OSC Use Only:
Reporting Code:
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

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

Agency Code: **12000**

Contract Number: **S029996**

Contract Start Date: **1/1/2015**

Contract End Date: **12/31/15**

DOH01-S029996-3450000

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

Phone #: 914, 478 5776

Preparer's Signature: Burt R Meyers MD PC

Date Prepared: 05/19/2015

(Use additional pages, if necessary)