



FQHC VAX Secure Invoice Upload

Tracking Number
2020123

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.

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

INVOICE NUMBER	INVOICE AMOUNT
N-VAN02222021	80.00

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.

Nurse Vaccines VAN INVOICES 02242021

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 11:28:38 AM

\$80.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
4/21/2021 12:25:37 PM

Budget and Finance Approval

Baker, Walter
4/23/2021 3:08:40 PM

Approved Funding	\$432,450.00
Approved Invoices to Date	
Available Funding	\$432,450.00

Payment Processing Instructions

5021310000 - \$80.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/3/2021 10:39:30 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-VAN02222021)
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at Vance
Location Address (incl zip):	10278 Old #6 Hwy Vance, SC 29163
Date & Times:	2/23/2021, 2/25/2021,2/26/2021 - 8:30AM - 4PM
Total # Vaccinations:	8
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	\$80
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$80

Additional Cost Summary***:

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

Total Request Amount: \$80

* 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-VAN02222021

CLAIMS#	SERVICE DATE	PVDR	PATIENT	Visit Type	CHARGE \$	# of Vaccines
VANCE COMMUNITY MEDICAL 10278 Old #6 Hwy, Vance, SC 29163						
108282	02/23/2021	JAH		Covid Vaccine	\$ 10.00	1
109127	02/25/2021	JAH		Covid Vaccine	\$ 10.00	1
109866	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
109879	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
109887	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
109909	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
109919	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
109920	02/26/2021	JAH		Covid Vaccine	\$ 10.00	1
					\$ 80.00	8