



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 14, 2022 at 1:03 PM

DATE OF STATEMENT: 10/28/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mark T. Edney**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:** Chesapeake Urology**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1111 Mt. Hermon Road, Salisbury, MD 21804](#)**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:** Past President Medical Staff, TidalHealth Peninsula Regional**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 400,500**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:** Mark T. Edney



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Wed, Oct 26, 2022 at 8:03 AM

DATE OF STATEMENT: 10/29/2022**PERIOD COVERED: FROM:** 7/1/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Anthony Adrignolo III, 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 Orthopaedic Associates**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1675 Woodbrooke Drive, Salisbury, MD 21804](#)**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:** \$1,075,737**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:** Anthony Adrignolo III, M.D.



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Wed, Oct 26, 2022 at 8:01 AM

DATE OF STATEMENT: 10/29/2022**PERIOD COVERED: FROM:** 7/1/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Memo Diriker**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:** Salisbury University**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1101 Camden Avenue](#), Perdue Hall, Suite 311, 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:** \$64,068**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



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Fri, Oct 14, 2022 at 8:55 AM

DATE OF STATEMENT: 10/28/2022**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Mary C. DiBartolo**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [5657 Caledonia Drive, Salisbury, MD 21801](#)**HOSPITAL NAME:** Peninsula Regional Medical Center**HOSPITAL ADDRESS:** [100 E. 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, 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 Nursing Professor**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:** 64,068**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:** Mary C. DiBartolo



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Tue, Oct 25, 2022 at 3:08 PM

DATE OF STATEMENT: 10/28/2022

PERIOD COVERED: FROM: 7/1/2021 **TO:** 06/30/2022

TRUSTEE, DIRECTOR, OR OFFICER NAME: Rev. Janelle Beiler

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [2604 Old Ocean City 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: Coastal Hospice

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [2604 Old Ocean City Road, Salisbury, MD 21804](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Pediatric Bereavement Counselor

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:
Chaplain and Pediatric Bereavement Counselor

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: 95,000

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: Rev. Janelle Beiler



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Wed, Oct 26, 2022 at 8:03 AM

DATE OF STATEMENT: 10/29/2022**PERIOD COVERED: FROM:** 7/1/2021 **TO:** 06/30/2022**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Anthony Adrignolo III, 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:** TidalHealth Peninsula Regional**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:** 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:** President of the Medical Staff @ TidalHealth Peninsula Regional**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$167,566**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:** Anthony Adrignolo III, M.D.