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*) Jeni Hallatt

City Lake Geneva State WI Zip 53147

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)

mercyhealth

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*) Dale Nelson

City Harvard State Il. Zip 60033

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)

City of Harvard

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*) Tracey Klein

City Brookfield State WI Zip 53005

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)
Mercy Health

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*) Melissa Nielsen
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)
Patient Concerned about Healthcare Access in Crystal Lake. In favor of Mercyhealth's Projects in Crystal Lake

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*) PATRICK CRANLEY

City MADISON State WI Zip 53711

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)
MERCYHEALTH

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*) Sue Ripsch
City Janesville State WI Zip 53545

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)

* Jack Franks
Chairman
McHenry County Board

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*) Shelton Kay

City Rockford State IL Zip 61101

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)

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*) YASMIN HUSSAIN

660 PROVIDENCE LANE

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)

MERCY HEALTH

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

17

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*) Benjamin Stuck

City Crystal Lake 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)
Epilepsy Foundation

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*) THOMAS W. WILBECK
City BARRINGTON HILLS 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) ~~[illegible]~~

SELF

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*) DOUG HAWTHORNE

City HARVARD State IL Zip 60033

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)

MERCY

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*) Jason H. Bredenkamp, MD
City Rockford State IL Zip 61103

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)

MercyHealth

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*) James MacNeal ~~YASMIN HUSSAIN~~

City Rockford ~~CRYSTAL L~~ 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) MercyHealth

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*) Laura Aagesen

City Harvard State IL Zip 60033

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)
Mercy Harvard patient

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 Gavle

City Cryptal 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)
myself as a patient/citizen

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION
Name (*Please Print*) Kelly Howard

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) Mercyhealth patient

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

33

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*) Douglas Henning, MD

City C.C. State IL Zip 60018

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)
MercyHealth

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*) JOSEPH E Fojtik MD FACPCCE

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)
Mercy

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*) Jeremy Stein

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)
N/A

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*) Sue Schrieber

City Rockford State Il Zip 61114

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) mercyhealth

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*) Cindy Amore

City Twin Lakes State Wi Zip 53181

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

Centegra Health System - Manager of EMS

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*) ~~TOM JENSEN~~ SHAILESH V IRAM

City ~~ROCKFORD~~ 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)

MERCYHEALTH

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*) Ronald Eck

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) Bus. Rep. Carpenters Local 2087 Serving McHenry Co. Area. (Approx. 360 Members) Would love to have the work. (*) 30 yr. resident of McHenry Co.

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*) Linda Serafin
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)
none

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17

46

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*) Catie Schmit

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
Director of Emergency Services

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*) Ruth Yarbrough

City Janesville State WI Zip 53545

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

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*) Ladd Udy

City Janesville State WI Zip 53548

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)
MercyHeatth

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*) John Bartman

City Marengo State IL Zip 60152

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)
Bartman Farm

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*) Carole Ostrom

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)
MercyHealth

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*) Dirk Enger
City Winfield State IL Zip 60190

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)
President Ironworkers Local #393
McHenry Bld. Trades member

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 Paddock

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)
IUOE Local 150

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*) Theresa Hollinger

City Byron State IL Zip 61010

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)

Support of Mercyhealth Projects

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*) Carol Lucas

City Harvard State IL Zip 60033

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) Mercy Health Harvard

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*) Melissa Ryan

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) Mercyhealth

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*) -Bill Supernaw

City Delavan State WI Zip 53115

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)

MercyHealth

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*) Jarrett Terpstra

City Rockford State IL Zip 61114

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)

I support the expansion and build of mercyhealth hospital and clinics in Crystal Lake

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*) Kendra Rishling

City Wonderlake State IL Zip 60097

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) MercyHealth

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*) Tracy Perkins

City Harvard State IL. Zip 60033

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) Mercyhealth Harvard

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*) MARY ANN VIEWEG

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)
Concerned Citizen

Hospitals in the area are not a few minutes away - 10 mins = 30 mins in many many cases - Rt 14 - 31 - Randall & Algonquin Rd are clogged & stuffed most of the time.

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*) SHAILESH · VIRANI

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)
MERCY 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*) Jennifer Whitwell

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) MercyHealth

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

CEA

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*) PETE OLSON

City VOLO State IL Zip 60073

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) PLUMBERS' LOCAL 130

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*) Wesley M. Jost

City Fox River Grove State IL Zip 60011

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) Mercy Health

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

2/21/17

91

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*) Hayden Crague
City Janesville State WI Zip 53548

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)

MercyHealth

III. POSITION (*please circle appropriate position*)

Support Oppose Neutral

IV. Testimony (*please circle*)

Oral Written

2/21/17

93

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*) Jennifer Hall

City Rockford State IL Zip 61107

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)
MercyHealth

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*) Paul VanDenHeuvel

City Janesville State WI Zip 53545

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)

Mercy Health Corp

III. POSITION (*please circle appropriate position)*

Support Oppose Neutral

IV. Testimony (*please circle)*

Oral Written

2/21/17