



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020336**

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.

<b>FQHC-VAX-172</b> Contract Number (required)	<b>Family Health Centers, Inc.</b> * Contractor Name	<b>57-0524498</b> * Tax ID	<b>7000026038</b> * SCEIS Number
<b>Angela Brown</b> Contact (Full Name)	<b>Asst Controller</b> Title	<b>(803) 531-6961</b> Phone	<b>Angela.Brown@myfhc.org</b> Contact EMAIL
<b>P. O. Box 1806 3310 Magnolia Street, NE</b> * Address	<b>* STE #</b>	<b>Orangeburg</b> * City	<b>SC 29115</b> * State * Zip

<b>INVOICE NUMBER</b>	<b>INVOICE AMOUNT</b>
<b>ORG-0426-302021V</b>	<b>490.00</b>

## 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 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 4:28:33 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 8:59:07 AM

Budget and Finance Approval

*Samuels, Tierra B.*  
 6/25/2021 12:09:11 PM

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

### Payment Processing Instructions

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

### Accounts Payable Approval

*Robinson, Sharon D.*  
 6/29/2021 10:12:30 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. ORG-0426-302021V )
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:	49
Eligible Vaccinations**:	0

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

<u>Yes</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	\$490
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$490</b>

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

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

**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  
**MAIN SITE**  
 Inv. ORG-0426-302021V

<b>CLAIMS#</b>	<b>SERVICE DATE</b>	<b>Visit Type</b>	<b>CHARGES to DHEC</b>	<b># of Vaccines</b>
138295	04/26/2021	Covid Vaccine	\$ 10.00	1
138296	04/26/2021	Covid Vaccine	\$ 10.00	1
138315	04/26/2021	Covid Vaccine	\$ 10.00	1
138332	04/26/2021	Covid Vaccine	\$ 10.00	1
138357	04/26/2021	Covid Vaccine	\$ 10.00	1
138377	04/26/2021	Covid Vaccine	\$ 10.00	1
138420	04/26/2021	Covid Vaccine	\$ 10.00	1
138425	04/26/2021	Covid Vaccine	\$ 10.00	1
138505	04/26/2021	Covid Vaccine	\$ 10.00	1
138507	04/26/2021	Covid Vaccine	\$ 10.00	1
138770	04/26/2021	Covid Vaccine	\$ 10.00	1
138783	04/26/2021	Covid Vaccine	\$ 10.00	1
138792	04/26/2021	Covid Vaccine	\$ 10.00	1
138865	04/27/2021	Covid Vaccine	\$ 10.00	1
138883	04/27/2021	Covid Vaccine	\$ 10.00	1
139041	04/27/2021	Covid Vaccine	\$ 10.00	1
139042	04/27/2021	Covid Vaccine	\$ 10.00	1
139043	04/27/2021	Covid Vaccine	\$ 10.00	1
139181	04/27/2021	Covid Vaccine	\$ 10.00	1
139183	04/27/2021	Covid Vaccine	\$ 10.00	1
139187	04/27/2021	Covid Vaccine	\$ 10.00	1
140131	04/29/2021	Covid Vaccine	\$ 10.00	1
140132	04/29/2021	Covid Vaccine	\$ 10.00	1
140142	04/29/2021	Covid Vaccine	\$ 10.00	1
140162	04/29/2021	Covid Vaccine	\$ 10.00	1
140198	04/29/2021	Covid Vaccine	\$ 10.00	1
140203	04/29/2021	Covid Vaccine	\$ 10.00	1
140222	04/29/2021	Covid Vaccine	\$ 10.00	1
140246	04/29/2021	Covid Vaccine	\$ 10.00	1
140255	04/29/2021	Covid Vaccine	\$ 10.00	1
140267	04/29/2021	Covid Vaccine	\$ 10.00	1
140273	04/29/2021	Covid Vaccine	\$ 10.00	1
140302	04/29/2021	Covid Vaccine	\$ 10.00	1
140319	04/29/2021	Covid Vaccine	\$ 10.00	1

140329	04/29/2021	Covid Vaccine	\$ 10.00	1
140361	04/29/2021	Covid Vaccine	\$ 10.00	1
140648	04/30/2021	Covid Vaccine	\$ 10.00	1
140656	04/30/2021	Covid Vaccine	\$ 10.00	1
140657	04/30/2021	Covid Vaccine	\$ 10.00	1
140660	04/30/2021	Covid Vaccine	\$ 10.00	1
140662	04/30/2021	Covid Vaccine	\$ 10.00	1
140678	04/30/2021	Covid Vaccine	\$ 10.00	1
140682	04/30/2021	Covid Vaccine	\$ 10.00	1
140696	04/30/2021	Covid Vaccine	\$ 10.00	1
140697	04/30/2021	Covid Vaccine	\$ 10.00	1
140715	04/30/2021	Covid Vaccine	\$ 10.00	1
140720	04/30/2021	Covid Vaccine	\$ 10.00	1
140739	04/30/2021	Covid Vaccine	\$ 10.00	1
140747	04/30/2021	Covid Vaccine	\$ 10.00	1
			\$ 490.00	<u>49</u>

