# **Helen Hayes Hospital**

3450237

OSC Use Only:	
Reporting Code:	
Category Code:	

Contracting State Agency Name: F Contract Number: C000521 Contract Term: 05/10/13 - 05/09/18 Contractor Name: Jandee Anesth Contractor Address: 500 N. Frank Description of Services Being Prov	8 esiology Partners P lin Tumpike, Ste. 20	LLC 00, Ramsey, NJ 07446	3450237
Scope of Contract (Choose one that Analysis	arch	er IT consulting   Environmental Service	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physicians	4K 5	480	\$90,000
Total this page	<u>4X</u> 5 <b>0</b>	480 <b>0</b>	\$ 0.00
Grand Total			\$90,000
Name of person who prepared this rep Preparer's Signature: Kumbur Title: Practice Manager Date Prepared: \$12/2018	ly A Whann	one #: 551-502-8358	_

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OSC Use Only:	
Reporting Code:	
Category Code:	

Contracting State Agency Name: Helen Hayes Hospital Agency Code:

Contract Number: C000534
Contract Term: 07/01/15 to 06/30/20
Contractor Name: Comprehensive Pharmacy Services
Contractor Address: 6409 Quail Hollow Road, Memphis, TN 38120
Description of Services Being Provided: Pharmacy Services

Scope of Contract (Choose one that	t best fits):				
Analysis Evaluation Resear	arch 🗌 🔝 Training 🗀				
Data Processing  Computer Programming Other IT consulting					
Engineering Architect Services Surveying Environmental Services					
Health Services X☐ Mental Health Services ☐					
Accounting Auditing Paral	egal  Legal	Other Consulting			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Pharmacists	10	12,970.75	\$ 1,236,501.59		
Technicians	6	7,002.75	\$ 197,174.37		
			_		
Total this page	16	19,973.50	\$ 1,433,675.97		
Grand Total	16	19,973.50	\$ 1,433,675.97		

Name of person who prepared this report: I		
Title: Director, Operations Finance	Phone #: 763-354-1226	
Date Prepared: 03/30/2018		

#### FORM B

OSC Use Only:	
Reporting Code:	
Category Code:	

### State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

vood Ave., 4 <sup>th</sup> Fl., Pa	es, Inc. aramus, NJ 07652	0450237
ogramming Othe Surveying Services	r IT consulting	
Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
4	530.25	78,367.96
0	53035	\$ 0.00
	530.25	- M
	Transcription Service vood Ave., 4th Fl., Pavided: Coding & Dodon    Int best fits): Parch Training Other     Surveying     Services     legal   Legal     Number of Employees     4	Transcription Services, Inc.  vood Ave., 4th Fl., Paramus, NJ 07652  vided: Coding & Documentation Consultate  at best fits):  parch

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OSC Use Only:	
Reporting Code:	
Category Code:	

Contracting State Agency Name: Helen Hayes Hospital Agency Code:
Contract Number: C000546
Contract Term: 6/1/17-5/31/22
Contractor Name: Ramapo Radiology Associates, PC
Contractor Address: 255 Lafayette Avenue, Suffern, NY 10901
Description of Services Being Provided: Radiology Services

Scope of Contract (Choose one that	t best fits):		
Analysis D Evaluation Research		]	
Data Processing Computer Pro	-		
Engineering Architect Services	Surveying		s 🗌
Health Services Mental Health S	Services 🗌		
Accounting Auditing Paral	egal 🔲 Legal 🔲	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Rapiologisks	14 -	2,408-	231, 2CL1 -
Technologists	3	2080 -	110,000 -
TRANSCETABOR	3	2080 -	_ 21,000 -
			<u> </u>
Total this page	20	6.568	367, 204, \$-0.00
Grand Total	20 .	6568,	362,204
			, , ,

Name of person who prepared this report:  Preparer's Signature:  Title: Mcc.ge  Phone #: 565 - 3664 & A 1401  Date Prepared: 4 /13/18	

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OSC Use Only:	
Reporting Code:	
Category Code:	

### State Consultant Services Contractor's Annual Employment Report

Contracting State Agency Name: F Contract Number: C000550 Contract Term: 11/1/17 to 04/30/1 Contractor Name: Optimum Healt Contractor Address: 1300 Marsh I Description of Services Being Prov Archiving module (SCA) and Medit	8 hcare IT, LLC Landing Parkway, St vided: Implementatio	te. 105, Jacksonville E on Services for Medite	ch Scanning and
Scope of Contract (Choose one tha	t hast fits):		
	arch	r IT consulting 🗹 Environmental Service	_
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Project Manager Analyst	5	35 1,896.50	\$ 6,195.00
Total this page	6 #	193150	\$176,713
Grand Total		- "	
Name of person who prepared this Preparer's Signature:	report: Michael McC	ann 904-610-3056	
Title Megical Director, Client Services  Date Prepared: 4/10/2018  Use additional pages if necessary)	Pho	one #:	Page of

#### FORM B

### New York State Consultant Services Contractor's Annual Employment Report Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Office of the State of the Helen Hayes Hospital Contract Number: C000551 Agency Business Unit: DOH01 Contract Term: 01/01/2018 to 12/31/2022 Agency Department ID: 3450000 Contractor Name: Diagnostic Equipment Service 3450237 Corporation Contractor Address: 124 Main Street, Norfolk, MA 02056 Description of Services Being Provided: Repair and Maintenance of Medical Equipment Scope of Contract (Choose one that best fits): ☐ Analysis ☐ Evaluation ☐ Research ☐ Training ☐ Data Processing ☐ Computer Programming Other IT consulting ☐ Architect Services Engineering ☐ Surveying ☐ Environmental Services ☐ Health Services ☐ Mental Health Services ☐ Auditing Accounting ☐ Paralegal ☐ Legal ○ Other Consulting Repair and Maintenance of Medical Equipment Number of Number of Amount Payable **Employment Category Employees** Hours Worked Under the Contract Medical Equipment Repairers 4 140.50 \$9,774.99 Total this page 0 0 \$9,774.99 **Grand Total** 

Name of person who prepared to	inis report: Sandra Glatzle
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Title: CFO

Phone #: 508-520-0040

Preparer's Signature: January Slands

Date Prepared: 05/14/2018

(Use additional pages, if necessary)

Page 2 of 2

OSC Use Only:	
Reporting Code:	
Category Code:	

Amount Payable Under the Contract
\$ 0.00
\$11,200.00

OSC Use Only:
Reporting Code:
Category Code:

### State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Fourtract Number: PO#0065178 Contract Term: 4/1/17-5/31/17 Contractor Name: Ramapo Radiol Contractor Address: 255 Lafayette Description of Services Being Provinces	logy Associates, PC e Avenue, Suffern, N	NY 10901	3450237
Data Processing ☐ Computer Pro Engineering ☐ Architect Services Health Services ☒ Mental Health S	arch	] r IT consulting ☐ Environmental Service Other Consulting ☐	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Rapidogists -	14	308-	11,080,54
Sono Tech -	3	36-	2,320-
			,
	_		
		_	
	_		_
			_
Total this page	17 8	344-0	13,300 55 = 0.00
Grand Total	17 -	344 -	13,300,54
Name of person who prepared this rep		١.,	
Preparer's Signature: N CALL C N MADNY  Phone #: 845 365 - 3664 Thin			
1, 19			
Date Prepared: 4/13/18			
Use additional pages if necessary)			Page of

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Reporting Code:	
Category Code:	

Contracting State Agency Name: Helen Hayes Hospital Agency Code:  Contract Number: PO # 0065669  Contract Term: 04/01/17 – 03/31/18  Contractor Name: UHY, LLP  Contractor Address: 4 Tower Place, Executive Park, 7th Floor, Albany, NY 12203  Description of Services Being Provided: Auditing Services				
Scope of Contract (Choose one that Analysis	arch	] r IT consulting  Environmental Service Other Consulting	es 🗌	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Partner	2	52.25	\$12,017.50	
Manager/Principal	2	137.25	26,763.75	
Senior Staff	1	82.00	12,710.00	
Staff	3	83.50	10,020.00	
			-	
Total this page	8	355.0	\$61,511.25	
Grand Total	8	355.0	\$61,511.25	
Name of person who prepared this	Pichard M. Lipma	an, CPA		
Preparer's Signature:				

Title: CPA/Partner

Phone #: 518-449-3171