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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Sep 24, 2019 at 5:29 PM

**DATE OF STATEMENT:** 9/24/2019

**PERIOD COVERED: FROM:** 10/01/2018 **TO:** 9/24/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Wilfred Ehrmantraut

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** Chief of staff

**HOSPITAL NAME:** CalvertHealth Medical Center

**HOSPITAL ADDRESS:** 110 hospital road prince Fredrick md 20678

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Chief of staff

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** Same

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Chief of staff

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of staff

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Chief of staff two years

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 40,000 per year

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Wilfred Ehrmantraut

**COMPLETED BY:** Wilfred Ehrmantraut, [ehrmanbud@hotmail.com](mailto:ehrmanbud@hotmail.com), 4439680008



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Sat, Nov 30, 2019 at 3:20 PM

**DATE OF STATEMENT:** 11/30/2019

**PERIOD COVERED: FROM:** 01/01/2019 **TO:** 12/1/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Samuel Foster

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 1503 Danton Lane

**HOSPITAL NAME:** CalvertHealth Medical Center

**HOSPITAL ADDRESS:** 1503 Danton Lane

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** CIMG

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [985 Prince Frederick Blvd. Suite 201 20678](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Medical Practice

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Part Owner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional contracts with providers and leadership of services.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 600,000.00

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Samuel Foster