



FQHC VAX Secure Invoice Upload

Tracking Number

2020508

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-0521-052821</u>	<u>820.00</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 0521-052821V 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 4:19:46 PM

\$820.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 8/11/2021 12:31:09 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 3:14:01 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-0521-052821

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:	05/21/2021 -05/20/2021 8:30AM - 4PM
Total # Vaccinations:	82
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	\$820
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$820

Additional Cost Summary***:

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

Total Request Amount: \$820

* 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-0521-052821

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
ST. GEORGE			
147034	05/21/2021	Covid Vaccine	1
147237	05/21/2021	Covid Vaccine	1
147275	05/21/2021	Covid Vaccine	1
147283	05/21/2021	Covid Vaccine	1
147039	05/21/2021	Covid Vaccine	1
147182	05/21/2021	Covid Vaccine	1
147240	05/21/2021	Covid Vaccine	1
147320	05/21/2021	Covid Vaccine	1
147076	05/21/2021	Covid Vaccine	1
147178	05/21/2021	Covid Vaccine	1
147188	05/21/2021	Covid Vaccine	1
147201	05/21/2021	Covid Vaccine	1
147163	05/21/2021	Covid Vaccine	1
147114	05/21/2021	Covid Vaccine	1
147185	05/21/2021	Covid Vaccine	1
147154	05/21/2021	Covid Vaccine	1
147156	05/21/2021	Covid Vaccine	1
147316	05/21/2021	Covid Vaccine	1
147040	05/21/2021	Covid Vaccine	1
147309	05/21/2021	Covid Vaccine	1
147356	05/21/2021	Covid Vaccine	1
147269	05/21/2021	Covid Vaccine	1
147209	05/21/2021	Covid Vaccine	1
147349	05/21/2021	Covid Vaccine	1
147341	05/21/2021	Covid Vaccine	1
147187	05/21/2021	Covid Vaccine	1
147301	05/21/2021	Covid Vaccine	1
147310	05/21/2021	Covid Vaccine	1
147625	05/24/2021	Covid Vaccine	1
147626	05/24/2021	Covid Vaccine	1
147577	05/24/2021	Covid Vaccine	1
147534	05/24/2021	Covid Vaccine	1
147587	05/24/2021	Covid Vaccine	1
147600	05/24/2021	Covid Vaccine	1
147608	05/24/2021	Covid Vaccine	1

147106	05/24/2021	Covid Vaccine	1
147617	05/24/2021	Covid Vaccine	1
147619	05/24/2021	Covid Vaccine	1
147563	05/24/2021	Covid Vaccine	1
147485	05/24/2021	Covid Vaccine	1
147630	05/24/2021	Covid Vaccine	1
147506	05/24/2021	Covid Vaccine	1
147558	05/24/2021	Covid Vaccine	1
147467	05/24/2021	Covid Vaccine	1
147849	05/25/2021	Covid Vaccine	1
147968	05/25/2021	Covid Vaccine	1
147836	05/25/2021	Covid Vaccine	1
148045	05/25/2021	Covid Vaccine	1
148044	05/25/2021	Covid Vaccine	1
147811	05/25/2021	Covid Vaccine	1
147971	05/25/2021	Covid Vaccine	1
148036	05/25/2021	Covid Vaccine	1
148031	05/25/2021	Covid Vaccine	1
147969	05/25/2021	Covid Vaccine	1
147970	05/25/2021	Covid Vaccine	1
148242	05/26/2021	Covid Vaccine	1
148292	05/26/2021	Covid Vaccine	1
148111	05/26/2021	Covid Vaccine	1
148301	05/26/2021	Covid Vaccine	1
148320	05/26/2021	Covid Vaccine	1
148321	05/26/2021	Covid Vaccine	1
148319	05/26/2021	Covid Vaccine	1
148314	05/26/2021	Covid Vaccine	1
148335	05/26/2021	Covid Vaccine	1
148327	05/26/2021	Covid Vaccine	1
148328	05/26/2021	Covid Vaccine	1
148451	05/27/2021	Covid Vaccine	1
148504	05/27/2021	Covid Vaccine	1
148578	05/27/2021	Covid Vaccine	1
148642	05/27/2021	Covid Vaccine	1
148474	05/27/2021	Covid Vaccine	1
148814	05/28/2021	Covid Vaccine	1
148834	05/28/2021	Covid Vaccine	1
148870	05/28/2021	Covid Vaccine	1
148918	05/28/2021	Covid Vaccine	1
148813	05/28/2021	Covid Vaccine	1
148801	05/28/2021	Covid Vaccine	1
148797	05/28/2021	Covid Vaccine	1
148861	05/28/2021	Covid Vaccine	1

148954	05/28/2021	Covid Vaccine	1
148949	05/28/2021	Covid Vaccine	1
148911	05/28/2021	Covid Vaccine	1



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Angela Brown
 7/29/2021 4:19:46 PM

\$820.00
 Invoice Total Yes No

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ACC Testing Approval

Bonner, Melissa
 8/11/2021 12:31:09 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

see attach email for funding (copied below) and budget/finance approval
 \$820.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 8/11/2021 4:32:39 PM



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FQHC-VAX-172- Family Health Centers, Inc. STG-0521-052821 \$820

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

Wed 8/11/2021 4:01 PM

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

Hello Sharon,

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

\$820.00		31070000	Not Relevant	J0402AZ998	J040X01058580130	5021310000	98000018
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COVID-19 Vaccine Reimbursement Calculator

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ADD	STG 0521-052821V INVOICE
REMOVE	
VIEW	

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Signature (required) Click to Sign

Angela Brown
7/29/2021
4:19:46 PM

Approve

\$820.00 Yes The attached invoice is accurate and the invoice total is correct

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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