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 PHYSICIAL ADDRESS OF FACILITY OF SERVICE

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

Covenant Health Diagnostic Centers, LLC
Name

7625 Chapman Highway, Suite 105
Address

Knoxville	**TN**	**37920**
City	**State**	**ZIP**

74
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Lauren Reagan	**Medical Imaging Manager**
Name	**Title**

lscott@CovHlth.com
Email Address

Covenant Health Diagnostic Centers, LLC
Company Name

7625 Chapman Highway, Suite 105
Address

Knoxville	**TN**	**37920**
City	**State**	**ZIP**

(865) 331-8566
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Lauren Reagan	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** X **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: **7625 Chapman Highway, Suite 105 Knoxville, TN 37920**

Name Brand of Unit **Siemens Altea**

Tesla **1.5**

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

Unit's Serial Number **190339**

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.

Lauren Reagan 11/21/25

Signature **Date**

Lauren Reagan

Printed Name

Covenant Health Diagnostics South MRI

7625 Chapman Hwy
Suite 105
Knoxville, Tennessee 37920

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 2022

For

Body, Head, MSK, Spine

Accredited from:

October 06, 2023 through October 06, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 60390-01