



**State of Tennessee**  
**Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243  
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

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**INITIAL APPLICATION FOR LICENSE OF SERVICES  
FOR PHYSICIAN OFFICES**

**1. NAME AND PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE**

Chattanooga Orthopaedic Group, P.C.

Name

2415 McCallie Avenue

Address

Chattanooga

City

TN

State

37404

ZIP

**2. CEO/ADMINISTRATOR OF PROVIDER**

Rebecca J. Farmer

Name

CEO

Title

bfarmer@sportmed.com

Email Address

Chattanooga Orthopaedic Group, P.C.

Company Name

2415 McCallie Avenue

Address

Chattanooga

City

TN

State

37404

ZIP

423-697-8766

Phone Number

3. BILLING INFORMATION FOR FACILITY

Rebecca Smith Accounting Manager  
Name Title

accounts.payable@sportmed.com  
Email Address

Chattanooga Orthopaedic Group, P.C.  
Company Name

2415 Mccallie Avenue  
Address

Chattanooga TN 37404  
City State ZIP

423-624-2696  
Phone Number

4. OWNERSHIP OF FACILITY

Chattanooga Orthopaedic Group, P.C.  
Name of Owner

2415 Mccallie Avenue  
Address

Chattanooga TN 37404  
City State ZIP

423-624-2696  
Phone Number

Legal Entity:

Individual

Limited Liability

Corporation  
(For Profit)

Corporation  
(Not for Profit)

Government

Limited Partnership

Joint Venture

Professional Limited  
Liability Company

Other \_\_\_\_\_

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

AT THE END OF

Address

THE PACKET

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.

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.:

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: \_\_\_\_\_ 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? (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.

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

Physical Address of Service: 2415 McCallie Avenue Chattanooga, TN

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number R00197

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

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.

*Haylee Wittman*

Signature

*11/26/25*

Date

*Haylee Wittman*

Printed Name

**ATTACHMENT - B**

**INDIVIDUAL OWNERS INFORMATION**

Name	Address	City	State	ZIP
Justin Arnold, MD	2415 McCallie Avenue	Chattanooga	TN	37404
W. Timothy Ballard, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Todd Bell, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Benjamin Geddes, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Todd Grebner, DO	2415 McCallie Avenue	Chattanooga	TN	37404
Michael Hermann, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Kyle Kesler, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Joshua Lawson, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Christopher D. Lotufo, DPM	2415 McCallie Avenue	Chattanooga	TN	37404
Benji Miller, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Bradford Mitchell, MD	2415 McCallie Avenue	Chattanooga	TN	37404
John Nash, MD	2415 McCallie Avenue	Chattanooga	TN	37404
L. Shay Richardson, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Jason Robertson, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Jason Roger, MD	2415 McCallie Avenue	Chattanooga	TN	37404

Brett Sanders, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Chad Smalley, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Brian Smith, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Jason Spangler, MD	2415 McCallie Avenue	Chattanooga	TN	37404
Jason Wamack, MD	2415 McCallie Avenue	Chattanooga	TN	37404

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



**Chattanooga Orthopaedic Group, P.C.**

**2415 McCallie Avenue  
Chattanooga, Tennessee 37404**

**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)  
Signa Voyager 2018**

**for**

**MSK, Spine**

**Accredited from  
May 09, 2025 through November 09, 2028**

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

**Chair, Committee ON  
MRI Accreditation**

A handwritten signature in black ink, appearing to read "David B. Fuson" in a cursive style.

**Chair, Commission on  
Quality and Safety**