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**

Cleveland Radiology Associates, PC		
Name		
2370 North Ocoee Street		
Address		
Cleveland,	TN	37311
City	State	ZIP

2. **CEO/ADMINISTRATOR OF PROVIDER**

H. Lebron Lackey, Jr. MD	Partner/Supervising Physician
Name	Title
Lackey_md@yahoo.com	
Email Address	
Cleveland Radiology Associates, PC	
Company Name	
2370 North Ocoee Street	
Address	
Cleveland,	TN 37311
City	State ZIP
(423)479-6214	
Phone Number	

3. BILLING INFORMATION FOR FACILITY

Robin Peck	Practice Manager	
Name	Title	
rpeck@clevelandradiology.net		
Email Address		
Cleveland Radiology Associates, PC		
Company Name		
2370 North Ocoee Street		
Address		
Cleveland,	TN	37311
City	State	ZIP
(423)479-6214		
Phone Number		

4. OWNERSHIP OF FACILITY

Roger D. Miller and H. Lebron Lackey, Jr.		
Name of Owner		
2370 North Ocoee Street		
Address		
Cleveland,	TN	37311
City	State	ZIP
(423)479-6214		
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.)*

Roger D. Miller
(1) Name

649 Carson Road SE
Address

Cleveland,	TN	37323
City	State	ZIP

H. Lebron Lackey, Jr.
(2) Name

230 Wy-Lou Drive NW
Address

Charleston,	TN	37310
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.

Roger D. Miller and H. Lebron Lackey, Jr.
Name of Owner

2370 North Ocoee Street
Address

Cleveland,	TN	37311
City	State	ZIP

(423)479-6214
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: _____

Name Brand of Unit _____

Tesla _____

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

Unit's Serial Number _____

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

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

If ACCREDITED, What Organization? _____
(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: **2370 North Ocoee Street Cleveland, TN 37311**

Name Brand of Unit **Siemens Biograph 6 Truepoint**

Type (i.e. PET Only, PET/CT, PET/MRI) **PET/CT**

Unit's Serial Number **901073**

Will the PET Unit be Accredited?: ☑ **Yes** ☐ **No**

If PET Unit will be Accredited, is it ☐ **PENDING** ☑ **ACCREDITED**

If ACCREDITED, What Organization? ACR
(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.

H. Lebron Lackey Jr. 12/11/2025

Signature **Date**

H. Lebron Lackey, Jr.

Printed Name

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

POSITRON EMISSION TOMOGRAPHY

American College *of* Radiology™

ACCREDITED FACILITY

Cleveland Radiology Associates, PC

2370 N. Ocoee Street
Cleveland, Tennessee 37311

was surveyed by the ACR® Committee on Nuclear Medicine Accreditation of the Commission on Quality and Safety

The following unit was approved

Siemens Medical Systems
BIOGRAPH 6 TRUPOINT 2009

for

Oncology

Accredited from
March 28, 2025 through July 03, 2028

David B Larson

Chair, Committee ON
Nuclear Medicine Accreditation

Chair, Commission on
Quality and Safety

PETAP# 00319-02