



FQHC VAX Secure Invoice Upload

Tracking Number

2020322

Date

6/18/2021

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>DEN-0412-162021V</u>	<u>550.00</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.

DEN-0412-162021V 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
 6/18/2021 3:42:59 PM

\$550.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/21/2021 9:02:02 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/25/2021 12:12:28 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Full Amount \$550.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 10:41:15 AM



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. DEN-0412-162021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTER AT DENMARK
Location Address (incl zip):	5616 Carolina Highway Denmark, SC 29042
Date & Times:	04/12/2021 -04/16/2021 8:30AM - 4PM
Total # Vaccinations:	55
Eligible Vaccinations**:	0

Please select yes or no to the following questions to determine eligible reimbursement:

<input type="checkbox"/> Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$550
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$550

Additional Cost Summary***:

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

Total Request Amount: \$550

* 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 CENTER, INC.

3310 Magnolia Street

Orangeburg, SC 29115

DENMARK SITE

Inv. DEN-0412-162021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES to DHEC	# of Vaccines
131107	04/12/202	Covid Vaccine	\$ 10.00	1
131162	04/12/202	Covid Vaccine	\$ 10.00	1
131174	04/12/202	Covid Vaccine	\$ 10.00	1
131221	04/12/202	Covid Vaccine	\$ 10.00	1
131502	04/12/202	Covid Vaccine	\$ 10.00	1
131505	04/12/202	Covid Vaccine	\$ 10.00	1
131513	04/12/202	Covid Vaccine	\$ 10.00	1
131538	04/12/202	Covid Vaccine	\$ 10.00	1
131560	04/12/202	Covid Vaccine	\$ 10.00	1
131565	04/12/202	Covid Vaccine	\$ 10.00	1
131851	04/13/202	Covid Vaccine	\$ 10.00	1
131852	04/13/202	Covid Vaccine	\$ 10.00	1
131863	04/13/202	Covid Vaccine	\$ 10.00	1
131867	04/13/202	Covid Vaccine	\$ 10.00	1
132046	04/13/202	Covid Vaccine	\$ 10.00	1
132134	04/13/202	Covid Vaccine	\$ 10.00	1
132194	04/13/202	Covid Vaccine	\$ 10.00	1
132212	04/13/202	Covid Vaccine	\$ 10.00	1
132292	04/13/202	Covid Vaccine	\$ 10.00	1
132301	04/13/202	Covid Vaccine	\$ 10.00	1
132371	04/14/202	Covid Vaccine	\$ 10.00	1
132375	04/14/202	Covid Vaccine	\$ 10.00	1
132463	04/14/202	Covid Vaccine	\$ 10.00	1
132469	04/14/202	Covid Vaccine	\$ 10.00	1
132497	04/14/202	Covid Vaccine	\$ 10.00	1
132509	04/14/202	Covid Vaccine	\$ 10.00	1
132562	04/14/202	Covid Vaccine	\$ 10.00	1
132671	04/14/202	Covid Vaccine	\$ 10.00	1
132675	04/14/202	Covid Vaccine	\$ 10.00	1
132684	04/14/202	Covid Vaccine	\$ 10.00	1
132686	04/14/202	Covid Vaccine	\$ 10.00	1
132698	04/14/202	Covid Vaccine	\$ 10.00	1
132756	04/14/202	Covid Vaccine	\$ 10.00	1
133111	04/15/202	Covid Vaccine	\$ 10.00	1

133232	04/15/2022	Covid Vaccine	\$ 10.00	1
133265	04/15/2022	Covid Vaccine	\$ 10.00	1
133361	04/15/2022	Covid Vaccine	\$ 10.00	1
133391	04/15/2022	Covid Vaccine	\$ 10.00	1
133470	04/15/2022	Covid Vaccine	\$ 10.00	1
133477	04/15/2022	Covid Vaccine	\$ 10.00	1
133478	04/15/2022	Covid Vaccine	\$ 10.00	1
133503	04/15/2022	Covid Vaccine	\$ 10.00	1
133568	04/15/2022	Covid Vaccine	\$ 10.00	1
133573	04/15/2022	Covid Vaccine	\$ 10.00	1
133574	04/15/2022	Covid Vaccine	\$ 10.00	1
133592	04/15/2022	Covid Vaccine	\$ 10.00	1
133618	04/15/2022	Covid Vaccine	\$ 10.00	1
133631	04/15/2022	Covid Vaccine	\$ 10.00	1
133756	04/16/2022	Covid Vaccine	\$ 10.00	1
133854	04/16/2022	Covid Vaccine	\$ 10.00	1
133911	04/16/2022	Covid Vaccine	\$ 10.00	1
133912	04/16/2022	Covid Vaccine	\$ 10.00	1
134000	04/16/2022	Covid Vaccine	\$ 10.00	1
134147	04/16/2022	Covid Vaccine	\$ 10.00	1
134153	04/16/2022	Covid Vaccine	\$ 10.00	1
			\$ 550.00	<u>55</u>