



PROCEDURES FOR APPLYING FOR INITIAL SERVICE LINE FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. Beginning December 1, 2025, NICU, Burn Unit, MRI, and PET service lines must submit a licensure application to the Health Facilities Commission (HFC) followed by the designated fee.

A licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.
3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.
4. Any hospital seeking to initiate a new NICU/Burn service line that was previously not licensed, or seeks to modify NICU (Level II-IV) or Burn Unit services, must submit architectural plans to Plans review through the online portal at <https://apps.tn.gov/tnhcf/>

If a hospital is modifying an existing NICU/Burn service line (e.g. renovations, increasing a NICU level, or increasing bed capacity), the hospital must submit architectural plans to Plans Review as well.

5. If an initial service is being implemented, after Plans Review has been completed and approved, a Life Safety Inspector will be sent out within ten (10) days. Within thirty (30) to forty-five (45) days, a health licensure surveyor will be sent out to determine approval.
6. If the application is for a new Burn or NICU service, after the Plans Review approval, a HFC surveyor will conduct an on-site review for the initial occupancy approval.
7. If the application involves MRI and/or PET, please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.
8. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.
 - a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
 - b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines 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.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.



**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 PHYSICAL ADDRESS OF FACILITY OF SERVICE

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

Baptist Memorial Hospital Union City
Name

1201 Bishop Street
Address

Union City TN 38261
City State ZIP

91
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Skipper Bondurant CEO
Name Title

Skipper.bondurant@bmkcc.org
Email Address

Baptist Memorial Hospital Union City
Company Name

1201 Bishop St.
Address

Union City TN 38261
City State ZIP

731-884-8601
Phone Number

3. BILLING INFORMATION FOR FACILITY

Scott Becton Radiology Director
Name Title

Scott.becton@bmhcc.org
Email Address

Baptist Memorial Hospital Union City
Company Name

1201 Bishop Street
Address

Union City TN 38261
City State ZIP

~~731 994~~ 731 884 8777
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: Baptist Memorial Hospital Union City 1201 Bishop Street
Union City TN 38261

Name Brand of Unit Siemens Altua

Tesla 1.5

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

Unit's Serial Number 189715

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? ACR & 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: Baptist Memorial Hospital Union City 1201 Bishop Street
Union City TN 38261

Name Brand of Unit GE

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

Unit's Serial Number GST0372039

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? Joint Commission
(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.

Skipper Bondurant

11/24/25

Signature

Date

Skipper Bondurant

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)

Baptist Memorial Hospital - Union City

Union City, 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

June 17, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #7914
Print/Reprint Date: 08/24/2023


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.





August 23, 2023

Skipper Bondurant
Administrator/CEO
Baptist Memorial Hospital - Union City
1201 Bishop Street
Union City, TN 38261

Re: 7914
CCN: 440130
Deemed Program: Hospital
Accreditation Expiration Date: June 17, 2026

Dear Mr. Bondurant:

This letter confirms that your June 7, 2023 - June 16, 2023, unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on August 10, 2023. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of June 17, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective June 17, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Baptist Rehabilitation/Outpatient Physical Department
711 East Reelfoot Ave, Union City, TN, 38261

Baptist Memorial Hospital - Union City
1201 Bishop St, Union City, TN, 38261

Baptist Memorial Hospital - Union City Radiation Oncology
1109 E. Reelfoot Ave., Union City, TN, 38261

Baptist Rehabilitation/Outpatient Physical Therapy
d/b/a Baptist Rehab and Speech Center
1720 East Reelfoot Ave Suite 100, Union City, TN, 38261

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and



current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services
CMS/SOG Location 4 /Survey and Certification Staff

 August 23, 2023



Skipper Bondurant
Administrator/CEO
Baptist Memorial Hospital - Union City
1201 Bishop Street
Union City, TN 38261

Joint Commission ID: 7914
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed: 8/10/2023

Dear Mr. Bondurant:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning June 17, 2023, and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

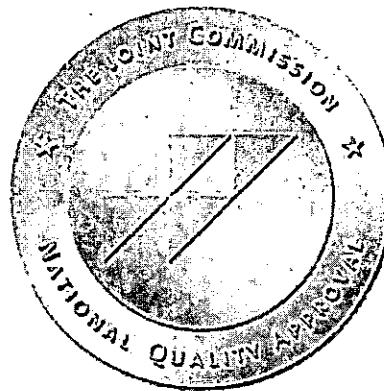
Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

Alliance HealthCare Radiology

Plantation, FL

has been Accredited by




The Joint Commission

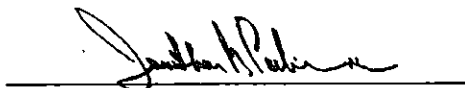
Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

February 11, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #600902
Print/Reprint Date: 04/10/2023


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

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Unit Name: **PETCT 149**

Manufacturer: **GE** Model: **Discovery IQ 16 3 Ring**

Software Version: **pet_comet.81.HP_P_P16_G_GTLNI :8x8x3_bgo** Scanner Serial #:
Tube SN# GST0372039

Slice Count or # of Channels: **16 Slice**

Bore Size (cm): **70** Weight Limit (kg): **No value**

Software Features:

**3000 Image Series, 90 kVA, AcceleratedRecon , AutomA, Connect Pro,
CopyComposer , Data Export, Direct -3D, Direct -MPR, Neurofilter , Patient -16-Slice,
PET 3D Iterative Recon, PET Base, PET Diagnostic CT, PET Dynamic, PET List Mode,
PET Regularized Recon, Power 440**

MRI Coils: **Not Applicable**

Other Features /Accessories :

**2- Patient Recliners , Complete Hotlab, Flat Table Top for Treatment Planning , Low
Contrast Test Tool with Holder, Uniform Source Shield**

Contrast Injector: **No value**

Coach Type: **Advanced Mobility**

Coach VIN: **4S9FS4827E1309067**