



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)

TriStar Horizon Medical Center

Name

111 Highway 70 E.

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

Stacey Brewer

Controller

Name

Title

Stacey.Brewer@HCAHealthcare.com

Email Address

TriStar Horizon Medical Center

Company Name

111 Highway 70 E.

Address

Dickson

TN

37055

City

State

ZIP

615-326-3454

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: 111 Highway 70 E.

Name Brand of Unit GE

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Closed Bore/60 cm

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: _____

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

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.

Wyatt Chucklitt

Signature

12/22/2025

Date

Wyatt Chucklitt, 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)



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

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

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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

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

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

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

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. 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.

Sincerely,



Rachel LaMascus, BSN, RN | Quality Initiatives Administrator

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

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