



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

1

Public Hearing Testimony Registration Form

Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) Tony TAPARO

City NASHVILLE State TN Zip 37204

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)

VALLEY Ambulatory Surgery Center

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: Valley Ambulatory Surgery Center – St. Charles**

**Project Number: 17- 057**

I. IDENTIFICATION

Name (Please Print) Rep. Steven A. Anderson  
 City Geneva State IL Zip 60134

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)

State Rep for the 65<sup>th</sup> District

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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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) Anthony Giambardino MD  
City St. Charles 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)

Representing Valley Ambulatory Surgery Center  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) Daniel Hauer  
City St Charles State IL Zip 60175

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)

Valley Ambulatory Surgery Center

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print)

MARCY ATHEWELL

City

St Charles

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)

Valley Ambulatory Surgery Center.

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) DAN LAWLER

City Chicago 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 & Thornburg LLP

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION  
Name (Please Print) RAYMOND ROGINA  
City ST. CHARLES State IL Zip 60174

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

PASS



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) BRIAN S. BLANKENSHIP

City BRENTWOOD State TN Zip 37027

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)

VALEY AMBULATORY SURGERY CENTER/  
SURGERY PARTNERS

III. POSITION (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle )

Oral                       Written



PASS



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) Jennifer Balduik

City Nashville State TN Zip 37027

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)

Valley Ambulatory Surgery Center

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) HRIS HANPSON

City BATAVIA State IL Zip 60510

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)

VASC

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17- 057

I. IDENTIFICATION

Name (Please Print) Scott Scraphin  
City St Charles State IL Zip 60179

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)  
Valley Medical Building Corp.

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: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

I. IDENTIFICATION

Name (Please Print)

JOHN GUNN

City

MORTON

State

IL

Zip

62562

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 (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Valley Ambulatory Surgery Center – St. Charles

Project Number: 17-057

I. IDENTIFICATION

Name (Please Print) Jeffrey Grosskopf MD

City Elburn State IL Zip 60119

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)

Valley Ambulatory Surgery Center  
Fox Valley People (patients)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral