



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

Tue, Nov 11, 2025 at 9:35 AM

DATE OF STATEMENT: 11/11/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pulmonary Consultants of Hagerstown**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Pulmonary and Sleep Medicine**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:** Call Coverage; Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 5,663,024**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:** Shaheen Iqbal MD



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Tue, Nov 11, 2025 at 9:39 AM

DATE OF STATEMENT: 11/11/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Advisory Services**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:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 12,422**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:** Shaheen Iqbal, MD



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Tue, Nov 11, 2025 at 9:42 AM

DATE OF STATEMENT: 11/11/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott Worrell, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road](#) Suite 205,209, & 211, Hagerstown, MD 21742**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Robinwood Orthopaedic Specialty Ctr**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11110 Medical Campus Road](#) Suite 205,209, & 211, Hagerstown, MD 21742**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Medicine**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:** Orthopaedic Call Coverage; Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 12,422**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:** Scott Worrell, MD



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Tue, Nov 11, 2025 at 9:42 AM

DATE OF STATEMENT: 11/11/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott Worrell, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road](#) Suite 205,209, & 211,
Hagerstown, MD 21742**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Robinwood Orthopaedic Specialty Ctr**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11110 Medical Campus Road](#) Suite 205,209, &
211, Hagerstown, MD 21742**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S
BUSINESS ENTITY:** Orthopaedic Medicine**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:** Orthopaedic
Call Coverage; Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S
BUSINESS ENTITY:** 12,422**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:** Scott Worrell, MD



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Tue, Nov 11, 2025 at 9:48 AM

DATE OF STATEMENT: 11/11/2025**PERIOD COVERED: FROM:** 07/01/2024 **TO:** 06/30/2025**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kalim Ahmed, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Medical Staff**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:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 41,667**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:** Kalim Ahmed, MD