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 PHYSICIAN OFFICES

1. NAME AND PHYSICIAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Appalachian Orthopaedics (a Division of Campbell Clinic)
Name

1 Medical Park Blvd #300E
Address

Bristol	TN	37620
City	State	ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Greg Neal	CEO
Name	Title

gneal@aoamail.net
Email Address

Appalachian Orthopedics (a Division of Campbell Clinic)
Company Name

4105 Fort Henry Drive Suite 300
Address

Kingsport	TN	37663
City	State	ZIP

423-335-2188
Phone Number

3. BILLING INFORMATION FOR FACILITY

Greg Neal — CEO
Name — Title

gneal@aoamail.net
Email Address

Campbell Clinic d/b/a Appalachian Orthopedics
Company Name

4105 Fort Henry Drive Suite 300
Address

Kingsport — TN — 37663
City — State — ZIP

423-335-2188
Phone Number

4. OWNERSHIP OF FACILITY

Campbell Clinic PC
Name of Owner

1400 South Germantown Road
Address

Germantown — TN — 38138
City — State — ZIP

901-759-3101
Phone Number

Legal Entity:

- ☐ Individual
- ☐ Limited Liability
- X Corporation (For Profit)
- ☐ Corporation (Not for Profit)
- ☐ Government
- ☐ Limited Partnership
- ☐ Joint Venture
- ☐ Professional Limited Liability Company
- X Other Professional Corporation

List name(s) and addresses of individual owners, partners, directors of the corporation, or head of the government entity. *(If more than two (2), please use ATTACHMENT – B.)*

Campbell Clinic Holdings, PC
(1) Name

1400 South Germantown Road
Address

Germantown	TN	38138
City	**State**	**ZIP**

N/A
(2) Name

N/A
Address

N/A

City	**State**	**ZIP**

If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? □ **Yes** □ **No**

If no, why: N/A

Is this facility chain affiliated? □ **Yes** X **No**

If a corporation, is there a holding company? X **Yes** □ **No**

If yes, please complete the following information of the holding company.

Campbell Clinic Holdings, PC
Name of Owner

1400 South Germantown Road
Address

Germantown	TN	38138
City	**State**	**ZIP**

901-759-3101
Phone Number

Are any owners of the disclosing entity also owners of other health care facilities in Tennessee and/or other states? X Yes No

If yes, list their names and addresses of all facilities.:

- Germantown Surgery Center 7887 Wolf River Blvd Germantown, TN 38138
- Midtown Surgery Center 255 South Pauline Memphis, TN 38104
- Tier 1 Surgery Center 520 W. Jackson Street Cookeville, TN 38501

Is there a contract with a management firm to operate this facility? □ Yes X No

If yes, please specify the dates of the contract and complete the firm's information.

Start Date: N/A **End Date:** _____

Name of Firm

Address

City **State** **ZIP**

Phone Number

5. LEGAL

If any of the items within this section (LEGAL), please identify, explain, and provide documentation of the item(s) noted if response is "yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states listed, or the management firm listed been subjected to any of the following within the past five (5) years?

Licensure

➢ **Denied a License**	□ Yes	X No
➢ **Had a license suspended or revoked by any state licensure agency?**	□ Yes	X No
➢ **Been subject to a final order or judgement in a state licensure action?**	□ Yes	X No

Convictions

➢ **If convicted of a criminal offense related to that person's involvement in any program under any state or federal health care program – including Medicare, Medicaid, and TriCare?**	□ Yes	X No

Exclusion			
	➢ Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past?	□ Yes	X No
	(Excluded is defined as a provider or entity has been told by the Department of Health and Human Services, Office of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare.)	□ Yes	X No
Termination/Suspension			
	➢ Suspended or terminated from participation in Medicare or Medicaid/TennCare programs?	□ Yes	X No
Fraud and Abuse	➢ Paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services?	□ Yes	X No
Corporate Integrity Agreement	➢ Is presently an entity covered by and subject the terms of a corporate integrity agreement? (If yes, please provide a copy of CIA.)	□ Yes	X No
Bankruptcy	➢ Filed bankruptcy under any provision of the United States Bankruptcy Code:	□ Yes	X No
Civil Monetary Penalty (CMP)	➢ Paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than $250,000 as a result of an enforcement action during a survey?	□ Yes	X No

6. **On the following items, check all appropriate services to be licensed.**

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

Physical Address of Service: 1 Medical Park Blvd #300E Bristol, TN 37620

Name Brand of Unit Esaote

Tesla 0.25

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

Unit's Serial Number 7490

Will the MRI Unit be Accredited?: X Yes □ No

If MRI Unit will be Accredited, is it □ PENDING X ACCREDITED

If ACCREDITED, What Organization? Intersocietal Accreditation Commission
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. X Yes ☐ No

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

Physical Address of Service: N/A

Name Brand of Unit N/A

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

Unit's Serial Number N/A

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

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.

GNeal

12/5/2025

Signature **Date**

Gregory L. Neal

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.

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)

Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION
MRI
hereby recognizes

Appalachian Orthopaedics Associates-Bristol
Aoa-Bristol

1 Medical Park Blvd Ste 300, East, Bristol, TN 37620

as an
ACCREDITED FACILITY
in the area(s) of

MUSCULOSKELETAL MRI

ESOATE - S SCAN BR10
Serial 7490

EXPIRATION DATE
12/31/2028