



**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

Cleveland Radiology Associates, PC

Name

9400 Rhea County Highway

Address

Dayton

TN

37321

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
- Corporation (Not for Profit)
- Joint Venture
- Other _____
- 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.)

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,

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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: 9400 Rhea County Highway Dayton, TN 37321

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

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



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

Chair, Committee ON
Nuclear Medicine Accreditation

Chair, Commission on
Quality and Safety