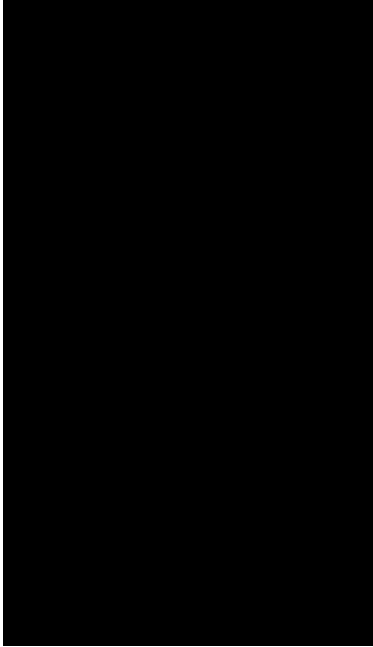
*** Claiming additional costs requires detailed justification and documentation. Please attach answers to the following questions:

- 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.

NURSE VACCINES BY SITE
N-HH0222021

CLAIMS#	SERVICE		PATIENT	Visit Type	CHARGES	# of Vaccines
	DATE	PVDR				
107941	02/22/2021	KG		Covid Vaccine	\$ 10.00	1
108585	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108596	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108642	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108381	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108426	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108342	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108280	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108305	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108277	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
108256	02/23/2021	KG		Covid Vaccine	\$ 10.00	1
109173	02/24/2021	KG		Covid Vaccine	\$ 10.00	1
109176	02/24/2021	KG		Covid Vaccine	\$ 10.00	1
109612	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109616	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109618	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109631	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109620	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109603	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109613	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109566	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109513	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109541	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109376	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109396	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109211	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109166	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109120	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109112	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109152	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109068	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109083	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109087	02/25/2021	KG		Covid Vaccine	\$ 10.00	1
109758	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109807	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109835	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109857	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109861	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109877	02/26/2021	KG		Covid Vaccine	\$ 10.00	1
109878	02/26/2021	KG		Covid Vaccine	\$ 10.00	1

109880 02/26/2020 KG
109894 02/26/2020 KG
109906 02/26/2020 KG
109916 02/26/2020 KG
110100 02/26/2020 KG
110101 02/26/2020 KG
110110 02/26/2020 KG
110119 02/26/2020 KG
110140 02/26/2020 KG
110104 02/26/2020 KG
110081 02/26/2020 KG
110056 02/26/2020 KG



Covid Vaccine	\$	10.00	1
Covid Vaccine	\$	10.00	1
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Covid Vaccine	\$	10.00	1
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		\$ 520.00	52
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