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: Helen Hayes Hospital
Agency Code: 12030
Contractor Name: CODEMED, Inc.
Contract Number:
Contract Start Date: 04/01/2025
Contract End Date: 03/31/2030

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Inpatient Medical Coder	1	6,840	$410,400.00
Outpatient Coder	1	3,360	$184,800.00
Total this page	2	10,200	
Grand Total	2	10,200	$595,200.00

Name of person who prepared this report: Keon Hercules
Title: Project Manager
Phone #: 310-645-9415 ext 307
Preparer's Signature: *Keon Hercules*
Date Prepared: 09/01/2024
(Use additional sheets as necessary)
Page of