Corrections Medical Bill Paying Unit 3250229

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

DOCCS						
Agency Business Unit: DOC 0 1						
31/2018 Agency Department ID: 3350339						
		7.1				
Contractor Address: 2090 Columbiana Road, Suite 4000, Birmingham, AL 35216 Description of Services Being Provided: Operation of Chronic Hemodialysis Unit at Wende Correcitonal Facility						
1 to 1 to 1 to 1 to 1 to 1						
		Cardana				
	☐ Environmental	beivices				
	ol Dothar Carrell	lina				
iralegal Leg	al Uther Consul	ung				
Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
3.00	2,144.00	\$0.00				
1.00	2,144.00	\$0.00				
4.00	4,384.50	\$0.00				
1.00	2,144.00	\$0.00				
3.00	2,330.25	\$0.00				
2.00	178.08	\$0.00				
1.00	480.00	\$0.00				
1.00	480.00	\$0.00				
1.00	120.00	\$0.00				
1.00	48.00	\$0.00				
1.00	48.00	\$0.00				
	48.00	\$0.00				
1.00	48.00	Ψ0.00				
1.00	48.00	\$0.00				
	na Road, Suite 40 ed: Operation of est fits): search	Agency Business Ur Agency Department Agency Business Ur Agency Department Agency Depar				

Name of person who prepared this report: Amber Leckenby

Title: Director of Anciallary Services

Preparer's Signature: ______ Date Prepared: 04/12/2016 Phone #: (205) 536-8481

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

Contracting State Agency Name: NY	DOCCS		. 22621				
Contract Number: C161216		Agency Business Ur					
Contract Term: 04/01/2013 to 03/	31/2018	Agency Department	ID: 3350234				
Contractor Name: NaphCare, Inc.							
Contractor Address: 2090 Columbiar	na Road, Suite 4	000, Birmingham, AL	35216				
	Description of Services Being Provided: Operation of Chronic Hemodialysis Unit at Wende						
Correcitonal Facility							
Scope of Contract (Chance and that h	Fi4-\-						
Scope of Contract (Choose one that b	150 Name of the Contract of th	ining					
☐ Data Processing ☐ Computer ☐ C	DIRECT CONTRACTOR OF THE PARTY	Other IT consulting					
☐ Engineering ☐ Architect Services			Continos				
☐ Health Services ☐ Mental Health	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Environmentar	Services				
	ralegal 🔲 Leg	al Other Consul	ting				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract				
Human Resources Spec 13-1071.00	1.00	48.00	\$0.00				
Payroll Clerk 43-3051.00	1.00	48.00	\$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	2.00	96.00	\$ 0.00				
Grand Total	23.00	14692.83					
Name of person who prepared this re	eport: Amber Leck	cenby					
Title: Director of Anciallary Services	B:	32 <u>0</u> 00	(205) 536-8481				
	Hecho	/	Mora Carabana A. A. A.				
. repaid o digitatulo,							

(Use additional pages, if necessary)

Date Prepared: 04/12/2016

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

Contracting State Agency Name: NY	DOCCS		00001		
Contract Number: C161217	Agency Business Unit: DOCO I Agency Department ID: 335039				
Contract Term: 04/01/2013 to 03/3	31/2018	Agency Department	ID: 3920aa 1		
Contractor Name: NaphCare, Inc.	- DI 0:3- 4	000 Bii Al	25040		
Contractor Address: 2090 Columbian		<u> </u>			
Description of Services Being Provided: Operation of Chronic Hemodialysis Unit at Fishkill Correcitonal Facility					
Scope of Contract (Choose one that b	est fits):		2		
☐ Analysis ☐ Evaluation ☐ Res	search Trai	ning			
☐ Data Processing ☐ Computer Pro	ogramming [Other IT consulting			
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services		
☐ Health Services ☐ Mental Health	Services				
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leg	al Other Consul	ting		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Nephrologist (MD) 29-1069.00	1.00	2,144.00	\$0.00		
Dialysis Unit Manager (RN) 11-1911.00	1.00	2,144.00	\$0.00		
Registered Nurse 29-1141.00	7.00	4,201.17	\$0.00		
Biomedical TreatmentTech 49-9062.00	1.00	120.00	\$0.00		
Renal Dietitian 29-1031.00	1.00	480.00	\$0.00		
Social Worker 21-1022.00	1.00	480.00	\$0.00		
Water Treatment Tech 47-2152.02	1.00	120.00	\$0.00		
Dialysis Purchasing Mngr 11-3061.00	1.00	120.00	\$0.00		
Purchasing assistant 43-9061.00	1.00	48.00	\$0.00		
Pharmacist 29-1051.00	1.00	48.00	\$0.00		
Pharmacy Tech 29-2052.00	1.00	48.00	\$0.00		
Human Resources Spec 13-1071.00	1.00	48.00	\$0.00		
Patient Care Technician 29-2099.00	4.00	4,074.92	\$0.00		
Total this Page	22.00	14,076.09	\$ 0.00		
Grand Total					
Name of person who prepared this re Title: Director of Anciallary Services Preparer's Signature:	eport: Amber Lech	3	(205) 536-8481		

(Use additional pages, if necessary)

Date Prepared: 04/12/2016

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

Contracting State Agency Name: NY Contract Number: C161217 Contract Term: 04/01/2013 to 03/3 Contractor Name: NaphCare, Inc. Contractor Address: 2090 Columbian Description of Services Being Provide Correcitonal Facility	31/2018 na Road, Suite 40	A AND THE RESERVE AND A SECOND ASSECTION	ID: 3250999 35216		
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training Data Processing Computer Programming Other IT consulting Engineering Architect Services Surveying Environmental Services Health Services Mental Health Services Accounting Auditing Paralegal Legal Other Consulting					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Payroll Clerk 43-3051.00	1.00	48.00	\$0.00		
1 dylon clark 40 ccc 1.cc	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		
- Company Comp	0.00	0.00	\$0.00		
A CONTRACTOR OF THE CONTRACTOR	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	1.00	48.00	\$ 0.00		
Grand Total	23.00	14124.09	\$0.00		
Name of person who prepared this re	0.00 1.00 23.00	0.00 48.00 14124.09 kenby / Phone #:	\$0.00 \$ 0.00		

(Use additional pages, if necessary)

Date Prepared: 04/12/2016