FQHC VAX Secure Invoice Upload

Tracking Number
2020376

Date
6/30/2021

Contract Information

Please enter the conract 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.

Contract Number (required)	* Contractor Name	* Tax ID	* SCEIS Number
FQHC-VAX-172	**Family Health Centers, Inc.**	**57-0524498**	**7000026038**

Contact (Full Name)	Title	Phone	EXT	Contact EMAIL
Angela Brown	**ASST CONTROLLER**	**(803) 531-6961**		**Angela.Brown@myfhc.org**

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

INVOICE NUMBER	INVOICE AMOUNT
VAN0322-312021V-NI	**5,220.00**

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 bu ons below.

VAN0322-312021V NI 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
6/30/2021 11:32:26 AM

$5,220.00
Invoice Total

◉ Yes
○ No

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

ACC Testing Approval

Bonner, Melissa
7/1/2021 10:39:03 AM

Budget and Finance Approval

Samuels, Tierra B.
7/1/2021 8:22:11 PM

Approved Funding **$432,450.00**

Approved Invoices to Date

Availible Funding **$432,450.00**

Payment Processing Instructions

Full Amount $5,220.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
7/2/2021 12:29:36 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

FAMILY HEALTH CENTERS, INC.
3310 Magnolia Street
Orangeburg, SC 29115

VACCINE MARCH 2021

VANCE - NO INSURANCE COVID VACCINES

Inv. VAN0322-312021V-NI

Facility Name	Claim No	CPT Code Description	Primary Insurance Name
COMMUNITY MEDICAL CENTER	120917	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121123	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121132	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121134	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121308	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121326	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121382	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121385	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121397	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121416	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121418	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121421	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121430	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121443	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121464	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121478	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121479	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121495	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121510	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121534	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121564	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	121751	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121774	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121808	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121810	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	121877	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	121885	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121932	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	121941	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122106	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122132	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122165	Moderna Vaccine Dose 1	DHEC RELIEF

COMMUNITY MEDICAL CENTER	122184	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122185	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122218	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122249	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122275	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122280	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122289	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122339	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122399	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122496	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122513	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122521	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	122536	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	122543	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	124098	Moderna Vaccine Dose 1	DHEC RELIEF

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COMMUNITY MEDICAL CENTER	124620	Moderna Vaccine Dose 2	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	124723	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	124773	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	125083	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	125465	Moderna Vaccine Dose 1	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	126035	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126071	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126087	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126095	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126129	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126132	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126136	Moderna Vaccine Dose 1	DHEC RELIEF
COMMUNITY MEDICAL CENTER	126157	Moderna Vaccine Dose 2	DHEC RELIEF

Primary Insurance Subscriber No	Appointment Date	# Of Vasccine
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
NO INSURANCE	Mar 22, 2021	1
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COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC. (Inv. VAN0322-312021V-NI)
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:	03/22/2021-03/31/2021 - 8:30AM - 4PM
Total # Vaccinations:	261
Eligible Vaccinations**:	261

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

No	Did your organization provide event management, traffic control and logistics for this event?
Yes	Did your organization provide administrative staff for this event?
Yes	Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	$10	$0
Administrative Staff	$5	$1,305
Vaccination Staff	$15	$3,915
Total Event Reimbursement Amount		**$5,220**

Additional Cost Summary*:**

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

Total Request Amount: $5,220

* 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 Vacinnation 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.