OSC Use Only:
Reporting Code:
Category Code:

Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health Agency Code: 12000

Contractor Name: Medical Answering Services Contract Number: C031346 X-3

Contract Start Date: 03/01/2023 Contract End Date: 08/31/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
43-1011	4	1,326	\$43,323
43-3051	1	356	\$11,422
43-3099	7	2,392	\$64,813
43-4161	2	428	\$14,722
43-4051	223	67,924	\$1,419,492
Total this page	237	74,426	\$1,553,772
Grand Total	376	109,580	\$3,901,271

Name of person who prepared this report: Kim Taffner

Title: Chief Financial Officer Phone #: 315-399-3006

Preparer's Signature: Kim Taffner

Date Prepared: 5/08/2023

(Use additional pages, if necessary) Page 2 of 2