



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 Mt Juliet

Name

5002 Crossings Circle Suite 140

Address

Mt Juliet

TN

37122

City

State

ZIP

60

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:

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

Physical Address of Service: 5002 Crossings Circle Ste 140

Name Brand of Unit GE

Tesla 1.5T

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

Unit's Serial Number R4274

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

Signature

11/25/25

Date

Natalie Davis

Printed Name

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

[illegible]

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Premier Radiology Mt. Juliet

5002 Crossing Circle

Suite 140

Mt. Juliet, Tennessee 37122

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.
INTERA 1.5 2005**

for

Body, Head, MRA, MSK, Spine

**Accredited from
November 25, 2024 through February 07, 2026**

Chair, Committee ON
MRI Accreditation

Chair, Commission on
Quality and Safety

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



Premier Radiology Mt. Juliet

5002 Crossing Circle

Suite 140

Mt. Juliet, Tennessee 37122

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 HDXT 1.5T 2005**

for

Body, Head, MRA, MSK, Spine

**Accredited from
October 18, 2024 through February 07, 2026**

A stylized, handwritten signature in black ink.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

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](#)

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

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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

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



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