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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jim Adamson

X City Woodstock State IL Zip 60098

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

X Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kevin F. Fitch, Jr

City WHEATON State IL Zip 60187

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate Sherman Hospital

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) KRISTIN KURCZEWSKI

City LAKEWOOD State IL Zip 60014

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Susan Grossinger
City Crystal Lake State IL Zip 60014

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Advocate Good Shepherd Hospital

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Rowena Weames

X City Crystal Lake State IL Zip 60012

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

X Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Dr Mark Giacomin

City Barrington State Il Zip 60010

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate Good Shepherd Hospital + Crystal Lake Immediate care center

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) ERIC ZORNOW

City ALGONQUIN State IL Zip 60102

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CENTEGRA HEALTH SYSTEM

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) J DEAN FELDMAN

City BARRINGTON State IL Zip 60010

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
ADVOCATE GOOD SHEPHERD HOSPITAL

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Robert Vavrik

City Crystal Lake State IL Zip 60012

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Jeanne Ang

City Spring Grove State IL Zip 60081

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Advocate Good Shepherd Hospital

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Todd Schroll

City Crystal Lake State IL Zip 60014

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Keeley Gallagher

City Lake in the Hills State IL Zip

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate Good Sheph.

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) BRYAN FOSTER

City WOODSTOCK State IL Zip 60098

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

CENTEGRA HEALTH SYSTEM

III. POSITION (*please circle appropriate position)*

Support (Oppose) Neutral

IV. Testimony (*please circle)*

(Oral) (Written)

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Rafael Malpica

City Cary State IL Zip 60013

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate Good Shephard Hospital

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kevin Christensen

X City McHenry State IL Zip 60051

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

X Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) CENTEGRA HEALTH SYSTEM.

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Yvonne Miller

City Cary State IL Zip 60013

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Advocate Healthcare

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) SANDRA MONTALVO

City Huntley State IL Zip 60142

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Social Services and Care Coordination Manager, Centegra Health System.

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Charlotte Diogvardi

City Cary State IL Zip 60013

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

resident

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Tiffanie Young

City Crystal lake State IL Zip 60014

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organizotion or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Roseanne Niese

City McHenry State IL Zip 60051

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Advocate Good Shepherd Hospital

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Carlie Lesher

City McHenry State IL Zip 60050

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (*Please Print*) Ashley Weinrich

City Crystal Lake State IL Zip 60012

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Centegra Health System

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17