



FQHC VAX Secure Invoice Upload

Tracking Number

2020503

Date

7/29/2021

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>ORG-0517-052021</u>	<u>380.00</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.

ORG 0517-052021V 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
7/29/2021 4:09:28 PM

\$380.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
8/11/2021 12:20:26 PM

Budget and Finance Approval

Samuels, Tierra B.
8/12/2021 3:43:56 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Full Amount \$380

\$380.00 31070000 Not Relevant J0402AZ998
J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
8/16/2021 3:35:54 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

Inv. ORG-0517-052021

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	FAMILY HEALTH CENTERS, INC.
Location Address (incl zip):	3310 Magnolia Street, NE Orangeburg, SC 29115
Date & Times:	05/17/2021 -05/20/2021 8:30AM - 4PM
Total # Vaccinations:	38
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	\$380
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$380

Additional Cost Summary***:

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

Total Request Amount: \$380

* 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

SITE COVID VACCINES

Inv. ORG-0517-052021

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
MAIN SITE			
145509	05/17/2021	Covid Vaccine	1
145538	05/17/2021	Covid Vaccine	1
145688	05/17/2021	Covid Vaccine	1
145566	05/17/2021	Covid Vaccine	1
145613	05/17/2021	Covid Vaccine	1
145567	05/17/2021	Covid Vaccine	1
145691	05/17/2021	Covid Vaccine	1
145552	05/17/2021	Covid Vaccine	1
145666	05/17/2021	Covid Vaccine	1
145687	05/17/2021	Covid Vaccine	1
145569	05/17/2021	Covid Vaccine	1
145571	05/17/2021	Covid Vaccine	1
145529	05/17/2021	Covid Vaccine	1
145692	05/17/2021	Covid Vaccine	1
146092	05/18/2021	Covid Vaccine	1
145993	05/18/2021	Covid Vaccine	1
145997	05/18/2021	Covid Vaccine	1
146030	05/18/2021	Covid Vaccine	1
146107	05/18/2021	Covid Vaccine	1
145912	05/18/2021	Covid Vaccine	1
146073	05/18/2021	Covid Vaccine	1
145970	05/18/2021	Covid Vaccine	1
145968	05/18/2021	Covid Vaccine	1
145855	05/18/2021	Covid Vaccine	1
146101	05/18/2021	Covid Vaccine	1
146467	05/19/2021	Covid Vaccine	1
146396	05/19/2021	Covid Vaccine	1
146416	05/19/2021	Covid Vaccine	1
146763	05/20/2021	Covid Vaccine	1
146703	05/20/2021	Covid Vaccine	1
146814	05/20/2021	Covid Vaccine	1
146795	05/20/2021	Covid Vaccine	1
146835	05/20/2021	Covid Vaccine	1
146818	05/20/2021	Covid Vaccine	1
146830	05/20/2021	Covid Vaccine	1

146815	05/20/2021	Covid Vaccine	1
146816	05/20/2021	Covid Vaccine	1
146810	05/20/2021	Covid Vaccine	1
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			38
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