



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

## Response for '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

Sat, Mar 28, 2026 at 3:14 PM

**DATE OF STATEMENT:** 3/28/2026**PERIOD COVERED: FROM:** 2025-01-01 **TO:** 2025-12-31**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Safy John**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [4535 Dressler Rd NW, Canton, OH 44718](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** US Acute Care Solutions**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:** Provide Physician and Advanced Care Provider**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Medical Director, Critical Care**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:** Provide practitioner staffing for emergency Medicine, hospitalist Medicine, critical Care Medicine, observation medicine services, and medical care of behavioral health patients**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$9,709,083.81**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:** Safy John



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Tue, Mar 31, 2026 at 3:14 PM

**DATE OF STATEMENT:** 3/31/2026**PERIOD COVERED: FROM:** 2025-01-01 **TO:** 2025-12-31**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Cynthia Plate, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11886 Healing Way, Suite 701, Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Road, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Maryland Oncology Hematology**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11886 Healing Way, Suite 701, Silver Spring, MD 20904](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physician Group**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Employed 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:** Salary support for clinical staff working on various research activities/call coverage**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$123, 563.44**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:** Cynthia Plate, MD



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Thu, Apr 9, 2026 at 3:25 PM

**DATE OF STATEMENT:** 4/9/2026**PERIOD COVERED: FROM:** 2025-01-01 **TO:** 2025-12-31**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Charles Tapp**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2301 Broadbirch Drive, Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Rd, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference Corporation of Seventh-Day Adventists**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2301 Broadbirch Drive, Silver Spring, MD 20904](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** To grow healthy disciple-making churches**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:** Potomac Conference Corporation of Seventh-Day Adventists rents space to Adventist Healthcare , Inc. In Silver Spring, MD to support the delivery of imaging services to patients.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 257,951.90**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:** Charles A Tapp



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Wed, Apr 15, 2026 at 7:17 PM

**DATE OF STATEMENT:** 4/15/2026**PERIOD COVERED: FROM:** 2025-01-01 **TO:** 2025-12-31**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Laura Khandagle, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11886 HEALING WAY STE 505 Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist HealthCare Fort Washington Medical Center**HOSPITAL ADDRESS:** [11711 Livingston Rd, Fort Washington, MD 20744](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Khandagle Medical Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11886 HEALING WAY STE 505 Silver Spring MD 20904](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Khandagle Medical Associates**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Owner

**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:** one health quality CIN by Adventist healthcare, received quality payments from insurances that were managed by CIN and disbursed to my practice-primary care office

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 12,250.69

**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:** Laura Khandagle, MD