



FQHC VAX Secure Invoice Upload

Tracking Number

2020611

Date

8/25/2021

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>T1-071221V</u>	<u>50.00</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.

T1-071221V 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
8/25/2021 5:44:27 PM

\$50.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
8/31/2021 10:51:23 AM

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.
9/7/2021 9:23:38 AM



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. T1-071221V

Community Vaccination Event Information*

Provider Name: FAMILY HEALTH CENTERS, INC.

COVID-19 Vaccine Pin Number: 138050

Location Name: BAMBERG CIVIC CENTER

Location Address (incl zip): 2477 MAIN HIGHWAY

BAMBERG, SC 29003

Date & Times: 7/12/2021 - 8:30AM - 4PM

Total # Vaccinations: 5

Eligible Vaccinations**: 0

Please select yes or no to the following questions to determine eligible reimbursement:

Yes Did your organization provide event management, traffic control and logistics for this event?

Yes Did your organization provide administrative staff for this event?

Yes Did you organization provide vaccination staff for this event?

Reimbursement Calculator

Item	Rate	Eligible Event Reimbursement
Event Mgmt, Traffic, Logistics	\$10	\$50
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$50

Additional Cost Summary***:

Total additional cost:

Less other funding/reimbursement:

Net additional cost:

\$0

Total Request Amount: \$50

* 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.

RE: Family Health Centers: FQHC-VAX-172 \$50.00 Inv. T1-071221V

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

Tue 9/7/2021 9:07 AM

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

Cc: Bonner, Melissa <bonnerm@dhec.sc.gov>

Hello Sharon,

It's approved. Please use the funding below.

Full Amount \$50.00	31070000	Not Relevant	J0402AZ998	J040X01058580130	5021310000	98000018
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Thanks

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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From: Robinson, Sharon D. <robinssd@dhec.sc.gov>
Sent: Tuesday, September 7, 2021 9:01 AM
To: Samuels, Tierra B. <SAMUELTB@dhec.sc.gov>
Cc: Bonner, Melissa <bonnerm@dhec.sc.gov>
Subject: Family Health Centers: FQHC-VAX-172 \$50.00 Inv. T1-071221V

Good morning,

Tierra, this invoice needs your approval and funding for payment. I attached screenshots below. Please reply to this email for further payment processing. Thank you, Sharon.

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.

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<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>T1-071221V</u>	<u>50.00</u>

Yes
 No

\$50.00
 Invoice Total

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

ACC Testing Approval	Budget and Finance Approval	Approved Funding	<u>\$432,450.00</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Bonner, Melissa 8/31/2021 10:51:23 AM</div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; background-color: #cccccc;">Budget and Finance Approval</div>	Approved Invoices to Date	_____
Payment Processing Instructions		Available Funding	<u>\$432,450.00</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; background-color: yellow;">[Redacted]</div>		Accounts Payable Approval	<div style="border: 1px solid black; width: fit-content; height: 15px; background-color: #cccccc;"></div> _____

Sharon D Robinson

Accounts Payable Fiscal Analyst, Bureau of Financial Mgmt

S.C. Dept. of Health & Environmental Control

Office: (803) 898-3578

Fax: (803) 253-7637

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



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FAMILY HEALTH CENTERS, INC.
3310 Magnolia Street
Orangeburg, SC 29115
VACCINE JULY 2021

UNIT 1 COVID VACCINES

VACCINE UNIT 1

Inv. T1-071221V

	SERVICE			
CLAIMS#	DATE	VisitType		# VAC
7	BAMBERG CIVIC CENTER, 2477 MAIN HIGHWAY BAMBERG, SC 29003			
157332	07/12/2021	Covid Vaccine		1
157329	07/12/2021	Covid Vaccine		1
157401	07/12/2021	Covid Vaccine		1
157192	07/12/2021	Covid Vaccine		1
157309	07/12/2021	Covid Vaccine		1
				<hr/>
				5
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