



OUTPATIENT DIAGNOSTIC CENTERS 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 Hitchcock Family medicine dba Hitchcock Direct Imaging

Location of the Facility:

Street 5104 Hixson Pike City Hixson

County Hamilton State TN Zip 37343

Phone Number (423) 456-9134 Fax Number (423) 769-0020

Twenty-four (24) Hour Emergency Phone Number (423) 456-9134

E-Mail Address HDIC Hitchcock.MD

Administrator Information:

Administrator Matthew Hitchcock, MD, MBA

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)?

Location of Conviction (City) (County) (State) Date

Mailing address if different from the Facility location address:

Name N/A

Street

City State Zip

Ownership of Building:

Name Matthew Hitchcock/Hitchcock Family Medicine Phone (423) 763-1942

Street 5104 Hixson Pike

City Hixson State TN Zip 37343

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

5. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes _____ No X
- b. If yes, list names and addresses of all such facilities:
- _____
- _____

6. a. Do you have a contract with a management firm to operate this facility? Yes _____ No X
- If yes, specify dates: From _____ To _____
- b. If yes, specify name of firm: _____
- Address _____
- Phone Number(_____) _____

7. For any item in (7) a-h below, please identify, explain and provide documentation of the item(s) noted if response is "Yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states on the list in question (5.b.) above, OR the management firm listed in question (6.) above; been subjected to any of the following within the last (5) years:

a. Licensure

- i) denied a license ? Yes _____ No X
- ii) had a license suspended or revoked by any state licensure agency? Yes _____ No X
- iii) been subject to a final order or judgment in a state licensure action? Yes _____ No X

b. Convictions

- i) convicted of a criminal offense related to that person's involvement in any program under any state or Federal health care program (including Medicare, Medicaid, and Tricare)? Yes _____ No X

c. Exclusion

- i) excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past? Yes _____ No X

(Note: "Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare program).

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



Tennessee Department of Health
Cash Listing Report

Client: 343 - DEPARTMENT OF HEALTH Origin: Deposit Fiscal Year: 2025
 Batch #: 128 Total \$ Entered: \$ 1,404.00 Deposit #: 11272024 Deposit Date: 2024-12-02
 # Receipts: 1 Receipts Entered: 1 Total: \$ 1,404.00 Status: Deposited

Receipt #	DLN	Received	Disp	Pmt	Bad Check?	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	As
576	39094113	\$ 1,404.00	DEP	CHK		\$ 1,404.00	557	HITCHCOCK FAMILY PHARMACY			
Total:		\$ 1,404.00				\$ 1,404.00					

**** DUPLICATE ****



STATE OF TENNESSEE
Health Services and Dev Agency
Office: Andrew Jackson, 8t
11/27/2024 1:09 PM

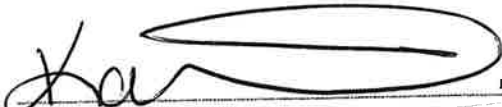
Cashier: jeroa0322001
Batch #: 1653891
Trans #: 1

Health Care Facilities		
Receipt #:	39094113	
HA15 HCF		\$1,404.00
Payment Total:		\$1,404.00

Transaction Total:		\$1,404.00
Check 21		\$1,404.00

Thank you for your payment.
Have a nice day!

**** DUPLICATE ****

Hitchcock Family Medicine, PLLC 5104 Hixson Pike Hixson, TN 37343		3725 <small>87-7150/2641</small>
Pay to the Order of <u>Health Facilities Commission</u>		<u>11/19/2024</u>
<u>One thousand four hundred four</u> ^{No} / ₁₀₀ Dollars		\$ <u>1404.00</u>
Security Federal Savings Bank 306 West Main Street McMinnville, TN 37110		
For <u>ODL Licensure Application Fee</u>		

STATE OF TENNESSEE
Health Facilities Commission



Certificate of Need # CN2407-018A is hereby granted under the provisions of T.C.A. § 68-11-1601, *et seq.*, and rules and regulations issued thereunder by this Commission.

To: **Hitchcock Family Medicine, PLLC**
5104 Hixson Pike
Hixson, TN 37343

For: **Hitchcock Direct Imaging**

This Certificate is issued for:

For the establishment of an outpatient diagnostic center (ODC) through the conversion of its existing physician office-based imaging center. The proposed ODC will offer CT, ultrasound, and X-ray imaging. It will be licensed as an outpatient diagnostic center by the Board for Licensing Health Care Facilities, Tennessee Health Facilities Commission. The service area for the project is Hamilton County, Tennessee. The applicant is owned by Dr. Matthew Hitchcock.

On the premises located at: **5104 Hixson Pike**
Hixson, TN 37343

For an estimated project cost of **\$1,337,260.**

The Expiration Date for this Certificate of Need is November 1, 2026, or upon completion of the action for which the Certificate of Need was granted, whichever occurs first. After the expiration date, this Certificate of Need is null and void.

Date Approved: September 28, 2024

Date Issued: October 23, 2024


Chairman


Executive Director



State of Tennessee
Health Facilities Commission

Andrew Jackson Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364

October 23, 2024

Jerry Taylor, Attorney
Thompson Burton PLLC
One Franklin Park
6100 Tower Circle, Suite 200
Franklin, TN 37067

RE: Hitchcock Direct Imaging – CN2407-018A

Dear Mr. Taylor:

As referenced in our recent letter, please find enclosed your Certificate of Need for the above-referenced application that was approved at the September 25, 2024, meeting of the Tennessee Health Facilities Commission.

The Health Facilities Commission Rules require that an Annual Progress Report be submitted each year, and a Final Project Report form is to be submitted within ninety (90) days after completion of a project which shall include completion date, final costs, and other relevant information in regard to the project, per § 68-11-1611.

The aforementioned forms can be found on the Commission's website at www.tennessee.gov/HSDA. Should you have any questions or require further information regarding this Certificate, please do not hesitate to contact this office.

Sincerely,



Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, HFC



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: Outpatient Diagnosyic Center License # (if applicable): TBD County: Hamilton

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

Facility Name: Hitchcock Direct Imaging

Address: 5104 Hixson Pike City: Chattanooga Zip Code: 37343

Application and fee on file in Central Office (CO)? Yes No _____ CON #: CN2407-018A

Project #: 2024-12-09-01 Phase: 1 of 1

Facility approved for (if satellite/off campus site include address): Conversion of an existing Physician office-based imaging center for the establishment of an Outpatient Diagnostic Center (ODC). The ODC will offer CT scan, Ultrasound, and X-Ray Imaging, with offices, staff lounge, lobby, electrical, IT room, toilet, and ancillary spaces. The facility will be licensed as an Outpatient Diagnostic Center.

Sprinklered: Non Sprinkled _____ (Full 100%) Partial: N/A _____ (%)

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

Total Licensed bed count: N/A

If secured unit, number of beds in unit: N/A If Alzheimer's unit, number of beds in unit: N/A
(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: Tom Lane Date: 12-12-25

Fire Safety: Tim Watson / CM Date: 10/28/2025

CD Approved: Yes No _____ N/A _____ Health Survey Required: Yes No _____; if Yes, please indicate which region: EAST

Facility's Letter of Notification received in Licensure: Yes _____ No CON Approved
(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: 12/12/2025 Licensure is recommended: Yes No _____
(Completed by Central Office Licensure Staff)

[Signature] Regional Administrator/Facilities Construction Director or Designee Date 12-12-25

Amy Whitaker Date 12/16/2025

Licensure Program Unit Staff Date _____



State of Tennessee

Health Facilities Commission

502 Deaderick Street, 9th Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-7221

December 16, 2025

Sent Via Email

Matthew Hitchcock (HDI@Hitchcock.MD)

Hitchcock Direct Imaging

5104 Hixson Pike

Hixson, Tennessee 37343

Facility Type: Outpatient Diagnostic Center

Dear Matthew Hitchcock:

It is my pleasure to inform you that your application for licensure of Hitchcock Direct Imaging located at 5104 Hixson Pike, Hixson, Tennessee 37343 has been initially approved Effective December 12, 2025. The license number shall be 82. 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 January 28, 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 East Regional Office phone number is 865-594-5739.

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,

Amy Whitaker

Amy Whitaker, ASA 2

Health Facilities Commission

Phone: (615) 741-7188

Fax: (615) 253-8798

Email: Amy.Whitaker@tn.gov

cc: East Tennessee Regional Office