HFC

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 PHYSICIAL ADDRESS OF FACILITY OF SERVICE

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

The Imaging Center at Wolf River
Name

7600 Wolf River Blvd Ste 100
Address

Germantown	TN	38138
City	**State**	**ZIP**

63
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Matthew Pierotti	Administrator
Name	**Title**

mpierotti@oiarad.com
Email Address

West Tennessee Imaging
Company Name

7600 Wolf River Blvd Ste 100
Address

Germantown	TN	38138
City	**State**	**ZIP**

901-567-3861
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Matthew Pierotti	Administrator
Name	Title

mpierotti@oiarad.com
Email Address

West Tennessee Imaging
Company Name

7600 Wolf River Blvd Ste 100
Address

Germantown	TN	38138
City	State	ZIP

901-567-3861
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:

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

Physical Address of Service: 7600 Wolf River Blvd Ste 100 Germantown TN 38138

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number HM1111

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.

12/1/25

Signature **Date**

Matthew Pierotti

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)

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	7600 Wolf River Blvd Ste 100 Germantown, TN 38138	Siemens	1.5 T Wide Bore	141843	Yes	ACR	Yes

From: Matthew Pierotti
To: Alecia L. Craighead
Subject: [EXTERNAL] RE: Quality Service License Questions
Date: Monday, December 8, 2025 8:49:29 AM
Attachments: image001.png
image003.png

This Message Is From an External Sender
This message came from outside your organization.
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Alecia,

The Siemens SSN on the form is the same as the one you provided. Do you need me to update the application or simply on confirm on this email that the 901755MR450 is correct?

And are the ACR documents I submitted not proof or do you need additional documentation from ACR regarding the units?

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Monday, December 8, 2025 8:41 AM
To: Matthew Pierotti <mpierotti@oiarad.com>
Subject: Quality Service License Questions

> **Caution:** This is an external email that originated outside the organization. Please take care when clicking links or opening attachments. When in doubt, contact your IT Department.

This is to notify you that your application for a quality license for The Imaging Center at Wolf river is missing the following information:

- Neither of the applied MRIs SSN match what is registered in the Medical Equipment Registry. Please double check and respond.
  According to the registry: Siemens Magneto Aera SSN is 141843 and GE SSN is 901755MR450.
- Please provide proof of the MRIs' accreditation.

We need this information to continue processing your application. You will have ten (10) days from the date of this email to return the requested information to hfc.service@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 call me at 615-253-2782 or you may email me at alecia.l.craighead@tn.gov .

Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-253-2782
c: 615.674.0370
alecia.l.craighead@tn.gov
https://url.avanan.click/v2/r01/___www.tn.gov/hfc___.YXAzOm9pYXJhZDphOm86N2ZkMDQwYThhY2E0OTE3ZjhhOTEzZTc1MDYwODk0NTA6Nzo0NTZhOjJlZjdjMjE1ZDVlNmYwODk5MTdkMDlhZTdjNjYzMjkzOTdlMDA0MmI5YmNlNjU0MmQ4Y2VhZjcwOTM5ZTYxOGQ6dDpUOk4

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AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

The Imaging Center at Wolf River

7600 Wolf River Blvd.
Suite 100
Germantown, Tennessee 38138

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 AERA 2018

for

Body, Head, MRA, MSK, Spine

Accredited from
October 22, 2024 through November 13, 2027

Chair, Committee ON MRI Accreditation

Chair, Commission on Quality and Safety

MRAP# 53379-02

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

The Imaging Center at Wolf River

7600 Wolf River Blvd.
Suite 100
Germantown, Tennessee 38138

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

The following magnet was approved

General Electric Co. (GE Medical Systems) OPTIMA MR450W 2015

for

Head, MRA, MSK, Spine

Accredited from
August 22, 2024 through November 13, 2027

David B Larson

Chair, Committee ON MRI Accreditation

Chair, Commission on Quality and Safety

MRAP# 53379-01