



**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)

Highpoint Health Sumner with Ascension Saint Thomas

Name

555 Hartsville Pike

Address

Gallatin

TN

37066

City

State

ZIP

116

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Rod Harkleroad

CEO

Name

Title

Rod.Harkleroad@lpnt.net

Email Address

Highpoint Health with Ascension Saint Thomas

Company Name

555 Hartsville Pike

Address

Gallatin

TN

37066

City

State

ZIP

615.328.6695

Phone Number

3. BILLING INFORMATION FOR FACILITY

Matthew Seagroves	CFO	
Name	Title	
Matt.Seagroves@lpnt.net		
Email Address		
Sumner Regional Medical Center, LLC		
Company Name		
555 Hartsville Pike		
Address		
Gallatin	TN	37066
City	State	ZIP
615.328.6897		
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: NA

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: 555 Hartsville Pike, Gallatin, TN 37066

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number PM1775A

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

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

If no, why:

We will be working toward ACR accreditation in 2026. Magnet was only installed in Fall of 2025.

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: 225 Big Station Camp Blvd, Gallatin, TN 37066

Name Brand of Unit GE Discovery

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

Unit's Serial Number 418739HM9

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:

We will be working toward accreditation in 2026 with ACR.

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

ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: NA

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.



Signature

01/12/2026

Date

Rod Harkleroad

Printed Name

