



FQHC VAX Secure Invoice Upload

Tracking Number
2020380

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
VAN0503-042021V-NI	400.00

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.

VAN0503-042021V 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 11:43:20 AM

\$400.00
 Invoice Total Yes No

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

ACC Testing Approval

Bonner, Melissa
 7/1/2021 10:36:54 AM

Budget and Finance Approval

Samuels, Tierra B.
 7/1/2021 8:28:41 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date _____

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$400.00	31070000	Not Relevant	J0402AZ998
J040X01058580130	5021310000	98000018	

Accounts Payable Approval

Robinson, Sharon D.
 7/2/2021 12:57:27 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. VAN0503-042021V-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:	05/03/2021-05/04/2021 - 8:30AM - 4PM
Total # Vaccinations:	20
Eligible Vaccinations**:	20

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	\$100
Vaccination Staff	\$15	\$300
Total Event Reimbursement Amount		\$400

Additional Cost Summary***:

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

Total Request Amount: \$400

* 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 MAY 2021

VANCE - NO INSURANCE COVID VACCINES

Inv. VAN0503-042021V-NI

Facility Name	Claim No	CPT Code Description	Primary Insurance Name
COMMUNITY MEDICAL CENTER	140887	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140891	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	140972	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141006	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141011	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141069	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141152	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141183	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141189	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141190	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141217	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141237	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141242	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141253	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141258	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141369	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141390	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141401	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141765	Moderna Vaccine Dose 2	DHEC RELIEF
COMMUNITY MEDICAL CENTER	141767	Moderna Vaccine Dose 2	DHEC RELIEF

Primary Insurance		# Of
Subscriber No	Appointment Date	Vaccine
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
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NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 3, 2021	1
NO INSURANCE	May 4, 2021	1
NO INSURANCE	May 4, 2021	1
		20

