



FQHC VAX Secure Invoice Upload

Tracking Number
2020134

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

INVOICE NUMBER	INVOICE AMOUNT
<u>T103102021V</u>	<u>290.00</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 03102021V 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 3:05:14 PM

\$290.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 4/23/2021 11:29:11 AM

Budget and Finance Approval

Baker, Walter
 4/23/2021 2:54:23 PM

Approved Funding	<u>\$432,450.00</u>
Approved Invoices to Date	<u></u>
Available Funding	<u>\$432,450.00</u>

Payment Processing Instructions

5021310000 - \$290.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/3/2021 9:28:32 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. T103102021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG CITY GYM
Location Address (incl zip):	410 BROUGHTON STREET ORANGEBURG, SC 29115
Date & Times:	3/10/2021 - 8:30AM - 4PM
Total # Vaccinations:	29
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	\$290
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$290

Additional Cost Summary***:

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

Total Request Amount: \$290

* 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

T103102021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES	# of Vaccines
ORANGEBURG CITY GYM, 410 BROUGHTON STREET, ORANGEBURG, SC 29115				
115110	03/10/2021	Covid Vaccine	\$ 10.00	1
115205	03/10/2021	Covid Vaccine	\$ 10.00	1
115207	03/10/2021	Covid Vaccine	\$ 10.00	1
115289	03/10/2021	Covid Vaccine	\$ 10.00	1
115356	03/10/2021	Covid Vaccine	\$ 10.00	1
115427	03/10/2021	Covid Vaccine	\$ 10.00	1
115429	03/10/2021	Covid Vaccine	\$ 10.00	1
115475	03/10/2021	Covid Vaccine	\$ 10.00	1
115546	03/10/2021	Covid Vaccine	\$ 10.00	1
115566	03/10/2021	Covid Vaccine	\$ 10.00	1
115572	03/10/2021	Covid Vaccine	\$ 10.00	1
115401	03/10/2021	Covid Vaccine	\$ 10.00	1
115402	03/10/2021	Covid Vaccine	\$ 10.00	1
115470	03/10/2021	Covid Vaccine	\$ 10.00	1
115399	03/10/2021	Covid Vaccine	\$ 10.00	1
115400	03/10/2021	Covid Vaccine	\$ 10.00	1
115231	03/10/2021	Covid Vaccine	\$ 10.00	1
115237	03/10/2021	Covid Vaccine	\$ 10.00	1
115232	03/10/2021	Covid Vaccine	\$ 10.00	1
115234	03/10/2021	Covid Vaccine	\$ 10.00	1
115164	03/10/2021	Covid Vaccine	\$ 10.00	1
115166	03/10/2021	Covid Vaccine	\$ 10.00	1
115168	03/10/2021	Covid Vaccine	\$ 10.00	1
115155	03/10/2021	Covid Vaccine	\$ 10.00	1
115157	03/10/2021	Covid Vaccine	\$ 10.00	1
115144	03/10/2021	Covid Vaccine	\$ 10.00	1
115143	03/10/2021	Covid Vaccine	\$ 10.00	1
115105	03/10/2021	Covid Vaccine	\$ 10.00	1
115053	03/10/2021	Covid Vaccine	\$ 10.00	1
TOTAL			\$ 290.00	29