



FQHC VAX Secure Invoice Upload

Tracking Number
2020171

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**
T203042021VC **390.00**

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.

T203042021VC - 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 4:36:49 PM

\$390.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
4/29/2021 9:04:08 AM

Budget and Finance Approval
Baker, Walter
4/29/2021 2:00:12 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

5021310000 - \$390.00 - J0402AZ998 - J040X01058580130 - 31070000
 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
5/3/2021 3:47:00 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. T203042021VC)
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG COUNTY FAIRGROUNDS
Location Address (incl zip):	350 MAGNOLIA STREET ORANGEBURG, SC 29115
Date & Times:	03/04/2021 - 8:30AM - 4PM
Total # Vaccinations:	39
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	\$390
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$390

Additional Cost Summary***:

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

Total Request Amount: \$390

* 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
 T203042021VC
 COVID VACCINE TEAM 2

CLAIMS#	SERVICE DATE	Visit Type	CHARGE S	# of Vaccines
ORANGEBURG COUNTY FAIRGROUNDS, 350 MAGNOLIA STREET, ORANGEBURG, SC 29115				
111850	03/04/2021	Covid Vaccine	\$10	1
111851	03/04/2021	Covid Vaccine	\$10	1
111853	03/04/2021	Covid Vaccine	\$10	1
111896	03/04/2021	Covid Vaccine	\$10	1
111898	03/04/2021	Covid Vaccine	\$10	1
111899	03/04/2021	Covid Vaccine	\$10	1
111913	03/04/2021	Covid Vaccine	\$10	1
111914	03/04/2021	Covid Vaccine	\$10	1
111960	03/04/2021	Covid Vaccine	\$10	1
111961	03/04/2021	Covid Vaccine	\$10	1
111962	03/04/2021	Covid Vaccine	\$10	1
111963	03/04/2021	Covid Vaccine	\$10	1
112054	03/04/2021	Covid Vaccine	\$10	1
112082	03/04/2021	Covid Vaccine	\$10	1
112083	03/04/2021	Covid Vaccine	\$10	1
112084	03/04/2021	Covid Vaccine	\$10	1
112102	03/04/2021	Covid Vaccine	\$10	1
112103	03/04/2021	Covid Vaccine	\$10	1
112142	03/04/2021	Covid Vaccine	\$10	1
112143	03/04/2021	Covid Vaccine	\$10	1
112146	03/04/2021	Covid Vaccine	\$10	1
112180	03/04/2021	Covid Vaccine	\$10	1
112181	03/04/2021	Covid Vaccine	\$10	1
112223	03/04/2021	Covid Vaccine	\$10	1
112225	03/04/2021	Covid Vaccine	\$10	1
112227	03/04/2021	Covid Vaccine	\$10	1
112281	03/04/2021	Covid Vaccine	\$10	1
112283	03/04/2021	Covid Vaccine	\$10	1
112303	03/04/2021	Covid Vaccine	\$10	1
112334	03/04/2021	Covid Vaccine	\$10	1
112335	03/04/2021	Covid Vaccine	\$10	1
112336	03/04/2021	Covid Vaccine	\$10	1
112357	03/04/2021	Covid Vaccine	\$10	1
112358	03/04/2021	Covid Vaccine	\$10	1
112376	03/04/2021	Covid Vaccine	\$10	1
112395	03/04/2021	Covid Vaccine	\$10	1

112407	03/04/2021	Covid Vaccine	\$10	1
112420	03/04/2021	Covid Vaccine	\$10	1
112321	03/04/2021	Covid Vaccine	\$10	1
TOTALS:			<u>\$390</u>	<u>39</u>