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: Stony Brook University Hospital

State Agency Department ID: 3320215 Agency Business Unit: SNY01

Contractor Name: Ciox Health, LLC Contract Number:

Contract Start Date: 5/1/2022 Contract End Date: 4/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Ambulatory Surgery - Year 1	1.00	750.00	\$11,250.00
Cardiac Cath & EPS - Year 1	1.00	500.00	\$8,625.00
Endoscopy - Year 1	1.00	750.00	\$11,250.00
Infusion Therapy - Year 1	1.00	5,000.00	\$37,500.00
Emergency Observation Visits - Year 1	1.00	6,000.00	\$101,940.00
Hospital Observation Visits (Inpatient Complexity) - Year 1	1.00	3,500.00	\$111,965.00
Ambulatory Surgery - Year 2	1.00	750.00	\$11,857.50
Cardiac Cath & EPS - Year 2	1.00	500.00	\$8,885.00
Endoscopy - Year 2	1.00	750.00	\$11,587.50
Infusion Therapy - Year 2	1.00	5,000.00	\$38,650.00
Emergency Observation Visits - Year 2	1.00	6,000.00	\$105,000.00
Hospital Observation Visits (Inpatient Complexity) - Year 2	1.00	3,500.00	\$115,325.00
Ambulatory Surgery - Year 3	1.00	750.00	\$11,932.50
Cardiac Cath & EPS - Year 3	1.00	500.00	\$9,150.00
Endoscopy - Year 3	1.00	750.00	\$11,932.50
Infusion Therapy - Year 3	1.00	5,000.00	\$39,800.00
Emergency Observation Visits - Year 3	1.00	6,000.00	\$108,180.00
Total this Page	17.00	46,000.00	\$754,830.00
Grand Total			

Name of person who prepared this report: Lori Reel	
Title: Chief Financial Officer	Phone #: (770) 670-2147
Preparer's Signature:	
Date Prepared: 02/15/2022	

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New York State Consultant Services Contractor's Planned Employment

From Contract Start Date Through the End of the Contract Term

State Agency Name: Stony Brook University Hospital

State Agency Department ID: 3320215

Contractor Name: Ciox Health, LLC

Contract Start Date: 5/1/2022

Agency Business Unit: SNY01

Contract Number:

Contract End Date: 4/30/2027

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract	
Hospital Observation Visits (Inpatient Complexity) - Year 3	1.00	3,500.00	\$118,790.00	
Ambulatory Surgery - Year 4	1.00 1.00 1.00 1.00	750.00 500.00 750.00 5,000.00	\$12,292.50	
Cardiac Cath & EPS - Year 4			\$9,425.00	
Endoscopy - Year 4			\$12,292.50	
Infusion Therapy - Year 4			\$41,000.00	
Emergency Observation Visits - Year 4	1.00	6,000.00	\$111,420.00	
Hospital Observation Visits (Inpatient Complexity) - Year 4	1.00	3,500.00	\$122,360.00	
Ambulatory Surgery - Year 5	1.00 1.00 1.00	750.00 500.00 750.00	\$12,660.00	
Cardiac Cath & EPS - Year 5			\$9,710.00	
Endoscopy - Year 5			\$12,660.00	
Infusion Therapy - Year 5	1.00	5,000.00	\$42,250.00	
Emergency Observation Visits - Year 5	1.00	6,000.00	\$114,780.00	
Hospital Observation Visits (Inpatient Complexity) - Year 5	1.00	3,500.00	\$126,035.00	
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	0.00	¥	\$0.00	
4	0.00		\$0.00	
	0.00		\$0.00	
Total this Page	13.00	36,500.00	\$745,675.00	
Grand Total		82,500.00	\$1,500,235.00	

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n	ıame	OŤ	person	wno	prepared	this	report:	Lori K	teel

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Title: Chief Financial Officer

Phone #: (770) 670-2147

Preparer's Signature: ____

Date Prepared: 02/15/2022