



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 Cleveland Imaging

Name

2253 Chambliss Avenue, N.W., Suite 102

Address

Cleveland

TN

37311

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Sue Teeter

Chief Operating Officer

Name

Title

steeter@chattanoogaaimaging.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

Name

Accountant

Title

accountspayable@chattanoogaaimaging.com

Email Address

Plaza Radiology, LLC

Company Name

1710 Gunbarrel Road

Address

Chattanooga

City

TN

State

37421

ZIP

(423) 553-1239

Phone Number

4. OWNERSHIP OF FACILITY

Plaza Radiology, LLC

Name of Owner

1710 Gunbarrel Road

Address

Chattanooga

City

TN

State

37421

ZIP

(423) 553-1220

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

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.) See Attachment A

Physical Address of Service: 2253 Chambliss Avenue, N.W., Suite 102, Cleveland, TN 37311

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number 327610WK2

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.



Signature

12-02-2025

Date

Sue Teeter, Chief Operating Officer

Printed Name

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

[illegible]

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 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
Chattanooga Imaging Dodds	513 Dodds Avenue, Suite 100	Chattanooga	TN	37404
Dalton Imaging	1502 N. Thornton Avenue	Dalton	GA	30720

Certificate of Accreditation



Plaza Radiology, LLC dba Cleveland Imaging

2253 Chambliss Ave
Suite 102
Cleveland, TN 37311

2024-3099

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

MRI - GE Signa HDx 1.5T

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



RadSiteTM
**ACCREDITATION
PROGRAM**

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

Certificate of Accreditation



Plaza Radiology, LLC dba Cleveland Imaging

2253 Chambliss Ave
Suite 102
Cleveland, TN 37311

2024-3100

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

MRI - GE Discovery MR 750 3.0T with GEM

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



RadSiteTM
**ACCREDITATION
PROGRAM**

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