



## 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](mailto: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, 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)

**Greeneville Community Hospital**

Name

**1420 Tusculum Boulevard**

Address

**Greeneville**

**TN**

**37745**

City

State

ZIP

**54**

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

**Eric Carroll**

**CEO**

Name

Title

**Eric.Carroll@balladhealth.org**

Email Address

**Greeneville Community Hospital**

Company Name

**1420 Tusculum**

**Boulevard**

Address

**Greeneville**

**TN**

**37745**

City

State

ZIP

**423-787-5118**

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

Eric Carroll CEO  
Name Title

Eric.Carroll@balladhealth.org  
Email Address

Greeneville Community Hospital  
Company Name

1420 Tusculum Boulevard  
Address

Greeneville TN 37745  
City State ZIP

423-787-5118  
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: 1420 Tusculum Boulevard Greeneville, TN 37745

Name Brand of Unit Philips

Tesla 1.5

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

Unit's Serial Number 70676

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? ACR  
(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: 1420 Tusculum Boulevard Greeneville, TN 37745

Name Brand of Unit Siemens

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

Unit's Serial Number 22358

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? IAC  
(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.

*Eric L. Carroll*

*11.21.25*

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Signature

Date

*Eric L. Carroll*

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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	1420 Tusculum Boulevard Greeneville, TN 37745	Philips Panorama	Open	19041	Yes	ACR	Yes
PET	1420 Tusculum Boulevard Greeneville, TN 37745	Siemens	PET/CT	258466	Yes	IAC	Yes

The two mobile PETs listed are equally supporting facility 50/50

**ATTACHMENT - B**

**INDIVIDUAL OWNERS INFORMATION**

Name	Address	City	State	ZIP
Takoma Regional Hospital, Inc.	303 Med Tech Parkway	Johnson City	TN	37604

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



## Greeneville Community Hospital

1420 Tusculum Blvd  
Greeneville, Tennessee 37745

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

The following magnet was approved

**Philips Medical Systems Inc.  
PANORAMA HFO 2006**

for

**Head, MRA, MSK, Spine**

Accredited from  
April 16, 2025 through August 16, 2028

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, reading "David B. Larson" in a cursive style.

Chair, Commission on  
Quality and Safety

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## Greeneville Community Hospital

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

The following magnet was approved

**Philips Medical Systems Inc.  
Ingenuia Ambition 2015**

for

**Body, Head, MRA, MSK, Spine**

Accredited from  
April 01, 2025 through August 16, 2028

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

Chair, Committee ON  
MRI Accreditation

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

Chair, Commission on  
Quality and Safety

# Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION  
NUCLEAR/PET

*hereby recognizes*

Diagnostic Laboratories L.L.C. d b a INVIVO Molecular Imaging L.L.C.

Home Office

101 DILLON CT, GRAY, TN 37615

*as an*

ACCREDITED FACILITY

*in the area(s) of*

Positron Emission Tomography (PET)



*Janel Cuyler*  
PRESIDENT, NUCLEAR/PET

*Jame Warren*  
SECRETARY, NUCLEAR/PET

EFFECTIVE THROUGH  
11/30/2026

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EFFECTIVE THROUGH  
11/30/2026