



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)

Summit Open MRI Inc

Name

144 Hospital Road

Address

Winchester

City

TN

State

37398

ZIP

19

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Lloyd Keith Brown M.D.

Name

Owner

Title

manager22@bellsouth.net

Email Address

Summit Open MRI

Company Name

144 Hospital Road

Address

Winchester

City

TN

State

37398

ZIP

931-962-4624

Phone Number

3. BILLING INFORMATION FOR FACILITY

Dawn Scarlett	Office Manager	
Name	Title	
dscarlettosm@bellsouth.net		
Email Address		
Summit Open MRI		
Company Name		
144 Hospital Road		
Address		
Winchester	TN	37398
City	State	ZIP
931-962-4624		
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: 144 Hospital Road

Name Brand of Unit Hitachi Airis II

Tesla 0.3

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

Unit's Serial Number C474

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? IAC
(Attach certificate or proof of accreditation.)

If no, why:

expired 10/31/25 will re-accredit
when office is re-opened from water
damage.

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 _____

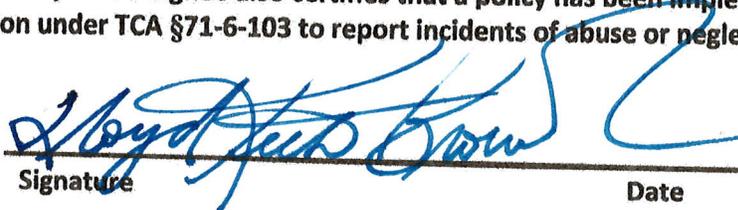
Neonatal Medical Director

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.



Signature

Date

Lloyd Keith Brown M.D.

Printed Name

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)