



FQHC VAX Secure Invoice Upload

Tracking Number
2020350

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-0426-302021V</u>	<u>760.00</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-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
 6/21/2021 11:30:45 AM

\$760.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 6/22/2021 11:00:54 AM

Budget and Finance Approval

Samuels, Tierra B.
 6/28/2021 6:27:01 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Full Amount \$760.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 6/29/2021 12:15:31 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-0426-302021V)
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:	04/26/2021 - 04/30/2021 - 8:30AM - 4PM
Total # Vaccinations:	76
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	\$760
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$760

Additional Cost Summary***:

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

Total Request Amount: \$760

* 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-0426-302021V

CLAIMS#	SERVICE		CHARGES to DHEC	# of Vaccines
	DATE	Visit Type		
138272	04/26/202	Covid Vaccine	\$ 10.00	1
138301	04/26/202	Covid Vaccine	\$ 10.00	1
138331	04/26/202	Covid Vaccine	\$ 10.00	1
138338	04/26/202	Covid Vaccine	\$ 10.00	1
138362	04/26/202	Covid Vaccine	\$ 10.00	1
138375	04/26/202	Covid Vaccine	\$ 10.00	1
138406	04/26/202	Covid Vaccine	\$ 10.00	1
138424	04/26/202	Covid Vaccine	\$ 10.00	1
138463	04/26/202	Covid Vaccine	\$ 10.00	1
138488	04/26/202	Covid Vaccine	\$ 10.00	1
138531	04/26/202	Covid Vaccine	\$ 10.00	1
138759	04/26/202	Covid Vaccine	\$ 10.00	1
138767	04/26/202	Covid Vaccine	\$ 10.00	1
138776	04/26/202	Covid Vaccine	\$ 10.00	1
138797	04/26/202	Covid Vaccine	\$ 10.00	1
138807	04/26/202	Covid Vaccine	\$ 10.00	1
138810	04/26/202	Covid Vaccine	\$ 10.00	1
138847	04/27/202	Covid Vaccine	\$ 10.00	1
138853	04/27/202	HTN	\$ 10.00	1
138886	04/27/202	Covid Vaccine	\$ 10.00	1
138897	04/27/202	Covid Vaccine	\$ 10.00	1
138898	04/27/202	Covid Vaccine	\$ 10.00	1
138923	04/27/202	Covid Vaccine	\$ 10.00	1
138935	04/27/202	Covid Vaccine	\$ 10.00	1
138940	04/27/202	Covid Vaccine	\$ 10.00	1
138953	04/27/202	Covid Vaccine	\$ 10.00	1
138959	04/27/202	Covid Vaccine	\$ 10.00	1
138960	04/27/202	Covid Vaccine	\$ 10.00	1
139044	04/27/202	Covid Vaccine	\$ 10.00	1
139121	04/27/202	Covid Vaccine	\$ 10.00	1
139135	04/27/202	Covid Vaccine	\$ 10.00	1
139221	04/27/202	Covid Vaccine	\$ 10.00	1
139250	04/27/202	Covid Vaccine	\$ 10.00	1
139251	04/27/202	Covid Vaccine	\$ 10.00	1
139265	04/27/202	Covid Vaccine	\$ 10.00	1
139266	04/27/202	Covid Vaccine	\$ 10.00	1

139278	04/27/202	Covid Vaccine	\$ 10.00	1
139284	04/27/202	Covid Vaccine	\$ 10.00	1
139325	04/27/202	Covid Vaccine	\$ 10.00	1
139327	04/27/202	Covid Vaccine	\$ 10.00	1
139329	04/27/202	Covid Vaccine	\$ 10.00	1
139335	04/27/202	Covid Vaccine	\$ 10.00	1
139338	04/27/202	Covid Vaccine	\$ 10.00	1
139340	04/27/202	Covid Vaccine	\$ 10.00	1
139353	04/27/202	Covid Vaccine	\$ 10.00	1
139715	04/28/202	Covid Vaccine	\$ 10.00	1
139723	04/28/202	Covid Vaccine	\$ 10.00	1
139724	04/28/202	Covid Vaccine	\$ 10.00	1
139743	04/28/202	Covid Vaccine	\$ 10.00	1
139811	04/28/202	Covid Vaccine	\$ 10.00	1
139820	04/28/202	Covid Vaccine	\$ 10.00	1
139828	04/28/202	Covid Vaccine	\$ 10.00	1
139830	04/28/202	Covid Vaccine	\$ 10.00	1
139881	04/28/202	Covid Vaccine	\$ 10.00	1
140133	04/29/202	Covid Vaccine	\$ 10.00	1
140147	04/29/202	Covid Vaccine	\$ 10.00	1
140148	04/29/202	Covid Vaccine	\$ 10.00	1
140160	04/29/202	Covid Vaccine	\$ 10.00	1
140187	04/29/202	Covid Vaccine	\$ 10.00	1
140190	04/29/202	Covid Vaccine	\$ 10.00	1
140194	04/29/202	Covid Vaccine	\$ 10.00	1
140209	04/29/202	Covid Vaccine	\$ 10.00	1
140215	04/29/202	Covid Vaccine	\$ 10.00	1
140284	04/29/202	Covid Vaccine	\$ 10.00	1
140301	04/29/202	Covid Vaccine	\$ 10.00	1
140342	04/29/202	Covid Vaccine	\$ 10.00	1
140344	04/29/202	Covid Vaccine	\$ 10.00	1
140359	04/29/202	Covid Vaccine	\$ 10.00	1
140365	04/29/202	Covid Vaccine	\$ 10.00	1
140366	04/29/202	Covid Vaccine	\$ 10.00	1
140380	04/29/202	Covid Vaccine	\$ 10.00	1
140650	04/30/202	Covid Vaccine	\$ 10.00	1
140652	04/30/202	Covid Vaccine	\$ 10.00	1
140665	04/30/202	Covid Vaccine	\$ 10.00	1
140685	04/30/202	Covid Vaccine	\$ 10.00	1
140687	04/30/202	Covid Vaccine	\$ 10.00	1
			\$ 760.00	<u><u>76</u></u>