



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Mark Noble MD

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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

HRISHIKESH GHANEKAR

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)

QUINCY MEDICAL GROUP

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

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)

QMG
PHYSICIAN

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Tanya Mero

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)

Quincy Medical Group
Physician

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Kurt Leimbach

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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Tracey Klein
City Chicago State ILL Zip 60611

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 Quincy Medical
Group
from Polsinelli

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

John Barbagiovanni

City

Quincy

State

Illinois

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)

SPEAKING IN LIEU OF DR OWENGA (DECEASED)

Quincy Medical Group.

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

19

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) John. Barbagiovanni, M.D.

City Quincy State Illinois 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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Michael C. Owens

City

Peoria

State

IL

Zip

61624

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)

Quincy Cullinan, LLC

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

LANDLORD

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

RALPH WEBER

City

RIVERWOODS

State

IL

Zip

60015

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)

QMG

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Michelle Frazier

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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Jim Ribottom

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)

Employer KNAPHEIOS

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: 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)

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Patty Williamson

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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) RICHARD SCHLEPPHORST, M.D.

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)

Quincy MEDICAL GROUP

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Todd Petty

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)

Quincy Medical Group

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Carol Brockmiller

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)

Quincy Medical Group

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written