



**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)

Covenant Health Diagnostic Centers, LLC

Name

210 Fort Sanders West Blvd, Building 3 Suite 100

Address

Knoxville

TN

37922

City

State

ZIP

73

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Lisa Crowe

Medical Imaging Manager

Name

Title

lcrowe@covhlth.com

Email Address

Covenant Health Diagnostic Centers, LLC

Company Name

210 Fort Sanders West Blvd, Building 3 Suite 100

Address

Knoxville

TN

37922

City

State

ZIP

(865) 531-5340

Phone Number

3. BILLING INFORMATION FOR FACILITY

Lisa Crowe Medical Imaging Manager
Name Title

Accountspayable@CovHlth.com
Email Address

Covenant Health Diagnostic Centers, LLC
Company Name

P.O. Box 22790
Address

Knoxville TN 37933
City State ZIP

(865) 374-6896
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: 210 Fort Sanders West Blvd, Bld 3 Ste 100 Knoxville, TN 37922

Name Brand of Unit Siemens Magnetom Altea

Tesla 1.5

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

Unit's Serial Number 189875

Will the MRI Unit be Accredited?: X Yes No

If MRI Unit will be Accredited, is it PENDING X ACCREDITED

If ACCREDITED, What Organization? 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

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.

Lisa H. Crowe

11/21/2025

Signature

Date

Lisa H. Crowe

Printed Name



License No. 73

State of Tennessee

Health Facilities Commission

Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to COVENANT HEALTH DIAGNOSTIC CENTERS, LLC to conduct and maintain an Outpatient Diagnostic Center

COVENANT HEALTH DIAGNOSTIC CENTERS, LLC

Located at 210 FORT SANDERS WEST BLVD. BLDG 3, SUITE 100, KNOXVILLE, TN 37922

The license shall expire November 29, 2026 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 1st day October, 2025.

By *Caroline R. Reynolds, Esq., C.H.C.*
Director, Licensure & Regulation

By *[Signature]*
Executive Director

CT SCAN
MRI
MAMMOGRAPHY
NUCLEAR MEDICINE SCAN
STEREOTACTIC PROCEDURES
X-RAY



AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Covenant Health Diagnostics, LLC

210 Fort Sanders West Boulevard
Building #3 Suite #100
Knoxville, Tennessee 37922

was surveyed by the ACR® Committee on MRI
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**Siemens Medical Systems
MAGNETOM Altea 2021**

for

Body, Breast, Head, MSK, Spine

Accredited from
August 28, 2024 through January 11, 2028

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety