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

1 message

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Fri, Oct 27, 2023 at 1:42 PM

**DATE OF STATEMENT:** MD**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Neil Meltzer**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Integrated Delivery Health System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President and Chief Executive Officer**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:** Mr. Meltzer is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Meltzer's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,697,718.65**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:** Neil Meltzer



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Fri, Oct 27, 2023 at 1:44 PM

**DATE OF STATEMENT:** MD**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Brian Moffet**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Light Street, Baltimore, MD 21202](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Miles & Stockbridge, PC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Light Street, Baltimore, MD 21202](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Law Firm**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Principal**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:** LifeBridge Health uses Miles & Stockbridge, PC for various legal services. Mr. Moffet was not involved with any of the work performed by Miles & Stockbridge nor received any direct compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$229,466.45**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:** Brian Moffet



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Fri, Oct 27, 2023 at 1:47 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Alex Myers**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12 Locust Lane, Westminster, MD 21157](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Raymond James**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12 Locust Lane, Westminster, MD 21157](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Financial Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Managing 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:** LifeBridge Health uses Raymond James for various investment services. Mr. Myers was not involved with any of the work performed by Raymond James nor received any direct compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,216,714.26**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:** Alex Myers



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

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Fri, Oct 27, 2023 at 1:49 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Michael Myers**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP  
Regulatory Reporting & Reimbursement and CFO Carroll Hospital**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:** Mr. Myers is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Myers' compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$429,413.63**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:** Michael Myers



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

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Fri, Oct 27, 2023 at 1:52 PM

Reply-To: hscrc.trustees@maryland.gov

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**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jack Tevis**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 82 John Street P O Box 26 Westminster, MD 21158**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** SH Tevis & Son, Inc. (Family of Companies)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 82 John Street P O Box 26 Westminster, MD 21158**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Petroleum Distribution & HVAC services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President**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:** The monetary value reported includes payments made from any LifeBridge Health entity for HVAC services or fuel purchases.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$27,749.03**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:** Jack Tevis



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

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Fri, Oct 27, 2023 at 1:56 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Drewry White**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** US Acute Care Solutions (USACS)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [4535 Dressler Rd, NW, Canton, OH 44718](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Emergency Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Regional Vice President**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:** USACS provides emergency medicine services for several LifeBridge Health entities. The number reported reflects all payments made by LifeBridge Health entities to USACS and not to Dr. White personally.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,233,031.04**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:** Drewry White, MD



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Fri, Oct 27, 2023 at 1:28 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Christopher Grove**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2330 West Joppa Road, Suite 1000, Lutherville, MD 21093](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Hicken, Cranley and Taylor; contracted to work @ Carroll Hospital Center, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2330 West Joppa Road, Suite 1000, Lutherville, MD 21093](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Healthcare**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief, Department of Pathology**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:** LifeBridge Health uses Hicken Cranley and Taylor for pathology services. The compensation reported reflects all payments made from LifeBridge Health entities to HCT.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,330,714.89**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:** Christopher Grove



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Fri, Oct 27, 2023 at 1:32 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2002 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Todd Herring**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [501 Fairmount Ave, Suite 302 Towson, MD 21286](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pivot Physical Therapy/Athletico**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [501 Fairmount Ave, Suite 302 Towson, MD 21286](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physical Rehabilitation Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Market 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:** Mr. Herring is an employee of Pivot Physical Therapy. Mr. Herring receives no direct compensation from this arrangement and Carroll Hospital Center has since ended this arrangement.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,716,213.22**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:** Todd Herring





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Fri, Oct 27, 2023 at 1:35 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Garrett Hoover**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Carroll Hospital Center, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President and COO**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:** Mr. Hoover is an employee of Carroll Hospital Center, Inc. The monetary value reported reflects Mr. Hoover's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$666,802.72**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:** Garrett Hoover



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Fri, Oct 27, 2023 at 1:38 PM

**DATE OF STATEMENT:** 10/25/2023**PERIOD COVERED: FROM:** 07/01/2022 **TO:** 06/30/2023**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kiran Kuna**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [332 - 140 Village Road, # 188 Westminster, MD 21157](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue, Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Carroll County Anesthesia Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [332 - 140 Village Road, # 188 Westminster, MD 21157](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physician Medical Practice (Anesthesiology)**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President, Carroll Anesthesia, Chief of Anesthesia Carroll Hospital**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:** Carroll County Anesthesia Associates is the primary anesthesia provider for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,720,000.00**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:** Kiran Kuna