



PROCEDURES FOR APPLYING FOR INITIAL LICENSURE OF SERVICE LINES FOR PHYSICIAN OFFICES

1. Beginning December 1, 2025, and thereafter you must submit an MRI and/or PET licensure application to the Health Facilities Commission followed by the designated fee.

Licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.
3. All applications will need to be emailed to hfc.service@tn.gov. An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.
4. Please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.
5. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.
6. Once the license fees have been received, a provisional approval letter will be sent to the listed CEO/Administrator. The application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.
 - If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
 - If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.



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

Healthstar Physicians PC

Name

420 West Morris Blvd

Address

Morristown

City

TN

State

37813

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Carrie Stroud

Name

Director of Imaging

Title

cstroud@healthstartn.org

Email Address

Healthstar Physicians PC

Company Name

420 West Morris Blvd

Address

Morristown

City

TN

State

37813

ZIP

423-586-4545

Phone Number

3. BILLING INFORMATION FOR FACILITY

Carrie Stroud _____ Director of Imaging
Name Title

cstroud@healthstartn.org _____
Email Address

Healthstar Physicians PC _____
Company Name

420 West Morris Blvd _____
Address

Morristown _____ TN 37813
City State ZIP

423-586-4545 _____
Phone Number

4. OWNERSHIP OF FACILITY

Healthstar Physicians PC _____
Name of Owner

420 West Morris Blvd _____
Address

Morristown _____ TN 37813
City State ZIP

423-586-4545 _____
Phone Number

Legal Entity:

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability	<input checked="" type="checkbox"/> Corporation (For Profit)
<input type="checkbox"/> Corporation (Not for Profit)	<input type="checkbox"/> Government	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Professional Limited Liability Company	
<input type="checkbox"/> 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 attached

(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.

Name of Owner

Address

City State ZIP

Phone Number

ATTACHMENT - B

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
Eric Delay	430 W. Morris Blvd	Morristown	TN	37813
Rajkamal Singh	121 Newport Towne Ctr	Newport	TN	37821
Aqueel Kouser	657 E Broadway Blvd	Jefferson City	TN	37760
Nancy Witherspoon	150 W. Price Rd	Dandridge	TN	37725
David P. McNabney	150 W. Price Rd	Dandridge	TN	37725
Joseph C. Prohaska	1907 W. Morris Blvd	Morristown	TN	37813
Matthew T. Kraus	1059 E Hwy 11E	Jefferson City	TN	37760
Shahin Assadnia	1125 W. 1st N. ST	Morristown	TN	37814
Jeremy Wetmore	420 W. Morris Blvd	Morristown	TN	37813

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 the 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 been suspended or revoked by any state licensure agency? Yes No
- Been subject to a final order or judgment 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

Yes No
 > Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past?
 (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.)

Termination/Suspension

Yes No
 > Suspended or terminated from participation in Medicare or Medicaid/TennCare programs?

Fraud and Abuse

Yes No
 > 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?

Corporate Integrity Agreement

Yes No
 > Is presently an entity covered by and subject the terms of a corporate integrity agreement? (If yes, please provide a copy of CIA.)

Bankruptcy

Yes No
 > Filed bankruptcy under any provision of the United States Bankruptcy Code:

Civil Monetary Penalty (CMP)

Yes No
 > 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?

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: 420 W. Morris Blvd Morrisotwn, TN 37813

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 141032

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

 Outlook

(No subject)

From Deanine Diamond <ddiamond@healthstartn.org>

Date Fri 11/14/2025 3:07 PM

To Carrie Stroud <cstroud@healthstartn.org>

Novitas DME Billing number revoked (OVERTURNED) 9/27/2025 (reinstated effective 8/28/2025) Novitas Solutions, Inc. (reinstated by CHAGS (C-HIT)(see attached letter)



Deanine Diamond

Director of Physician Services

HealthStar Physicians, PC

420 W. Morris Blvd, Ste 400A

Morristown, TN 37813

(P) 423.581.5925 ext 1117 (F) 423.581.2828



October 17, 2025

Hodges Doughty & Carson
Attn: B. Chase Kibler, Esq.
445 S. Gay St, Ste 401
Knoxville, TN 37901-0869

Re: Corrective Action Plan (CAP) and Reconsideration Request Determination
Legal Business Name: Healthstar Physicians PC
NPI: 1184610248
PTAN:1272390001
Reference Number: 8252389195

Dear B. Chase Kibler:

This letter is in response to the CAP and reconsideration request (collectively, “appeal”), dated September 5, 2025, received by Chags Health Information Technology, LLC (C-HIT) based on the revocation of Healthstar Physicians PC’s (HPPC) Medicare enrollment and billing privileges. The initial determination letter was dated August 28, 2025, and the appeal was received by C-HIT on September 5, 2025. Therefore, this appeal is considered timely. C-HIT based this decision on the Social Security Act (the Act), Medicare regulations, the Centers for Medicare & Medicaid Services (CMS) manual instructions, the Medicare enrollment record, and any information received before this decision was rendered.

APPLICABLE AUTHORITIES:

- 42 C.F.R. § 424.535(a)(1)
- 42 C.F.R. § 424.57(c)(4)
- 42 C.F.R. § 424.57(e)
- 42 C.F.R. § 424.517
- 42 C.F.R. § 424.535 (c)
- 42 C.F.R. § 424.535(g)
- 42 C.F.R. § 405.800

CAP DECISION:

C-HIT has reviewed the documentation related to the matter for HPPC, including the appeal submitted by HPPC and all information used by CMS and/or the National Provider Enrollment Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) East Contractor, Novitas Solutions, Inc. (NPE East) to implement the revocation. C-HIT made this determination in accordance with the applicable Medicare rules, policies, and program instructions.

In a letter dated August 28, 2025, NPE East revoked HPPC’s Medicare enrollment and billing privileges pursuant to § 424.535(a)(1), effective 30 days from the date of the initial determination



letter. The initial determination letter also established a one-year re-enrollment bar pursuant to § 424.535(c), effective 30 days from the date of the initial determination letter. The revocation was based on HPPC's non-compliance with § 424.57(c)(4). However, in its CAP, HPPC demonstrated that it has corrected the deficiency that led to the revocation as indicated below:

- § 424.57(c)(4) HPPC- demonstrated that it fills items from its own inventory and/or contracts with other companies for the purchase of items.

As a result, C-HIT overturns the revocation of HPPC's Medicare enrollment as it relates to § 424.535(a)(1) and overturns the re-enrollment bar established in the initial determination letter.

Because the CAP was accepted, there are no remaining issues to reconsider. Therefore, a reconsideration decision will not be rendered.

This is a **FAVORABLE DETERMINATION**. To effectuate this determination, NPE East will reinstate HPPC's Medicare enrollment and billing privileges, effective August 28, 2025.

If you have any questions, please contact our office at 800-245-9206 between the hours of 9:00 a.m. ET and 5:00 p.m. ET.

Sincerely,

R. Woodall

R. Woodall

Project Manager

Chags Health Information Technology, LLC (C-HIT)

cc:

NPE East;

Healthstar Physicians, P.C.

Attn: Odessa Brabson

420 W. Morris Blvd, Ste 400A

Morristown, TN 37813-2262

If ACCREDITED, What Organization? IAC
(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

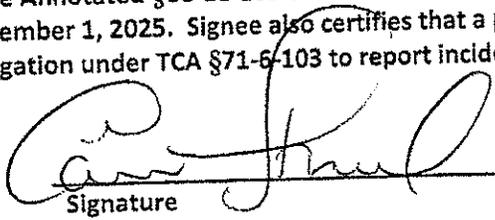
If PET Unit will be Accredited, is it PENDING ACCREDITED

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.



Signature

11/19/25

Date

Carrie Stroud
Printed Name



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Carrie Stroud

Director of Imaging

Name

Title

cstroud@healthstartn.org

Email Address

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City

State

ZIP

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Carrie Stroud Director of Imaging
Name Title

cstroud@healthstartn.org
Email Address

Healthstar Physicians PC
Company Name

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Address

Morristown TN 37813
City State ZIP

423-586-4545
Phone Number

4. OWNERSHIP OF FACILITY

Healthstar Physicians PC
Name of Owner

420 West Morris Blvd
Address

Morristown TN 37813
City State ZIP

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Phone Number

Legal Entity:

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability	<input checked="" type="checkbox"/> Corporation (For Profit)
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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 attached form

(1) Name

Address

City

State

ZIP

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Address

City State ZIP

Phone Number

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> 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

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> Suspended or terminated from participation in Medicare or Medicaid/TennCare programs? Yes No
See attached

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

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: 420 W. Morris Blvd Morrisotwn, TN 37813

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 141297

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

 Outlook

(No subject)

From Deanine Diamond <ddiamond@healthstartn.org>

Date Fri 11/14/2025 3:07 PM

To Carrie Stroud <cstroud@healthstartn.org>

Novitas DME Billing number revoked (OVERTURNED) 9/27/2025 (reinstated effective 8/28/2025) Novitas Solutions, Inc. (reinstated by CHAGS (C-HIT)(see attached letter)



Deanine Diamond

Director of Physician Services

HealthStar Physicians, PC

420 W. Morris Blvd, Ste 400A

Morristown, TN 37813

(P) 423.581.5925 ext 1117 (F) 423.581.2828



October 17, 2025

Hodges Doughty & Carson
Attn: B. Chase Kibler, Esq.
445 S. Gay St, Ste 401
Knoxville, TN 37901-0869

Re: Corrective Action Plan (CAP) and Reconsideration Request Determination
Legal Business Name: Healthstar Physicians PC
NPI: 1184610248
PTAN:1272390001
Reference Number: 8252389195

Dear B. Chase Kibler:

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APPLICABLE AUTHORITIES:

- 42 C.F.R. § 424.535(a)(1)
- 42 C.F.R. § 424.57(c)(4)
- 42 C.F.R. § 424.57(e)
- 42 C.F.R. § 424.517
- 42 C.F.R. § 424.535 (c)
- 42 C.F.R. § 424.535(g)
- 42 C.F.R. § 405.800

CAP DECISION:

C-HIT has reviewed the documentation related to the matter for HPPC, including the appeal submitted by HPPC and all information used by CMS and/or the National Provider Enrollment Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) East Contractor, Novitas Solutions, Inc. (NPE East) to implement the revocation. C-HIT made this determination in accordance with the applicable Medicare rules, policies, and program instructions.

In a letter dated August 28, 2025, NPE East revoked HPPC’s Medicare enrollment and billing privileges pursuant to § 424.535(a)(1), effective 30 days from the date of the initial determination



letter. The initial determination letter also established a one-year re-enrollment bar pursuant to § 424.535(c), effective 30 days from the date of the initial determination letter. The revocation was based on HPPC's non-compliance with § 424.57(c)(4). However, in its CAP, HPPC demonstrated that it has corrected the deficiency that led to the revocation as indicated below:

- § 424.57(c)(4) HPPC- demonstrated that it fills items from its own inventory and/or contracts with other companies for the purchase of items.

As a result, C-HIT overturns the revocation of HPPC's Medicare enrollment as it relates to § 424.535(a)(1) and overturns the re-enrollment bar established in the initial determination letter.

Because the CAP was accepted, there are no remaining issues to reconsider. Therefore, a reconsideration decision will not be rendered.

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If you have any questions, please contact our office at 800-245-9206 between the hours of 9:00 a.m. ET and 5:00 p.m. ET.

Sincerely,

R. Woodall

R. Woodall
Project Manager
Chags Health Information Technology, LLC (C-HIT)

cc:

NPE East;

Healthstar Physicians, P.C.
Attn: Odessa Brabson
420 W. Morris Blvd, Ste 400A
Morristown, TN 37813-2262

If ACCREDITED, What Organization? IAC
(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

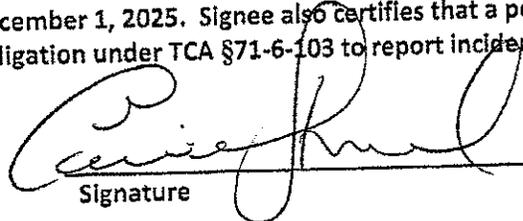
If PET Unit will be Accredited, is it PENDING ACCREDITED

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.



11/19/25

Signature

Date

Carrie Stroud
Printed Name

Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

MRI:

Hospital: \$500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: \$500 per MRI unit

PET:

Hospital: \$500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: \$500 per MRI unit

(as of December 1, 2025)

Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION
MRI

hereby recognizes

**Healthstar Physicians, P.C.
Diagnostics**

420 W MORRIS BLVD, SUITE 400H, MORRISTOWN, TN 37813

as an
ACCREDITED FACILITY
in the area(s) of

BODY MRI
MUSCULOSKELETAL MRI
MRA
NEUROLOGICAL MRI



M. S. ...
PRESIDENT, MRI
[Signature]
SECRETARY, MRI

EFFECTIVE THROUGH
05/31/2027

Siemens - Aera Eco
Serial: 141032

Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION
MRI

hereby recognizes

Healthstar Physicians, P.C.
Diagnostics

420 W MORRIS BLVD, SUITE 400H, MORRISTOWN, TN 37813

as an
ACCREDITED FACILITY
in the area(s) of

BODY MRI
MUSCULOSKELETAL MRI

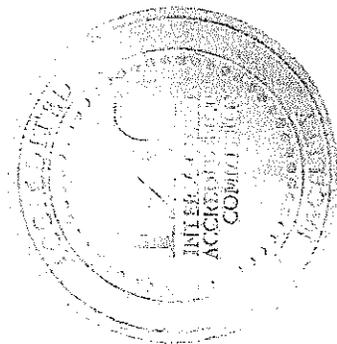
MRA
NEUROLOGICAL MRI


PRESIDENT, MRI


SECRETARY, MRI

EFFECTIVE THROUGH
05/31/2027

Siemens - Aera
Serial: 141297



Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION
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Diagnostics

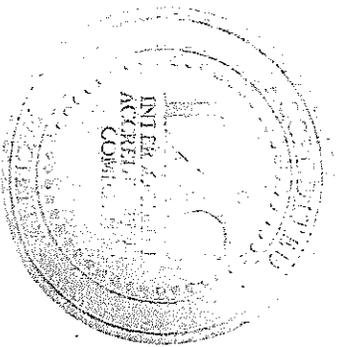
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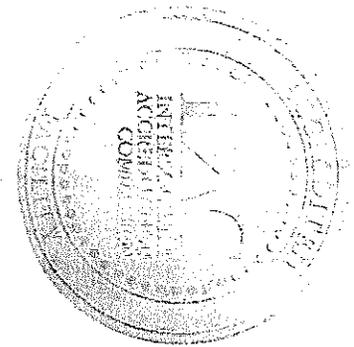
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