



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

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

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Fri, Nov 5, 2021 at 3:12 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 11/5/2021

**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Michael S Grady

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [276 Lexi Lane, Oakland, MD 21550](#)

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 North Fourth Street, Oakland, MD 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Boal and Associates, PC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [317 East Oak Street, Oakland, MD 21550](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** CPA Firm

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** CPA

**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:** Accounting services to joint venture - Oakland MRI Center, LLC

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 16200

**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:** Michael S Grady



Andrea Strong -MDH- &lt;andrea.strong@maryland.gov&gt;

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

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>

Fri, Nov 5, 2021 at 3:56 PM

Reply-To: hscrc.trustees@maryland.gov

To: andrea.strong@maryland.gov

**DATE OF STATEMENT:** 11/5/2021

**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Tonya K. Sturm

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [70 Hilltop Road Oakland, MD 21550](#)

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 N Fourth Street Oakland, MD 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** First United Bank & Trust

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 19 S. Second Street

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** First United Bank & Trust

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** First United Bank & Trust

**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:** Banking services provided to hospital

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$15,551,800

**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:** Tonya K. Sturm



Andrea Strong -MDH- &lt;andrea.strong@maryland.gov&gt;

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

1 message

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

Tue, Nov 9, 2021 at 7:43 AM

Reply-To: hsrcr.trustees@maryland.gov

To: hsrcr.trustees@maryland.gov

**DATE OF STATEMENT:** 11/5/2021

**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dona Alvarez

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 311 North Fourth Street, Suite 3, Oakland, MD 21550

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 North Fourth Street, Oakland, MD 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Garrett County Orthopaedics

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 251 North Fourth Street, Oakland, MD 21550

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopedic Surgery

**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:** Physician Recruitment agreements, ER on call coverage

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$303, 391

**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:** Dona Alvarez, MD

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