

**EXHIBIT X**

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: *SUNY Upstate Medical Univ.*  
 State Agency Department ID: *3320211* Agency Business Unit: *28110*  
 Contractor Name: *Medical Solutions, LLC* Contract Number: *C-504269*  
 Contract Start Date: *5/1/17* Contract End Date: *4/30/20*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>(CNA) Certified Nursing Assistant</i>	<i>5</i>	<i>7,928</i>	<i>\$375,000</i>
<i>(LPN) Licensed Practical Nurse</i>	<i>5</i>	<i>6,048</i>	<i>\$375,000</i>
<i>Nurse Practitioner</i>	<i>5</i>	<i>3,472</i>	<i>\$375,000</i>
<i>OB Technician</i>	<i>5</i>	<i>6,048</i>	<i>\$375,000</i>
<i>Physician Assistant</i>	<i>5</i>	<i>3,205</i>	<i>\$375,000</i>
<i>Registered Nurse</i>	<i>5</i>	<i>4,960</i>	<i>\$375,000</i>
<i>Operating Room Technician</i>	<i>5</i>	<i>6,048</i>	<i>\$375,000</i>
<i>Anesthesia Technician</i>	<i>5</i>	<i>6,127</i>	<i>\$375,000</i>
<i>Echo Technician</i>	<i>5</i>	<i>4,630</i>	<i>\$375,000</i>
<i>EEG Technician</i>	<i>5</i>	<i>5,952</i>	<i>\$375,000</i>
<i>Clinical Lab Technologist</i>	<i>5</i>	<i>5,482</i>	<i>\$375,000</i>
<i>Histotechnologist</i>	<i>5</i>	<i>5,482</i>	<i>\$375,000</i>
<i>Phlebotomist</i>	<i>5</i>	<i>5,952</i>	<i>\$375,000</i>
<i>Occupational Therapist</i>	<i>5</i>	<i>4,630</i>	<i>\$375,000</i>
<i>Occupational Therapy Assistant</i>	<i>5</i>	<i>5,334</i>	<i>\$375,000</i>
<b>Total this Page</b>	<i>75</i>	<i>81,298</i>	<i>\$5,625,000</i>
<b>Grand Total</b>	<i>120</i>		<i>\$9,000,000</i>

Name of person who prepared this report: *William Shepard*  
 Title: *Contracts Administrator* Phone #: *315.464.4680*  
 Preparer's Signature: *William Shepard*  
 Date Prepared: *2/15/17*

EXHIBIT X

FORM A

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: <i>SUNY Upstate Medical Univ.</i>	Agency Business Unit: <i>28110</i>
State Agency Department ID: <i>3320211</i>	Contract Number: <i>C-504269</i>
Contractor Name: <i>Medical Solutions, LLC</i>	Contract End Date: <i>4/30/20</i>
Contract Start Date: <i>5/11/17</i>	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>Pharmacist</i>	<i>5</i>	<i>2,976</i>	<i>\$ 375,000</i>
<i>Pharmacy Technician</i>	<i>5</i>	<i>5,952</i>	<i>\$ 375,000</i>
<i>Physical Therapist</i>	<i>5</i>	<i>4,630</i>	<i>\$ 375,000</i>
<i>Physical Therapist Assistant</i>	<i>5</i>	<i>5,334</i>	<i>\$ 375,000</i>
<i>Radiation Therapist</i>	<i>5</i>	<i>4,630</i>	<i>\$ 375,000</i>
<i>Radiological Technologist</i>	<i>5</i>	<i>5,482</i>	<i>\$ 375,000</i>
<i>Respiratory Therapist</i>	<i>5</i>	<i>5,482</i>	<i>\$ 375,000</i>
<i>Sonographer</i>	<i>5</i>	<i>4,630</i>	<i>\$ 375,000</i>
<i>Speech Language Pathologist</i>	<i>5</i>	<i>4,630</i>	<i>\$ 375,000</i>
<b>Total this Page</b>	<i>45</i>	<i>43,746</i>	<i>\$3,375,000</i>
<b>Grand Total</b>	<i>120</i>	<i>125,044</i>	<i>\$9,000,000</i>

Name of person who prepared this report: *William Shepard*  
Title: *Contracts Administrator* Phone #: *315.464.4680*  
Preparer's Signature: *William Shepard*  
Date Prepared: *2/15/17*