



FQHC VAX Secure Invoice Upload

Tracking Number
2020652

Date
8/26/2021

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**
VAN0702-073021V **420.00**

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 0702-07321V 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
8/26/2021 3:28:20 PM

\$420.00
 Invoice Total Yes No

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

ACC Testing Approval
Bonner, Melissa
8/30/2021 8:19:39 AM

Budget and Finance Approval
Samuels, Tierra B.
8/31/2021 12:24:28 PM

Approved Funding **\$432,450.00**

Approved Invoices to Date

Available Funding **\$432,450.00**

Payment Processing Instructions

Full Amount \$420.00 31070000 Not Relevant J0402AZ998
 J040X01058580130 5021310000 98000018

Accounts Payable Approval

Robinson, Sharon D.
9/3/2021 4:30:45 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. VAN0702-073021V

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:	07/02/2021 - 07/30/2021 - 8:30AM - 4PM
Total # Vaccinations:	42
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	\$420
Administrative Staff	\$5	\$0
Vaccination Staff	\$15	\$0
Total Event Reimbursement Amount		\$420

Additional Cost Summary***:

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

Total Request Amount: \$420

* 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.

VACCINE JULY 2021

SITE COVID VACCINES

Inv. VAN0702-073021V

Vaccine by Site

CLAIMS#	SERVICE DATE	Visit Type	# OF VAC
VANCE MEDICAL CENTER			
155859	07/02/2021	Covid Vaccine	1
155880	07/02/2021	Covid Vaccine	1
155816	07/02/2021	Covid Vaccine	1
155830	07/02/2021	Covid Vaccine	1
155836	07/02/2021	Covid Vaccine	1
155846	07/02/2021	Covid Vaccine	1
155857	07/02/2021	Covid Vaccine	1
155883	07/02/2021	Covid Vaccine	1
156912	07/09/2021	Covid Vaccine	1
156920	07/09/2021	Covid Vaccine	1
156924	07/09/2021	Covid Vaccine	1
156950	07/09/2021	Covid Vaccine	1
156955	07/09/2021	Covid Vaccine	1
156966	07/09/2021	Covid Vaccine	1
156968	07/09/2021	Covid Vaccine	1
157004	07/09/2021	Covid Vaccine	1
157008	07/09/2021	Covid Vaccine	1
157098	07/09/2021	Covid Vaccine	1
157124	07/09/2021	Covid Vaccine	1
158467	07/16/2021	Covid Vaccine	1
158366	07/16/2021	Covid Vaccine	1
158406	07/16/2021	Covid Vaccine	1
158453	07/16/2021	Covid Vaccine	1
158515	07/16/2021	Covid Vaccine	1
158428	07/16/2021	Covid Vaccine	1
159757	07/23/2021	Covid Vaccine	1
159794	07/23/2021	Covid Vaccine	1
159796	07/23/2021	Covid Vaccine	1
159814	07/23/2021	Covid Vaccine	1
159820	07/23/2021	Covid Vaccine	1
159848	07/23/2021	Covid Vaccine	1
159866	07/23/2021	Covid Vaccine	1
159888	07/23/2021	Covid Vaccine	1
159907	07/23/2021	Covid Vaccine	1
159931	07/23/2021	Covid Vaccine	1
159934	07/23/2021	Covid Vaccine	1
161330	07/30/2021	Covid Vaccine	1

161352	07/30/2021	Covid Vaccine	1
161446	07/30/2021	Covid Vaccine	1
161470	07/30/2021	Covid Vaccine	1
161472	07/30/2021	Covid Vaccine	1
161473	07/30/2021	Covid Vaccine	1