



FQHC VAX Secure Invoice Upload

Tracking Number

2020998

Date

2/15/2022

Contract Information

AP REC 02/17/2022

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	Angela.Brown@myfhc.org Contact EMAIL
--	---------------------------------	--------------------------------	------------	--

P. O. Box 1806 3310 Magnolia Street, NE * Address	* STE #	Orangeburg * City	SC * State	29115 * Zip
---	----------------	-----------------------------	----------------------	-----------------------

INVOICE NUMBER	INVOICE AMOUNT
T1-01072022V	110.00

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.

T1-01072022V

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
2/15/2022 8:45:18 AM

Yes
 No

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

\$110.00
Invoice Total

Approved Funding **\$432,450.00**

ACC Testing Approval
Bonner, Melissa
2/15/2022 10:15:56 PM

Budget and Finance Approval
Samuels, Tierra B.
2/16/2022 11:29:42 AM

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$110.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval
Cate, Vasa
2/17/2022 11:39:14 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.
COVID-19 Vaccine Pin Number:	138050
Location Name:	SAINT MARK UNITED METHODIST CHURCH
Location Address (incl zip):	8502 NORTH ROAD NORTH, SC 29112
Date & Times:	1/07/2022 - 8:30AM - 4PM
Total # Vaccinations:	11
Eligible Vaccinations**:	0

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

<input type="checkbox"/> Yes	Did your organization provide event management, traffic control and logistics for this event?
<input type="checkbox"/> Yes	Did your organization provide administrative staff for this event?
<input type="checkbox"/> Yes	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$110
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$110

Additional Cost Summary***:

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

Total Request Amount: \$110

* 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 JANUARY 2022
 COVID VACCINE MOBILE UNIT 1
VACCINE UNIT 1

CLAIMS#	SERVICE DATE	VisitType	# OF VAC
SAINT MARK UNITED METHODIST CHURCH, 8502 NORTH ROAD NORTH, SC 29112			
202781	01/07/2022	Covid Vacc	1
202978	01/07/2022	Covid Vacc	1
203023	01/07/2022	Covid Vacc	1
203029	01/07/2022	Covid Vacc	1
203034	01/07/2022	Covid Vacc	1
203040	01/07/2022	Covid Vacc	1
203060	01/07/2022	Covid Vacc	1
203063	01/07/2022	Covid Vacc	1
203067	01/07/2022	Covid Vacc	1
203068	01/07/2022	Covid Vacc	1
203075	01/07/2022	Covid Vacc	1
			11



1/6/2021

To whom it may concern:

As part of the COVID-19 response, DHEC has many partners and vendors who are assisting with testing, contact tracing, and other critical response activities. In order to maintain good working relationships with all our partners and vendors, as well as avoid interruption in services provided, we are requesting the ability process all invoices related to COVID-19 as a Zspecial to expedite payments.

If you need additional detail or have any questions or concerns regarding these invoices, please do not hesitate to reach out to ACC-FinAdmin@dhec.sc.gov.

Sincerely,

Darbi C MacPhail, MHA
Chief Finance and Operations Officer
SC Department of Health and Environmental Control