



**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 hsda.staff@tn.gov

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**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 for Women

Name

6225 Humphreys Blvd

Address

Memphis

TN

38120

City

State

ZIP

104

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Allison Chase

Chief Executive Officer

Name

Title

Allison.chase@bmhcc.org

Email Address

Baptist Memorial Hospital for Women

Company Name

6225 Humphreys Blvd

Address

Memphis

TN

38120

City

State

ZIP

901-227-9106

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

Janna Gordon	Chief Financial Officer	
Name	Title	
Janna.gordon@bmhcc.org		
Email Address		
Baptist Memorial Hospital for Women		
Company Name		
6225 Humphreys Blvd		
Address		
Memphis	TN	38120
City	State	ZIP
901-227-9101		
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: 6225 Humphreys Blvd

Name Brand of Unit GE Signa Artist

Tesla 1.5

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

Unit's Serial Number HM2078

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: 6225 Humphreys Blvd Memphis, TN 38120

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	<u>40</u>
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**

<u>Mary Gaston</u>	<u>Director of Neonatal Services</u>
Name	Title

<u>Mary.gaston@bmhcc.org</u>
Email Address

<u>901-227-9371</u>
Phone Number

**Neonatal Medical Director**

<u>Dr. Lou Arrindell</u>	<u>Medical Director of Neonatal Services</u>
Name	Title

<u>Lou.arrindell@gmail.com</u>
Email Address

<u>901-493-8843</u>
Phone Number



Last Updated: 10/23/2025

For more information, please contact  
Health Care Facilities  
(615)741-7221 or 800-310-4650

# Health Care Facilities

## Licensed Facilities

### Current Listings

Type = Hospital  
County = SHELBY  
Results = 1

[Click here to return to the search page](#)

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1	Baptist Memorial Hospital for Women 6225 N. Humphreys Boulevard Memphis, TN 38120 901-227-9109
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Administrator: Paul Cade  
 Owner Information:  
 Baptist Memorial Hospital  
 6019 Walnut Grove Road  
 Memphis, TN 38120  
 901-226-5000

*This Facility is an Affiliate of:*  
 Baptist Memorial Hospital  
 6019 Walnut Grove Road  
 Memphis, TN 38120

Facility License Number: 00000104  
 Status: Licensed  
 Number of Beds: 0927  
 Date of Last Survey: 03/22/2006  
 Accreditation Expires: 02/24/2027  
 Date of Original Licensure: 07/01/1992  
 Date of Expiration: 09/01/2026  
**No Disciplinary Actions**

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License No. 104  
No. Beds 927

# State of Tennessee

## Health Facilities Commission

### Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to BAPTIST MEMORIAL HOSPITAL to conduct and maintain an Hospital

BAPTIST MEMORIAL HOSPITAL

Located at 6019 WALNUT GROVE ROAD, MEMPHIS TN 38120  
County of SHELBY, TENNESSEE.

The license shall expire September 01, 2026 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State  
this 9th day September, 2025.



GENERAL HOSPITAL  
PEDIATRIC BASIC HOSPITAL  
STEMI-RECEIVING CENTER

By Caroline R. Applegate, Esq., C.M.C.  
Director, Licensure & Regulation

By Sequoia  
Executive Director