



## 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](mailto: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, 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

Heritage Medical Associates

Name

222 22nd Ave North

Address

Nashville

City

TN

State

37203

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

James Skill

Name

CEO

Title

jskill@heritagemedical.com

Email Address

Heritage Medical Associates

Company Name

222 22nd Ave North

Address

Nashville

City

TN

State

37203

ZIP

629-255-3081

Phone Number

3. BILLING INFORMATION FOR FACILITY

Kat Hastings

Name

D.I. Manager

Title

khastings@heritagemedical.com

Email Address

Heritage Medical Associates

Company Name

222 22nd Ave NORTH

Address

Nashville

City

TN

State

37203

ZIP

629.255.3300

Phone Number

4. OWNERSHIP OF FACILITY

Heritage Medical Associates, P.C.

Name of Owner

222 22nd Ave. N

Address

Nashville

City

TN

State

37203

ZIP

629-255-2201

Phone Number

Legal Entity:

Individual

Limited Liability

Corporation  
(For Profit)

Corporation  
(Not for Profit)

Government

Limited Partnership

Joint Venture

Professional Limited  
Liability Company

Other

Partnership Corporation

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

Heritage Medical Associates, P.C.

Directors

Paige Smith, MD – President

Brian Scott, MD – Vice President

Rodney Lewis, MD – Secretary

Allison Strnad, MD – Treasurer

222 22<sup>nd</sup> Ave. N

Nashville, TN 37203

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 Attached

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

<b>Office</b>	<b>Address</b>
<i>222 Medical Office Building</i>	222 22nd Avenue North Nashville, TN 37203
<i>Bellevue Office</i>	7640 Highway 70 South, Suite 110 Nashville, TN 37221
<i>Midtown Plaza Office</i>	2004 Hayes Street, Suite 550 Nashville, TN 37203
<i>Castle Heights Office</i>	715 Castle Heights Court Lebanon, TN 37087
<i>DDEC Office</i>	222 22nd Avenue North, 3rd Floor Nashville, TN 37203
<i>Grassland Office</i>	2339 Hillsboro Road, Suite 100 Franklin, TN 37069
<i>Green Hills Office</i>	2325 Crestmoor Road Nashville, TN 37215
<i>Hermitage Office</i>	3901 Central Pike, Suite 251 Hermitage, TN 37076
<i>Highwoods Office</i>	3322 West End Avenue, Suite 800 Nashville, TN 37203
<i>Lebanon Office</i>	920 South Hartmann Drive, Suite 200 Lebanon, TN 37090
<i>Mt. Juliet Office</i>	325 Old Pleasant Grove Road Mt. Juliet, TN 37122
<i>Mt. Juliet North Office</i>	2025 North Mt. Juliet Road, Suite 200 Mt. Juliet, TN 37122
<i>St. Thomas West Office</i>	4230 Harding Pike, East Plaza Nashville, TN 37205
<i>Skin Cancer Surgery Center</i>	4230 Harding Pike, Heart Building Suite 230 Nashville, TN 37205
<i>Westgate Office - Building 1</i>	1622 Westgate Circle Brentwood, TN 37027
<i>Westgate Office - Building 2</i>	1620 Westgate Circle Brentwood, TN 37027

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?  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: 222 22nd Ave North

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number R 2445

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? A.C.R.  
(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.

 12/11/25  
\_\_\_\_\_  
Signature Date

Trey Schellick, CFO  
\_\_\_\_\_  
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)*

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



## Heritage Medical Associates, PC

222-22nd Avenue North  
Suite 100

Nashville, Tennessee 37203-1870

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)  
HDxt 1.5T 2002**

for

**Body, Head, MRA, MSK, Spine**

Accredited from  
July 18, 2025 through August 19, 2028

A stylized, handwritten signature in black ink.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink that reads "David B. Johnson".

Chair, Commission on  
Quality and Safety