



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

64
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Andrew Dunn

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)

Blessing Physician Services

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

62
~~60~~
420

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Timothy D. Koontz

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)
Blessing Health System board member

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

60
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Tori Edison

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)

Bessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

58
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Deanna Sublette
City Palmyra State MO Zip 63461

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) Blessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



56
400

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) BETTY JOHN MD

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

54
 400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) TIMOTHY A MOORE

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)

BLESSING HOSPITAL

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042 Mike B. Kirby

I. IDENTIFICATION
Name (Please Print) Donella Harris

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)
Blessing Hospital

III. POSITION (please circle appropriate position)
Support Oppose Neutral
MK

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Brenda K Reshears
City Hannibal State MO Zip 63401

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)
Blessing Health System - College

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Salvador Sanchez, MD

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)

Hispanic

Physician

Hospital employee.

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Mike Foster
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)

Concerned Citizen

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Julie A. Brink

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)

Blessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I.

IDENTIFICATION

Name (Please Print)

Emily Hendrickson

City

Mendon

State

IL

Zip

62351

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)

Blessing Health System

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Joellen Randall

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Tammy Pritchett
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) Blessing Hospital

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) John McDowell
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)
Blessing Hospital

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Lori Wilkey
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)
Blessing Hospital

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Julie Shepard

City Quincy State Illinois 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)

Blessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Chuck Takasa

City Camp Hill State PA Zip 17023

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)

Blossing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) TIM TRANON

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) ELIOT H. KUJIDA

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Margaret Ozan Rafferty

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) BRAD Billings

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) IRSHAD SLODIBUI MD

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)

BLESSING HEALTH SYSTEM

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Justin Hale

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)

Blessing Health System

DECISION SUBJECT

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

PATRICK M. Gerveler

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)

Blessing Health System /
Blessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Mary Frances Barthel, MD
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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

1/22/19

Mary Frances Barthel MD



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Joseph V. Meyer MD
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)
Quincy Anesthesia Associates

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Regenia Skell

City Quincy State Illinois 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)

Blessing Hospital / Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Bill Stroot

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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Betty Kasparie
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)
Blessing Hospital

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (Please Print) Maureen Kahn
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) Blessing Health System

III. POSITION (please circle appropriate position)
Support Oppose Neutral

IV. Testimony (please circle)
Oral Written