



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)

HTI Memorial Hospital Corporation DBA TriStar Skyline Medical Center
Name

3441 Dickerson Pike
Address

Nashville TN 37207
City State ZIP

23
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Brian Marger CEO
Name Title

brian.marger@hcahealthcare.com
Email Address

HTI Memorial Hospital Corporation DBA TriStar Medical Center
Company Name

3441 Dickerson Pike
Address

Nashville TN 37207
City State ZIP

615.769.2000
Phone Number

3. BILLING INFORMATION FOR FACILITY

Sam Williamson	CFO	
Name	Title	
Sam.williamson@hcahealthcare.com		
Email Address		
HTI Memorial Hospital Corporation DBA TriStar Medical Center		
Company Name		
3441 Dickerson Pike		
Address		
Nashville	TN	37207
City	State	ZIP
615.769.2000		
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: 3441 Dickerson Pike Nashville TN 37207

Number of Beds 12

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:

Preparing for ABA verification in 18-24 months.

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

Physical Address of Service: _____

Name Brand of Unit _____

Tesla _____

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

Unit's Serial Number _____

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? _____
(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

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

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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**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 Skyline Medical Center

Name

3441 Dickerson Pike

Address

Nashville

City

TN

State

37207

ZIP

319-0360

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Natalie Whitmer

Name

COO

Title

Natlie.Whitmer@hcahealthcare.com

Email Address

TriStar Skyline Medical Center

Company Name

Same as above

Address

City

State

ZIP

6157691000

Phone Number

3. BILLING INFORMATION FOR FACILITY

Laura Jensen Director of Imaging
Name Title

Laura.jensen2@hcahealthcare.com
Email Address

TriStar Skyline Medical Center
Company Name

3441 Dickerson Pike
Address

Nashville TN 37207
City State ZIP

6157692450
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: 3441 Dickerson, Pike Nashville TN

Name Brand of Unit GE

Tesla 1.5T

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

Unit's Serial Number 615769MR2W

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, pending 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: 3441 Dickerson Pike, Nashville TN

Name Brand of Unit GE

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

Unit's Serial Number 781233HM2

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

2ND MRI MACHINE

X ESTABLISHING MRI UNIT/SERVICE: (If more than one unit, use ATTACHMENT - A.)

Physical Address of Service: 3441 Dickerson, Pike Nashville TN

Name Brand of Unit GE

Tesla 3T

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

Unit's Serial Number 615769MR3T

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, pending 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

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.

Natalie Whitmer

Signature

12/2/2025

Date

Natalie Whitmer

Printed Name