



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

---

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

1 message

---

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

Wed, Oct 19, 2022 at 6:44 PM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Dona Alvarez

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 311 North Fourth Street, Suite 3, Oakland, MD 21550

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 North Fourth Street, Oakland, MD, 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Garrett County Orthopaedics

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 311 North Fourth Street, Suite 3, Oakland, MD 21550

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** 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:** Physician recruitment agreements, ER on call coverage

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$54,573

**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:** Dona Alvarez, MD



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

---

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

1 message

---

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

Wed, Oct 19, 2022 at 2:53 PM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Tonya Sturm

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [70 Hilltop Road, Oakland, MD 21550](#)

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 North Fourth Street, Oakland, MD 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** First United Bank & Trust

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 19 S. Second St., Oakland, MD 21550

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
SVP&CFO

**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:** Banking services provided to the Hospital

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$15,398,602.61

**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:** Tonya Sturm



HSCRC Trustees -MDH- &lt;hscrc.trustees@maryland.gov&gt;

---

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

1 message

---

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

Wed, Oct 19, 2022 at 2:17 PM

**DATE OF STATEMENT:** 10/19/2022

**PERIOD COVERED: FROM:** 07/01/2021 **TO:** 06/30/2022

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Michael Grady

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [276 Lexi Lane, Oakland, MD 21550](#)

**HOSPITAL NAME:** Garrett Regional Medical Center

**HOSPITAL ADDRESS:** 251 North Fourth Street, Oakland, MD 21550

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Boal and Associates

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [317 E Oak St, Oakland, MD 21550](#)

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

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

**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:** Accounting services to joint venture – Oakland MRI Center

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** 16200

**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:** Michael Grady