



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 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)

Sapling Grove Outpatient Diagnostic Center

Name

240 Medical Park Blvd

Address

Bristol

TN

37620

City

State

ZIP

00000022

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	
accountspayableteam@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: 240 Medical Park Blvd

Name Brand of Unit Philips Ingenia

Tesla 1.5T

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

Unit's Serial Number 81048

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)*



Sapling Grove Outpatient Diagnostic Center

240 Medical Park Blvd  
Suite 1100  
Bristol, 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 2016

For

Body, Breast, Head, MRA, MSK, Spine

Accredited from:

October 24, 2023 through January 10, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY