

Exhibit X

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| OSC Use Only<br>Reporting Code:<br>Category Code:<br>Date Contract Approved: |
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Form A

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| <b>State Consultant Services – Contractor’s Planned Employment<br/>         From Contract Start Date Through the End of the Contract Term</b> |
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State Agency Name: SUNY Upstate Medical University Agency Code: 28110

Contractor Name: Neurology Medical Service Group Contract Number: C-506655

Contract Start Date 07/01/2023 Contract End Date: 06/30/2027

| Employment Category/Description | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|---------------------------------|---------------------|------------------------------|-----------------------------------|
| Physician All Other             | 30                  | 37,536                       | \$3,190,696                       |
| <b>29-1229.00</b>               |                     |                              |                                   |
|                                 |                     |                              |                                   |
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|                                 |                     |                              |                                   |
|                                 |                     |                              |                                   |
| <b>Total This Page</b>          | 30                  | 37,536                       | \$3,190,696                       |
| <b>Grand Total</b>              | 30                  | 37,536                       | \$3,190,696                       |

Name of person who prepared this report

Title: Principal Practice Manager Phone #: 315-464-5013

Preparer’s Signature 

Date Prepared: 09/19/2023