OSC Use Only: Reporting Code: Category Code: CUB Date Contract Approved:

DOHOI

FORM A

State Consultant Services - Contractor's Planned Employment

From Contract Start Date Through The End Of The Contract Term

State Agency Name: New York State Department of Health Contractor Name: Burt R Meyers MD PC Agency Code: 12000

3450000

Contract Number: S032300

Contract Start Date: 1/1/2017

Contract End Date: 12/31/17

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1063.00 Internal Medicine/Infectious Disease	SELF	1,080	\$ 64,800
Total this page	0	1,080	\$ 64,800
Grand Total	0	1,080	\$ 64,800

Name of person who prepared this report: Burt R Meyers MD PC

Title: Medical Coordinator

Preparer's Signature: But R Meyer MDPC Date Prepared 01 1051 17

(Use additional pages, if necessary)

Phone #: 914 478 5776

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