INITIAL APPLICATION FOR LICENSE OF SERVICES
FOR HOSPITAL OR OUTPATIENT DIAGNOSTIC CENTER

1. NAME AND PHYSICIAL ADDRESS OF FACILITY OF SERVICE

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

Covenant Health – Morristown Hamblen Hospital
Name

908 West Fourth North Street
Address

Morristown	TN	37814
City	State	ZIP

73
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Gordon Lintz	CAO
Name	Title

glintz@covhlth.com
Email Address

Covenant Health – Morristown Hamblen Hospital
Company Name

908 West Fourth North Street
Address

Morristown	TN	37814
City	State	ZIP

(423) 492-5009
Phone Number

3. BILLING INFORMATION FOR FACILITY

Kendrick Rayburn	Medical Imaging Manager	
Name	Title	
Accountspayable@CovHlth.com		
Email Address		
Covenant Health – Morristown Hamblen Hospital		
Company Name		
P.O. Box 22790		
Address		
Knoxville	TN	37933
City	State	ZIP
(865) 374-6896		
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 X 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: 908 West Fourth North Street Morristown, TN 37814

Name Brand of Unit GE Signa HDXT

Tesla 1.5

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

Unit's Serial Number R3356

Will the MRI Unit be Accredited?: X Yes □ No

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

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

If no, why:

The MRI unit will be registered with the Health Facilities Commission. X Yes □ No

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

Physical Address of Service: 908 West Fourth North Street Morristown, TN 37814

Name Brand of Unit GE Omni Legend 21

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

Unit's Serial Number 131751BA

Will the PET Unit be Accredited?: X Yes □ No

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

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

If no, why:

The PET unit will be registered with the Health Facilities Commission. X 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.

Gordon E. Lintz 11/26/25

Signature **Date**

Gordon E. Lintz

Printed Name

Morristown-Hamblen Hospital Association

Morristown, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

November 11, 2023

Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #7881
Print/Reprint Date: 01/15/2024

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

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MAGNETIC RESONANCE IMAGING

ACR®

AMERICAN COLLEGE OF RADIOLOGY

ACCREDITED FACILITY

Morristown Hamblen Healthcare Systems

908 West 4th North Street
Morristown, Tennessee 37814

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) 1.5 HDX 2004

For

Body, Breast, Head, MRA, MSK, Spine

Accredited from:

May 04, 2023 through August 17, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 53731-01

Deanna Carter
Morristown Hamblen Healthcare Systems
908 West 4th North Street
Morristown, TN 37814