



# FQHC VAX Secure Invoice Upload

Tracking Number  
**2020352**

Date  
**6/21/2021**

## 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**  
**STM-0419-232021V**      **770.00**

## 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.

STM - 0419 - 232021V 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*  
 6/21/2021 12:00:12 PM

**\$770.00**  
 Invoice Total       Yes       No

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

ACC Testing Approval  

*Bonner, Melissa*  
 6/22/2021 11:01:50 AM

Budget and Finance Approval  

*Samuels, Tierra B.*  
 6/28/2021 6:30:16 PM

Approved Funding      **\$432,450.00**

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

Available Funding      **\$432,450.00**

### Payment Processing Instructions

Full Amount \$770.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

### Accounts Payable Approval

*Robinson, Sharon D.*  
 6/29/2021 12:21:04 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. STM-0419-232021V )
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at St. Matthews
Location Address (incl zip):	558 Chestnut Street St. Matthews, SC 29135
Date & Times:	04/19/2021 -04/23/2021 8:30AM - 4PM
Total # Vaccinations:	77
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	\$770
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
<b>Total Event Reimbursement Amount</b>		<b>\$770</b>

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

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

**Total Request Amount: \$770**

\* 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  
**ST. MATTHEWS SITE**  
 Inv. STM-0419-232021V

CLAIMS#	SERVICE		CHARGES to DHEC	# of Vaccines
	DATE	Visit Type		
134676	04/19/202	Covid Vaccine	\$ 10.00	1
134737	04/19/202	Covid Vaccine	\$ 10.00	1
134743	04/19/202	Covid Vaccine	\$ 10.00	1
134747	04/19/202	Covid Vaccine	\$ 10.00	1
134785	04/19/202	Covid Vaccine	\$ 10.00	1
134815	04/19/202	Covid Vaccine	\$ 10.00	1
134938	04/19/202	Covid Vaccine	\$ 10.00	1
134944	04/19/202	Covid Vaccine	\$ 10.00	1
134997	04/19/202	Covid Vaccine	\$ 10.00	1
135034	04/19/202	Covid Vaccine	\$ 10.00	1
135414	04/20/202	Covid Vaccine	\$ 10.00	1
135429	04/20/202	Covid Vaccine	\$ 10.00	1
135467	04/20/202	Covid Vaccine	\$ 10.00	1
135479	04/20/202	Covid Vaccine	\$ 10.00	1
135481	04/20/202	Covid Vaccine	\$ 10.00	1
135504	04/20/202	Covid Vaccine	\$ 10.00	1
135531	04/20/202	Covid Vaccine	\$ 10.00	1
135535	04/20/202	Covid Vaccine	\$ 10.00	1
135538	04/20/202	Covid Vaccine	\$ 10.00	1
135552	04/20/202	Covid Vaccine	\$ 10.00	1
135595	04/20/202	Covid Vaccine	\$ 10.00	1
135621	04/20/202	Covid Vaccine	\$ 10.00	1
135622	04/20/202	Covid Vaccine	\$ 10.00	1
135635	04/20/202	Covid Vaccine	\$ 10.00	1
135670	04/20/202	Covid Vaccine	\$ 10.00	1
135677	04/20/202	Covid Vaccine	\$ 10.00	1
135678	04/20/202	Covid Vaccine	\$ 10.00	1
135679	04/20/202	Covid Vaccine	\$ 10.00	1
135698	04/20/202	Covid Vaccine	\$ 10.00	1
135762	04/20/202	Covid Vaccine	\$ 10.00	1
135770	04/20/202	Covid Vaccine	\$ 10.00	1
135797	04/20/202	Covid Vaccine	\$ 10.00	1
135809	04/20/202	Covid Vaccine	\$ 10.00	1
135818	04/20/202	Covid Vaccine	\$ 10.00	1
135825	04/20/202	Covid Vaccine	\$ 10.00	1

135851	04/20/202	Covid Vaccine	\$ 10.00	1
135853	04/20/202	Covid Vaccine	\$ 10.00	1
135857	04/20/202	Covid Vaccine	\$ 10.00	1
135862	04/20/202	Covid Vaccine	\$ 10.00	1
135925	04/21/202	Covid Vaccine	\$ 10.00	1
136009	04/21/202	Covid Vaccine	\$ 10.00	1
136051	04/21/202	Covid Vaccine	\$ 10.00	1
136067	04/21/202	Covid Vaccine	\$ 10.00	1
136089	04/21/202	Covid Vaccine	\$ 10.00	1
136110	04/21/202	Covid Vaccine	\$ 10.00	1
136111	04/21/202	Covid Vaccine	\$ 10.00	1
136149	04/21/202	Covid Vaccine	\$ 10.00	1
136317	04/21/202	Covid Vaccine	\$ 10.00	1
136351	04/21/202	Covid Vaccine	\$ 10.00	1
136361	04/21/202	Covid Vaccine	\$ 10.00	1
136362	04/21/202	Covid Vaccine	\$ 10.00	1
136420	04/21/202	Covid Vaccine	\$ 10.00	1
136922	04/22/202	Covid Vaccine	\$ 10.00	1
136927	04/22/202	Covid Vaccine	\$ 10.00	1
136985	04/22/202	Covid Vaccine	\$ 10.00	1
136986	04/22/202	Covid Vaccine	\$ 10.00	1
136990	04/22/202	Covid Vaccine	\$ 10.00	1
137114	04/22/202	Covid Vaccine	\$ 10.00	1
137197	04/22/202	Covid Vaccine	\$ 10.00	1
137205	04/22/202	Covid Vaccine	\$ 10.00	1
137261	04/22/202	Covid Vaccine	\$ 10.00	1
137312	04/22/202	Covid Vaccine	\$ 10.00	1
137450	04/22/202	Covid Vaccine	\$ 10.00	1
137451	04/22/202	Covid Vaccine	\$ 10.00	1
137454	04/22/202	Covid Vaccine	\$ 10.00	1
137463	04/22/202	Covid Vaccine	\$ 10.00	1
137539	04/22/202	Covid Vaccine	\$ 10.00	1
137541	04/22/202	Covid Vaccine	\$ 10.00	1
137900	04/23/202	Covid Vaccine	\$ 10.00	1
138009	04/23/202	Covid Vaccine	\$ 10.00	1
138042	04/23/202	Covid Vaccine	\$ 10.00	1
138064	04/23/202	Covid Vaccine	\$ 10.00	1
138073	04/23/202	Covid Vaccine	\$ 10.00	1
138161	04/23/202	Covid Vaccine	\$ 10.00	1
138194	04/23/202	Covid Vaccine	\$ 10.00	1
138215	04/23/202	Covid Vaccine	\$ 10.00	1
138229	04/23/202	Covid Vaccine	\$ 10.00	1
			\$ 770.00	<u><u>77</u></u>

