



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>

Thu, Nov 11, 2021 at 11:59 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021

PERIOD COVERED: FROM: 7/1/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Rondall E. Allen

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: University of Maryland, Eastern Shore Somerset Hall, Suite 122, Princess Anne, MD 21853

HOSPITAL NAME: Peninsula Regional Medical Center

HOSPITAL ADDRESS: [100 E. Carroll Street, Salisbury, MD 21801](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: University of Maryland

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: Eastern Shore Somerset Hall, Suite 122, Princess Anne, MD 21853

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Education

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: UMES
Dean and Professor - School of Pharmacy

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: Board of Trustees

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 251,125

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: Rondall E. Allen



Andrea Strong -MDH- <andrea.strong@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>

Thu, Nov 11, 2021 at 11:55 AM

Reply-To: hscrc.trustees@maryland.gov

To: andrea.strong@maryland.gov

DATE OF STATEMENT: 10/29/2021

PERIOD COVERED: FROM: 7/1/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Janelle Beiler

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [2604 Old Ocean City Road, Salisbury, MD 21804](#)

HOSPITAL NAME: Peninsula Regional Medical Center

HOSPITAL ADDRESS: [100 E. Carroll Street, Salisbury, MD 221801](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Coastal Hospice

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [2604 Old Ocean City Road, Salisbury, MD 21804](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Hospice Care

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Chaplain and Pediatric Bereavement Counselor

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: Board of Trustees

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 102,917

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: Janelle Beiler



Andrea Strong -MDH- <andrea.strong@maryland.gov>

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

1 message

hsrcr.trustees@maryland.gov <hsrcr.trustees@maryland.gov>

Thu, Nov 11, 2021 at 11:31 AM

Reply-To: hsrcr.trustees@maryland.gov

To: hsrcr.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021**PERIOD COVERED: FROM:** 7/1/2020 **TO:** 6/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Memo Diriker**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1018 Schumaker Woods Road](#)**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Salisbury University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1101 Camden Avenue](#), Perdue Hall Suite 311, Salisbury MD 21801**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Education**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** University BEACON Director Emeritus**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:** Board of Trustees**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 15721**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:** Memo Diriker

NOTICE: This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.



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>

Thu, Nov 11, 2021 at 11:51 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021**PERIOD COVERED: FROM:** 7/1/2020 **TO:** 6/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mark T. Edney**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Chesapeake Urology**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1111 Mt. Hermon Road](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physician**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
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:** Board of Trustees**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 275,920**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:** Mark Edney



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>

Thu, Nov 11, 2021 at 11:47 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021**PERIOD COVERED: FROM:** 7/1/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mark T. Edney**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Mark. T. Edney M.D.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physician**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
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:** President Medical Staff, TidalHealth Peninsula Regional**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 159,302**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:** Mark T. Edney



Andrea Strong -MDH- <andrea.strong@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>

Thu, Nov 11, 2021 at 12:03 PM

Reply-To: hscrc.trustees@maryland.gov

To: andrea.strong@maryland.gov

DATE OF STATEMENT: 10/29/2021

PERIOD COVERED: FROM: 7/1/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Mary DiBartolo

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [5657 Caledonia Drive, Salisbury, MD 21801](#)

HOSPITAL NAME: Peninsula Regional Medical Center

HOSPITAL ADDRESS: [100 E. Carroll Street, Salisbury, MD 21801](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Salisbury University

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [1101 Camden Avenue, Salisbury MD 21801](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Education

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
University Nursing Instructor

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: Board of Trustees

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 15,721

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: Mary DiBartolo



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>

Thu, Nov 11, 2021 at 11:41 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021

PERIOD COVERED: FROM: 7/1/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Vel Natesan, M.D.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [5506 Dunfries Court, Salisbury, MD 21801](#)

HOSPITAL NAME: Peninsula Regional Medical Center

HOSPITAL ADDRESS: [100 E. Carroll Street, Salisbury, MD 21801](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Vel Natesan, M.D. PA

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [951A Mt. Hermon Road, Salisbury, MD 21801](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Physician

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
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: Board of Trustees

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 19,188

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: Vel Natesan



Andrea Strong -MDH- <andrea.strong@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>

Thu, Nov 11, 2021 at 11:45 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/29/2021**PERIOD COVERED: FROM:** 7/1/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Vel Natesan M.D**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5506 Dunfries Court, Salisbury, MD 21801](#)**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E. Carroll Street, Salisbury, MD 21801](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Natesan Family Real Estate**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 951Af Mt Hermon Road, Salisbury MD 21801**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Real Estate**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:** Board of Trustees**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 74425**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:** Vel Natesan

NOTICE: This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.