



PROCEDURES FOR APPLYING FOR RENEWAL OF SERVICE LINES FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. 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.
2. 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.
3. 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.
4. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, 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.

Licensing fee schedule is listed at the end of the application.

5. Once the license fees have been received, an approval letter will be sent to the listed CEO/Administrator.
 - a. The renewal license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.

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 hsda.staff@tn.gov

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

1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE

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

Name Maury Regional Cancer Center at Columbia

Address 808 South James Campbell Blvd

City Columbia State TN ZIP 38401

License Number: 0000000074

2. CEO/ADMINISTRATOR OF PROVIDER

Name Martin Chaney, MD Title CEO

Email Address mchaney@mauryregional.com

Company Name Maury Regional Medical Center

Address 1224 Testwood Avenue

City Columbia State TN ZIP 38401

Phone Number (931) 381-1111 X-1000

3. BILLING INFORMATION FOR FACILITY

Rich Scheifke, Associate CFO
Name Title

rschiefke@mauryregional.com
Email Address

Maury Regional Medical Center
Company Name

1224 Trotwood Avenue
Address

Columbia TN 38401
City State ZIP

(931) 540-4277
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: _____

Name Brand of Unit _____

Tesla _____

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

Unit's Serial Number _____

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:

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: 808 S. James Campbell Blvd Columbia, TN 38401

Name Brand of Unit Siemens Biograph mCT

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

Unit's Serial Number 60022

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

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

If no, why:

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



Maury Regional Cancer Center

1224 Trotwood Avenue
Columbia, Tennessee 38401

was surveyed by the
ACR Committee on Nuclear Medicine Accreditation
of the Commission on Quality and Safety

The following unit was approved

Siemens Medical Systems Biograph mCT 2019

For
Oncology

Accredited from:

October 20, 2022 through March 09, 2026

Marc A. Seltzer

CHAIR, COMMITTEE ON NUCLEAR MEDICINE
ACCREDITATION

William T. Herrington MD

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY