



FQHC VAX Secure Invoice Upload

Tracking Number
2020516

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>VAN-0524-052821</u>	<u>380.00</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.

VAN 0524-052821V 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 4:35:45 PM

\$380.00
Invoice Total

Yes
 No

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

ACC Testing Approval

Bonner, Melissa
 8/11/2021 12:19:45 PM

Budget and Finance Approval

Samuels, Tierra B.
 8/12/2021 3:35:01 PM

Approved Funding \$432,450.00

Approved Invoices to Date _____

Available Funding \$432,450.00

Payment Processing Instructions

Full Amount \$380.00

\$380.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
 8/16/2021 3:19:52 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-0524-052821

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:	05/24/2021 - 05/28/2021 - 8:30AM - 4PM
Total # Vaccinations:	38
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	\$380
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$380

Additional Cost Summary***:

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

Total Request Amount: \$380

* 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

VAN-0524-052821

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
COMMUNITY MEDICAL			
147542	05/24/2021	Covid Vaccine	1
147526	05/24/2021	Covid Vaccine	1
147522	05/24/2021	Covid Vaccine	1
147627	05/24/2021	Covid Vaccine	1
147595	05/24/2021	Covid Vaccine	1
147628	05/24/2021	Covid Vaccine	1
147513	05/24/2021	Covid Vaccine	1
147559	05/24/2021	Covid Vaccine	1
147596	05/24/2021	Covid Vaccine	1
148040	05/25/2021	Covid Vaccine	1
147999	05/25/2021	Covid Vaccine	1
147698	05/25/2021	Covid Vaccine	1
147992	05/25/2021	Covid Vaccine	1
147990	05/25/2021	Covid Vaccine	1
148023	05/25/2021	Covid Vaccine	1
147808	05/25/2021	Covid Vaccine	1
147786	05/25/2021	Covid Vaccine	1
148020	05/25/2021	Covid Vaccine	1
148254	05/26/2021	Covid Vaccine	1
148255	05/26/2021	Covid Vaccine	1
148285	05/26/2021	Covid Vaccine	1
148283	05/26/2021	Covid Vaccine	1
148333	05/26/2021	Covid Vaccine	1
148247	05/26/2021	Covid Vaccine	1
148204	05/26/2021	Covid Vaccine	1
148337	05/26/2021	Covid Vaccine	1
148577	05/27/2021	Covid Vaccine	1
148497	05/27/2021	Covid Vaccine	1
148891	05/28/2021	Covid Vaccine	1
148782	05/28/2021	Covid Vaccine	1
148859	05/28/2021	Covid Vaccine	1
148889	05/28/2021	Covid Vaccine	1
148774	05/28/2021	Covid Vaccine	1
148778	05/28/2021	Covid Vaccine	1
148935	05/28/2021	Covid Vaccine	1

148898	05/28/2021	Covid Vaccine	1
148897	05/28/2021	Covid Vaccine	1
148875	05/28/2021	Covid Vaccine	1
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			38
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