



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020330**

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**      **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**  
**NOR-0412-162021V**      **500.00**

## 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.

NOR-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 4:05:22 PM

**\$500.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval  
*Bonner, Melissa*  
6/21/2021 9:00:55 AM

Budget and Finance Approval  
*Samuels, Tierra B.*  
6/25/2021 12:11:34 PM

Approved Funding      **\$432,450.00**

Approved Invoices to Date

Available Funding      **\$432,450.00**

### Payment Processing Instructions

Full amount \$500.00      31070000      Not Relevant      J0402AZ998  
 J040X01058580130      5021310000      98000018

### Accounts Payable Approval

*Robinson, Sharon D.*  
6/29/2021 10:35:57 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. NOR-0412-162021V )
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at Norfield
Location Address (incl zip):	7061 Norway Road Neeses, SC 29107
Date & Times:	04/12/2021 -04/16/2021 8:30AM - 4PM
Total # Vaccinations:	50
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	\$500
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$500</b>

## Additional Cost Summary\*\*\*:

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

**Total Request Amount: \$500**

\* 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

**Norfield SITE**

Inv. NOR-0412-162021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES to	
			DHEC	# of Vaccines
131018	04/12/2021	Covid Vaccine	\$ 10.00	1
131089	04/12/2021	Covid Vaccine	\$ 10.00	1
131224	04/12/2021	Covid Vaccine	\$ 10.00	1
131464	04/12/2021	Covid Vaccine	\$ 10.00	1
131506	04/12/2021	Covid Vaccine	\$ 10.00	1
131509	04/12/2021	Covid Vaccine	\$ 10.00	1
131521	04/12/2021	Covid Vaccine	\$ 10.00	1
131707	04/13/2021	Covid Vaccine	\$ 10.00	1
131712	04/13/2021	Covid Vaccine	\$ 10.00	1
131783	04/13/2021	Covid Vaccine	\$ 10.00	1
131905	04/13/2021	Covid Vaccine	\$ 10.00	1
131907	04/13/2021	Covid Vaccine	\$ 10.00	1
131911	04/13/2021	Covid Vaccine	\$ 10.00	1
132027	04/13/2021	Covid Vaccine	\$ 10.00	1
132052	04/13/2021	Covid Vaccine	\$ 10.00	1
132109	04/13/2021	Covid Vaccine	\$ 10.00	1
132143	04/13/2021	Covid Vaccine	\$ 10.00	1
132144	04/13/2021	Covid Vaccine	\$ 10.00	1
132295	04/13/2021	Covid Vaccine	\$ 10.00	1
132416	04/14/2021	Covid Vaccine	\$ 10.00	1
132430	04/14/2021	Covid Vaccine	\$ 10.00	1
132528	04/14/2021	Covid Vaccine	\$ 10.00	1
132536	04/14/2021	Covid Vaccine	\$ 10.00	1
132599	04/14/2021	Covid Vaccine	\$ 10.00	1
132654	04/14/2021	Covid Vaccine	\$ 10.00	1
132664	04/14/2021	Covid Vaccine	\$ 10.00	1
132672	04/14/2021	Covid Vaccine	\$ 10.00	1
132696	04/14/2021	Covid Vaccine	\$ 10.00	1
133090	04/15/2021	Covid Vaccine	\$ 10.00	1
133092	04/15/2021	Covid Vaccine	\$ 10.00	1
133105	04/15/2021	Covid Vaccine	\$ 10.00	1
133122	04/15/2021	Covid Vaccine	\$ 10.00	1
133233	04/15/2021	Covid Vaccine	\$ 10.00	1
133312	04/15/2021	Covid Vaccine	\$ 10.00	1
133389	04/15/2021	Covid Vaccine	\$ 10.00	1
133390	04/15/2021	Covid Vaccine	\$ 10.00	1
133400	04/15/2021	Covid Vaccine	\$ 10.00	1

133507	04/15/2021	Covid Vaccine	\$ 10.00	1
133563	04/15/2021	Covid Vaccine	\$ 10.00	1
133606	04/15/2021	Covid Vaccine	\$ 10.00	1
133624	04/15/2021	Covid Vaccine	\$ 10.00	1
133735	04/16/2021	Covid Vaccine	\$ 10.00	1
133864	04/16/2021	Covid Vaccine	\$ 10.00	1
133939	04/16/2021	Covid Vaccine	\$ 10.00	1
133962	04/16/2021	Covid Vaccine	\$ 10.00	1
133967	04/16/2021	Covid Vaccine	\$ 10.00	1
133980	04/16/2021	Covid Vaccine	\$ 10.00	1
134006	04/16/2021	Covid Vaccine	\$ 10.00	1
134106	04/16/2021	Covid Vaccine	\$ 10.00	1
134119	04/16/2021	Covid Vaccine	\$ 10.00	1
			\$ 500.00	<u>50</u>

