



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>

Fri, Oct 18, 2024 at 1:17 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 10/18/2024**PERIOD COVERED: FROM:** 07/01/2023 **TO:** 06/30/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dauda, Mohamed**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**HOSPITAL NAME:** Grace Medical Center**HOSPITAL ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Grace Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health System**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:** Dr. Dauda is an employee of Grace Medical Center. The monetary value reported reflects Dr. Dauda's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$255,535.72**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:** Dr. Mohamed Dauda



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Fri, Oct 18, 2024 at 1:20 PM

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DATE OF STATEMENT: 10/18/2024**PERIOD COVERED: FROM:** 07/01/2023 **TO:** 06/30/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Krajewski, David**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Grace Medical Center**HOSPITAL ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**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 System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** EVP and Chief Financial 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. Krajewski is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Krajewski's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,841,479.00**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:** David Krajewski



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

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Fri, Oct 18, 2024 at 1:23 PM

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DATE OF STATEMENT: 10/18/2024**PERIOD COVERED: FROM:** 07/01/2023 **TO:** 06/30/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Meltzer, Neil**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Grace Medical Center**HOSPITAL ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**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 System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** President/CEO
LifeBridge Health**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:** \$3,725,307.17**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 M. Meltzer



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

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DATE OF STATEMENT: 10/18/2024**PERIOD COVERED: FROM:** 07/01/2023 **TO:** 06/30/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shlossman, Amy**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Grace Medical Center**HOSPITAL ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**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 System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** President - Sinai and Grace Medical Center & Senior Vice President, LifeBridge Health**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:** Ms. Shlossman is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Ms. Shlossman's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$830,639.97**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:** Amy Shlossman



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Fri, Oct 18, 2024 at 1:28 PM

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DATE OF STATEMENT: 10/18/2024**PERIOD COVERED: FROM:** 07/01/2023 **TO:** 06/30/2024**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Weiner, Jason**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W. Belvedere Avenue, Baltimore, MD 21215](#)**HOSPITAL NAME:** Grace Medical Center**HOSPITAL ADDRESS:** [2000 W. Baltimore Street, Baltimore, MD 21223](#)**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 System**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** SVP and General Counsel**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. Weiner is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Weiner's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,054,310.26**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:** Jason H. Weiner