



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

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

1 message

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

Mon, Oct 19, 2020 at 1:00 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 10/19/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Rashid Hanif, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road, Suite 250, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Hospital**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Medical Staff**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:** Contract for Services**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 56866.02**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:** Rashid Hanif, MD



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>

Mon, Oct 19, 2020 at 1:04 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 10/19/2020

**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)

**HOSPITAL NAME:** Meritus Medical Center

**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Interim Chief Medical 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:** Contract for Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 79002.50

**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:** Shaheen Iqbal, MD



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>

Mon, Oct 19, 2020 at 1:06 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

**DATE OF STATEMENT:** 10/19/2020

**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Shaheen Iqbal, MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)

**HOSPITAL NAME:** Meritus Medical Center

**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pulmonary Consultants of Hagerstown

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12821 Oak Hill Avenue, Hagerstown, MD 21742](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Pulmonary and Sleep Medicine

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 25%  
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:** Call coverage; Sub-lease

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 162518.15

**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:** Shaheen Iqbal, MD



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

## 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

Mon, Oct 19, 2020 at 1:09 PM

**DATE OF STATEMENT:** 10/19/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Gregory I. Snook**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 S. Potomac Street, Hagerstown, MD 21740](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Professional Court, LLC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1110 Professional Court, Hagerstown, MD 21742](#)**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:** 5% owner/managing 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:** Lease paid under Diagnostic Imaging Services, a 50% joint venture of Meritus Medical Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 224700.82**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:** Gregory Snook



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

## 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 27, 2020 at 9:31 AM

**DATE OF STATEMENT:** 10/27/2020**PERIOD COVERED: FROM:** 07/01/2019 **TO:** 06/30/2020**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott Worrell, MD**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11110 Medical Campus Road, Suite 205, Hagerstown, MD 21742](#)**HOSPITAL NAME:** Meritus Medical Center**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Centers for Advanced Orthopaedics Robinwood Division**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11110 Medical Campus Road, Suite 205, Hagerstown, MD 21742](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Orthopaedic Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner/16.6% 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:** Orthopaedic Call Coverage**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 337,569.08**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:** Scott Worrell, MD

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

Tue, Oct 27, 2020 at 12:08 PM

**DATE OF STATEMENT:** 10/27/2020

**PERIOD COVERED: FROM:** 07/1/2019 **TO:** 06/30/2020

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Ralph Salvagno

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

**HOSPITAL NAME:** Meritus Medical Center

**HOSPITAL ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Meritus Medical Center

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [11116 Medical Campus Road, Hagerstown, MD 21742](#)

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Former Chief of Medical Staff

**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:** Contract for services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 12,083.37

**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:** Ralph Salvagno