



## 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)**

**Natchez Imaging Center**

Name

**101 Natchez Park Drive**

Address

**Dickson**

**TN**

**37055**

City

State

ZIP

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

**Wyatt Chocklett**

**CEO**

Name

Title

**Samuel.Chocklett@hcahealthcare.com**

Email Address

**TriStar Horizon Medical Center**

Company Name

**111 Highway 70 E.**

Address

**Dickson**

**TN**

**37055**

City

State

ZIP

**615-446-2657**

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

<b>Stacey Brewer</b>	<b>Controller</b>	
Name	Title	
<b>Stacey.Brewer@HCAHealthcare.com</b>		
Email Address		
<b>TriStar Horizon Medical Center</b>		
Company Name		
<b>111 Highway 70 E.</b>		
Address		
<b>Dickson</b>	<b>TN</b>	<b>37055</b>
City	State	ZIP
<b>615-326-3454</b>		
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: 101 Natchez Park drive

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R5115

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? The Joint Commission  
(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: 101 Natchez Park Drive

Name Brand of Unit Siemens

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

Unit's Serial Number 1010

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? The Joint Commission  
(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.

Hyatt Chucklett

Signature

12-12-2025

Date

Hyatt Chucklett, CEO

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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August 12, 2025

Wyatt Chocklett  
Chief Executive Officer  
TriStar Horizon Medical Center  
111 Highway 70 East  
Dickson, TN 37055

Re: # 7826  
CCN: # 440046  
Deemed Program: Hospital  
Accreditation Expiration Date: June 13, 2028

Dear Mr. Chocklett:

This letter confirms that your June 10, 2025 - June 12, 2025 unannounced full resurvey event was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on August 12, 2025, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of June 13, 2025.

The Joint Commission is also recommending your organization for continued Medicare certification effective June 13, 2025. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

TriStar Horizon Medical Center  
d/b/a TriStar Horizon Medical Center  
111 Highway 70 East, Dickson, TN, 37055

TriStar Horizon Medical Center  
d/b/a Natchez Imaging and Cancer Center  
107 Natchez Park Drive, Dickson, TN, 37055

TriStar Horizon Medical Center  
d/b/a TriStar Natchez ER  
107 Natchez Park Drive, Dickson, TN, 37055

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or



the health care services you provide.

Sincerely,

Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers  
CMS/SOG Location 4 /Survey and Certification Staff

## Rachel L. Lamascus

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**From:** Rhoden Tyler <Tyler.Rhoden@hcahealthcare.com>  
**Sent:** Monday, January 5, 2026 11:56 AM  
**To:** Rachel L. Lamascus  
**Subject:** [EXTERNAL] Re:Quality Service License Application Update - TriStar Horizon Medical Center and Natchez Imaging Center

### 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

Rachel,

Please see below regarding your request for information. Let me know if there is any further detail needed or if you need me to resubmit edits on the initial application.

TriStar Horizon Medical Center:

- List facility license number on application page 1: **29**
- Answer the Yes/No question on application page 2 related to any changes since the last occupancy approval: **No**
- Correct MRI serial number of unit: **PM1132**
  - MRI serial number provided on the TriStar Horizon application is registered at Natchez Imaging Center
- Natchez Imaging Center:
  - List facility license number on application page 1: **29**
  - Answer the Yes/No question on application page 2 related to any changes since the last occupancy approval: **No**

#### Tyler Rhoden

##### Chief Operating Officer

TriStar Horizon Medical Center  
111 US-70E, Dickson, TN 37055

P 615.326.3448 | M 615.497.8929

[Tyler.Rhoden@HCAHealthcare.com](mailto:Tyler.Rhoden@HCAHealthcare.com)

[HCAhealthcare.com](http://HCAhealthcare.com) | [Connect With Us](#)

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**From:** Rhoden Tyler <Tyler.Rhoden@hcahealthcare.com>  
**Sent:** Friday, January 2, 2026 12:48 PM  
**To:** Rachel L. Lamascus <Rachel.L.Lamascus@tn.gov>  
**Subject:** Re: Quality Service License Application Update - TriStar Horizon Medical Center and Natchez Imaging Center

Hey Rachel,

Apologies for the delayed response as I was out for the holidays. I will have you the requested information on Monday, Jan 5th. Please let me know if there are any questions or concerns.

Thanks,

**Tyler Rhoden**

**Chief Operating Officer**

TriStar Horizon Medical Center

111 US-70E, Dickson, TN 37055

P 615.326.3448 | M 615.497.8929

[Tyler.Rhoden@HCAHealthcare.com](mailto:Tyler.Rhoden@HCAHealthcare.com)

[HCAhealthcare.com](http://HCAhealthcare.com) | [Connect With Us](#)

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**From:** Rachel L. Lamascus <Rachel.L.Lamascus@tn.gov>

**Sent:** Tuesday, December 23, 2025 3:08 PM

**To:** Rhoden Tyler <Tyler.Rhoden@hcahealthcare.com>

**Subject:** {EXTERNAL} Quality Service License Application Update - TriStar Horizon Medical Center and Natchez Imaging Center

**CAUTION!** This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Dear Tyler Rhoden,

This is to notify you that your application for a quality license is missing the following information:

- TriStar Horizon Medical Center:
  - List facility license number on application page 1
  - Answer the Yes/No question on application page 2 related to any changes since the last occupancy approval
  - Correct MRI serial number of unit
    - MRI serial number provided on the TriStar Horizon application is registered at Natchez Imaging Center
- Natchez Imaging Center:
  - List facility license number on application page 1
  - Answer the Yes/No question on application page 2 related to any changes since the last occupancy approval

We need this information to continue processing your application. You will have three (3) days from the date of this email to return the requested information to [Rachel.l.lamascus@tn.gov](mailto:Rachel.l.lamascus@tn.gov). In the subject line of the email please include the name of your facility/Physician Practice.

If the information is not returned within the allotted time, the processing of your application will be delayed.

Should you have any questions or if I can be of assistance to you, please email me at [Rachel.l.lamascus@tn.gov](mailto:Rachel.l.lamascus@tn.gov).

Sincerely,



**Rachel LaMascus, BSN, RN** | Quality Initiatives Administrator

Health Facilities Commission  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243  
Phone: 615-920-1525  
Email: [rachel.l.lamascus@tn.gov](mailto:rachel.l.lamascus@tn.gov)  
Web Address: [tn.gov/hfc](http://tn.gov/hfc)

***Mission Statement:*** *To promote access to quality, cost-effective healthcare in Tennessee*