



## **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

**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)

Williamson Health

Name

4321 Carothers Parkway

Address

Franklin

City

TN

State

37067

ZIP

~~494-0008~~ LICENSE # 128

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Phillip J. MAZZUCA D.Sc., FACHE

Name

Title

CEO

pmazzuca@williamsonhealth.org

Email Address

Williamson Health

Company Name

4321 Carothers Parkway

Address

Franklin

City

TN

State

37067

ZIP

615-435-5060

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Accounts Payable LEE ANNI BURNLEY FINANCE DIRECTOR  
Name Title  
accounts payable@williamsonhealth.org  
Email Address  
WILLIAMSON HEALTH  
Company Name  
4321 Carothers PKY.  
Address  
Franklin TN. 37067  
City State ZIP  
615-435-5067  
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: 4321 Carothers Parkway Franklin, TN 37067

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R1702

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? JACHO, ACR  
(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: 4321 Carothers Parkway Franklin, TN 37067

Name Brand of Unit UK United Imaging

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

Unit's Serial Number 232014 (mobile)

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? JACHO  
(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: 4321 Carothers Pkwy. Franklin, TN. 37067

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	<u>9</u>
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**

Jennifer Harless Director of Labor and Delivery  
Name Title

jharless@williamshealth.org  
Email Address

615-435-6021  
Phone Number

**Neonatal Medical Director**

Brian Haekett, MD, PhD Associate Division Director of Neonatology  
Name Title

brian.haekett@vume.org  
Email Address

615-936-6579  
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)*



## **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.
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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.

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**1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE**

Provider Type (Check One):  Hospital  Outpatient Diagnostic Center (ODC)

Williamson Health

Name

~~4321 Carothers Parkway~~ 4601 Carothers Pkwy.

Address

Franklin

TN.

37067

City

State

ZIP

~~494-0008~~ License # 128

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Phillip J. MAZZUCA D.Sc., FACHE CEO

Name

Title

pmazzuca@williamsonhealth.org

Email Address

Williamson Health

Company Name

4321 Carothers Parkway

Address

Franklin

TN

37067

City

State

ZIP

615-435-5060

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

~~Accounts Payable~~ LEE ANN BURNEY Finance Director  
Name Title  
accounts payable@williamsonhealth.org  
Email Address  
WILLIAMSON HEALTH  
Company Name  
4321 Carothers Pky.  
Address  
Franklin TN. 37067  
City State ZIP  
615-435-5067  
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: 4601 Carothers Parkway Franklin, TN. 37067

Name Brand of Unit GE

Tesla 3.0

Type (i.e. Close, Short Bore, etc.) SHORT BORE, CLOSE

Unit's Serial Number ~~506907HP5~~ UA1232

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? ACK, JACHO  
(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  
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Name

~~4321 Carothers Parkway~~ 3000 Edward Curd Lane

Address

Franklin

TN

37067

City

State

ZIP

~~494-0008~~ LICENSE # 128

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Phillip J. MAZZUCA D.Sc., FACHE CEO

Name

Title

pmazzuca@williamsonhealth.org

Email Address

Williamson Health

Company Name

4321 Carothers Parkway

Address

Franklin

TN

37067

City

State

ZIP

615-435-5060

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Accounts Payable  
Name Title  
accounts payable@williamsonhealth.org  
Email Address  
WILLIAMSON HEALTH  
Company Name  
4321 Carothers Pky.  
Address  
Franklin TN. 37067  
City State ZIP  
615-435-5067  
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: 3000 Edward Coker Ln. Franklin, TN. 37067

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number PM0723

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? JACHO  
(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)*



ORGANIZATION

# Williamson County Hospital District

HCO ID: 7830

DBA: Williamson Medical Center  
 4321 Carothers Parkway  
 Franklin, Tennessee 37067-8542

<http://www.williamsonhealth.org>



Accredited Programs	Decision	Effective Date
Hospital	Accredited	May 10, 2025

  

Certifications	Decision	Effective Date
Joint Replacement - Hip	Certification	January 24, 2025
Joint Replacement - Knee	Certification	January 24, 2025
Spine Surgery	Certification	January 25, 2025

  

Advanced Certifications	Decision	Effective Date
Primary Heart Attack Center	Certification	April 8, 2024

  

Deemed and CMS-Recognized Programs
Hospital

  

Sites		
<table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Williamson County Hospital District</b></p> </td> <td style="vertical-align: top;"> <p><b>Available Services</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab</li> <li>• Normal Newborn Nursery</li> <li>• Nuclear Medicine</li> </ul> </td> </tr> </table>	<p><b>Williamson County Hospital District</b></p>	<p><b>Available Services</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab</li> <li>• Normal Newborn Nursery</li> <li>• Nuclear Medicine</li> </ul>
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DBA: Williamson Medical Center  
 4321 Carothers Parkway,  
 Franklin, TN, 37067-8542

- CT Scanner
- Ear/Nose/Throat Surgery
- EEG/EKG/EMG Lab
- Gastroenterology
- GI or Endoscopy Lab
- Gynecological Surgery
- Gynecology
- Hazardous Medication Compounding
- Inpatient Unit
- Interventional Radiology
- Joint Replacement - Hip
- Joint Replacement - Knee
- Labor & Delivery
- Magnetic Resonance Imaging
- Medical /Surgical Unit
- Medical ICU
- Non-Sterile Medication Compounding

**Accredited Programs**

- Hospital

**Advanced Certifications**

- Primary Heart Attack Center

- Ophthalmology
- Orthopedic Surgery
- Orthopedic/Spine Unit
- Pediatric Unit
- Plastic Surgery
- Positron Emission Tomography (PET)
- Post Anesthesia Care Unit (PACU)
- Sleep Laboratory
- Spine Surgery
- Sterile Medication Compounding
- Surgical Unit
- Teleradiology
- Thoracic Surgery
- Ultrasound
- Urology
- Vascular Surgery

**Certifications**

- Joint Replacement - Hip; Joint Replacement - Knee; Spine Surgery

**Williamson Outpatient Imaging Center**

4601 Carothers Parkway,  
 Franklin, TN, 37067

**Available Services**

- Single Specialty Practitioner

**Accredited Programs**

- Hospital

**Tollgate Medical Plaza (Radiology and Lab)**

1106 Elliston Way,  
 Thompsons Station, TN,  
 37179

**Available Services**

- Outpatient Clinics

**Accredited Programs**

- Hospital

**Williamson Medical Center/Bone and Joint Institute of TN**

3000 Edward Curd Lane,  
 Franklin, TN, 37067

**Available Services**

- Single Specialty Practitioner

**Additional Sites**

- Radiology (CT and MRI)

**Accredited Programs**

- Hospital

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