

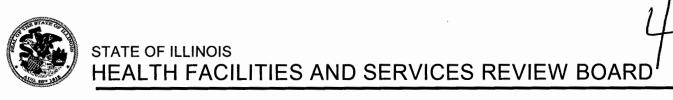


HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 Name (Please Print) Jim Adamson ١. X City Woods tock State IL Zip 60098 11. 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) Contegra Heaph System III. POSITION (please circle appropriate position) Support Oppose Neutral Testimony (please circle) IV. ∦ritten



Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

1.	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

Project Number: 17-002

Written



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Testimony Registration Form

Project	Number: 17-002		
1.	IDENTIFICATION Name (Please Print)	ISTIN KURC	ZEWSKI
	City LAKEWOOD	State	zip
11.	entity.) Entity, Organization, etc. rep Health Care)	is to be filled if the witness is appearing on presented in this appearance (i.e.	behalf of any group, organization or other e., ABC Concerned Citizens for
III.	POSITION (please circle appr	ropriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	





Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

1.	Name (Please Print) JUSM GYDSSINGE
	City Crystal Lalce state I zip 60014
11.	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) August Coo Shepher Hospito
	· · · · · · · · · · · · · · · · · · ·
III.	POSITION (please circle appropriate position)
	Support Oppose ! Neutral
IV.	Testimony (please circle)
	Oral Written



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Name (Please	on Print) Row	ona W	epmes	· · · · · · · · · · · · · · · · · · ·	
City	ystullah	CState	11_	z	2ip 60002
REPRESENTA entity.)	TION (This section is to	be filled if the witnes	s is appearing o	n behalf of any grou	p, organization or other
Entity, Organi Health Care)	ization, etc. repres				erned Citizens for
				-)	
POSITION (pl	ease circle approp	riate position)			
Support		Øppose))	Neutral	
Testimony (pl	ease circle)		1		
Oral		Written			





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

oject	Number: 17-002					
I.	IDENTIFICATION Name (Please Print)	MACH	(21)	7 COM	,. <i>`</i> ~	
	City Barring ton	State	I/		_Zip6	0010
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Health Care)					
	Advocate C-y(tal La	Good Ly	Shep in med.	herd	Ho	center
Ш.	POSITION (please circle appropr	riate position)				
	Support	Oppose		Neutral		
IV.	Testimony (please circle)					
	Oral	Written				

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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project I	Number: 17-002
I.	Name (Please Print) ERIC ZORNOW
	City ALGONAVIN State 1/ Zip 60107
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
	/
111.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Oral Written



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

I.	IDENTIFICATION Name (Please Print)	J DEAN	FEL	DMAN	
	city_BARRIN	OBTON State	IL	_zip_ 6001	<u>D</u>
11.	REPRESENTATION (This section entity.)	ion is to be filled if the witness is appe	earing on behalf of an	y group, organization or othe	r
	Entity, Organization, etc. 1	represented in this appeara	ince (i.e., ABC C	oncerned Citizens for	
	Health Care) ADVOCATO	6000 SHa	pherp	HOSPINI	
					_
111.	POSITION (please circle a	ppropriate position)			
	Support	Oppose	Neutral		
		OFFICE			
IV.	Testimony (please circle)				
	Oral	Written			



Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

IDENTIFICATION Name (Please Print)	多多	Robet	Varne	
City Crystal Cake	State	1	Ziŗ	60012
REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre				
Health Care) Contegre				
POSITION (please circle approp	oriate position)		
Support	Oppose		Neutral	
Testimony (please circle)				
Oral	Written)		





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 IDENTIFICATION
Name (Please Print) Teanne Ang 1. 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) Written





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 ١. **IDENTIFICATION** Name (Please Print) Todd Schroll 71: Solver

City Cryst-1 Lake State BL 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 Neutral IV. Testimony (please circle) Written



Facility Name: MercyHealth and Medical Center - Hospital

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Public Hearing Testimony Registration Form

I. IDENTIFICATION
Name (Please Print) Keeley Gallaugher

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





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002 ١. **IDENTIFICATION** Name (Please Print) BRYAN FOSTER

City Woodstock State V Zip 40098 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) ENTEGER HEALTH SYSTEM III. POSITION (please circle appropriate position) Support Sppose Neutral IV. Testimony (please circle) Written





STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-002					
l.	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)					
ĺ	Oral Written					



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-002
1.	Name (Please Print) Kein Christensen
X	Name (Please Print) Kevin Christenter City MHoney State IC Zip 6005/
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 LEATH System.
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project Number: 17-002 IDENTIFICATION
Name (Please Print)

City

City

State

L I. 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 Neutral Oppose IV. Testimony (please circle) Written



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) SANIKA MONTAWO 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 ervices and Care (no III. POSITION (please circle appropriate position) Support Neutral IV. Testimony (please circle) Oral



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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

l.	IDENTIFICATION Name (Please Print)	Charlott	e Diog	vard1
	city <u>lary</u>	State	<u></u>	zip 60013
11.	REPRESENTATION (This section is entity.)	is to be filled if the witness is app	pearing on behalf of any g	group, organization or other
	Entity, Organization, etc. rep Health Care)	presented in this appear	ance (i.e., ABC Cor	ncerned Citizens for
	resident			
111.	POSITION (please circle appl	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		·





Project Number: 17-002

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

I. IDENTIFICATION
Name (Please Print) Tiffanie Young

City Crystal Jake State C 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





Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

I.	Name (Please Print)	eanne Ni	294		_	
	city Mc Henry	State	ナレ	zip_6005		
11.	REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care)	s to be filled if the witness resented in this ap	is appearing on behalf o	C Concerned Citizens for		
]	_	
				,	_	
					-	
III.	POSITION (please circle appropriate position)					
	Support	Oppose	Neut	ral		
IV.	Testimony (please circle)					
	Oral	Written				



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project	Number: 17-002					
I.	IDENTIFICATION Name (Please Print)	rlie Lesh	er			
	city McHenry	State		zip <i>60050</i>		
11.	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 Healt	h System				
111.	POSITION (please circle appro	priate position)				
	Support	Oppose	Neutral			
IV.	Testimony (please circle)					
	Oral	Written				







HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-002
1.	Name (Please Print) AShley Weinvich
	City Crystal Lake State 11 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