State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

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

1. **NAME AND PHYSICIAL ADDRESS OF FACILITY OF SERVICE**

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

Baptist Memorial Hospital-Tipton
Name

1995 Hwy 51 South
Address

Covington TN 38019
City **State** **ZIP**

00000117
License Number:

2. **CEO/ADMINISTRATOR OF PROVIDER**

Parker Harris CEO
Name **Title**

ParkerHarris@BMHCC.org
Email Address

Baptist Memorial Hospital-Tipton
Company Name

1995 Hwy 51 South
Address

Covington TN 38019
City **State** **ZIP**

901-475-5505
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Tiffany Cockman — Director of Radiology
Name — Title

Tiffany.Cockman@BMHCC.org
Email Address

Baptist Memorial Hospital - Tipton
Company Name

1995 Hwy 51 south
Address

Covington — TN — 38019
City — State — ZIP

901-475-5443
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: 1995 Hwy 51 South

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 38144

Will the MRI Unit be Accredited?: ☒ **Yes** ☐ **No**

If MRI Unit will be Accredited, is it ☐ **PENDING** ☒ **ACCREDITED**

If ACCREDITED, What Organization? Joint Commission
(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.

Tiffany Cockman 12-1-25

Signature **Date**

Tiffany Cockman

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)

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	1995 Hwy 51 south	Siemens	1.5 short Bore	38144	yes	Joint Commission	yes
	Covington, TN						
	38019						

Baptist Memorial Hospital - Tipton

Covington, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

October 26, 2024

Accreditation is customarily valid for up to 36 months.

Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #7823
Print/Reprint Date: 01/15/2025

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

AMA AMERICAN MEDICAL ASSOCIATION