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

RENEWAL APPLICATION FOR LICENSE OF SERVICES FOR HOSPITAL/OUTPATIENT DIAGNOSTIC CENTER

1. NAME AND PHYSICIAL ADDRESS OF FACILITY OF SERVICE

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

Maury Regional Hospital d/b/a Marshall Medical Center
Name

1080 N. Ellington Parkway
Address

Lewisburg	TN	37091
City	State	ZIP

75
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Phyllis Brown	CEO
Name	Title

pbrown@mauryregional.com
Email Address

Marshall Medical Center
Company Name

1080 N. Ellington Parkway
Address

Lewisburg	TN	37091
City	State	ZIP

931-359-6241 ext. 3306
Phone Number

3. BILLING INFORMATION FOR FACILITY

Christa Lahr	Director of Imaging	
Name	Title	
clahr@mauryregional.com		
Email Address		
Marshall Medical Center		
Company Name		
1080 N. Ellington Parkway		
Address		
Lewisburg	TN	37091
City	State	ZIP
931-270-3640		
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?:

☐ RENEWAL 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: 1080 N. Ellington Parkway, Lewisburg, TN 37091

Name Brand of Unit United Imaging

Tesla 1.5

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

Unit's Serial Number 322011

Will the MRI Unit be Accredited?: ☑ Yes ☐ No

If MRI Unit will be Accredited, is it ☐ PENDING ☑ ACCREDITED

If ACCREDITED, What Organization? American College of Radiology
(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

□ RENEWAL NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: _____

Choose Designation Type: □ Designation at Different Level

What is the Current License Level of Care? _____

□ Renewal of NICU License

□ 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 Date

Phyllis Brown

Printed Name

AMERICAN COLLEGE OF RADIOLOGY

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING
American College of Radiology™
ACCREDITED FACILITY

Marshall Medical Center

1080 North Ellington Pkwy
Lewisburg, Tennessee 37091

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

The following magnet was approved

United Imaging
uMR 680 2025

for

Head, MSK, Spine

Accredited from
October 02, 2025 through November 24, 2027

David B Larson

Chair, Committee ON
MRI Accreditation

Chair, Commission on
Quality and Safety

MRAP# 50012-02

Outlook

[EXTERNAL] RE: Marshall Medical Center - additional information needed

From Meredith, Mollie <mmeredith@mauryregional.com>
Date Wed 12/10/2025 2:08 PM
To Holly Vickers <Holly.Vickers@tn.gov>
Cc Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Hi Holly,

The MRI for Marshall Medical Center was recently replaced. The United Imaging MRI is correct. Please advise. Do we need to submit a new application?

Thank you,

Mollie Meredith
Administrative Assistant
Physician Credentialing
Wayne Medical Center
103 J.V. Mangubat Drive, Waynesboro, TN 38485
931.722.2021 | mmeredith@mauryregional.com

MAURY REGIONAL HEALTH

UPCOMING PTO: 12/16/25 – 12/22/25

From: Holly Vickers <Holly.Vickers@tn.gov>
Sent: Wednesday, December 10, 2025 11:56 AM
To: Meredith, Mollie <mmeredith@mauryregional.com>
Cc: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: Marshall Medical Center - additional information needed

Dear Mollie Meredith,
This is to notify you that your application for a quality license for Marshall Medical Center has the following conflicting information:

- MRI United Imaging – serial number 320111 is not listed on the registry. We have Siemans Magnatom Symphony – serial number 23877. Please confirm.

We need this information to continue processing your application. You will have three (3) days from the date of this email to return the application to hfc.service@tn.gov. In the subject line of the email please include the name of your facility/Physician Practice.
If the information is not returned within the allotted time, the processing of your application will be delayed.
Should you have any questions or if I can be of assistance to you, please contact me at Holly.Vickers@tn.gov.

Sincerely,

Holly Vickers | Health Planner Quality Officer
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
holly.vickers@tn.gov
tn.gov/hfc

Mission Statement: *To promote access to quality, cost-effective healthcare in Tennessee*