



FQHC VAX Secure Invoice Upload

Tracking Number
2020170

Date
4/28/2021

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 **Family Health Centers, Inc.** **57-0524498** **7000026038**
 Contract Number (required) * Contractor Name * Tax ID * SCEIS Number

Angela Brown **ASST CONTROLLER** **(803) 531-6961** **Angela.Brown@myfhc.org**
 Contact (Full Name) Title Phone EXT Contact EMAIL

P. O. Box 1806 3310 Magnolia Street, NE **Orangeburg** **SC** **29115**
 * Address * STE # * City * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
T203022021VC	400.00

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.

T203022021V - 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
4/28/2021 4:07:26 PM

\$400.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
4/29/2021 9:07:20 AM

Budget and Finance Approval
Baker, Walter
4/29/2021 2:01:39 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

5021310000 - \$400.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/3/2021 3:56:03 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. T203022021VC)
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG CITY GYM
Location Address (incl zip):	410 BROUGHTON STREET ORANGEBURG, SC 29115
Date & Times:	03/02/2021 - 8:30AM - 4PM
Total # Vaccinations:	40
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	\$400
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$400

Additional Cost Summary***:

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

Total Request Amount: \$400

* 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
 T203022021VC
 COVID VACCINE TEAM 2

CLAIMS#	SERVICE DATE	Visit Type	CHARGE S	# of Vaccines
ORANGEBURG CITY GYM, 410 BROUGHTON STREET, ORANGEBURG, SC 29115				
110819	03/02/2021	Covid Vaccine	\$10	1
110842	03/02/2021	Covid Vaccine	\$10	1
110870	03/02/2021	Covid Vaccine	\$10	1
110871	03/02/2021	Covid Vaccine	\$10	1
110878	03/02/2021	Covid Vaccine	\$10	1
110947	03/02/2021	Covid Vaccine	\$10	1
110949	03/02/2021	Covid Vaccine	\$10	1
110968	03/02/2021	Covid Vaccine	\$10	1
110969	03/02/2021	Covid Vaccine	\$10	1
110994	03/02/2021	Covid Vaccine	\$10	1
110997	03/02/2021	Covid Vaccine	\$10	1
111015	03/02/2021	Covid Vaccine	\$10	1
111056	03/02/2021	Covid Vaccine	\$10	1
111090	03/02/2021	Covid Vaccine	\$10	1
111091	03/02/2021	Covid Vaccine	\$10	1
111124	03/02/2021	Covid Vaccine	\$10	1
111130	03/02/2021	Covid Vaccine	\$10	1
111131	03/02/2021	Covid Vaccine	\$10	1
111214	03/02/2021	Covid Vaccine	\$10	1
111247	03/02/2021	Covid Vaccine	\$10	1
111250	03/02/2021	Covid Vaccine	\$10	1
111257	03/02/2021	Covid Vaccine	\$10	1
111353	03/02/2021	Covid Vaccine	\$10	1
111344	03/02/2021	Covid Vaccine	\$10	1
111253	03/02/2021	Covid Vaccine	\$10	1
111164	03/02/2021	Covid Vaccine	\$10	1
111166	03/02/2021	Covid Vaccine	\$10	1
111068	03/02/2021	Covid Vaccine	\$10	1
111069	03/02/2021	Covid Vaccine	\$10	1
111033	03/02/2021	Covid Vaccine	\$10	1
111035	03/02/2021	Covid Vaccine	\$10	1
111019	03/02/2021	Covid Vaccine	\$10	1
110888	03/02/2021	Covid Vaccine	\$10	1
110881	03/02/2021	Covid Vaccine	\$10	1
110853	03/02/2021	Covid Vaccine	\$10	1
110832	03/02/2021	Covid Vaccine	\$10	1

110834	03/02/2021	Covid Vaccine	\$10	1
110815	03/02/2021	Covid Vaccine	\$10	1
110817	03/02/2021	Covid Vaccine	\$10	1
110823	03/02/2021	Covid Vaccine	\$10	1

TOTALS:			<u>\$400</u>	<u>40</u>
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