



FQHC VAX Secure Invoice Upload

Tracking Number
2020470

Date
7/27/2021

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**
T2-051121V **130.00**

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.

T2-05112021V 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
7/27/2021 12:59:56 PM

\$130.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
7/28/2021 8:50:55 AM

Budget and Finance Approval
Samuels, Tierra B.
7/28/2021 9:44:23 AM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$130.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
7/29/2021 10:59:17 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

T2-051121V

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	ORANGEBURG COUNTY CITY GYM
Location Address (incl zip):	410 BROUGHTON STREET ORANGEBURG, SC 29115
Date & Times:	5/11/2021 - 8:30AM - 4PM
Total # Vaccinations:	13
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	\$130
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$130

Additional Cost Summary***:

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

Total Request Amount: \$130

* 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

UNIT 2 COVID VACCINES

UNIT 2 Inv. T2-051121V

CLAIMS# SERVICE DATE Visit Type # OF VAC

6 ORANGEBURG COUNTY CITY GYM, 410 BROUGHTON STREET, ORANGEBURG, SC 29115

143885	05/11/2021	Covid Vaccine	1
143930	05/11/2021	Covid Vaccine	1
147688	05/11/2021	Covid Vaccine	1
143950	05/11/2021	Covid Vaccine	1
143985	05/11/2021	Covid Vaccine	1
144137	05/11/2021	Covid Vaccine	1
144042	05/11/2021	Covid Vaccine	1
143927	05/11/2021	Covid Vaccine	1
143872	05/11/2021	Covid Vaccine	1
143982	05/11/2021	Covid Vaccine	1
144082	05/11/2021	Covid Vaccine	1
144142	05/11/2021	Covid Vaccine	1
143884	05/11/2021	Covid Vaccine	1

13