



FQHC VAX Secure Invoice Upload

Tracking Number

2020163

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>Chief Executive Offic</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>T203222021V</u>	<u>380.00</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.

T203222021V - 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 3:35:40 PM

\$380.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 4/29/2021 8:54:32 AM

Budget and Finance Approval

Baker, Walter
 4/29/2021 1:58:29 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

5021310000 - \$380.00 - J0402AZ998 - J040X01058580130 - 31070000 - Not Relevant - Order Number 98000018

Accounts Payable Approval

Robinson, Sharon D.
 5/3/2021 3:37:36 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. T203222021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	SAINT MARK UNITED METHODIST CHURCH
Location Address (incl zip):	8502 NORTH ROAD NORTH, SC 29112
Date & Times:	03/22/2021 - 8:30AM - 4PM
Total # Vaccinations:	38
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	\$380
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$380

Additional Cost Summary***:

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

Total Request Amount: \$380

* 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
 T203222021V
 COVID VACCINE TEAM 2

CLAIMS#	SERVICE DATE	Visit Type	CHARGE S	# of Vaccines
SENIORS RECREATION AND LEISURE CENTER, 220 PARK STREET, NEESES, SC 29107				
121385	03/22/2021	Covid Vaccine	\$10	1
121397	03/22/2021	Covid Vaccine	\$10	1
121434	03/22/2021	Covid Vaccine	\$10	1
121435	03/22/2021	Covid Vaccine	\$10	1
121464	03/22/2021	Covid Vaccine	\$10	1
121498	03/22/2021	Covid Vaccine	\$10	1
121500	03/22/2021	Covid Vaccine	\$10	1
121522	03/22/2021	Covid Vaccine	\$10	1
121521	03/22/2021	Covid Vaccine	\$10	1
121568	03/22/2021	Covid Vaccine	\$10	1
121548	03/22/2021	Covid Vaccine	\$10	1
121772	03/22/2021	Covid Vaccine	\$10	1
121764	03/22/2021	Covid Vaccine	\$10	1
121633	03/22/2021	Covid Vaccine	\$10	1
121585	03/22/2021	Covid Vaccine	\$10	1
121586	03/22/2021	Covid Vaccine	\$10	1
121572	03/22/2021	Covid Vaccine	\$10	1
121573	03/22/2021	Covid Vaccine	\$10	1
121600	03/22/2021	Covid Vaccine	\$10	1
121451	03/22/2021	Covid Vaccine	\$10	1
121406	03/22/2021	Covid Vaccine	\$10	1
121410	03/22/2021	Covid Vaccine	\$10	1
121416	03/22/2021	Covid Vaccine	\$10	1
121421	03/22/2021	Covid Vaccine	\$10	1
121327	03/22/2021	Covid Vaccine	\$10	1
121329	03/22/2021	Covid Vaccine	\$10	1
121331	03/22/2021	Covid Vaccine	\$10	1
121333	03/22/2021	Covid Vaccine	\$10	1
121340	03/22/2021	Covid Vaccine	\$10	1
121310	03/22/2021	Covid Vaccine	\$10	1
121315	03/22/2021	Covid Vaccine	\$10	1
121321	03/22/2021	Covid Vaccine	\$10	1
121292	03/22/2021	Covid Vaccine	\$10	1
121297	03/22/2021	Covid Vaccine	\$10	1
121134	03/22/2021	Covid Vaccine	\$10	1
121123	03/22/2021	Covid Vaccine	\$10	1

121128	03/22/2021	Covid Vaccine	\$10	1
121132	03/22/2021	Covid Vaccine	\$10	1
TOTALS:			<u>\$380</u>	<u>38</u>