



## 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)

Methodist Midtown Diagnostic Center

Name

1801 Union Avenue

Address

Memphis, TN 38104

City

State

ZIP

109

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Archie Drake SVP/President III

Name

Title

Archie.Drake@mlh.org

Email Address

Methodist University Hospital

Company Name

1265 Union Avenue

Address

Memphis, TN 38104

City

State

ZIP

901-516-2109

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

Archie Drake SVP/President III

Name

Title

Archie.Drake@mlh.org

Email Address

Methodist University Hospital

Company Name

1265 Union Avenue

Address

Memphis, TN 38104

City

State

ZIP

901-516-2109

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.)*

Physical Address of Service: 1801 Union Avenue, Memphis, TN 38104

Name Brand of Unit GE Signa Voyager

Tesla 1.5 t

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

Unit's Serial Number PM0838

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

**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.

*Archie Drake*

11/20/2025

Signature

Date

Archie Drake

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)*



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Archie Drake SVP/President III

Name

Title

Archie.Drake@mlh.org

Email Address

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Company Name

1265 Union Avenue

Address

Memphis, TN 38104

City

State

ZIP

901-516-2109

Phone Number

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Archie Drake SVP/President III		
Name	Title	
Archie.Drake@mlh.org		
Email Address		
Methodist University Hospital		
Company Name		
1265 Union Avenue		
Address		
Memphis, TN 38104		
City	State	ZIP
901-516-2109		
Phone Number		

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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: 1265 Union Avenue, Memphis, TN 38104

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

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

Physical Address of Service: 1265 Union Avenue, Memphis, TN 38104

Name Brand of Unit GE Medical Systems

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

Unit's Serial Number CLW202000008PT

Will the PET Unit be Accredited?: X Yes  No

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

If ACCREDITED, What Organization? DNV  
(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

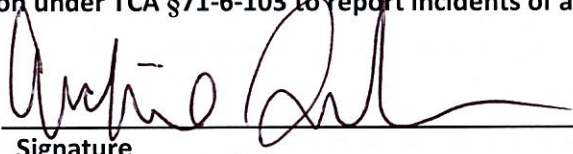
Neonatal Medical Director

\_\_\_\_\_  
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.



Signature

11/20/2025

Date

Archie Drake

Printed Name

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*(as of December 1, 2025)*





# HEALTHCARE CERTIFICATE

Certificate no.:  
C577224

Initial certification date:  
27 February, 2017

Valid:  
27 February, 2023 – 27 February, 2026

This is to certify that the management system of

## Methodist University Hospital

1265 Union Avenue, Memphis, TN, 38104-3415, USA

has been found to comply with the requirements of the:

## NIAHO<sup>®</sup> Hospital Accreditation Program

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, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:  
**Cincinnati, OH, 13 March, 2023**



For the issuing office:  
**DNV Healthcare USA Inc.**  
4435 Aicholtz Road, Suite 900, Cincinnati,  
OH, 45245, USA



**Kelly Proctor**  
Management Representative



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,

A handwritten signature in black ink, appearing to read "Kelly Proctor". The signature is fluid and cursive, with the first name "Kelly" being more prominent than the last name "Proctor".

Kelly Proctor  
President

cc: CMS CO and CMS RO IV (Atlanta)