



# FQHC VAX Secure Invoice Upload

Tracking Number

2020131

Date

4/22/2021

## 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

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<u>T103052021V</u>	<u>800.00</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 03052021V 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*  
 4/22/2021 2:59:09 PM

**\$800.00**

Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 4/23/2021 11:30:03 AM

Budget and Finance Approval

*Baker, Walter*  
 4/23/2021 3:19:15 PM

Approved Funding

**\$432,450.00**

Approved Invoices to Date

Available Funding

**\$432,450.00**

Payment Processing Instructions

5021310000 - \$800.00- J0402AZ998 – J040X01058580130 – 31070000  
 – Not Relevant – Order Number 98000018

Accounts Payable Approval

*Robinson, Sharon D.*  
 5/3/2021 10:49:01 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. T103052021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	JOHN FORD COMMUNITY CENTER
Location Address (incl zip):	304 AGNES STREET SAINT MATTHEWS, SC 29135
Date & Times:	3/05/2021 - 8:30AM - 4PM
Total # Vaccinations:	80
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 your organization provide vaccination staff for this event?

## Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$800
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$800</b>

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

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

**Total Request Amount: \$800**

\* 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

**TEAM 1**

**COVID VACCINE TEAM 1 - MARCH 2021**

**T103052021V**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES</b>	<b># of Vaccines</b>
<b>JOHN FORD COMMUNITY CENTER, 304 AGNES STREET, SAINT MATTHEWS, SC 29135</b>				
112554	03/05/2021	Covid Vaccine	\$ 10.00	1
112576	03/05/2021	Covid Vaccine	\$ 10.00	1
112633	03/05/2021	Covid Vaccine	\$ 10.00	1
112641	03/05/2021	Covid Vaccine	\$ 10.00	1
112646	03/05/2021	Covid Vaccine	\$ 10.00	1
112723	03/05/2021	Covid Vaccine	\$ 10.00	1
112724	03/05/2021	Covid Vaccine	\$ 10.00	1
112760	03/05/2021	Covid Vaccine	\$ 10.00	1
112805	03/05/2021	Covid Vaccine	\$ 10.00	1
112806	03/05/2021	Covid Vaccine	\$ 10.00	1
112828	03/05/2021	Covid Vaccine	\$ 10.00	1
112829	03/05/2021	Covid Vaccine	\$ 10.00	1
112890	03/05/2021	Covid Vaccine	\$ 10.00	1
112894	03/05/2021	Covid Vaccine	\$ 10.00	1
112919	03/05/2021	Covid Vaccine	\$ 10.00	1
112921	03/05/2021	Covid Vaccine	\$ 10.00	1
112922	03/05/2021	Covid Vaccine	\$ 10.00	1
112924	03/05/2021	Covid Vaccine	\$ 10.00	1
113011	03/05/2021	Covid Vaccine	\$ 10.00	1
113048	03/05/2021	Covid Vaccine	\$ 10.00	1
113049	03/05/2021	Covid Vaccine	\$ 10.00	1
113056	03/05/2021	Covid Vaccine	\$ 10.00	1
113058	03/05/2021	Covid Vaccine	\$ 10.00	1
113086	03/05/2021	Covid Vaccine	\$ 10.00	1
113094	03/05/2021	Covid Vaccine	\$ 10.00	1
113095	03/05/2021	Covid Vaccine	\$ 10.00	1
113140	03/05/2021	Covid Vaccine	\$ 10.00	1
113142	03/05/2021	Covid Vaccine	\$ 10.00	1
113143	03/05/2021	Covid Vaccine	\$ 10.00	1
113189	03/05/2021	Covid Vaccine	\$ 10.00	1
113191	03/05/2021	Covid Vaccine	\$ 10.00	1
113198	03/05/2021	Covid Vaccine	\$ 10.00	1
113199	03/05/2021	Covid Vaccine	\$ 10.00	1
113238	03/05/2021	Covid Vaccine	\$ 10.00	1
113205	03/05/2021	Covid Vaccine	\$ 10.00	1

113207	03/05/2021	Covid Vaccine	\$	10.00	1
113209	03/05/2021	Covid Vaccine	\$	10.00	1
113223	03/05/2021	Covid Vaccine	\$	10.00	1
113224	03/05/2021	Covid Vaccine	\$	10.00	1
113245	03/05/2021	Covid Vaccine	\$	10.00	1
113253	03/05/2021	Covid Vaccine	\$	10.00	1
113254	03/05/2021	Covid Vaccine	\$	10.00	1
113255	03/05/2021	Covid Vaccine	\$	10.00	1
113256	03/05/2021	Covid Vaccine	\$	10.00	1
113227	03/05/2021	Covid Vaccine	\$	10.00	1
113228	03/05/2021	Covid Vaccine	\$	10.00	1
113229	03/05/2021	Covid Vaccine	\$	10.00	1
113208	03/05/2021	Covid Vaccine	\$	10.00	1
113206	03/05/2021	Covid Vaccine	\$	10.00	1
113204	03/05/2021	Covid Vaccine	\$	10.00	1
113177	03/05/2021	Covid Vaccine	\$	10.00	1
113179	03/05/2021	Covid Vaccine	\$	10.00	1
113180	03/05/2021	Covid Vaccine	\$	10.00	1
113181	03/05/2021	Covid Vaccine	\$	10.00	1
113183	03/05/2021	Covid Vaccine	\$	10.00	1
113127	03/05/2021	Covid Vaccine	\$	10.00	1
113129	03/05/2021	Covid Vaccine	\$	10.00	1
113145	03/05/2021	Covid Vaccine	\$	10.00	1
113000	03/05/2021	Covid Vaccine	\$	10.00	1
113002	03/05/2021	Covid Vaccine	\$	10.00	1
113004	03/05/2021	Covid Vaccine	\$	10.00	1
113006	03/05/2021	Covid Vaccine	\$	10.00	1
112960	03/05/2021	Covid Vaccine	\$	10.00	1
112976	03/05/2021	Covid Vaccine	\$	10.00	1
112996	03/05/2021	Covid Vaccine	\$	10.00	1
112929	03/05/2021	Covid Vaccine	\$	10.00	1
112930	03/05/2021	Covid Vaccine	\$	10.00	1
112931	03/05/2021	Covid Vaccine	\$	10.00	1
112838	03/05/2021	Covid Vaccine	\$	10.00	1
112840	03/05/2021	Covid Vaccine	\$	10.00	1
112844	03/05/2021	Covid Vaccine	\$	10.00	1
112808	03/05/2021	Covid Vaccine	\$	10.00	1
112796	03/05/2021	Covid Vaccine	\$	10.00	1
112767	03/05/2021	Covid Vaccine	\$	10.00	1
112768	03/05/2021	Covid Vaccine	\$	10.00	1
112769	03/05/2021	Covid Vaccine	\$	10.00	1
112711	03/05/2021	Covid Vaccine	\$	10.00	1
112713	03/05/2021	Covid Vaccine	\$	10.00	1
112688	03/05/2021	Covid Vaccine	\$	10.00	1
112452	03/05/2021	Covid Vaccine	\$	10.00	1

TOTAL

\$ 800.00 80