



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) JEFF APZHEALAMH

City QUINCY State _____ Zip _____

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

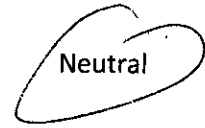
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Sandra Callahan

City Quincy State IL Zip 62301

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 (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Jessica Fresh

City

Quincy

State

IL

Zip

62301

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)

Adams County Ambulance - EMS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

1/22/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Doug Wilson
City Quincy State Ill 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)

Herald-Whig
News paper

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Mark Schmitz

City

Quincy

State

IL

Zip

62305

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 (Circle appropriate position)

Support

Oppose

Neutral

1/22/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Beky Power

City Quincy 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)

Blessed

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) ROCK GENGENBART

City QUINCY State IL Zip 62305

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 (Circle appropriate position)

Support

Oppose

Neutral



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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Mike Rein

City

Quincy

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)

citizen

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Teresa Kemp

City

Quincy

State

IL

Zip

62301

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 (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name *(Please Print)*

Carlo Fernandez

City

Quincy

State

IL

Zip

62305

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

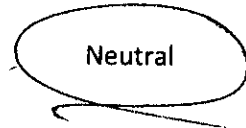
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION *(Circle appropriate position)*

Support

Oppose

Neutral





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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name *(Please Print)*

Ron Wallace

City

Quincy

State

IL

Zip

62305

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 *(Circle appropriate position)*

Support

Oppose

Neutral



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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) A. Zerk

City Philadelph State MO 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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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I. IDENTIFICATION

Name (Please Print)

Robert Reich

City

Quincy

State

Zip

62705

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 (Circle appropriate position)

Support

Oppose

Neutral



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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Irene Huff

City Quincy State IL Zip 62305

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

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Todd Ahrens

City

Henrieville

State

MO

Zip

63481

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)

Henrieville Regional

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

1/22/19