



FQHC VAX Secure Invoice Upload

Tracking Number
2020332

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>NOR-0426-302021V</u>	<u>490.00</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.

NOR-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 4:08:27 PM

\$490.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/21/2021 9:00:04 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/25/2021 12:10:21 PM

Approved Funding	<u>\$432,450.00</u>
Approved Invoices to Date	<u></u>
Available Funding	<u>\$432,450.00</u>

Payment Processing Instructions

Full Amount \$490.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 10:26:13 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-0426-302021V)
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:	04/26/2021 -04/30/2021 8:30AM - 4PM
Total # Vaccinations:	49
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	\$490
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$490

Additional Cost Summary***:

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

Total Request Amount: \$490

* 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-0426-302021V

CLAIMS#	SERVICE DATE	Visit Type	CHARGES to	
			DHEC	# of Vaccines
138236	04/26/2021	Covid Vaccine	\$ 10.00	1
138437	04/26/2021	Covid Vaccine	\$ 10.00	1
138439	04/26/2021	Covid Vaccine	\$ 10.00	1
138467	04/26/2021	Covid Vaccine	\$ 10.00	1
138520	04/26/2021	Covid Vaccine	\$ 10.00	1
138764	04/26/2021	Covid Vaccine	\$ 10.00	1
138814	04/26/2021	Covid Vaccine	\$ 10.00	1
138860	04/27/2021	Covid Vaccine	\$ 10.00	1
138878	04/27/2021	Covid Vaccine	\$ 10.00	1
138936	04/27/2021	Covid Vaccine	\$ 10.00	1
139030	04/27/2021	Covid Vaccine	\$ 10.00	1
139134	04/27/2021	Covid Vaccine	\$ 10.00	1
139139	04/27/2021	Covid Vaccine	\$ 10.00	1
139147	04/27/2021	Covid Vaccine	\$ 10.00	1
139218	04/27/2021	Covid Vaccine	\$ 10.00	1
139220	04/27/2021	Covid Vaccine	\$ 10.00	1
139257	04/27/2021	Covid Vaccine	\$ 10.00	1
139292	04/27/2021	Covid Vaccine	\$ 10.00	1
139316	04/27/2021	Covid Vaccine	\$ 10.00	1
139348	04/27/2021	Covid Vaccine	\$ 10.00	1
139738	04/28/2021	Covid Vaccine	\$ 10.00	1
139772	04/28/2021	Covid Vaccine	\$ 10.00	1
139778	04/28/2021	Covid Vaccine	\$ 10.00	1
139781	04/28/2021	Covid Vaccine	\$ 10.00	1
139783	04/28/2021	Covid Vaccine	\$ 10.00	1
139815	04/28/2021	Covid Vaccine	\$ 10.00	1
139840	04/28/2021	Covid Vaccine	\$ 10.00	1
139846	04/28/2021	Covid Vaccine	\$ 10.00	1
139869	04/28/2021	Covid Vaccine	\$ 10.00	1
139882	04/28/2021	Covid Vaccine	\$ 10.00	1
139894	04/28/2021	Covid Vaccine	\$ 10.00	1
139895	04/28/2021	Covid Vaccine	\$ 10.00	1
139919	04/29/2021	Covid Vaccine	\$ 10.00	1
140156	04/29/2021	Covid Vaccine	\$ 10.00	1
140157	04/29/2021	Covid Vaccine	\$ 10.00	1
140158	04/29/2021	Covid Vaccine	\$ 10.00	1
140159	04/29/2021	Covid Vaccine	\$ 10.00	1

140239	04/29/2021	Covid Vaccine	\$ 10.00	1
140240	04/29/2021	Covid Vaccine	\$ 10.00	1
140281	04/29/2021	Covid Vaccine	\$ 10.00	1
140289	04/29/2021	Covid Vaccine	\$ 10.00	1
140292	04/29/2021	Covid Vaccine	\$ 10.00	1
140311	04/29/2021	Covid Vaccine	\$ 10.00	1
140312	04/29/2021	Covid Vaccine	\$ 10.00	1
140317	04/29/2021	Covid Vaccine	\$ 10.00	1
140323	04/29/2021	Covid Vaccine	\$ 10.00	1
140354	04/29/2021	Covid Vaccine	\$ 10.00	1
140395	04/29/2021	Covid Vaccine	\$ 10.00	1
140396	04/29/2021	Covid Vaccine	\$ 10.00	1
			\$ 490.00	<u>49</u>

