

Exhibit X

SUNY01-C505046-3320211

OSC Use Only
Reporting Code:
Category Code:
Date Contract Approved:

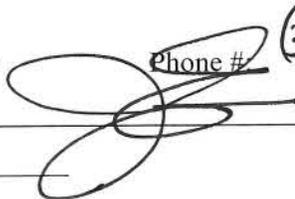
Form A

**State Consultant Services – Contractor’s Planned Employment
From Contract State Date Through the End of the Contract Term**

State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Upstate Medical Anesthesiology Group Contract Number: C 505046
 Contract Start Date: 1/1/2020 Contract End Date: 12/31/2024

Employment Category/Description	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Medical Direction Pain Mgmt	.15 FTE	312 x 5 = 1560	\$436,015.00
OOD	1 FTE	2080 x 5 = 10400	\$2,506,105.00
Medical Direction Intensive	.25 FTE	520 x 5 = 2600	\$498,425.00
Medical Direction PAT	.47 FTE	977.6 x 5 = 4888	\$924,380.00
Medical Direction Regional	.40 FTE	832 x 5 = 4160	\$705,055.00
29-1061.00			
Total This Page	2.27	23,608	\$5,069,980.00
Grand Total	2.27	23,608	\$5,069,980.00

Name of person who prepared this report
 Title: BUSINESS MANAGER Phone #: (315) 464-5205
 Preparer's Signature: 
 Date Prepared: 11/4/19