



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Tue, Nov 24, 2020 at 3:14 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/24/2020

**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kareiva, MD, Ona

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** PO Box 1208 Easton, MD 21601

**HOSPITAL NAME:** University of Maryland - Shore Regional Health

**HOSPITAL ADDRESS:** [219 S. Washington St. Easton, MD 21601](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Tidewater Anesthesia

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** PO Box 1208 Easton, MD 21601

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional Anesthesia Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Physician

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Clinical Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 3,060,144

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Kareiva, MD, Ona