



## 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](mailto: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.



State of Tennessee  
Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-2364 hsa.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)

Prime Imaging LLC DBA Prime Imaging Chattanooga  
Name Outpatient Center

301 McCallie Ave  
Address

Chattanooga TN 37404  
City State ZIP

33  
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Ashley Johnson Director of Business Operations  
Name Title

ajohnson@primeimaging.com  
Email Address

Prime Imaging LLC  
Company Name

1604 Gunbarrel Rd  
Address

Chattanooga TN 37421  
City State ZIP

423-313-0482  
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Sara Anthony Billing Manager  
Name Title

santhony@specialtybilling.net  
Email Address

Specialty Billing  
Company Name

1204 Garbarrel Rd  
Address

Chattanooga TN 37421  
City State ZIP

423-648-2395  
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: Bol McCallie Ave Chattanooga TN

Name Brand of Unit Siemens Verio

Tesla 3T

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

Unit's Serial Number 40433

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: Bol McCallie Ave Chattanooga TN

Name Brand of Unit Siemens Biograph IIC

Type (i.e. PET Only, PET/CT, PET/MRI) PET/CT

Unit's Serial Number 48459

Will the PET Unit be Accredited?:  Yes  No

If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? ACR  
(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



## Prime Imaging Chattanooga Outpatient Center

1301 McCallie Ave  
Chattanooga, Tennessee 37404

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 ESPREE 2006**

for

**Breast, Head, MSK, Spine**

Accredited from  
July 07, 2025 through October 22, 2028

A stylized, cursive signature in black ink.

Chair, Committee ON  
MRI Accreditation

A cursive signature in black ink that reads "David B. Fusco".

Chair, Commission on  
Quality and Safety

AMERICAN COLLEGE OF RADIOLOGY

# Certificate of Accreditation



## Prime Imaging Chattanooga Outpatient Center

1301 McCallie Ave  
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**Siemens Medical Systems  
MAGNETOM VERIO 2010**

for

**Body, Head, MRA, MSK, Spine**

Accredited from  
July 09, 2025 through October 22, 2028

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, appearing to read "David B. Johnson" with a cursive style.

Chair, Commission on  
Quality and Safety

**From:** [Ashley Johnson](#)  
**To:** [Alecia L. Craighead](#)  
**Cc:** [Tiffany Langston](#)  
**Subject:** [EXTERNAL] RE: Quality Service License Questions  
**Date:** Friday, January 2, 2026 9:59:19 AM  
**Attachments:** [image004.png](#)  
[image006.png](#)  
[image001.png](#)  
[image005.png](#)

**This Message Is From an External Sender**

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Alecia, below is the information on the new PET being installed next week. I know I have to have a physicist come run his tests but is there anything else needing to be completed with state before the modality is live?



Ashley Johnson  
PrimeImaging | Director of Business Operations  
Specialty Networks  
423-313-0482 Cell Phone



**From:** Alecia L. Craighead <Alecia.L.Craighead@tn.gov>  
**Sent:** Monday, December 8, 2025 11:43 AM  
**To:** Ashley Johnson <ajohnson@primeimaging.com>  
**Cc:** Tiffany Langston <tlangston@primeimaging.com>

**Subject:** RE: Quality Service License Questions

As soon as you get the new information, let me know. That way I can update the registry prior to the Big Update.

If the new unit is going online soon, remind me when you send the new information to replace it with what was on the application.

Thanks.

Alecia

**Alecia Craighead** | Data and Analysis Administrator  
Health Facilities Commission  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243  
p. 615-253-2782  
c: 615.674.0370  
[alecia.l.craighead@tn.gov](mailto:alecia.l.craighead@tn.gov)  
[www.tn.gov/hfc](http://www.tn.gov/hfc)

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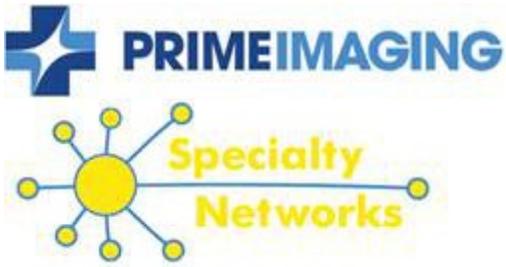
**From:** Ashley Johnson <[ajohnson@primeimaging.com](mailto:ajohnson@primeimaging.com)>  
**Sent:** Monday, December 8, 2025 10:09 AM  
**To:** Alecia L. Craighead <[Alecia.L.Craighead@tn.gov](mailto:Alecia.L.Craighead@tn.gov)>  
**Cc:** Tiffany Langston <[tlangston@primeimaging.com](mailto:tlangston@primeimaging.com)>  
**Subject:** [EXTERNAL] RE: Quality Service License Questions

Hi Alecia,

I have attached the current ACR for the unit and I'm getting our engineers to double check the unit SN.

This PET unit is expected to be replaced with a different unit this week. We literally haven't turned the power off to the old one off yet but it will be tomorrow. What do we need to do to update our information with you guys? I want to make sure we have the old one taken off us and the new one added.

Ashley Johnson  
PrimeImaging | Director of Business Operations  
Specialty Networks  
423-313-0482 Cell Phone



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**From:** Alecia L. Craighead <[Alecia.L.Craighead@tn.gov](mailto:Alecia.L.Craighead@tn.gov)>  
**Sent:** Monday, December 8, 2025 9:21 AM  
**To:** Ashley Johnson <[ajohnson@primeimaging.com](mailto:ajohnson@primeimaging.com)>  
**Subject:** Quality Service License Questions

This is to notify you that your application for a quality license for Prime Imaging Chattanooga Outpatient is missing the following information:

- It appears the PET scanner SSN does not match the Medical Equipment Registry. Please double check and respond. The Registry has the PET SSN as 0401013.
- Please provide accreditation proof for the PET scanner. It was not provided.

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](mailto: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](mailto:alecia.l.craighead@tn.gov) .

**Alecia Craighead** | Data and Analysis Administrator  
Health Facilities Commission  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243  
p: 615-253-2782  
c: 615.674.0370  
[alecia.l.craighead@tn.gov](mailto:alecia.l.craighead@tn.gov)  
[www.tn.gov/hfc](http://www.tn.gov/hfc)

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