



State of Tennessee  
Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-2364 hsd.a.staff@tn.gov

INITIAL APPLICATION FOR LICENSE OF SERVICES  
FOR HOSPITAL OR OUTPATIENT DIAGNOSTIC CENTER

1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE

Provider Type (Check One):  Hospital  Outpatient Diagnostic Center (ODC)

Baptist Memorial Hospital - Carroll County  
Name

631 R.B. Wilson Dr.  
Address

Huntingdon  
City

TN  
State

38344  
ZIP

10  
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Susan Breeden  
Name

C.E.O.  
Title

Susan.breeden@bmhcc.org  
Email Address

Baptist Memorial Healthcare  
Company Name

631 R.B. Wilson Dr  
Address

Huntingdon  
City

TN  
State

38344  
ZIP

(731) 986-7280  
Phone Number

3. BILLING INFORMATION FOR FACILITY

Melinda Carter

Name

Accountant - I

Title

melinda.carter@bmhcc.org

Email Address

Baptist Memorial Healthcare

Company Name

631 R. B. Wilson Dr

Address

Huntingdon

City

TN

State

38344

ZIP

(731) 986-7369

Phone Number

On the following items, check all appropriate services to be licensed.

Have any of the following services been changed since the last occupancy approval or have had a Plans Review related to that service since the last approval?  Yes  No

If yes, what were the changes and date of changes?:

ESTABLISHMENT OF A BURN UNIT:

Physical Address of Service: \_\_\_\_\_

Number of Beds \_\_\_\_\_

What Age Group Will Be Served/Licensed?:  Pediatric  Adult  Both

Will the Burn Unit be Verified by ABA?:  Yes  No (Please attach documentation of verification.)

If no, why:

**ESTABLISHING MRI UNIT/SERVICE:** (If more than one unit, use ATTACHMENT – A.)

Physical Address of Service: 631 R. B. Wilson Dr Huntingdon, TN 38344

Name Brand of Unit Siemens

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Short Bore

Unit's Serial Number 38108

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? American College of Radiology  
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission.  Yes  No

**ESTABLISHING PET UNIT/SERVICE:** (If more than one unit, use ATTACHMENT – A.)

Physical Address of Service: \_\_\_\_\_

Name Brand of Unit \_\_\_\_\_

Type (i.e. PET Only, PET/CT, PET/MRI) \_\_\_\_\_

Unit's Serial Number \_\_\_\_\_

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? \_\_\_\_\_  
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission.  Yes  No

**ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: \_\_\_\_\_

Choose Designation Type:  First Time Self Designation/Initial NICU License

Designation at Different Level

What is the Current License  
Level of Care? \_\_\_\_\_

What is the Requested Level? \_\_\_\_\_

Ownership/Physical Location Change

**Number of Beds by Each Level**

Level II \_\_\_\_\_  
Level III \_\_\_\_\_  
Level III with Surgery \_\_\_\_\_  
Level IV \_\_\_\_\_

Have you been evaluated by AAP?:  Yes  No  
If yes, please provide documentation.

Designate Expiration Date: \_\_\_\_\_

**Neonatal Program Manager**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

**Neonatal Medical Director**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Pursuant to Tennessee Rule of Civil Procedure 72, I hereby declare under perjury that the information provided in this application is true and correct. Signee for this 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 services for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated §68-11-201 and Rules 0720-.14, 0720-36, and 0720-47 adopted by the Commission effective December 1, 2025. 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.

*Susan M Breeden*

Signature

*12-1-25*

Date

*Susan M Breeden*

Printed Name

## Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

### Burn Unit

Hospital: \$1040

### Neonatal Intensive Care Unit (NICU)

Hospital: \$1040

### MRI:

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

### PET:

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

*(as of December 1, 2025)*



# Certificate of Accreditation



**Baptist Memorial Hospital- Carroll County**  
631 R B Wilson Dr.  
Huntingdon, Tennessee 38344

was surveyed by the ACR® Committee on MRI  
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**Siemens Medical Systems**  
**MAGNETOM ESSENZA 1.5T 2009**

for

**Head, MSK, Spine**

Accredited from  
May 21, 2025 through May 21, 2028

A handwritten signature in black ink, appearing to be "A. J. A.", written over a horizontal line.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, reading "David B. Fulton", written over a horizontal line.

Chair, Commission on  
Quality and Safety



Baptist Memorial Hospital Huntingdon OP Diagnostic Center MRI

205 Hospital Drive  
Suite A  
Mckenzie, Tennessee 38201

was surveyed by the  
ACR Committee on MRI Accreditation  
of the Commission on Quality and Safety

The following magnet was approved  
Hitachi Medical Corp. OASIS 2010

For  
Head, MRA, MSK, Spine

Accredited from:  
November 21, 2023 through January 12, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY