



FQHC VAX Secure Invoice Upload

Tracking Number
2020379

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

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

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

INVOICE NUMBER	INVOICE AMOUNT
VAN0426-302021V-NI	1,500.00

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.

VAN0426-3021V 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 11:38:12 AM

\$1,500.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 7/1/2021 10:30:22 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/1/2021 8:32:06 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date _____

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$1,500.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 7/2/2021 1:07:37 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 APRIL 2021

VANCE - NO INSURANCE COVID VACCINES

Inv. VAN0426-302021V-NI

Facility Name	Claim No	CPT Code Description	Primary Insurance Name
COMMUNITY MEDICAL CENTER	138381	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138728	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138351	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138696	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138348	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138321	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138502	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138753	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138323	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138571	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138778	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138305	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138832	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138785	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138633	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138294	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138684	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138509	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139287	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139087	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138913	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138910	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139224	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139177	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139029	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139199	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139248	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138914	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138917	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138915	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139364	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138931	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138893	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139172	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139148	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139323	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139185	Moderna Vaccine Dose 2	DHEC RELIEF

COMMUNITY MEDICAL CENTER	138949 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139207 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139047 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139235 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139363 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	138864 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139511 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139760 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139627 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139841 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139780 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139525 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139631 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139460 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139471 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139761 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139730 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139424 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139852 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139726 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139689 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139440 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139732 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139489 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139731 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	139466 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140243 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140386 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140415 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140274 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140196 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140127 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140353 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140279 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140391 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140248 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140168 Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140745 Moderna Vaccine Dose 2	DHEC RELIEF

COVID-19 Vaccination Reimbursement Request

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC. (Inv. VAN0426-302021V-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:	04/26/021-04/30/2021 - 8:30AM - 4PM
Total # Vaccinations:	75
Eligible Vaccinations**:	75

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	\$375
Vaccination Staff	\$15	\$1,125
Total Event Reimbursement Amount		\$1,500

Additional Cost Summary***:

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

Total Request Amount: \$1,500

* 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.