



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

64
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Andrew Dunn

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)

Blessing Physician Services

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

1/22/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

62
620

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Timothy D. Koontz

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)

Blessing Health System board member

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written

1/22/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

60
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Tori Edison

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)

Bessing Hospital

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

1/22/19



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

58
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Deanna Sublette

City

Palmyra

State

MO

Zip

63461

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 Hospital

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

56
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

BETSY JOHN 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)

Blessing 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

54
400

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

TIMOTHY A MOORE

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)

BLESSING HOSPITAL

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

52

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

Mike B. Kirby

I. IDENTIFICATION

Name (Please Print)

Donella Harris

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)

Blessing Hospital

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written

MK



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) Brenda K Reshears

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)

Blessing Health System - College

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) Salvador Sanchez, 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)

Hispanic
Physician
Hospital employee.

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) Mike Foster

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)

Concerned 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Julie A. Brink

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)

Blessing Hospital

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)

Emily Headeickson

City

Mendon

State

IL

Zip

62351

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 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Joseph Randall

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Tammy Pritchett

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)

Blessing Hospital

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 McDowell

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)

Blessing Hospital

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) Lori Wilkey
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)

Blessing Hospital

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)

Julie Shepard

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)

Blessing Hospital

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) Chuck Tuhasa

City Camp Hill State PA Zip 17023

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)

Blossing Hospital

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)

TIM TRANON

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

ELMER H. KUJDA

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Margaret Ozan Rafferty

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

BRAD Billings

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) IRSHAD SLODIBUI MD

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)

BLESSING 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Justin Hale

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)

Blessing Health System

DECISION
SUPPORT

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)

PATRICK M. Gerveler

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)

Blessing Health System /
Blessing Hospital

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) Mary Frances Barthel, MD
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)

Blessing Health System

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written

1/22/19

Mary Frances Barthel MD



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)

Joseph V. Meyer MD

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 Anesthesia Associates

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: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Regenia Skell

City

Quincy

State

Illinois

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)

Blessing Hospital / Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print)

Will Stroot

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)

Blessing 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

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION

Name (Please Print) Betty Kasparie

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)

Blessing Hospital

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)

Maureen Kahn

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)

Blessing Health System

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written