



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 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)

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:

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?: Yes No

If MRI Unit will be Accredited, is it PENDING 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@mlh.org		
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Methodist University Hospital		
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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

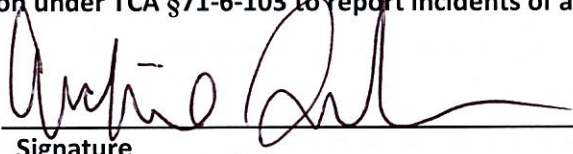
Neonatal Medical Director

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Phone Number

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Signature

11/20/2025

Date

Archie Drake

Printed Name

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PET:

Hospital: \$500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: \$500 per MRI unit

(as of December 1, 2025)

AMERICAN COLLEGE OF RADIOLOGY

Certificate of Accreditation



Methodist Diagnostic Center-Germantown

1377 S. Germantown Road
Germantown, Tennessee 38138

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

The following magnet was approved

**General Electric Co. (GE Medical Systems)
Signa Artist 2019**

for

Breast

Accredited from
October 22, 2025 through February 19, 2029

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, appearing to read "David B. Fuson".

Chair, Commission on
Quality and Safety



**American College
of Radiology™**

Magnetic Resonance Imaging (MRI) Accreditation Approval Report

Privileged and Confidential • Peer Review
Release or disclosure of this document is prohibited
in accordance with Code of Virginia 8.01-581.17

October 22, 2025

Jennifer Boals, M.D.
1377 S. Germantown Road
Germantown, Tennessee 38138

MRAP# 60069 - Unit# 02, Methodist Diagnostic Center-Germantown

Dear Dr. Boals:

The American College of Radiology’s Committee on MRI Accreditation is pleased to inform you that the above-named MRI unit has been GRANTED ACCREDITATION for a period of three years.

Accreditation is only granted if your facility has met all of the testing criteria established by the ACR Committee on MRI Accreditation for 1) clinical image quality and 2) phantom image quality. Your MRI unit’s results are presented in the following table:

Results Summary

MRAP# 60069 - Unit# 02	2019 General Electric Co. (GE Medical Systems) Signa Artist
Clinical Image Quality	
Breast Module	
Breast-Known Carcinoma 1	ACCEPTABLE
Breast-Known Carcinoma 2	ACCEPTABLE
Phantom Image Quality	ACCEPTABLE
Overall Accreditation Outcome	ACCREDITATION GRANTED

Feedback noted for both clinical and phantom image quality as part of review is listed below. For a full list of areas reviewed for accreditation, please see the [Evaluation criteria for MRI](#).

I. Clinical Image Evaluation

Breast: Acceptable

Section	T2W/Bright fluid series	Multi-Phase T1W Series		
		Pre-Contrast T1	Early phase post-contrast T1	Delayed phase post-contrast T1
A. Pulse Sequences and Image Contrast				
B. Anatomic Coverage and Imaging Planes				
C. Spatial and Temporal Resolution				
D. Artifacts				
E. Exam Identification: Missing Information				
Additional Recommendations:				
Additional Comments:				

Breast: Acceptable

Section	T2W/Bright fluid series	Multi-Phase T1W Series		
		Pre-Contrast T1	Early phase post-contrast T1	Delayed phase post-contrast T1
A. Pulse Sequences and Image Contrast				
B. Anatomic Coverage and Imaging Planes				
C. Spatial and Temporal Resolution				
D. Artifacts				
E. Exam Identification: Missing Information				
Additional Recommendations:				
Additional Comments:				

II. Phantom Image Evaluation: Acceptable

Medium Phantom

Evaluation Criterion	Evaluation
A. Measured Phantom	
High Contrast Spatial Resolution	Adequate
Slice Thickness Accuracy	Adequate
Geometric Accuracy	Adequate
Low-Contrast Object Detectability	Adequate
Image Intensity Uniformity	Adequate
Percent Signal Ghosting	Adequate
Slice Position Accuracy	Adequate
Other Image Artifacts	Adequate
B. Artifacts Observed: None	
Additional Recommendations:	
Additional Comments:	

The ACR's Committee on MRI Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please call the ACR MRI Accreditation Information Line at 800-770-0145 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession. For information on marketing your accreditation and maintenance and renewal of accreditation, visit [Accreditation information for MRI](#). In addition, facilities can download the ACR certification mark and add this to reports, letterhead and referral pads. Please visit [Marketing toolkit for MRI](#) for more information.

Sincerely yours,



John Gianini, M.D., Chairman
Chair, Committee on MRI Accreditation



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[®] 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,



Kelly Proctor
President

cc: CMS CO and CMS RO IV (Atlanta)