



FQHC VAX Secure Invoice Upload

Tracking Number
2020389

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.

<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>ORG-0426-302021V-NI</u>	<u>920.00</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.

ORG-0426-302021V 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 2:38:28 PM

\$920.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 7/1/2021 10:45:06 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/1/2021 8:57:20 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 \$920.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 7/2/2021 3:04:50 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-0426-302021V-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:	04/26/2021-04/30/2021 8:30AM - 4PM
Total # Vaccinations:	46
Eligible Vaccinations**:	46

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	\$230
Vaccination Staff	\$15	\$690
Total Event Reimbursement Amount		\$920

Additional Cost Summary***:

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

Total Request Amount: \$920

* 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 APRIL 2021

ORANGEBURG - NO INSURANCE COVID VACCINES

Inv. ORG-0426-302021V-NI

Facility Name	Claim No	CPT Code	CPT Code Description
FAMILY HEALTH CENTERS, INC	138474	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138440	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138364	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138291	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138269	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138578	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139256	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139280	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139198	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139041	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139042	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139349	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139018	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	138876	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139344	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139369	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139420	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139850	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139836	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139714	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	139410	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140315	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140128	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140245	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140438	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140252	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140177	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140308	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140295	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140192	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140439	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140431	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140130	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140149	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140451	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140275	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140271	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140328	Moderna Vaccine Dose 2	DHEC RELIEF

FAMILY HEALTH CENTERS, INC	140238	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140259	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140350	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140446	Moderna Vaccine Dose 2	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140440	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140827	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140703	Moderna Vaccine Dose 1	DHEC RELIEF
FAMILY HEALTH CENTERS, INC	140648	Moderna Vaccine Dose 2	DHEC RELIEF

NO INSURANCE	Apr 29, 2021	1
NO INSURANCE	Apr 29, 2021	1
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NO INSURANCE	Apr 29, 2021	1
NO INSURANCE	Apr 29, 2021	1
NO INSURANCE	Apr 30, 2021	1
NO INSURANCE	Apr 30, 2021	1
NO INSURANCE	Apr 30, 2021	1