



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

Fri, Oct 28, 2022 at 10:17 PM

DATE OF STATEMENT: 10/28/2022**PERIOD COVERED: FROM:** 7/1/2021 **TO:** 6/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Douglas Murphy**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 117 West Montgomery Ave**HOSPITAL NAME:** Holy Cross Hospital**HOSPITAL ADDRESS:** 1500 Forest Glenn Rd**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Metro Orthopedics and Sports Therapy**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [7811 Montrose Road, Potomac MD](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 3123420959**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Orthopedic Surgeon**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:** Pay for call coverage- same rate as all other covering orthopods**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$81,600**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:** Douglas Murphy