STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) JEFF ARCHEALAUCH

City QUINCY 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)

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III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Sandra Callahan

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)

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Jessica Fresl

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)

Adams County Ambulance - EMS

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Doug Wilson

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)

Herald-Whig Newspaper

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Marc Schmitz

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)

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION
Name (*Please Print*) Betsy Powell

City Quincy 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) Blessing

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Rick Gengenbacher

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)

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III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Mike Kein

City Quincy 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)

Citizen

III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Teresa Kemp

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)

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Carlos Fernandez

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)

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Ron Wallace

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)

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III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

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)

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III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Robert Reich

City Quincy State _____ 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)

_____

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III. POSITION (*Circle appropriate position)*

Support Oppose Neutral

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Irene Huff

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)

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (*Please Print*) Todd Ahrens

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) Hannibal Regional

III. POSITION (*Circle appropriate position)*

Support Oppose (Neutral)

1/22/19