



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

Tue, Oct 29, 2019 at 4:33 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Barry P. Ronan

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [12400 Willowbrook Road, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Physicians Care

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [1201 Winterson Rd](#) 5th Floor, Linthicum Heights, MD 21090

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

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

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: Medicaid managed care plan with payment for patient services to WMHS.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 32,170,548

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: Barry P. Ronan

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Reply-To: hscrc.trustees@maryland.gov
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Tue, Oct 29, 2019 at 5:21 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Keith Pirolozzi

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [12502 Willowbrook Road, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: PharmaCare Network

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [12502 Willowbrook Road, Cumberland, MD 21502](#)

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

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Director of Outpatient Services, Pharmacy Manager

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:
Pharmaceutical sales, employee prescription program

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 4,500,000

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: Keith Pirolozzi

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Tue, Oct 29, 2019 at 5:15 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: John N. Pappas

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: P.O. Box 3206, Lavale, MD 21504

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Allegany Imaging & Premier Imaging Assoc., LLC

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: P.O. Box 3206, Lavale, MD 21504

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Allegany Imaging-Private Medical Group Practice; Premier Imaging-Investment Company

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Shareholder (Allegany Imaging) & Member (Premier Imaging)

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: Allegany Imaging-provides radiology services to WMHS Premier Imaging-Imaging equipment joint venture with WMHS

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Allegany Imaging-\$1,090,060; Premier Imaging-\$461,466

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: John N. Pappas

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Reply-To: hscrc.trustees@maryland.gov
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Tue, Oct 29, 2019 at 5:08 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Joyce K. Lapp

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [200 Fayette Street, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: George and Joyce Lapp Properties, LLC

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [200 Fayette Street, Cumberland, MD 21502](#)

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

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: Rental property

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 18,000

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: Joyce K. Lapp

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Tue, Oct 29, 2019 at 5:05 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: George Lapp, Jr.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [200 Fayette Street, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: George and Joyce Lapp Properties, LLC

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [200 Fayette Street, Cumberland, MD 21502](#)

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

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: Rental property

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 18,000

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: George Lapp, Jr.

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Tue, Oct 29, 2019 at 4:55 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Carl O. Belt Jr.

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [11521 Milnor Avenue](#) P.O. Box 1210, Cumberland, MD 21502

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Carl Belt, Inc. - The Belt Group of Companies

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [11521 Milnor Avenue](#) P.O. Box 1210, Cumberland, MD 21502

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

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: Construction projects and maintenance services.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 2,264,451.22 total

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: Carl O. Belt Jr.

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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

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Tue, Oct 29, 2019 at 4:49 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Cynthia Bambara

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [12401 Willowbrook Rd, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

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

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [12401 Willowbrook Rd, Cumberland, MD 21502](#)

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

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
President of college

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: credit/non-credit tuition & fees

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 3,123.93 to WMHS, \$60,690.28 from WMHS

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: Cynthia Bambara

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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

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Tue, Oct 29, 2019 at 4:44 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Murtaza Amir

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [625 Kent Avenue, Suite 302, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Murtaza Amir, M.D.

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [625 Kent Avenue, Suite 302, Cumberland, MD 21502](#)

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

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Consultant-Neurology

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: Call coverage for neurology services

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 160,000

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: Murtaza Amir, M.D.

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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Tue, Oct 29, 2019 at 4:38 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Kimberly S. Repac

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [12400 Willowbrook Road, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Maryland Physicians Care

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [1201 Winterson Rd 4th Floor, Linthicum Heights, MD 21090](#)

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

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

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: Medicaid managed care plan with payment for patient services to WMHS.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 32,170,548

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: Kimberly S. Repac

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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

1 message

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

Tue, Oct 29, 2019 at 5:25 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Douglas Martz

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [44 Baltimore Street, Cumberland, MD 21502](#)

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: CBIZ

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [44 Baltimore Street, Cumberland, MD 21502](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Insurance and retirement services

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

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: Insurance and retirement services provided to WMHS, continuous

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 221,000

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 Martz

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062



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

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Tue, Oct 29, 2019 at 5:00 PM

DATE OF STATEMENT: 7/1/2019

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

TRUSTEE, DIRECTOR, OR OFFICER NAME: Larry D. Boggs

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [29 North Liberty Street](#), PO Box 1664, Cumberland, MD 21501

HOSPITAL NAME: Western Maryland Health System

HOSPITAL ADDRESS: [12500 Willowbrook Road, Cumberland, MD 21502](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Wells Fargo

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [29 North Liberty Street](#), PO Box 1664, Cumberland, MD 21501

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Financial/Investment Advisory

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Managing Director/Investment 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: Advisory services on investments for WMHS, foundation and auxiliary

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: 64,222.91 total

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: Larry D. Boggs

COMPLETED BY: Scott Perrin, sperrin@wmhs.com, 240-964-8062