



**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)

Baptist Medical Group Outpatient Care
Center

Name
2100 Exeter Rd Suite 120

Address

Germantown	TN	38138
City	State	ZIP

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Kati Boswell	Executive Director
Name	Title

Kati.Boswell@bmhcc.org
Email Address

Baptist Medical Group
Company Name

350 N Humphreys Blvd
Address

Memphis	TN	38120
City	State	ZIP

901-413-0448
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Kati Boswell Executive Director
Name Title

Kati.Boswelle@bmg.org
Email Address

Baptist Medical Group
Company Name

350 N Humphrey Blvd
Address

Memphis TN 38120
City State ZIP

901-701-5632
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: 2100 Exeter Rd Suite 120

Name Brand of Unit Siemens Magnetom Aera

Tesla 1.5

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

Unit's Serial Number 141831

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

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.

<u>Kati Boswell</u>	<u>12/8/25</u>
Signature	Date
<u>Kati Boswell</u>	
Printed Name	

AMERICAN COLLEGE OF RADIOLOGY

Certificate of Accreditation



Baptist Medical Group Outpatient Care Center
2100 Exeter Road
Germantown, Tennessee 38138

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 AERA 1.5T 2024

for

Body, Head, MRA, MSK, Spine

Accredited from
September 24, 2025 through May 18, 2028

A stylized, handwritten signature in black ink.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

From: [Arthur Maples](#)
To: [Alecia L. Craighead](#)
Subject: [EXTERNAL] RE: MRI Application for HFC Medical Equipment Registry
Date: Tuesday, December 23, 2025 12:00:01 PM
Attachments: [image001.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)

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Alecia

This unit was replaced in Sept 2024. Drawings were approved by the HFC. Apologize for not following up with making sure the registry was updated.

Arthur

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Tuesday, December 23, 2025 11:09 AM
To: Arthur Maples <Arthur.Maples@BMHCC.org>
Subject: FW: MRI Application for HFC Medical Equipment Registry

CAUTION: Security REMINDER: This is an EXTERNAL EMAIL. Stop and think before RESPONDING or CLICKING a link or OPENING attachments!

I should not have said anything because I did find a different serial number. However, I think the original MRI must have been replaced based on name brand and the way the accreditation was listed.

The SN I have on the Registry is 30839 for a Siemens Magnetom Espree from 2009. Just let me know if this is the same unit or if it was replaced.

Thanks, Arthur.

Alecia

[Alecia Craighead](#) | Data and Analysis Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-253-2782

c: 615.674.0370
alecia.l.craighead@tn.gov
www.tn.gov/hfc

From: HFC Service <HFC.Service@tn.gov>
Sent: Tuesday, December 23, 2025 8:44 AM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: FW: MRI Application for HFC Medical Equipment Registry

Here is a Quality Service License for your review.

Alecia

From: Kati Boswell <Kati.Boswell@BMHCC.org>
Sent: Monday, December 15, 2025 3:08 PM
To: HFC Service <HFC.Service@tn.gov>
Subject: [EXTERNAL] MRI Application for HFC Medical Equipment Registry

Please see attached and let me know if you have any questions or missing info that needs to be addressed.

Kati

[Kati Boswell](#) | Exec Director | BMG | BMG - Corporate
[\(901\) 701-5632](tel:(901)701-5632) | Kati.Boswell@BMHCC.org

Opinions expressed above are not necessarily those of Baptist.



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