**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

Plaza Radiology, LLC d/b/a Chattanooga Imaging Dodds
Name

513 Dodds Avenue, Suite 100
Address

| Chattanooga | TN | 37404 |
|---|---|---|
| City | State | ZIP |

## 2. CEO/ADMINISTRATOR OF PROVIDER

| Sue Teeter | Chief Operating Officer |
|---|---|
| Name | Title |

steeter@chattanoogaimaging.com
Email Address

Plaza Radiology, LLC
Company Name

1710 Gunbarrel Road
Address

| Chattanooga | TN | 37421 |
|---|---|---|
| City | State | ZIP |

(423) 553-1222
Phone Number

## 3. BILLING INFORMATION FOR FACILITY

| Denise Ridge | Accountant |
|---|---|
| Name | Title |

accountspayable@chattanoogaimaging.com
Email Address

Plaza Radiology, LLC
Company Name

1710 Gunbarrel Road
Address

| Chattanooga | TN | 37421 |
|---|---|---|
| City | State | ZIP |

(423) 553-1239
Phone Number

## 4. OWNERSHIP OF FACILITY

Plaza Radiology, LLC
Name of Owner

1710 Gunbarrel Road
Address

| Chattanooga | TN | 37421 |
|---|---|---|
| City | State | ZIP |

(423) 553-1220
Phone Number

Legal Entity:

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

**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.)*

See Attachment B

**(1) Name**

**Address**

**City** **State** **ZIP**

**(2) Name**

**Address**

**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 X No**

**If no, why:**

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

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

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

Not Applicable

**Name of Owner**

**Address**

**City** **State** **ZIP**

**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.: | See Attachment C.<br><br>The disclosing entity Plaza Radiology, LLC owns 6 other imaging facilities. |

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: Not Applicable End Date: _____

Not Applicable
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.**

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

**Physical Address of Service:** 513 Dodds Avenue, Suite 100, Chattanooga, TN 37404

**Name Brand of Unit** General Electric

**Tesla** 3.0

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

**Unit's Serial Number** UA221

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

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

If ACCREDITED, What Organization? RadSite
(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: Not Applicable

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

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.

Sue Teeter — 12-02-2025

Signature — Date

Sue Teeter, Chief Operating Officer

Printed Name

**ATTACHMENT - C**

**OTHER FACILITIES OWNED BY ENTITY**

| Name | Address | City | State | ZIP |
|---|---|---|---|---|
| **Chattanooga Imaging East** | **1710 Gunbarrel Road** | **Chattanooga** | **TN** | **37421** |
| **Chattanooga Imaging Hixson** | **2070 Hamill Road** | **Hixson** | **TN** | **37343** |
| **Chattanooga Imaging Ooltewah** | **9368 Bradmore Lane** | **Ooltewah** | **TN** | **37363** |
| **Chattanooga Imaging Downtown** | **440 N. Holtzclaw Avenue** | **Chattanooga** | **TN** | **37404** |
| **Cleveland Imaging** | **2253 Chambliss Avenue, NW, Suite 102** | **Cleveland** | **TN** | **37311** |
| **Dalton Imaging** | **1502 N. Thornton Avenue** | **Dalton** | **GA** | **30720** |
| | | | | |
| | | | | |
| | | | | |

# Certificate of Accreditation

## Chattanooga Imaging Dodds

513 Dodds Ave
Suite 100
Chattanooga, TN 37404

This facility is accredited by RadSite pursuant to the ADI Accreditation Program Standards (MAP), version 3.3 for the following:

## MRI - GE Signa Pioneer 3T

Body, Neurologic, Musculoskeletal, Angiography

Effective from 02/28/2023 through 02/28/2026.

Mark Casner. MBA. FACHE
Chair, Accreditation Committee, RadSite

Garry Carneal. JD. MA
President and CEO, RadSite

RadSite™
ACCREDITATION PROGRAM

326 First Street
Suite 28
Annapolis, MD 21403
www.RadSiteQuality.com