



FQHC VAX Secure Invoice Upload

Tracking Number
2020383

Date
6/30/2021

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

EXT
 EXT

Angela.Brown@myfhc.org
 Contact EMAIL

P. O. Box 1806 3310 Magnolia Street, NE
 * Address

Orangeburg
 * City

SC 29115
 * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
ORG-0315-192021V-NI	300.00

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.

ORG-0315-192021V 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
 6/30/2021 2:27:51 PM

\$300.00
 Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 7/1/2021 10:32:36 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/1/2021 9:02:05 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$300.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 7/2/2021 2:54:13 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. ORG-0315-192021V-NI) 0
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTERS, INC.
Location Address (incl zip):	3310 Magnolia Street, NE Orangeburg, SC 29115
Date & Times:	03/15/2021-03/19/2021 8:30AM - 4PM
Total # Vaccinations:	15
Eligible Vaccinations**:	15

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

<u>No</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	\$0
Administrative Staff	\$5	\$75
Vaccination Staff	\$15	\$225
Total Event Reimbursement Amount		\$300

Additional Cost Summary***:

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

Total Request Amount: \$300

* 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 CENTERS, INC.

3310 Magnolia Street

Orangeburg, SC 29115

VACCINE MARCH 2021

ORANGEBURG - NO INSURANCE COVID VACCINES

Inv. ORG-0315-192021V-NI

Facility Name	Claim No	CPT Code	CPT Code Description
FAMILY HEALTH CENTERS, INC	117914	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	117934	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	118673	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	118677	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	118993	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	119861	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	119836	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	119147	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	119873	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120937	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120944	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120945	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120915	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120947	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	120914	Moderna Vaccine Dose 1	DHEC RELIEF

