



**State of Tennessee**  
**Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-2364 [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

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**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 Gallatin

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**Name**

110 St. Blaise Road Ste 102

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**Address**

Gallatin

TN

37066

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**City**

**State**

**ZIP**

67

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**License Number:**

**2. CEO/ADMINISTRATOR OF PROVIDER**

Jim Drumwright

CEO

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**Name**

**Title**

[jim.drumwright@radpartners.com](mailto:jim.drumwright@radpartners.com)

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**Email Address**

Middle Tennessee Imaging, LLC

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**Company Name**

28 White Bridge Rd. Ste 111

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**Address**

Nashville

TN

37205

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**City**

**State**

**ZIP**

615-356-3999

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**Phone Number**

3. **BILLING INFORMATION FOR FACILITY**

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

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:

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

Physical Address of Service: 110 St. Blaise Road Ste 102

Name Brand of Unit GE

Tesla 1.5T

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

Unit's Serial Number R4528

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:

pending approval

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

Signature

11/25/25

Date

Natalie Davis

Printed Name

**From:** [HFC Service](#)  
**To:** [Alecia L. Craighead](#)  
**Subject:** FW: MTI, LLC and NOL, LLC  
**Date:** Wednesday, December 10, 2025 9:07:52 AM  
**Attachments:** [Outlook-media](#)

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**From:** Natalie Davis <natalie.davis@premierradiology.net>  
**Sent:** Tuesday, December 9, 2025 2:43 PM  
**To:** HFC Service <HFC.Service@tn.gov>  
**Subject:** [EXTERNAL] MTI, LLC and NOL, LLC

**This Message Is From an External Sender**

This message came from outside your organization.

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Good Afternoon,

I have reviewed the serial numbers on each piece of equipment. Please use the serial numbers in **red**. Let me know if you have any other questions.

Premier Radiology Briarville:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.  
Application has a GE with SSN of ZA207, and the Registry has a GE with SSN **R199**.

Premier Radiology Antioch:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.  
Application has a GE with SSN of 5756356-2EN, and the Registry has a GE with SSN **1008**.

Premier Radiology Brentwood:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.  
Application has a Phillips with SSN 20023, and the Registry has a Phillips with SSN **TB-150-1685**.  
Application has a GE with SSN 615394BPMR, and the Registry has a GE with SSN **938**.

Premier Radiology Gallatin:

- It appears the MRI registered and the MRI on the license are two different units

based on SSN. Please double check and respond.

Application has a GE with SSN R4528, and the Registry has a GE with SSN 971.

Premier Radiology Hermitage:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a GE with SSN R2579, and the Registry has a GE with SSN 5925WH3.

Application has a Phillips with SSN 37114, and the Registry has a Phillip with SSN 1026.

Premier Radiology Lebanon:

- No MRI is currently registered with the Medical Equipment Registry. Has this unit come online; thus a new unit to be registered? This unit has recently come online. Will need to be added to the 2025 registry.

Premier Radiology Midtown:

- It appears the MRI and the PET registered with the Medical Equipment Registry and those on the application are different units based on SSN. Please double check and respond.

Application has a GE MRI 1.5T with SSN W046250-001, and the Registry has a GE MRI with SSN 26348MR4.

Application has a GE MRI 3T with SSNW132, and the Registry has a GE MRI with SSN 266225MR2.

Application has a GE PET/CT with SSN 479936PETHOG, and the Registry has a GE PETCT with SSN 446944HM1.

Premier Radiology New Salem:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a GE with SSN R3254, and the Registry has a GE with SSN R3900.

Premier Radiology St. Thomas West:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a Philips with SSN 34065, and the Registry has a Philip with SSN 726927.

Clarksville Imaging Center

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a Siemens with SSN 931245, and the Registry has a Siemens Espree with SSN 30811.

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](http://www.PremierRadiology.com)



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