



**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)

Middle Tennessee Imaging, LLC DBA Premier Radiology Belle Meade

Name

28 White Bridge Rd Ste 111

Address

Nashville

TN

37205

City

State

ZIP

1

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jim Drumwright

CEO

Name

Title

jim.drumwright@radpartners.com

Email Address

Middle Tennessee Imaging, LLC

Company Name

28 White Bridge Rd. Ste 111

Address

Nashville

TN

37205

City

State

ZIP

615-356-3999

Phone Number

3. BILLING INFORMATION FOR FACILITY

Natalie Davis		Director of Procurement	
Name	Title		
natalie.davis@premierradiology.net			
Email Address			
Middle Tennessee Imaging, LLC			
Company Name			
28 White Bridge Rd. Ste 111			
Address			
Nashville	TN	37205	
City	State	ZIP	
615-356-3999			
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?:

N/A

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:

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

Physical Address of Service: 28 White Bridge Rd. Ste 111

Name Brand of Unit GE

Tesla 1.5T

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

Unit's Serial Number HM0588

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

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.

Natalie Davis

11/25/25

Signature

Date

Natalie Davis

Printed Name



Premier Radiology Belle Meade

28 White Bridge Road
Suite 111
Nashville, Tennessee 37205

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 2013

For

Body, Head, MRA, MSK, Spine

Accredited from:

April 03, 2024 through July 31, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY



Premier Radiology Belle Meade

28 White Bridge Road
Suite 111
Nashville, Tennessee 37205

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) SIGNA HDX 3T 2006

For

Body, Head, MSK, Spine

Accredited from:

February 12, 2024 through July 31, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY



Premier Radiology Belle Meade

28 White Bridge Road
Suite 111
Nashville, Tennessee 37205

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. PANORAMA 2006

For

Head, MSK, Spine

Accredited from:

April 03, 2024 through July 31, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

From: [Natalie Davis](#)
To: [Alecia L. Craighead](#)
Subject: [EXTERNAL] Re: Quality Service License Questions
Date: Thursday, December 18, 2025 3:17:32 PM
Attachments: [image003.png](#)
[Outlook-media](#)

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It's ok! Sorry you have to keep asking me questions. Yes, it's the same equipment . Please use the below serial numbers.

The GE 3tesla application SN WB009 with the Registry SN 996

The Philips 1.0 tesla application SN 591459 with the Registry SN 975

Thank you,

Natalie Davis | Director of Procurement
28 White Bridge Pike, Suite 111 | Nashville, TN 37205
(615) 356-3999 (office) | 931-980-1474 (cell) | (615) 353-0462 (fax)
www.PremierRadiology.com



From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Thursday, December 18, 2025 2:58 PM
To: Natalie Davis <natalie.davis@premierradiology.net>
Subject: Quality Service License Questions

WARNING: This email originated from outside the practice. Do not click any links or open any attachments unless you trust the sender and know the content is safe. Always validate sensitive requests with a quick phone call.

Sorry for the additional questions.

Relating to Premier Radiology Belle Meade, the serial numbers for two of the MRIs on the application do not match what is in the Medical Equipment Registry.

The GE 3tesla application SN WB009 with the Registry SN 996

The Philips 1.0 tesla application SN 591459 with the Registry SN 975

Are these the same units? If yes, which serial number will need to be used?

Thank you for your time.

Alecia



Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission

Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243

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