


CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Workers' Compensation Board
 State Agency Department ID: 3560000
 Agency Business Unit: WCB01
 Contractor Name: Physio Solutions LLC d/b/a medlitix Contract Number: C140417
 Contract Start Date: 7/ 1 / 2025 Contract End Date: 7/ 1 / 2030

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Utilization Review Specialist 29-9099.00	3	8 hours per day	\$500,000
VP, Technology 15-1252.00	1	1 hours per day	\$70,000
VP, Operations 13-1199.00	1	1 hour per day	\$130,000
Systems Administrator 15-1253.00	1	2 hours per day	\$200,000
Total this page	6 0	11 Hours Per Day ⁰	\$900,000\$ 0.00
Grand Total			\$900,000

Name of person who prepared this report: Charles Kretchek
 Title: Executive Director Phone #: 412-304-4768
 Preparer's Signature: 
 Date Prepared: 9/ 4 / 2025

Use additional pages if necessary