

**FORM A**

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|---|
| New York State Consultant Services<br><b>Contractor's Planned Employment</b><br>From Contract Start Date Through The End Of The Contract Term |
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|---|-------------------------------|
| State Agency Name: <b>Office of the State Comptroller</b> |                               |
| State Agency Department ID: 3050000                       | Agency Business Unit: OSC01   |
| Contractor Name: Comprehensive Medical Reviews            | Contract Number: C220004      |
| Contract Start Date: 01/02/2023                           | Contract End Date: 01/01/2028 |

| Employment Category                           | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---|---------------------|------------------------------|-----------------------------------|
| 29-1069.00 Physicians and Surgeons, All other | 4                   | 1200                         | \$1,500,000.00                    |
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| <b>Total this page</b>                        | 4                   | 1200                         | \$1,500,000.00                    |
| <b>Grand Total</b>                            | 4                   | 1200                         | \$1,500,000.00                    |

Name of person who prepared this report: Amanda M. Orlowski  
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 Preparer's Signature: *Amanda M. Orlowski*  
 Date Prepared: 12/02/2022  
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