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

HFC

INITIAL APPLICATION FOR LICENSE OF SERVICES FOR PHYSICIAN OFFICES

1. NAME AND PHYSICIAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

The Jackson Clinic,
P.A.

Name

2859 Hwy 45
Bypass, Frontage
Road

Address

Jackson	TN	38305
City	State	ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Mark Allen	Administrator
Name	Title

mallen@jacksonclinic.com

Email Address

The Jackson Clinic, P.A.

Company Name

828 N. Parkway

Address

Jackson	TN	38305
City	State	ZIP

731-422-0330

Phone Number

3. BILLING INFORMATION FOR FACILITY

Rochanda Kenton	Purchasing Supervisor
Name	Title

rkenton@jacksonclinic.com
Email Address

The Jackson Clinic, P.A.
Company Name

828 N. Parkway
Address

Jackson	TN	38305
City	State	ZIP

731-422-0382
Phone Number

4. OWNERSHIP OF FACILITY

The Jackson Clinic, P.A.
Name of Owner

828 N. Parkway
Address

Jackson	TN	38305
City	State	ZIP

731-422-0330
Phone Number

Legal Entity:

- ☐ Individual
- ☐ Limited Liability
- X 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.)*

William A. Preston, MD
(1) Name

145 Innovation Drive
Address

Jackson	TN	38305
City	State	ZIP

C. Jason Cherry, MD
(2) Name

145 Innovation Drive
Address

Jackson	TN	38305
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? X Yes ☐ No

If a corporation, is there a holding company? ☐ Yes X No

If yes, please complete the following information of the holding company.

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? x Yes ☐ No

If yes, list their names and addresses of all facilities.:	Kellie Wallace-Wilding, MD and Rebecca Nass MD own interests in Jackson Massage and Day Spa, 31-H Wiley Parker Rd, Jackson, TN 38305 Shahzhad Shah, MD owns interest in Nova Skin Laser and Wellness, 716 N Highland Ave, Jackson, TN 38301

Is there a contract with a management firm to operate this facility? ☐ Yes X 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	x No
	➢ Had a license suspended or revoked by any state licensure agency?	☐ Yes	x No
	➢ Been subject to a final order or judgement in a state licensure action?	☐ Yes	x 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	x No

Exclusion			
	➢ Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past?	□ Yes	x 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	x No
Termination/Suspension			
	➢ Suspended or terminated from participation in Medicare or Medicaid/TennCare programs?	□ Yes	x 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	x 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	x No
Bankruptcy	➢ Filed bankruptcy under any provision of the United States Bankruptcy Code:	□ Yes	x 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	x No

6. On the following items, check all appropriate services to be licensed.

X <u>ESTABLISHING MRI UNIT/SERVICE:</u> *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 2859 Hwy 45 Bypass, Frontage Rd, Jackson, TN 38305

Name Brand of Unit GE Brivo 355

Tesla 1.5

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

Unit's Serial Number R3440

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

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

If ACCREDITED, What Organization? Intersocietal Accreditation Commission
(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 Date 12/23/2025

MARK H. ALLEN

Printed Name

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	2859 Hwy 45 Bypass, Frontage Road Jackson, TN 38305	GE Brivo 355	1.5 T Short Bore	R3440	Yes	IAC	Yes
CT	2859 Hwy 45 Bypass, Frontage Road Jackson, TN 38305	Canon Aquilion PrimeSP	160 Slice	1BC2314662	Yes	IAC	Yes

ATTACHMENT - B

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
Kamran Mahalati, MD	145 Innovation Drive	Jackson	TN	38305
Lolly Eldridge, MD	145 Innovation Drive	Jackson	TN	38305
Todd Teague, MD	2863 Hwy 45 Bypass, Frontage Rd	Jackson	TN	38305
Philip A. Coy, MD	619 Skyline Drive	Jackson	TN	38305
Alernchi Y. Oleru	2863 Hwy 45 Bypass, Frontage Rd	Jackson	TN	38305

Certificate of Accreditation

INTERSOCIETAL ACCREDITATION COMMISSION

MRI

hereby recognizes

The Jackson Clinic, PA

2859 Hwy45 Bypass Frontage Rd., Jackson, TN 38305

as an

ACCREDITED FACILITY

in the area(s) of

BODY MRI
MUSCULOSKELETAL MRI
NEUROLOGICAL MRI
MRA

GE: BRIVO 355: (Serial No.): R9694

Subha V. Raman
PRESIDENT, MRI

Denise Case
SECRETARY, MRI

EFFECTIVE THROUGH
08/31/2026