



OCT 20 2025

F-1544
App# 23744
WTR0/ITSD

HOME MEDICAL EQUIPMENT

APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure-licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency WR Specialists, LLC

Location of the Facility:

Street 251 Jackson Plaza STE A2 City Ann Arbor

County Washtenaw State Michigan Zip 48103

Phone Number (734) 929-2160 Fax Number () N/A

Twenty-four (24) Hour Emergency Phone Number (734) 929-2160

Business Customer Service Phone Number with twenty-four (24) hour access/seven (7) days a week (734) 929-2160

E-Mail Address Jamie@uswbilling.com

Does your facility have a physical location in the state of Tennessee? Yes No X

Administrator Information:

Administrator Scott Loewe

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement, or fraud)? Yes No X

If yes, what charge(s)? N/A

Location of Conviction N/A N/A N/A Date N/A
(City) (County) (State)

Mailing address if different from the Facility location address:

Name Same

Street

City State Zip

Ownership of Building:

Name Loy, Hartley, & Company Phone Number (734) 769-0075

Street 2211 Jackson Ave

City Ann Arbor State MI Zip 48103

1. Geographic area served by Agency: (list county or counties) If additional space is needed, please use a separate page.

All Counties of Tennessee
Out of State Michigan

2. Number of branch offices: 00

Address of each branch office: (If additional space is needed, please use a separate page)

3. **Provide proof of the ability to meet the financial needs of the facility.**

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual Partnership Corporation Limited Liability Company
 Church Related Government/County Other

b. Check one: For Profit Non-profit

c. Legal Entity checked in 1.a:

Name WR Specialists, LLC Phone Number (734) 929-2160
Street 251 Jackson Plaza STE A2
City Ann Arbor State MI Zip 48103

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Scott Loewe	2720 Walters Way	Ann Arbor, MI 48103
Name	Street	City, State, Zip
Kevin Odle	777 Locust Street	Winnetka, IL 60093
Name	Street	City, State, Zip
N/A	N/A	N/A
Name	Street	City, State, Zip

(If additional space is needed, please use a separate sheet)

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes No N/A

f. If no to e., who has said authority? N/A

2. a. Is your facility/organization accredited by a **federally approved** accrediting body but not limited to JCAHO, CARF, etc.? **Provide proof of accreditation.**

Yes No Expiration Date February 27, 2027

3. If you have a parent company, please provide the following information:

d. Termination/Suspension

i) suspended or terminated from participation in Medicare or Medicaid/TennCare programs? Yes ___ No X

(Note: This would include involuntary termination of a nursing facility or skilled nursing facility by the Centers for Medicare and Medicaid Services (CMS) or state Medicaid agency).

e. Fraud and Abuse

i) paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services? Yes ___ No X

f. Corporate Integrity Agreement

i) Is presently an entity covered by and subject the terms of a corporate integrity agreement? Yes ___ No X

(Note: If yes, provide a copy of CIA)

g. Bankruptcy

i) filed bankruptcy under any provision of the United States Bankruptcy Code? Yes ___ No X

h. Civil Monetary Penalty (CMP)

i) paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than \$250,000.00 as a result of an enforcement action during a survey? Yes ___ No X

Failure to provide true and correct copies of any documents related to the items list in 7(a-h) listed above may be grounds for referral of the application for special consideration, and/or may be grounds for disciplines.


If the applicant answered "Yes" to any of the questions (a)-(h) above, please provide copies of any documentation associated with the event and/or sanction. The documentation should provide the Health Facilities Commission with sufficient information regarding the nature of the event and/or sanction, the current status of the issue, as well as details regarding what corrective action have been implemented (as applicable).

VERIFICATION BY NOTARY PUBLIC:

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

By checking this box, you acknowledge that you will ensure access to a secure online portal is available to Health Facilities Commission surveyors in order to conduct all necessary and required surveys related to licensure.


Applicant Signature

Director of RCM
Title or Position

10/17/25
Date

STATE OF TENNESSEE

County of Wilson

The above named applicant (print name) Jamie Linstra, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 17th day of October 2025
(Month) (Year)

Notary Public: Jana Bone

My commission expires: 01/29/2028

FEE SCHEDULE: (FEES ARE NON-REFUNDABLE) \$1,404





APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: HME License # (if applicable): # 1544 County: Out of State HME Provider

Initial Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: WR Specialist LLC.

Address: 251 Jackson Plaza Ste A2 City: Ann Arbor MI ZIP Code: 48103

Application and fee on file in Central Office (CO)?: Yes No _____ CON #: _____

Project #: _____ Phase: _____ of _____

Facility approved for (if satellite/off campus site include address): Out of State Home Medical Equipment Provider serving all counties in Tennessee

Sprinklered: _____ (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Celia Skelley RN PHNCI *CS* Date: 12/22/25

Fire Safety: _____ Date: _____

CD Approved: Yes _____ No _____ N/A Health Survey Required: Yes No _____

Facility's Letter of Notification received in Licensure: Yes _____ No
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No
(NOTE: With exception of Initial Licensure Approvals)

Effective date: February 18, 2026 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

KZ/ Rhonda H Rogers 2/18/2026
Regional Administrator/Facilities Construction Director or Designee Date

Niley Seg 2/18/26
Licensure Program Unit Staff Date

Administrator is Scott Loewe: Scott@workrehabilitationspecialists.com
Send copy of letter to Jamie Linstra: Jamie@uswbilling.com



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

February 18, 2026

Sent Via Email

Scott Loewe
WR Specialists, LLC
251 Jackson Plaza STE A2
Ann Arbor, Michigan 48103

Facility Type: Home Medical Equipment

Dear Scott Loewe:

It is my pleasure to inform you that your application for licensure of WR Specialist, LLC located at 251 Jackson Plaza STE A2, Ann Arbor, Michigan 48103 has been initially approved for Out of State Home Medical Equipment provider serving all counties in Tennessee effective February 18, 2026 . The license number shall be 1544. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for March 25, 2026 . **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Tennessee Regional Office phone number is 731-984-9684 .

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov

Certificate of Accreditation
**Exemplary
Provider[®] Award**

Granted To

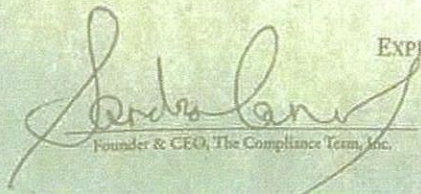
WR Specialists LLC

112 S Main St Suite A Ann Arbor, MI 48104

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to
Safety ♦ Honesty ♦ Caring[®]
Accreditation Quality Standards

DMEPOS

EXPIRATION DATE: FEBRUARY 27, 2027


Founder & CEO, The Compliance Team, Inc.

035318

February 27, 2024

Date

DMEPOS
PHARMACY
RURAL HEALTH
PATIENT-CENTERED
MEDICAL HOME
CLINIC
PHYSICIAN
INFUSION
OCULARIST



The Promise of
HEALTHCARE
EXCELLENCE