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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 10, 2019 at 2:31 PM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Thomas Riccio, M.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 East Carroll Street, Salisbury MD 21801](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Peninsula Imaging, LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 East 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:** Board of Trustees member

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 16,087

**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:** Thomas Riccio, M.D.

**COMPLETED BY:** Thomas Riccio, [tjriccio1@gmail.com](mailto:tjriccio1@gmail.com), 4104308719



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:12 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Herbert Geary, III

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5608 Clydesdale Drive, Salisbury, MD 21801](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** TGM Group, LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [955 Mt. Hermon Road, Salisbury, MD 21804](#)

**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:** Member

**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:** Chairman, Board of Trustees

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 31,970

**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:** Herbert Geary, III

**COMPLETED BY:** Herbert Geary III, [hgeary@tgmgrouppllc.com](mailto:hgeary@tgmgrouppllc.com), 410-742-1328



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:26 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** William McCain

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5298 James Landing Road, Salisbury, MD 21804](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** W.R.McCain Associates

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [205 Executive Plaza, Salisbury, MD 21804](#)

**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:** Former Board of Trustees member

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 24,469

**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:** William McCain

**COMPLETED BY:** William R. McCain, [bill@wrmccain.com](mailto:bill@wrmccain.com), 410-726-1122



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:29 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Simona Eng, D.O.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Simona Eng, D.O.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 East 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:** PRMC Medical Staff, President

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 137,715

**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:** Simona Eng, D.O.

**COMPLETED BY:** Simona Eng, [simona.eng@peninsula.org](mailto:simona.eng@peninsula.org), 410-543-7536



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:31 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Memo Diriker, Ph.D.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1018 Schumaker Woods Road, Salisbury, MD 21804](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East 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 100, 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

**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:** 29,183

**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, Ph.D.

**COMPLETED BY:** Memo Diriker, [mfdiriker@salisbury.edu](mailto:mfdiriker@salisbury.edu), 410-603-6622



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:34 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** David Rommel

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [20302 Silver Lake Drive, Rehoboth, DE 19971](#)

**HOSPITAL NAME:** Peninsula Regional Medical Center

**HOSPITAL ADDRESS:** [100 East Carroll Street, Salisbury, MD 21801](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Rommel Electric Company

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [28410 S. Crown Road Suite #1, Eden, MD 21822](#)

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

**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:** Board of Trustees

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 739,219

**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 Rommel

**COMPLETED BY:** David Rommel, [drommel@rommelusa.com](mailto:drommel@rommelusa.com), 302-245-6667



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:39 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 06/30/2019

**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 East 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:** [5506 Dunfries Court, 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:** 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:** Board of Trustees

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 45,112

**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, M.D.

**COMPLETED BY:** Vel Natesan, [vnatesan@natesanmedicalgroup.com](mailto:vnatesan@natesanmedicalgroup.com), 4102516644



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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>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Thu, Oct 3, 2019 at 11:40 AM

**DATE OF STATEMENT:** 10/26/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 06/30/2019

**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 East 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:** 54,764

**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, M.D.

**COMPLETED BY:** Vel Natesan, [vnatesan@natesanmedicalgroup.com](mailto:vnatesan@natesanmedicalgroup.com), 4102516644