



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Chris Vicik

City Mundelein State IL Zip 60060

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Hene Steiner
City Holtman Estates 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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) WILLIAM SEDGWICK

City WILMINGTON State IL Zip 60084

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

2/21/17



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

Janet Terrana

City

CL

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)

self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Lisa Derer

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)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Hadley Streng

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 (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

Kelli Coulter

City

Crystal Lake

State

Illinois

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)

Centegren Health System

Crystal Lake Resident

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

SHORMIE Ali

City

PALATINE

State

IL

Zip

60094

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 (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Michelle Green

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 (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

Aaron T. Shepley

City

Crystal Lake

State

Illinois

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)

RESIDENT OF CRYSTAL LAKE.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



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Facility Name: MercyHealth and Medical Center – Hospital

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I. IDENTIFICATION

Name (Please Print) DAN LALLEN

City Ch. Mayo State IL Zip 60606

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)

BARNES & THORNBORG, LLP

Counsel to Centegra Health System,

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17