



**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)

TriStar Ashland City Medical Center

Name

313 North Main St

Address

Ashland City

TN

37015

City

State

ZIP

000013

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Thomas Ozburn

CEO

Name

Title

Thomas.Ozburn@HCAHealthcare.com

Email Address

TriStar Centennial Medical Center

Company Name

2300 Patterson St

Address

Nashville

TN

37203

City

State

ZIP

615-342-1040

Phone Number

3. BILLING INFORMATION FOR FACILITY

Kim Duncan	Director Of Imaging	
Name	Title	
Kim.Duncan@HCAHealthcare.com		
Email Address		
TriStar Centennial Medical Center		
Company Name		
2300 Patterson St		
Address		
Nashville	TN	37203
City	State	ZIP
615-342-3564		
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: 313 North Main St., Ashland City, TN 37015

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R518

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

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

If no, why:

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

XESTABLISHING 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

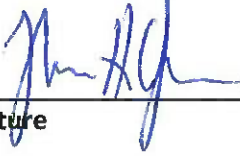
Neonatal Medical Director

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.



12/1/25

Signature

Date

Thomas Ozburn

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)

To: Health Facilities Commission
CC: Alecia Craighead

Tristar Ashland City Medical Center has been designated as a Rural Emergency Hospital, which exempts it from the Joint Commission review process.

At TriStar Ashland City we utilize a mobile MRI company, Alliance Healthcare Radiology, to provide MRI services to our patients. Because we do not own the equipment, we cannot acquire ACR accreditation for this equipment in lieu of Joint Commission accreditation for the Medical Center as required for the annual licensure. However, Alliance Healthcare Radiology is accredited by the Joint Commission. In the hopes that this will meet the accreditation requirements for annual licensure for this service I am attaching the TJC certificate from Alliance Healthcare Radiology to this application.

Thank you,

Kim Duncan MBA, BSRT (R)(CT)

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Director of Medical Imaging

TriStar Centennial Medical Center and Tristar Ashland City Medical Center

Alliance HealthCare Radiology

Plantation, FL

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

February 11, 2023

Accreditation is customarily valid for up to 36 months.


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

ID #600902
Print/Reprint Date: 04/10/2023


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.

