

APPENDIX 9

AFFILIATED PARTIES



Massachusetts Department of Public Health

Determination of Need

Affiliated Parties

Version: DRAFT
3-15-17

DRAFT

Application Date: 10/23/2023 Application Number: 22062915-AS

Applicant Information

Applicant Name: BETH ISRAEL LAHEY HEALTH SURGERY CENTER PLYMOUTH, LLC

Contact Person: Lisa Neveling Title: AVP, Strategy

Phone: 9788822514 Ext: E-mail: Lisa.Neveling@bilh.org

Affiliated Parties

1.9 Affiliated Parties:												
List all officers, members of the board of directors, trustees, stockholders, partners, and other Persons who have an equity or otherwise controlling interest in the application.												
Add/ Del Rows	Name (Last)	Name (First)	Mailing Address	City	State	Affiliation	Position with affiliated entity (or with Applicant)	Stock, shares, or partnership	Percent Equity (numbers only)	Convictions or violations	List other health care facilities affiliated with	Business relationship with Applicant
<input type="checkbox"/> <input type="checkbox"/>	Kenniston	Julia	8 Longmeadow Rd	Hingham	MA	PBOA	Applicant Manager			No		No
<input type="checkbox"/> <input type="checkbox"/>	Doucet	Alan	1 Mountain Laurel Lane	Tiverton	RI	PBOA	Applicant Manager			No		No
<input type="checkbox"/> <input type="checkbox"/>	Shorett	Peter Michael	52 Brook Street	Brookline	MA	BILH	Applicant Manager			No	The Dimcock Center Mount Auburn Hospital	No
<input type="checkbox"/> <input type="checkbox"/>	Coughlin	Kevin	15 Hawthorne Lane	Norwell	MA	BILH	Applicant Manager			No	BID Plymouth	No
<input type="checkbox"/> <input type="checkbox"/>	Stanwood	Walter	464 Washington Street	Duxbury	MA	PBOA	Applicant Manager			No		Yes
<input type="checkbox"/> <input type="checkbox"/>	Rios	Cindy	20 University Road	Cambridge	MA	BILH	Applicant Manager			No		No

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To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

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E-mail submission to
Determination of Need