



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)

Johnson City Outpatient Diagnostic Center

Name

3019 Peoples Street, condo 300, Suite 2B

Address

Johnson City

TN

37601

City

State

ZIP

70

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Samantha E Sizemore

Chief Operating Officer, Administrator

Name

Title

Samantha.sizemore@myhmg.com

Email Address

Holston Medical Group

Company Name

2323 N John B Dennis Hwy

Address

Kingsport

TN

37660

City

State

ZIP

(423) 392-72302

Phone Number

3. BILLING INFORMATION FOR FACILITY

Melissa Tipton	Controller	
Name	Title	
accounts payableteam@myhmg.com		
Email Address		
Holston Medical Group		
Company Name		
2323 N John B Dennis Hwy		
Address		
Kingsport	TN	37660
City	State	ZIP
(423) 857-2000		
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: _____

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: 2033 MeadowView Lane, suite 100

Name Brand of Unit Philips

Tesla 1.5T

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

Unit's Serial Number 48166

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING 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. 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)

AMERICAN COLLEGE OF RADIOLOGY

Certificate of Accreditation



Outpatient Diagnostic Center at Johnson City
3019 Peoples Street
Johnson City, Tennessee 37604

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

The following magnet was approved

Philips Medical Systems Inc.
Ingenia Ambition 2020

for

Body, Head, MSK, Spine

Accredited from
November 07, 2024 through April 13, 2028

A handwritten signature in black ink, appearing to be "K. A. M.", written over a horizontal line.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, appearing to be "David B. Fusco", written over a horizontal line.

Chair, Commission on
Quality and Safety