



HSCRC Trustees <hscrc.trustees@maryland.gov>

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 3:08 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 Rehabilitation**HOSPITAL ADDRESS:** [9909 Medical Center Drive, Rockville , MD 20850](#)**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 Practice 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:** \$9,706.083.81**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 3:18 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 Rehabilitation**HOSPITAL ADDRESS:** [9909 Medical Center Drive, Rockville, MD 20850](#)**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 projects/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 4:07 PM

DATE OF STATEMENT: 4/9/2026**PERIOD COVERED: FROM:** 2025-01-01 **TO:** 2025-12-31**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Charles A Tapp**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2301 Broadbirch Dr, Silver Spring, MD 20904](#)**HOSPITAL NAME:** Adventist Healthcare Rehabilitation**HOSPITAL ADDRESS:** [9909 Medical Center Dr., Rockville, MD 20850](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Potomac Conference of Seventh-day Adventists**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2301 Broadbirch Dr, 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 the 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 7:10 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 Rehabilitation**HOSPITAL ADDRESS:** [11890 Healing Wy, Silver Spring, MD 20904](#)**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 program supported by adventist healthcare, in association with quality programs for primary care providers; ACO/MCPDP insurance driven quality programs

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