



FQHC VAX Secure Invoice Upload

Tracking Number

2020505

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>STG-0503-050721</u>	<u>810.00</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.

STG 0503-050721V 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 4:12:18 PM

\$810.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 8/11/2021 12:30:32 PM

Budget and Finance Approval

Budget and Finance
 Approval

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Accounts Payable Approval

Robinson, Sharon D.
 8/11/2021 3:33:11 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. STG-0503-050721

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at St. George
Location Address (incl zip):	401 Ridge Street St. George, SC 29477
Date & Times:	05/03/2021 -05/07/2021 8:30AM - 4PM
Total # Vaccinations:	81
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	\$810
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$810

Additional Cost Summary***:

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

Total Request Amount: \$810

* 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

STG-0503-050721

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
ST. GEORGE			
141103	05/03/2021	Covid Vaccine	1
141313	05/03/2021	Covid Vaccine	1
141206	05/03/2021	Covid Vaccine	1
140960	05/03/2021	Covid Vaccine	1
141045	05/03/2021	Covid Vaccine	1
141292	05/03/2021	Covid Vaccine	1
141388	05/03/2021	Covid Vaccine	1
141054	05/03/2021	Covid Vaccine	1
140888	05/03/2021	Covid Vaccine	1
141095	05/03/2021	Covid Vaccine	1
140930	05/03/2021	Covid Vaccine	1
141096	05/03/2021	Covid Vaccine	1
140957	05/03/2021	Covid Vaccine	1
140978	05/03/2021	Covid Vaccine	1
140926	05/03/2021	Covid Vaccine	1
140919	05/03/2021	Covid Vaccine	1
141357	05/03/2021	Covid Vaccine	1
141366	05/03/2021	Covid Vaccine	1
141053	05/03/2021	Covid Vaccine	1
141690	05/04/2021	Covid Vaccine	1
141691	05/04/2021	Covid Vaccine	1
141670	05/04/2021	Covid Vaccine	1
141671	05/04/2021	Covid Vaccine	1
141858	05/04/2021	Covid Vaccine	1
141728	05/04/2021	Covid Vaccine	1
141697	05/04/2021	Covid Vaccine	1
141843	05/04/2021	Covid Vaccine	1
141715	05/04/2021	Covid Vaccine	1
141802	05/04/2021	Covid Vaccine	1
141759	05/04/2021	Covid Vaccine	1
141635	05/04/2021	Covid Vaccine	1
141850	05/04/2021	Covid Vaccine	1
141849	05/04/2021	Covid Vaccine	1
141814	05/04/2021	Covid Vaccine	1
141817	05/04/2021	Covid Vaccine	1

141679	05/04/2021	Covid Vaccine	1
141725	05/04/2021	Covid Vaccine	1
141724	05/04/2021	Covid Vaccine	1
141748	05/04/2021	Covid Vaccine	1
141758	05/04/2021	Covid Vaccine	1
141757	05/04/2021	Covid Vaccine	1
141732	05/04/2021	Covid Vaccine	1
142153	05/05/2021	Covid Vaccine	1
142076	05/05/2021	Covid Vaccine	1
142113	05/05/2021	Covid Vaccine	1
142154	05/05/2021	Covid Vaccine	1
142161	05/05/2021	Covid Vaccine	1
142011	05/05/2021	Covid Vaccine	1
141971	05/05/2021	Covid Vaccine	1
142184	05/05/2021	Covid Vaccine	1
142187	05/05/2021	Covid Vaccine	1
142188	05/05/2021	Covid Vaccine	1
142010	05/05/2021	Covid Vaccine	1
141963	05/05/2021	Covid Vaccine	1
141972	05/05/2021	Covid Vaccine	1
141975	05/05/2021	Covid Vaccine	1
142233	05/05/2021	Covid Vaccine	1
142376	05/06/2021	Covid Vaccine	1
142479	05/06/2021	Covid Vaccine	1
142433	05/06/2021	Covid Vaccine	1
142317	05/06/2021	Covid Vaccine	1
142365	05/06/2021	Covid Vaccine	1
142492	05/06/2021	Covid Vaccine	1
142545	05/06/2021	Covid Vaccine	1
142425	05/06/2021	Covid Vaccine	1
143176	05/07/2021	Covid Vaccine	1
143236	05/07/2021	Covid Vaccine	1
143037	05/07/2021	Covid Vaccine	1
143179	05/07/2021	Covid Vaccine	1
143126	05/07/2021	Covid Vaccine	1
143140	05/07/2021	Covid Vaccine	1
143299	05/07/2021	Covid Vaccine	1
143025	05/07/2021	Covid Vaccine	1
143028	05/07/2021	Covid Vaccine	1
143191	05/07/2021	Covid Vaccine	1
143196	05/07/2021	Covid Vaccine	1
142893	05/07/2021	Covid Vaccine	1
143092	05/07/2021	Covid Vaccine	1
143218	05/07/2021	Covid Vaccine	1

143157	05/07/2021	Covid Vaccine	1
143262	05/07/2021	Covid Vaccine	1
			<hr/>
			81
			<hr/> <hr/>

FQHC-VAX-172- Family Health Centers, Inc. STG-0503-050721 \$810.00

Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>

Wed 8/11/2021 3:45 PM

To: Robinson, Sharon D. <robinssd@dhec.sc.gov>

Hello Sharon,

The invoice below went directly to you. I approved it. Please use the funding below to process the payment. Let me know if you need anything else.

\$810.00		31070000	Not Relevant	J0402AZ998	J040X01058580130	5021310000	98000018
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COVID-19 Vaccine Reimbursement Calculator

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ADD	STG 0503-050721V INVOICE
REMOVE	
VIEW	

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Signature (required) Click to Sign

Angela Brown
7/29/2021
4:12:18 PM

Approve

\$810.00
Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
8/11/2021
12:30:32 PM

Budget and Finance Approval
Budget and Finance Approval

Approved Funding	<u>\$432,450.00</u>
Approved Invoices to Date	<u></u>
Available Funding	<u>\$432,450.00</u>

Payment Processing Instructions

Thank you,

Tierra Samuels

Office of Budget and Financial Planning

S.C. Dept. of Health & Environmental Control

Office: (803) 898-5512

Fax: (803) 253-7637

Connect: www.scdhec.gov [Facebook](#) [Twitter](#)



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 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

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Budget and Finance Approval

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Approved Invoices to Date

Available Funding **\$432,450.00**

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see attach email for funding (copied below) and budget/finance approval
 \$810.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 8/11/2021 4:27:57 PM



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