

**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)

Covenant Health – Morristown Hamblen West

Name

653 Merchants Greene Blvd

Address

Morristown

TN

37813

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 West

Company Name

653 Merchants Greene Blvd

Address

Morristown

TN

37813

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 West  
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  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: 653 Merchants Greene West Morristown, TN 37813

Name Brand of Unit Siemens Espree

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Short/Wide Bore

Unit's Serial Number 30005

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

**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



# 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, EAAN  
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](http://www.jointcommission.org).



AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



**MHHS dba Morristown-Hamblen West Diagnostic Center**  
653 Merchants Greene Blvd.  
Morristown, Tennessee 37813

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

The following magnet was approved

**Siemens Medical Systems  
ESPREE 2004**

for

**Body, Breast, Head, MSK, Spine**

Accredited from  
September 25, 2025 through September 25, 2028

A stylized, cursive signature in black ink.

---

Chair, Committee ON  
MRI Accreditation

A cursive signature in black ink that reads "David B. Fuson".

---

Chair, Commission on  
Quality and Safety

Mike Hendricks  
MHHS dba Morristown-Hamblen West Diagnostic  
Center  
Attn: Acoya Lamb / Brian Trentham  
653 Merchants Greene Blvd.  
Morristown, TN 37813

**From:** [Kollros, Dawn](#)  
**To:** [Alecia L. Craighead](#)  
**Subject:** [EXTERNAL] RE: Quality Service License Question  
**Date:** Monday, December 8, 2025 10:13:19 AM  
**Attachments:** [image003.png](#)  
[image004.png](#)  
[image002.png](#)

---

**This Message Is From an External Sender**

This message came from outside your organization.  
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

I was told that the imaging department is actually in the Free Standing ED and it is registered under the hospital.

**Thanks so much...Dawn Kollros**

**Acutes Accounting Manager**

1420 Centerpoint Blvd, Bldg C

Knoxville, TN 37932

Phone: (931) 459-7008 (Tuesday)

Phone: (865) 374-3219 (Wed/Thurs)

[dkollros@covhlth.com](mailto:dkollros@covhlth.com)



---

**From:** Alecia L. Craighead <Alecia.L.Craighead@tn.gov>  
**Sent:** Monday, December 8, 2025 9:29 AM  
**To:** Kollros, Dawn <dkollros@CovHlth.com>  
**Subject:** [EXTERNAL] Quality Service License Question

This email is from a known External Contact. However, remain vigilant with links and attachments. **Call, don't click! If in doubt, DELETE!**

---

Dawn,

Is Morristown Hamblen West licensed as an ODC or is it part of the hospital? If I remember right, isn't this the freestanding ED?

Thanks.

## Alecia

**Alecia Craighead** | Data and Analysis Administrator  
Health Facilities Commission

Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243

p. 615-253-2782

c: 615.674.0370

[alecia.l.craighead@tn.gov](mailto:alecia.l.craighead@tn.gov)

[www.tn.gov/hfc](http://www.tn.gov/hfc)

## Disclaimer

This E-mail contains PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the Individual(s) named above. If you are not the intended recipient of this E-mail, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this E-mail is strictly prohibited. If you have received this E-mail in error, please immediately notify us at (865)374-4900 or notify us by E-mail at [hdesk@covhlth.com](mailto:hdesk@covhlth.com).