Helen Hayes Hospital

3450237

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OSC Use Only:	
Reporting Code:	
Category Code:	

Report Pe	riod: April 1, 2018 (to March 31, 2019	
Contracting State Agency Name: Contract Number: C000534 Contract Term: 07/01/15 to 06/3 Contractor Name: Comprehensiv Contractor Address: 6409 Quail H Description of Services Being Pro-	0/20 e Pharmacy Service łollow Road, M emph	s nis, TN 38120	· 3450a37
Data Processing Computer Pro Engineering Architect Services Health Services X Mental Health Accounting Auditing Para	earch] r IT consulting Environmental Service Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Pharmacists	10	13,210.50	\$ 1,301,241.96
Technicians	6	6,920.75	\$ 200,507.89
Total this nage	16	20.424.05	
			····
Total this page Grand Total	16 16	20,131.25 20,131.25	\$ 1,501,749.85 \$ 1,501,749.85
Name of person who prepared this Preparer's Signature: Macca Title: Director, Operations Finance Date Prepared: 04/16/2019 Use additional pages if necessary)	Dhe	one #: 763-354-1226	Lander 1997 Lander 1997 Herring Newson Assess

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	State Consultant S				
Contractor's Annual Employment Report					
Report Period: April 1, 2018 to March 31, 2019					
Contracting State Agency Name: In Contract Number: C000541 Contract Term: 01/01/17 – 12/31/2 Contractor Name: NJPR Medical Contractor Address: 80 E. Ridgew Description of Services Being Proving	21 Transcription Servic yood Ave., 4 th Fl., Pa	es, Inc. aramus, NJ 07652			
Data Processing ☐ Computer Pro Engineering ☐ Architect Services Health Services ☐ Mental Health S	arch	TIT consulting ☐ Environmental Service Other Consulting ☑	es 🗌		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Health Information Management	3 .	427.5			

	,				
Total this page	0	0	\$ 0.00		
Grand Total	3	427,5	\$60,292,48		
Name of person who prepared this rep Preparer's Signature: Title: President & CEO	MMS 2	one #: 973-334-3443			
Date Prepared: 04/01/2019					
Use additional pages if necessary)			Page 4 of 1		

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Reporting Code:	
Category Code:	

Report Period: April 1, 2018 to March 31, 2019

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Contracting State Agency Name: I Contract Number: C000546 Contract Term: 6/1/17-5/31/22 Contractor Name: Ramapo Radio			3450237		
Contractor Address: 255 Lafayette Avenue, Suffern, NY 10901					
Description of Services Being Prov	vided: Radiology Se	rvices			
Scope of Contract (Choose one tha	t best fits):				
Analysis Evaluation Research	arch Training []			
Data Processing Computer Pro		r IT consulting 🔲	•		
Engineering Architect Services Health Services Mental Health S		Environmental Service	es 🗌		
		Othor Computting [7]			
Additing E Farag	egai 🔲 🗆 Legai 🗀	Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Radiologists	14	2,408	242,285-		
Technologists.	3	<i>a</i> 080	110,000 -		
Transcriptions	3	2080	21,000-		
		,			
Total this page	20 ts	10,568 a	272 1850		
Grand Total	<u> </u>	W, J & &	313,003 + July		
Name of person who prepared this rep	ort:				
Preparer's Signature:	C Mimp	\(\sigma \)			
Title: Manager	Pho	one# 845-565	53664		
Date Prepared: 4/1/2019			exy 1401		
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Reporting Code:	
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Contractor's Annual Employment Report					
Report Per	riod: April 1, 2018 t	o March 31, 2019			
Contracting State Agency Name: I Contract Number: C000556 Contract Term: 05/10/18 - 05/09/2 Contractor Name: Jandee Anesth Contractor Address: 25 Main St., Description of Services Being Prov	3 esiology Partners P Suite 103, Hackens	LLC ack, NJ 07508	3450237		
Scope of Contract (Choose one tha	£ l				
Analysis	arch	TIT consulting Environmental Service Other Consulting	es 🗌		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Health Services 10 80 24,500					
Total this page	10:	80	\$ 24,500		
Grand Total					
Name of person who prepared this rep Preparer's Signature: 10 Title: Practice Coodingtor Date Prepared: 3 1271 19	re Klera	201-962	- -7282·		

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Reporting Code:	
Category Code:	

Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: F Contract Number: PO # 0067659 Contract Term: 04/01/18 – 03/31/1 Contractor Name: Bonadio & Co, Contractor Address: 6 Wembley C Description of Services Being Prov	9 LLP ourt, Albany, NY 12	205	450237
Scope of Contract (Choose one that Analysis	arch] r IT consulting ☐ Environmental Service Other Consulting ☐	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Partner / Principal	ì	45	# 9,000
Manager	(70	9,900
Supervisory Staff	l	125	14,000
Staff '	J	140	17,000
Total this page			He On 1 0 000
Grand Total	0	0	49,900 \$_0.00-
Orand Total			\$49,900
Name of person who prepared this rep Preparer's Signature: Kundhol.	Migung	one#: (51%) 464-1	40%0
Date Prepared: 3 / 151 / 9	*	,	
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Reporting Code:	
Category Code:	

Contractor's Annual Employment Report			
Report Period: April 1, 2018 to March 31, 2019			
Contracting State Agency Name: H Contract Number: PO#0069607 Contract Term: 10/1/18 - 09/30/19 Contractor Name: DESCO Contractor Address: PO Box 6787 Description of Services Being Prov	, Providence, RI 029	940	
Data Processing Computer Prog Engineering Architect Services Health Services Mental Health S	arch] r IT consulting Environmental Service Other Consulting	s 🗆
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
field Service lectineis	, <u>3</u>	208	19,200,00
Total this page Grand Total	3 -0	203 - 0 208	19,2000\$_0.00 19,200.00
	port: Lin Llaby	one #: 508-298	- 307/

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Category Code:	

State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2018 to March 31, 2019

Contracting State Agency Name: Helen Hayes Hospital Agency Code 345037
Contract Number: PO#0068101
Contract Term: 04/01/18 –03/31/19
Contractor Name: Marsden Medical Physics Assoc., LLC
Contractor Address: 15 Decker Lane, Booton, NJ 07005
Description of Services Being Provided: Medical Physicist Services

Engineering	arch	r IT consulting Environmental Service	es 🗌
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	***************************************		uic Oongact
Health Scruices	3	40e	
Total this page	0	0	\$ 0.00
Grand Total			11,200

Name of person who prepare	d this repor	rt:
Preparer's Signature:	-	march
Title: President	a de la constantina della cons	Phone #:
Date Prepared: 3 /12/19		973 838 - 5079

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