



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. 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.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.
 - a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
 - b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.



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)

University Diagnostics LLC

Name

601 Hall of Fame Drive

Address

Knoxville

TN

37915

City

State

ZIP

#37

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jennifer Koch

Regional Administrator

Name

Title

Jkoch@oiarad.com

Email Address

University Diagnostics

Company Name

601 Hall of Fame Drive

Address

Knoxville

TN

37915

City

State

ZIP

865-525-7100

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Morgan Westbeld		Treasury Manager	
Name		Title	
mwestbeld@oiarad.com			
Email Address			
Outpatient Imaging Affiliates, LLC			
Company Name			
800 Crescent Centre Drive, Suite 400			
Address			
Franklin	TN	37067	
City	State	ZIP	
615-550-6025			
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:** NA

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: 601 Hall of Fame Drive

Name Brand of Unit GE

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) 450W Short bore

Unit's Serial Number HMO360

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.)*

NA

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): NA

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.

Jennifer Koch
Signature

12/01/2025
Date

Jennifer Koch
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)



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. 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.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.
 - a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
 - b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.



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)

University Diagnostics LLC

Name

601 Hall of Fame Drive

Address

Knoxville

TN

37915

City

State

ZIP

#37

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jennifer Koch

Regional Administrator

Name

Title

Jkoch@oiarad.com

Email Address

University Diagnostics

Company Name

601 Hall of Fame Drive

Address

Knoxville

TN

37915

City

State

ZIP

865-525-7100

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Morgan Westbeld		Treasury Manager	
Name		Title	
mwestbeld@oiarad.com			
Email Address			
Outpatient Imaging Affiliates, LLC			
Company Name			
800 Crescent Centre Drive, Suite 400			
Address			
Franklin	TN	37067	
City	State	ZIP	
615-550-6025			
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:** NA

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: 601 Hall of Fame Drive

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R3674

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.)*

NA

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): NA

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.

Jennifer Koch
Signature

12/01/2025
Date

Jennifer Koch
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)

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



University Diagnostics Hall of Fame

601 Hall of Fame Drive
Knoxville, Tennessee 37915

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)
OPTIMA MR450W 2012**

for

Body, Head, MRA, MSK, Spine

**Accredited from
November 04, 2024 through September 22, 2027**

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 that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Jeremy Steinke
University Diagnostics Hall of Fame
Attn: Jennifer Koch
Hall of Fame Dr.
Knoxville, TN 37915

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



University Diagnostics Hall of Fame

601 Hall of Fame Drive
Knoxville, Tennessee 37915

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)
OPTIMA MR450W 2012**

for

Body, Head, MRA, MSK, Spine

**Accredited from
November 04, 2024 through September 22, 2027**

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 that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Jeremy Steinke
University Diagnostics Hall of Fame
Attn: Jennifer Koch
Hall of Fame Dr.
Knoxville, TN 37915