



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>
Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Mon, Oct 23, 2023 at 4:53 PM

DATE OF STATEMENT: 10/23/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 6/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Stephanie Dabulis, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Hospital Rd](#)**HOSPITAL NAME:** CalvertHealth Medical Center**HOSPITAL ADDRESS:** [100 Hospital Rd](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** CalvertHealth**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Hospital Rd](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** CalvertHealth**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
CalvertHealth**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:** Stroke Director, Vice Chief of Staff paid to S. Dabulis Additional stipend is for resource ED nurse paid to USACS**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 48,374.50**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:** Stephanie Dabulis MD



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Tue, Oct 24, 2023 at 1:46 PM

DATE OF STATEMENT: MD**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Uday Patel**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 3640 SAMANTHAS WAY**HOSPITAL NAME:** CalvertHealth Medical Center**HOSPITAL ADDRESS:** [110 Hospital Road](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Chesapeake Orthopedic Management**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [110 Hospital Road, Suite 201, 20678](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Centers for Advanced Orthopedics**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Medical Director**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:**

Management Consultant Services for orthopedics including call coverage of Emergency Room

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$328,850**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:** Uday Patel



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Tue, Oct 24, 2023 at 1:52 PM

DATE OF STATEMENT: 10/24/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Chang Choi**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [7250 Parkway Dr, Suite 500, Hanover, MD 21076](#)**HOSPITAL NAME:** CalvertHealth Medical Center**HOSPITAL ADDRESS:** 100 Hospital Road**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Adfinitas**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7250 Parkway Dr, Suite 500, Hanover, MD 21076](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Adfinitas**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
Physician Partner**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:** Director and Hospitalist Medicine Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 3123198.25**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:** Chang Choui



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Thu, Oct 26, 2023 at 8:00 AM

DATE OF STATEMENT: 10/26/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Samuel Foster**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [985 N. Prince Frederick, MD 20678](#)**HOSPITAL NAME:** CalvertHealth Medical Center**HOSPITAL ADDRESS:** 110 Hospital Dr . Prince Frederick MD 20678**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Calvert Internal Medicine Group**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [985 N Prince Frederick Boulevard Prince Frederick, MD 20678](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical Practice**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner**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:** Professional contracts with providers and leadership services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 550,730**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:** Samuel Foster