



FQHC VAX Secure Invoice Upload

Tracking Number
2020378

Date
6/30/2021

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 Contract Number (required)	Family Health Centers, Inc. * Contractor Name	57-0524498 * Tax ID	7000026038 * SCEIS Number
Angela Brown Contact (Full Name)	ASST. CONTROLLEF Title	(803) 531-6961 Phone	Angela.Brown@myfhc.org Contact EMAIL
P. O. Box 1806 3310 Magnolia Street, NE * Address	* STE #	Orangeburg * City	SC 29115 * State * Zip

INVOICE NUMBER	INVOICE AMOUNT
VAN0412-232021V-NI	6,760.00

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.

VAN0412-232021V 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 11:35:31 AM

\$6,760.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
7/1/2021 10:42:53 AM

Budget and Finance Approval

Samuels, Tierra B.
7/1/2021 8:30:43 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$6,760.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
7/2/2021 1:01:29 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. VAN0412-232021V-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:	04/12/021-04/23/2021 - 8:30AM - 4PM
Total # Vaccinations:	338
Eligible Vaccinations**:	338

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

<u>No</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	\$0
Administrative Staff	\$5	\$1,690
Vaccination Staff	\$15	\$5,070
Total Event Reimbursement Amount		\$6,760

Additional Cost Summary***:

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

Total Request Amount: \$6,760

* 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 CENTERS, INC.
3310 Magnolia Street
Orangeburg, SC 29115
VACCINE APRIL 2021

VANCE - NO INSURANCE COVID VACCINES

Inv. VAN0412-232021V-NI

Facility Name	Claim No	CPT Code Description	Primary Insurance Name
COMMUNITY MEDICAL CENTER	131234	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131132	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131237	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131128	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131023	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131104	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131113	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131102	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131411	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131025	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131432	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	130967	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131161	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131182	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131172	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131051	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131191	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131408	Moderna Vaccine Dose 2	DHEC RELIEF
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COMMUNITY MEDICAL CENTER	131586	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131243	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131317	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	131242	Moderna Vaccine Dose 2	DHEC RELIEF
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NO INSURANCE	Apr 23, 2021	1
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