## SNY01-C504064-3320211

| OSC Use Only: Reporting Code: CuB 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  Department Name: SUNY Upstate Medical University  Department ID#: 3320211 |                        |                                 |                                      |
|--|------------------------|---------------------------------|--------------------------------------|
| Contractor Name: Ophtha molegy Medica Service Ger Contract Number: C-504064  Contract Start Date: 7/1/16 Contract End Date: 6/30/2/  |                        |                                 |                                      |
| Employment Category  | Number of<br>Employees | Number of hours to<br>be worked | Amount Payable<br>Under the Contract |
| Physician  |                        | 3/20                            | \$577,090                            |
| Total this page  | ·                      | 2/20                            | \$(-17.000                           |
| Name of person who prepared this report: James J Backer, JR  Title: Propagation Manager Phone #: 315-464-8129  Preparer's Signature:  Date Prepared: 442017  (Use additional pages, if necessary)  Page of   |                        |                                 |                                      |