



FQHC VAX Secure Invoice Upload

Tracking Number

2020349

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.

<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>VAN-0419-232021V</u>	<u>840.00</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.

VAN-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 11:28:38 AM

\$840.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/22/2021 11:02:30 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/28/2021 6:32:19 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Full Amount \$840.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 12:25:05 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. VAN-0419-232021V)
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at Vance
Location Address (incl zip):	10278 Old #6 Hwy Vance, SC 29163
Date & Times:	04/19/2021 - 04/23/2021 - 8:30AM - 4PM
Total # Vaccinations:	84
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	\$840
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$840

Additional Cost Summary***:

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

Total Request Amount: \$840

* 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
VANCE COMMUNITY SITE
 Inv. VAN-0419-232021V

CLAIMS#	SERVICE		CHARGES to DHEC	# of Vaccines
	DATE	Visit Type		
134720	04/19/202	Covid Vaccine	\$ 10.00	1
134722	04/19/202	Covid Vaccine	\$ 10.00	1
134731	04/19/202	Covid Vaccine	\$ 10.00	1
134789	04/19/202	Covid Vaccine	\$ 10.00	1
134796	04/19/202	Covid Vaccine	\$ 10.00	1
134798	04/19/202	Covid Vaccine	\$ 10.00	1
134953	04/19/202	Covid Vaccine	\$ 10.00	1
134955	04/19/202	Covid Vaccine	\$ 10.00	1
134982	04/19/202	Covid Vaccine	\$ 10.00	1
134988	04/19/202	Covid Vaccine	\$ 10.00	1
134991	04/19/202	Covid Vaccine	\$ 10.00	1
135008	04/19/202	Covid Vaccine	\$ 10.00	1
135010	04/19/202	Covid Vaccine	\$ 10.00	1
135048	04/19/202	Covid Vaccine	\$ 10.00	1
135072	04/19/202	Covid Vaccine	\$ 10.00	1
135132	04/19/202	Covid Vaccine	\$ 10.00	1
135415	04/20/202	Covid Vaccine	\$ 10.00	1
135419	04/20/202	Covid Vaccine	\$ 10.00	1
135422	04/20/202	Covid Vaccine	\$ 10.00	1
135458	04/20/202	Covid Vaccine	\$ 10.00	1
135493	04/20/202	Covid Vaccine	\$ 10.00	1
135524	04/20/202	Covid Vaccine	\$ 10.00	1
135525	04/20/202	Covid Vaccine	\$ 10.00	1
135555	04/20/202	Covid Vaccine	\$ 10.00	1
135556	04/20/202	Covid Vaccine	\$ 10.00	1
135584	04/20/202	Covid Vaccine	\$ 10.00	1
135585	04/20/202	Covid Vaccine	\$ 10.00	1
135588	04/20/202	Covid Vaccine	\$ 10.00	1
135619	04/20/202	Covid Vaccine	\$ 10.00	1
135620	04/20/202	Covid Vaccine	\$ 10.00	1
135624	04/20/202	Covid Vaccine	\$ 10.00	1
135664	04/20/202	Covid Vaccine	\$ 10.00	1
135665	04/20/202	Covid Vaccine	\$ 10.00	1
135747	04/20/202	Covid Vaccine	\$ 10.00	1
135749	04/20/202	Covid Vaccine	\$ 10.00	1
135750	04/20/202	Covid Vaccine	\$ 10.00	1

135752	04/20/202	Covid Vaccine	\$ 10.00	1
135766	04/20/202	Covid Vaccine	\$ 10.00	1
135824	04/20/202	Covid Vaccine	\$ 10.00	1
135893	04/20/202	Covid Vaccine	\$ 10.00	1
135906	04/20/202	Covid Vaccine	\$ 10.00	1
135909	04/20/202	Covid Vaccine	\$ 10.00	1
135923	04/21/202	Covid Vaccine	\$ 10.00	1
135956	04/21/202	Covid Vaccine	\$ 10.00	1
135960	04/21/202	Covid Vaccine	\$ 10.00	1
135973	04/21/202	Covid Vaccine	\$ 10.00	1
136000	04/21/202	Covid Vaccine	\$ 10.00	1
136017	04/21/202	Covid Vaccine	\$ 10.00	1
136102	04/21/202	Covid Vaccine	\$ 10.00	1
136267	04/21/202	Covid Vaccine	\$ 10.00	1
136315	04/21/202	Covid Vaccine	\$ 10.00	1
136641	04/21/202	Covid Vaccine	\$ 10.00	1
136643	04/21/202	Covid Vaccine	\$ 10.00	1
136804	04/22/202	Covid Vaccine	\$ 10.00	1
136812	04/22/202	Covid Vaccine	\$ 10.00	1
136869	04/22/202	Covid Vaccine	\$ 10.00	1
136883	04/22/202	Covid Vaccine	\$ 10.00	1
136884	04/22/202	Covid Vaccine	\$ 10.00	1
136893	04/22/202	Covid Vaccine	\$ 10.00	1
136937	04/22/202	Covid Vaccine	\$ 10.00	1
136973	04/22/202	Covid Vaccine	\$ 10.00	1
136998	04/22/202	Covid Vaccine	\$ 10.00	1
137016	04/22/202	Covid Vaccine	\$ 10.00	1
137200	04/22/202	Covid Vaccine	\$ 10.00	1
137232	04/22/202	Covid Vaccine	\$ 10.00	1
137345	04/22/202	Covid Vaccine	\$ 10.00	1
137376	04/22/202	Covid Vaccine	\$ 10.00	1
137479	04/22/202	Covid Vaccine	\$ 10.00	1
137480	04/22/202	Covid Vaccine	\$ 10.00	1
137493	04/22/202	Covid Vaccine	\$ 10.00	1
137494	04/22/202	Covid Vaccine	\$ 10.00	1
137531	04/22/202	Covid Vaccine	\$ 10.00	1
137608	04/23/202	Covid Vaccine	\$ 10.00	1
137875	04/23/202	Covid Vaccine	\$ 10.00	1
137930	04/23/202	Covid Vaccine	\$ 10.00	1
138033	04/23/202	Covid Vaccine	\$ 10.00	1
138038	04/23/202	Covid Vaccine	\$ 10.00	1
138039	04/23/202	Covid Vaccine	\$ 10.00	1
138041	04/23/202	Covid Vaccine	\$ 10.00	1
138055	04/23/202	Covid Vaccine	\$ 10.00	1

138072	04/23/202	Covid Vaccine	\$ 10.00	1
138145	04/23/202	Covid Vaccine	\$ 10.00	1
138210	04/23/202	Covid Vaccine	\$ 10.00	1
138211	04/23/202	Covid Vaccine	\$ 10.00	1
			\$ 840.00	<u>84</u>