



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020385**

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**      **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**  
**ORG-0329-312021V-NI**      **640.00**

## 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-0329-312021V 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 2:30:51 PM

**\$640.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval  

*Bonner, Melissa*  
 7/1/2021 10:41:47 AM

Budget and Finance Approval  

*Samuels, Tierra B.*  
 7/1/2021 8:59:18 PM

Approved Funding      **\$432,450.00**

Approved Invoices to Date      \_\_\_\_\_

Available Funding      **\$432,450.00**

### Payment Processing Instructions

Full Amount \$640.00	\$640.00	31070000	Not
Relevant J0402AZ998	J040X01058580130	5021310000	
98000018			

### Accounts Payable Approval

*Robinson, Sharon D.*  
 7/2/2021 2:58:35 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-0329-312021V-NI )
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:	03/29/2021-03/31/2021 8:30AM - 4PM
Total # Vaccinations:	32
Eligible Vaccinations**:	32

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

No	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	\$160
Vaccination Staff	\$15	\$480
<b>Total Event Reimbursement Amount</b>		<b>\$640</b>

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

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

**Total Request Amount: \$640**

\* 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-0329-312021V-NI**

Facility Name	Claim No	CPT Code	CPT Code Description
FAMILY HEALTH CENTERS, INC	124850	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124864	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124878	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124861	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124760	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124539	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124764	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	124401	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125430	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125313	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125159	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125162	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125491	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125510	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125392	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125270	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125474	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125610	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125614	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125122	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125537	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125806	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	126105	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125769	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125782	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125914	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125727	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	125649	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	126096	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	126034	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	126122	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	126036	Moderna Vaccine Dose 1	DHEC RELIEF

