



FQHC VAX Secure Invoice Upload

Tracking Number
2020515

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.

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**
VAN-0517-052121 **520.00**

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.

VAN 0517-052121V 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 4:33:10 PM

\$520.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
8/11/2021 12:25:02 PM

Budget and Finance Approval
Samuels, Tierra B.
8/12/2021 3:32:15 PM

Approved Funding **\$432,450.00**
 Approved Invoices to Date
 Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$520.00
 \$520.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
8/16/2021 3:46:24 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. VAN-0517-052121

Community Vaccination Event Information*

Provider Name:	FAMILY HEALTH CENTERS, INC.
COVID-19 Vaccine Pin Number:	138050
Location Name:	Family Health Center at Vance
Location Address (incl zip):	10278 Old #6 Hwy Vance, SC 29163
Date & Times:	05/17/2021 - 05/21/2021 - 8:30AM - 4PM
Total # Vaccinations:	52
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	\$520
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$520

Additional Cost Summary***:

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

Total Request Amount: \$520

* 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. VAN-0517-052121

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
COMMUNITY MEDICAL			
145645	05/17/2021	Covid Vaccine	1
145649	05/17/2021	Covid Vaccine	1
145643	05/17/2021	Covid Vaccine	1
145562	05/17/2021	Covid Vaccine	1
145419	05/17/2021	Covid Vaccine	1
145650	05/17/2021	Covid Vaccine	1
145651	05/17/2021	Covid Vaccine	1
145620	05/17/2021	Covid Vaccine	1
145536	05/17/2021	Covid Vaccine	1
145677	05/17/2021	Covid Vaccine	1
145658	05/17/2021	Covid Vaccine	1
145514	05/17/2021	Covid Vaccine	1
145556	05/17/2021	Covid Vaccine	1
145955	05/18/2021	Covid Vaccine	1
146071	05/18/2021	Covid Vaccine	1
146005	05/18/2021	Covid Vaccine	1
145893	05/18/2021	Covid Vaccine	1
145974	05/18/2021	Covid Vaccine	1
146065	05/18/2021	Covid Vaccine	1
145940	05/18/2021	Covid Vaccine	1
145861	05/18/2021	Covid Vaccine	1
145964	05/18/2021	Covid Vaccine	1
145946	05/18/2021	Covid Vaccine	1
146329	05/19/2021	Covid Vaccine	1
146345	05/19/2021	Covid Vaccine	1
146356	05/19/2021	Covid Vaccine	1
146350	05/19/2021	Covid Vaccine	1
146436	05/19/2021	Covid Vaccine	1
146395	05/19/2021	Covid Vaccine	1
146330	05/19/2021	Covid Vaccine	1
146432	05/19/2021	Covid Vaccine	1
146438	05/19/2021	Covid Vaccine	1
146328	05/19/2021	Covid Vaccine	1
146449	05/19/2021	Covid Vaccine	1
146447	05/19/2021	Covid Vaccine	1

146337	05/19/2021	Covid Vaccine	1
146325	05/19/2021	Covid Vaccine	1
146341	05/19/2021	Covid Vaccine	1
146321	05/19/2021	Covid Vaccine	1
146819	05/20/2021	Covid Vaccine	1
146574	05/20/2021	Covid Vaccine	1
146793	05/20/2021	Covid Vaccine	1
146805	05/20/2021	Covid Vaccine	1
146799	05/20/2021	Covid Vaccine	1
146825	05/20/2021	Covid Vaccine	1
147191	05/21/2021	Covid Vaccine	1
147291	05/21/2021	Covid Vaccine	1
147327	05/21/2021	Covid Vaccine	1
147195	05/21/2021	Covid Vaccine	1
147231	05/21/2021	Covid Vaccine	1
147238	05/21/2021	Covid Vaccine	1
147142	05/21/2021	Covid Vaccine	1