

Exhibit X

| |
|-------------------------|
| 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: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Pediatric Service Group, LLP

Contract Number: C-506455


Contract Start Date 1/1/2023

Contract End Date: 12/31/2026

| Employment Category/Description | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1221.00 | 1 | 6,240 | \$404,104 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total This Page | 1 | 6,240 | \$404,104 |
| Grand Total | 1 | 6,240 | \$404,104 |

Name of person who prepared this report Farrah McMahan

Title: Practice Administrator Phone #: 315-464-5450

Preparer's Signature 

Date Prepared: 11/21/2023