



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 hsdastaff@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)

Le Bonheur Children's Hospital

Name

848 Adams Avenue

Address

Memphis, TN 38103

City

State

ZIP

109

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Dr. Trey Eubanks SVP/President III

Name

Title

Trey.Eubanks@lebonheur.org

Email Address

Le Bonheur Children's Hospital

Company Name

848 Adams Avenue

Address

Memphis, TN 38103

City

State

ZIP

901-287-6219

Phone Number

3. BILLING INFORMATION FOR FACILITY

Dr. Trey Eubanks SVP/President III
Name _____ Title _____
Trey.Eubanks@lebonheur.org
Email Address _____
Le Bonheur Children's Hospital
Company Name _____
848 Adams Avenue
Address _____
Memphis, TN 38103
City _____ State _____ ZIP _____
901-287-6219
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:

X **ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.) ATTACHMENT*

Physical Address of Service: Le Bonheur Children’s Hospital, 848 Adams Avenue, Memphis TN 38103

Name Brand of Unit _____

Tesla _____

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

Unit’s Serial Number _____

Will the MRI Unit be Accredited?: X Yes No

If MRI Unit will be Accredited, is it PENDING X ACCREDITED

If ACCREDITED, What Organization? DNV
(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

X ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: Le Bonheur Children's Hospital, 848 Adams Avenue, Memphis TN 38103

Choose Designation Type: X First Time Self Designation/Initial NICU License

Designation at Different Level

What is the Current License Level of Care? IV

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 77

Have you been evaluated by AAP?: Yes No
If yes, please provide documentation.

Designate Expiration Date: _____

Neonatal Program Manager

Angela Murphy _____
Name Clinical Director
Title

Angela.murphy@lebonheur.org _____
Email Address

Phone Number

Neonatal Medical Director

Dr. Mark Weems _____
Name Medical Director
Title

mweems@uthsc.edu _____
Email Address

Phone Number 901-277-5643

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)



March 29, 2023

Michael Ugwueke
Chief Executive Officer
Methodist Healthcare Memphis Hospitals
(d/b/a) Methodist University Hospital
1265 Union Avenue
Memphis, TN 38104

Program: Hospital
CCN: 440049
Survey Type: Medicare Recertification/DNV Reaccreditation
Certificate #: C577224
Survey Dates: January 31-February 2, 2023
Accreditation Decision: Full accreditation
Date Acceptable Plan of Correction Received: 2/23/2023
Method of Follow-up: Acceptable Plan of Correction,
Self- Attestation, Document Review
Effective Date of Accreditation: 2/27/2023
Expiration Date of Accreditation: 2/27/2026
Term of Accreditation: Three (3) years

Dear Mr. Ugwueke:

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Methodist Healthcare Memphis Hospitals (d/b/a) Methodist University Hospital is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482) and awarded full accreditation for a three (3) year term effective on the date referenced above DNV Healthcare USA Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Methodist Healthcare Memphis Hospitals (d/b/a) Methodist University Hospital - 1265 Union Avenue - Memphis, TN 38104
Le Bonheur Children's Hospital - 848 Adams Street – Memphis, TN 38103
Methodist Le Bonheur Germantown Hospital - 7691 Poplar Avenue – Germantown, TN 38138
Methodist North Hospital - 3960 New Covington Pike – Memphis, TN 38128
Methodist South Hospital - 1300 Wesley Drive – Memphis, TN 38116
Methodist Diagnostic Center - Midtown - 1801 Union Avenue – Memphis, TN 38104
Methodist Medical Group & MHMH GI Lab - 3725 Champion Hills Drive Suite 2400 & Suite 2000 – Memphis, TN 38125
Sutherland Cardiology & Methodist Germantown Diagnostic Group - 7460 Wolf River Boulevard – Germantown, TN 38138
Methodist Diagnostic Center - Germantown - 1377 South Germantown Road - Germantown, TN 38138
Le Bonheur Outpatient Rehab - 980 Poplar Avenue – Memphis, TN 38103
Le Bonheur Urgent Care - Hacks Cross - 8071 Winchester Road Suite 2 – Memphis, TN 38125
Methodist Mobile Mammography - 6400 Shelby View Drive – Memphis, TN 38011
Methodist Comprehensive Breast Center - 1381 S. Germantown Rd. – Germantown, TN 38138
Methodist Medical Group - 1204 W Poplar Ave, Suite 102 – Collierville, TN 38017
Methodist Medical Group and UT Methodist Physicians - 1211 Union Avenue Suites 200, 300, and 965 – Memphis, TN 38104
Methodist Medical Group - 6570 Summer Oaks Cove – Bartlett, TN 38134
Methodist Medical Group - 76 Capital Way #C – Atoka, TN 38004
Methodist Medical Group - 3789 Covington Pike – Bartlett, TN 38135
Methodist Medical Group - 6401 Poplar Avenue Suites 400 and 530 – Memphis, TN 38119

Methodist Medical Group - 7690 Wolf River Circle – Germantown, TN 38138
Methodist Medical Group - 3473 Poplar Avenue #103 – Memphis, TN 38111
Methodist Medical Group - 7550 Wolf River Boulevard #103 – Germantown, TN 38138
Methodist Medical Group - 2961 Canada Road #105 – Lakeland, TN 38002
Methodist Medical Group - 2589 Appling Road #101 -Bartlett, TN 38133
Methodist Medical Group - 8115 Country Village – Cordova, TN 38016
Methodist Medical Group - 9047 Poplar Avenue #105 – Germantown, TN 38138
Methodist Medical Group - 1533 Union Avenue – Memphis, TN 38104
Methodist Medical Group - 1264 Wesley Drive #606 – Memphis, TN 38116
Methodist Medical Group - 5182 Sanderlin #3 – Memphis, TN 38117
Methodist Medical Group and Sutherland Cardiology - 3950 New Covington Pike Suites 110 and 220 – Memphis, TN 38128
UT Methodist Physicians - 7705 Poplar Avenue Suite 220 – Germantown, TN 38138
UT Methodist Physicians - 57 Germantown Court Suites 100 and 204 – Memphis, TN 38018
Methodist University Specialty Clinic, Sickie Cell Clinic, Methodist Medical Group, and UT Methodist Physicians - 1325 Eastmoreland Suites 101, 150, 245, 260, 370 – Memphis, TN 38104
Le Bonheur Outpatient Center - 51 N. Dunlap – Memphis, TN 38105
Le Bonheur Outpatient Center East - 100 North Humphreys Blvd. – Memphis, TN 38120
Methodist Medical Group - 1880 Old Hwy. 51 S. #C – Brighton, TN 38011
Methodist Medical Group, South Comprehensive Wound Healing Center, and UT Methodist Physicians - 1251 Wesley Drive Suites 100, 107, 151, and 153 – Memphis, TN 38116
Germantown Infusion Center - 7655 Poplar Ave, Suite 340 – Germantown, TN 38138
LeBonheur Children's Jackson - 3rd Floor B, 620 Skyline Drive – Jackson, TN 38301

This accreditation requires an annual survey and the organization's continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization's accreditation status.

Congratulations on this significant achievement.

Sincerely,



Kelly Proctor
President

cc: CMS CO and CMS RO IV (Atlanta)

From: [Carol Anton](#)
To: [Alecia L. Craighead](#)
Subject: [EXTERNAL] RE: MRI at LeBonheur East
Date: Monday, January 5, 2026 7:01:04 AM
Attachments: [image002.png](#)
[image004.png](#)
[image003.png](#)

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Alecia,

The Adams Avenue is used as the actual hospital address – I think we are still using the Dunlap address as the hospital address on the forms. I believe the hospital address changed back in 2010-2011 when the new building was built and the Dunlap building is for OP/Foundation services but still 'part' of the hospital campus. I'm not sure how much of the OP services are still in the Dunlap bldg.. Both buildings are considered parts of the hospital and are adjacent to each other. (below pic)

So, I guess the forms should all have the Adams Ave address? Or do I need to find out which equipment is in which building?

Le Bonheur has an actual OP center on Humphreys Blvd. , but the MRI and CT for that center is filed under the hospital address.

Is this clear as mud? Yes, I had to do some 'digging' for this. Below pic showing '1' as the 'Main' hospital building and 2 as OP/Foundation building.

Let me know if you have any more questions so that I can help clear it up.



Carol

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Saturday, January 3, 2026 12:12 PM
To: Carol Anton <Carol.Anton@mlh.org>
Subject: MRI at LeBonheur East

This email originated outside of MLH. Do not click on any links or open attachments if you were not expecting this email, or if the message looks suspicious.

Carol,

I think I'm a bit confused. The MRI at what was applied for as LeBonheur Childrens Outpatient East (on Adams Avenue), is this a new location?

Thanks.

Alecia

Alecia Craighead | Data and Analysis Administrator
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