



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

Plaza Radiology, LLC d/b/a Chattanooga Imaging Hixson

Name

2070 Hamill Road

Address

Hixson

City

TN

State

37343

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Sue Teeter

Name

Chief Operating Officer

Title

steeter@chattanoogaimaging.com

Email Address

Plaza Radiology, LLC

Company Name

1710 Gunbarrel Road

Address

Chattanooga

City

TN

State

37421

ZIP

(423) 553-1222

Phone Number

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 No

If no, why:

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.

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? Yes No

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

See Attachment C.

The disclosing entity Plaza Radiology, LLC owns 6 other imaging facilities.

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: 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 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? (If yes, please provide a copy of CIA.) Yes No

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.

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

Physical Address of Service: 2070 Hamill Road, Hixson, TN 37343

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number R3841

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. 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 - B

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
Thomas Carr, III, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Clyde Kyle, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Ernest Gray, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
James Martin, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
John Nunes, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Martin Simms, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Avinash Sud, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Gregory Verville, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421
Robert Whittaker, M.D.	1710 Gunbarrel Road	Chattanooga	TN	37421

ATTACHMENT - C

OTHER FACILITIES OWNED BY ENTITY

Name	Address	City	State	ZIP
Chattanooga Imaging East	1710 Gunbarrel Road	Chattanooga	TN	37421
Chattanooga Imaging Ooltewah	9368 Bradmore Lane	Ooltewah	TN	37363
Chattanooga Imaging Downtown	440 N. Holtzclaw Avenue	Chattanooga	TN	37404
Chattanooga Imaging Dodds	513 Dodds Avenue, Suite 100	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

2070 Hamill Road
Hixson, TN 37343

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

MRI - GE Signa Creator 1.5 Tesla

Breast

Effective from 07/27/2024 through 07/27/2027.

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

Garry Carneal, JD, MA
President and CEO, RadSite

2024-3092



RadSite[™]
ACCREDITATION
PROGRAM

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