



FQHC VAX Secure Invoice Upload

Tracking Number

2020157

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.

<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

INVOICE NUMBER	INVOICE AMOUNT
<u>T203112021V</u>	<u>4,440.00</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.

T203112021V - 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 3:15:51 PM

\$4,440.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 4/29/2021 8:58:11 AM

Budget and Finance Approval

Baker, Walter
 4/29/2021 2:02:59 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

5021310000 - \$4440.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/3/2021 4:07:34 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. T203112021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG COUNTY FAIRGROUNDS
Location Address (incl zip):	350 MAGNOLIA STREET ORANGEBURG, SC 29115
Date & Times:	03/11/2021 - 8:30AM - 4PM
Total # Vaccinations:	444
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	\$4,440
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$4,440

Additional Cost Summary***:

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

Total Request Amount: \$4,440

* 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
 T203112021V
 COVID VACCINE TEAM 2

CLAIMS#	SERVICE DATE	Visit Type	CHARGE S	# of Vaccines
ORANGEBURG COUNTY FAIRGROUNDS, 350 MAGNOLIA STREET, ORANGEBURG, SC 29115				
115621	03/11/2021	Covid Vaccine	\$10	1
115622	03/11/2021	Covid Vaccine	\$10	1
115623	03/11/2021	Covid Vaccine	\$10	1
115624	03/11/2021	Covid Vaccine	\$10	1
115625	03/11/2021	Covid Vaccine	\$10	1
115626	03/11/2021	Covid Vaccine	\$10	1
115627	03/11/2021	Covid Vaccine	\$10	1
115628	03/11/2021	Covid Vaccine	\$10	1
115630	03/11/2021	Covid Vaccine	\$10	1
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