



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



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)

Dave 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



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)

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



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)

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



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)

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)

MERCY HEALTH

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: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

City

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 (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



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)

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



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) 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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

17

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print) Benjamin S. Luck

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



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)

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)

~~ABC CONCERNED CITIZENS FOR HEALTH CARE~~

SELF

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



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) 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



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)

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



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)

City

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 (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)

Laura Agesen

City

Harvard

State

IL

Zip

60031

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



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)

Susan Gavle

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)

myself as a patient/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

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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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

33

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 6018

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



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 FOJTEK MD FACPCCE

City Melton 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



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)

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



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)

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



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) 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, organization 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



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)

~~TOM JENSEN~~ SHAILESH VIRAM

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)

MERCY HEALTH

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



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)

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



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)

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



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) 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



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) Ruth Yarbrough
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)

MercyHealth

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) 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)

Mercyhealth

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)

John Bartman

City

Marengo

State

IL

Zip

60157

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



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)

Carole Strom

City

Crystal Lake

State

IL

Zip

6004

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



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)

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 Ironworker's Local #393

McHenry Blvd. Trades 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

55

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)

IOE Local 150

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Theresa Nollinger

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



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)

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



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)

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



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) -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



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)

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



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)

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)

Mercy Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

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



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) 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 Citizens

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 & stopped
most of the time.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) 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



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) 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

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

83

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

89

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

City

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 (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

91

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

City

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 (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

93

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

City

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 (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

95

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION

Name (Please Print)

Paul Van Den Heuvel

City

Tamerville

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