



# FQHC VAX Secure Invoice Upload

Tracking Number

2020138

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>ASST 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>T103162021V</u>	<u>1,960.00</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 03162021V 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 3:15:40 PM

\$1,960.00  
Invoice Total

Yes  
 No

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

ACC Testing Approval

*Bonner, Melissa*  
 4/23/2021 11:39:34 AM

Budget and Finance Approval

*Baker, Walter*  
 4/23/2021 2:46:22 PM

Approved Funding \$432,450.00

Approved Invoices to Date \_\_\_\_\_

Available Funding \$432,450.00

### Payment Processing Instructions

5021310000 - \$1960.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

### Accounts Payable Approval

*Robinson, Sharon D.*  
 4/30/2021 4:57:39 PM



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.T103162021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG CITY GYM
Location Address (incl zip):	410 BROUGHTON STREET ORANGEBURG, SC 29115
Date & Times:	3/16/2021 - 8:30AM - 4PM
Total # Vaccinations:	196
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	\$1,960
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$1,960</b>

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

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

**Total Request Amount: \$1,960**

\* 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**

**T103162021V**

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES</b>	<b># of Vaccines</b>
<b>ORANGEBURG CITY GYM, 410 BROUGHTON STREET, ORANGEBURG, SC 29115</b>				
118252	03/16/2021	Covid Vaccine	\$ 10.00	1
118256	03/16/2021	Covid Vaccine	\$ 10.00	1
118257	03/16/2021	Covid Vaccine	\$ 10.00	1
118259	03/16/2021	Covid Vaccine	\$ 10.00	1
118260	03/16/2021	Covid Vaccine	\$ 10.00	1
118283	03/16/2021	Covid Vaccine	\$ 10.00	1
118285	03/16/2021	Covid Vaccine	\$ 10.00	1
118287	03/16/2021	Covid Vaccine	\$ 10.00	1
118279	03/16/2021	Covid Vaccine	\$ 10.00	1
118280	03/16/2021	Covid Vaccine	\$ 10.00	1
118330	03/16/2021	Covid Vaccine	\$ 10.00	1
118331	03/16/2021	Covid Vaccine	\$ 10.00	1
118336	03/16/2021	Covid Vaccine	\$ 10.00	1
118327	03/16/2021	Covid Vaccine	\$ 10.00	1
118361	03/16/2021	Covid Vaccine	\$ 10.00	1
118362	03/16/2021	Covid Vaccine	\$ 10.00	1
118364	03/16/2021	Covid Vaccine	\$ 10.00	1
118359	03/16/2021	Covid Vaccine	\$ 10.00	1
118435	03/16/2021	Covid Vaccine	\$ 10.00	1
118436	03/16/2021	Covid Vaccine	\$ 10.00	1
118442	03/16/2021	Covid Vaccine	\$ 10.00	1
118463	03/16/2021	Covid Vaccine	\$ 10.00	1
118479	03/16/2021	Covid Vaccine	\$ 10.00	1
118481	03/16/2021	Covid Vaccine	\$ 10.00	1
118482	03/16/2021	Covid Vaccine	\$ 10.00	1
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118486	03/16/2021	Covid Vaccine	\$ 10.00	1
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118525	03/16/2021	Covid Vaccine	\$ 10.00	1
118527	03/16/2021	Covid Vaccine	\$ 10.00	1
118530	03/16/2021	Covid Vaccine	\$ 10.00	1
118531	03/16/2021	Covid Vaccine	\$ 10.00	1
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118546	03/16/2021	Covid Vaccine	\$ 10.00	1

118547	03/16/2021	Covid Vaccine	\$	10.00	1
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118551	03/16/2021	Covid Vaccine	\$	10.00	1
118562	03/16/2021	Covid Vaccine	\$	10.00	1
118586	03/16/2021	Covid Vaccine	\$	10.00	1
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118431	03/16/2021	Covid Vaccine	\$	10.00	1
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118323	03/16/2021	Covid Vaccine	\$	10.00	1
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118360	03/16/2021	Covid Vaccine	\$	10.00	1
118290	03/16/2021	Covid Vaccine	\$	10.00	1
118292	03/16/2021	Covid Vaccine	\$	10.00	1
118293	03/16/2021	Covid Vaccine	\$	10.00	1
118294	03/16/2021	Covid Vaccine	\$	10.00	1
118297	03/16/2021	Covid Vaccine	\$	10.00	1
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118303	03/16/2021	Covid Vaccine	\$	10.00	1
118305	03/16/2021	Covid Vaccine	\$	10.00	1
118306	03/16/2021	Covid Vaccine	\$	10.00	1
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118262	03/16/2021	Covid Vaccine	\$	10.00	1
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118244	03/16/2021	Covid Vaccine	\$	10.00	1
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118250	03/16/2021	Covid Vaccine	\$	10.00	1
118251	03/16/2021	Covid Vaccine	\$	10.00	1
118254	03/16/2021	Covid Vaccine	\$	10.00	1

TOTAL				<u>\$ 1,960.00</u>	<u>196</u>
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