



FQHC VAX Secure Invoice Upload

Tracking Number
2020324

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.

FQHC-VAX-172 Contract Number (required)	Family Health Centers, Inc. * Contractor Name	57-0524498 * Tax ID	7000026038 * SCEIS Number
Angela Brown Contact (Full Name)	Asst Controller Title	(803) 531-6961 Phone	Angela.Brown@myfhc.org Contact EMAIL
P. O. Box 1806 3310 Magnolia Street, NE * Address	* STE #	Orangeburg * City	SC 29115 * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
DEN-0426-302021V	350.00

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.

DEN-0426-302021V 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 3:47:59 PM

\$350.00
 Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/21/2021 8:55:20 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/25/2021 12:05:56 PM

Approved Funding	\$432,450.00
Approved Invoices to Date	
Available Funding	\$432,450.00

Payment Processing Instructions

Full Amount \$350.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 10:04:42 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

FAMILY HEALTH CENTER, INC.
 3310 Magnolia Street
 Orangeburg, SC 29115
DENMARK SITE
 Inv. DEN-0426-302021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES to DHEC	# of Vaccines
138270	04/26/202	Covid Vaccine	\$ 10.00	1
138303	04/26/202	Covid Vaccine	\$ 10.00	1
138343	04/26/202	Covid Vaccine	\$ 10.00	1
138354	04/26/202	Covid Vaccine	\$ 10.00	1
138431	04/26/202	Covid Vaccine	\$ 10.00	1
138497	04/26/202	Covid Vaccine	\$ 10.00	1
138508	04/26/202	Covid Vaccine	\$ 10.00	1
138772	04/26/202	Covid Vaccine	\$ 10.00	1
138773	04/26/202	Covid Vaccine	\$ 10.00	1
138808	04/26/202	Covid Vaccine	\$ 10.00	1
138911	04/27/202	Covid Vaccine	\$ 10.00	1
138942	04/27/202	Covid Vaccine	\$ 10.00	1
138971	04/27/202	Covid Vaccine	\$ 10.00	1
139011	04/27/202	Covid Vaccine	\$ 10.00	1
139016	04/27/202	Covid Vaccine	\$ 10.00	1
139105	04/27/202	Covid Vaccine	\$ 10.00	1
139108	04/27/202	Covid Vaccine	\$ 10.00	1
139170	04/27/202	Covid Vaccine	\$ 10.00	1
139242	04/27/202	Covid Vaccine	\$ 10.00	1
139314	04/27/202	Covid Vaccine	\$ 10.00	1
139753	04/28/202	Covid Vaccine	\$ 10.00	1
139802	04/28/202	Covid Vaccine	\$ 10.00	1
139857	04/28/202	Covid Vaccine	\$ 10.00	1
139862	04/28/202	Covid Vaccine	\$ 10.00	1
140161	04/29/202	Covid Vaccine	\$ 10.00	1
140174	04/29/202	Covid Vaccine	\$ 10.00	1
140176	04/29/202	Covid Vaccine	\$ 10.00	1
140224	04/29/202	Covid Vaccine	\$ 10.00	1
140339	04/29/202	Covid Vaccine	\$ 10.00	1
140343	04/29/202	Covid Vaccine	\$ 10.00	1
140358	04/29/202	Covid Vaccine	\$ 10.00	1
140367	04/29/202	Covid Vaccine	\$ 10.00	1
140673	04/30/202	Covid Vaccine	\$ 10.00	1
140695	04/30/202	Covid Vaccine	\$ 10.00	1

140722	04/30/202	Covid Vaccine	\$ 10.00	<u>1</u>
			\$ 350.00	<u>35</u>

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC. (Inv. DEN-0426-302021V)
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:	04/26/2021 -04/30/2021 8:30AM - 4PM
Total # Vaccinations:	35
Eligible Vaccinations**:	0

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

<u>Yes</u>	Did your organization provide event management, traffic control and logistics for this event?
<u>Yes</u>	Did your organization provide administrative staff for this event?
<u>Yes</u>	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$350
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$350

Additional Cost Summary***:

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

Total Request Amount: \$350

* 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.