FQHC VAX Secure Invoice Upload

Tracking Number: **2020355**

Date: **6/24/2021**

Contract Information

Please enter the conract 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
NOR051921V-NI	20.00

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 bu ons below.

NOR051921V-NI 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
6/24/2021 4:06:58 PM

$20.00
Invoice Total

◉ Yes
○ No

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

ACC Testing Approval

Bonner, Melissa
6/25/2021 11:51:21 AM

Budget and Finance Approval

Samuels, Tierra B.
6/28/2021 6:47:14 PM

Approved Funding **$432,450.00**

Approved Invoices to Date

Availible Funding **$432,450.00**

Payment Processing Instructions

Full AMount $20.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
6/30/2021 4:04:45 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. NOR051921V-NI)
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:	5/19/2021 - 8:30AM - 4PM
Total # Vaccinations:	0
Eligible Vaccinations**:	1

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	$0
Administrative Staff	$5	$5
Vaccination Staff	$15	$15
Total Event Reimbursement Amount		**$20**

Additional Cost Summary*:**

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

Total Request Amount: $20

* 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 Vacinnation 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

VACCINE MAY 2021

NORFIELD SITE - NO INSURANCE COVID VACCINES

Inv. NOR051921V-NI

Facility Name	Claim No	CPT Code Description	Primary Insurance Name	Primary Insurance Subscriber No
NORFIELD MEDICAL CENTER	146346	Moderna Vacc	DHEC RELIEF	NO INSURANCE

Appointment Date	# OF Vaccines
May 19, 2021	1