

## 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 University  
 State Agency Department ID: 28110 Agency Business Unit: 28110  
 Contractor Name: Neurosurgical Associates of Central NY, LLP Contract Number: C-505418  
 Contract Start Date: 09/01/2020 Contract End Date: 08/31/2025

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	10	8760 1st call annual	\$492,750 annual
Neurosurgery call coverage includes 1st and 2nd call coverage	0.00	8760 2nd call annual	\$2,463,750 total 5 year contract
	0.00	17520 total annual	\$0.00
	0.00	87600 total 5year contract	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$2,463,750
<b>Grand Total</b>			

Name of person who prepared this report: *Tracy Hamilton*  
 Title: Practice Administrator Phone#: 315-464-9375  
 Preparer's Signature:

Date Prepared: 10/13/2020

(Use additional pages, if necessary)