



**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 PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Tier 1 Campbell Clinic

Name

335 West Spring Street

Address

Cookville

City

TN

State

38501

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Tim Vaughn

Name

CEO

Title

tvaughn@T1institute.com

Email Address

Tier 1 Campbell Clinic

Company Name

105 South Willow Avenue

Address

Cookville

City

TN

State

38501

ZIP

931-526-9510 EXT 316

Phone Number

3. BILLING INFORMATION FOR FACILITY

Tim Vaughn CEO
Name Title

tvaughn@T1institute.com
Email Address

Tier 1 Campbell Clinic
Company Name

105 South Willow Avenue
Address

Cookeville TN 38501
City State ZIP

931-265-9640
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:

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability	<input checked="" type="checkbox"/> Corporation (For Profit)
<input type="checkbox"/> Corporation (Not for Profit)	<input type="checkbox"/> Government	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Professional Limited Liability Company	
<input checked="" type="checkbox"/> Other	<u>Professional Corporation</u>	

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.)

Cambell 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 No

If a corporation, is there a holding company? Yes No

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

Cambell 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? 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 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 No
- Had a license suspended or revoked by any state licensure agency? Yes No
- Been subject to a final order or judgement in a state licensure action? Yes 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 No

Exclusion

➤ Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past? Yes 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 No

Termination/Suspension

➤ Suspended or terminated from participation in Medicare or Medicaid/TennCare programs? Yes 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 No

Corporate Integrity Agreement

➤ Is presently an entity covered by and subject the terms of a corporate integrity agreement? Yes No
(If yes, please provide a copy of CIA.)

Bankruptcy

➤ Filed bankruptcy under any provision of the United States Bankruptcy Code: Yes 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 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: 335 West Sprint Street Cookville, TN 38501

Name Brand of Unit GE Excite

Tesla 1.5T

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

Unit's Serial Number R4222

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? American College of Radiology
(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: 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

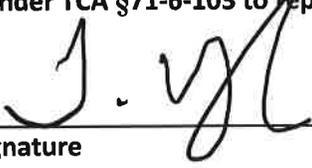
If PET Unit will be Accredited, is it PENDING ACCREDITED

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.



12/4/2025

Signature

Date

Tim Vaughn

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)



Campbell Clinic dba: Tier I

**335 W Spring St
Cookeville, Tennessee 38501-3125**

**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) EXCITE 1.5T HD 2005

For

Head, MSK, Spine

Accredited from:

May 19, 2023 through June 08, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP 3390-01