



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

INITIAL APPLICATION FOR LICENSE OF SERVICES  
FOR PHYSICIAN OFFICES

1. NAME AND PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Karing Hearts Cardiology

Name

701 N. State of Franklin Rd Ste 2

Address

Johnson City

TN

37604

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Rob Gregory

CEO/Administrator

Name

Title

rob@karinghearts-cardiology.com

Email Address

Karing Hearts Cardiology

Company Name

701 N State of Franklin Rd, Ste 2

Address

Johnson City

TN

37604

City

State

ZIP

423-926-4468

Phone Number

3. BILLING INFORMATION FOR FACILITY

Julie Little Billing Specialist  
 Name Title

SLittle@KaringheartsCardiology.com  
 Email Address

Same  
 Company Name

Address

City State ZIP

Phone Number

4. OWNERSHIP OF FACILITY

See Attachment B  
 Name of Owner

Address

City State ZIP

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 Attachment-B

(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:

[Empty rectangular box for explanation]

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

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.:

Karing Hearts Cardiology Heart and Vascular Center  
701 N. State of Franklin Rd, Ste 9  
Johnson City, TN 37604

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

~~X~~ ESTABLISHING PET UNIT/SERVICE: (If more than one unit, use ATTACHMENT - A.)

Physical Address of Service: 201 N State of Franklin Rd, Ste 2 Johnson City TN 37604

Name Brand of Unit GE

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

Unit's Serial Number 3758PT0

Will the PET Unit be Accredited?:  Yes  No

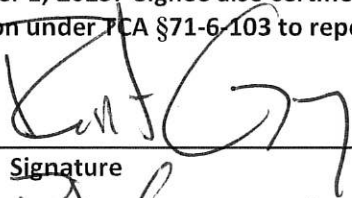
If PET Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? IAC  
(Attach certificate or proof of accreditation.)

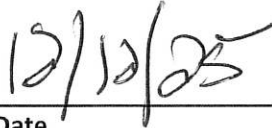
If no, why:

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 PCA §71-6-103 to report incidents of abuse or neglect.



Signature



Date



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)*





## NUCLEAR / PET

Improving health care through accreditation®

### Sponsoring Organizations

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PHYSICISTS IN MEDICINE

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MEDICINE AND MOLECULAR  
IMAGING

SOCIETY OF NUCLEAR  
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IMAGING – TECHNOLOGIST  
SECTION

WORLD MOLECULAR  
IMAGING SOCIETY

CARDIOLOGY  
MEMBERS-AT-LARGE

MEMBERS AT-LARGE

November 13, 2025

Jeffrey Schoondyke, MD  
Regina Bond, CNMT  
Karing Hearts Cardiology, Pc  
701 N State Of Franklin Rd Ste 2  
Johnson City, Tennessee 37604

Re: Reaccredit Application #176473

Dear Dr. Schoondyke and Mrs. Bond:

I would like to take this opportunity to congratulate you on seeking and achieving Nuclear/PET accreditation by the Intersocietal Accreditation Commission (IAC). You and your staff are to be commended for demonstrating your facility's pursuit of excellence in the field of Nuclear/PET.

At the November 12, 2025 meeting of the IAC Nuclear/PET Board of Directors, the reviews of your application were evaluated and discussed. Your facility has been awarded accreditation in the following area(s) of Nuclear/PET:

### **Myocardial Perfusion Imaging and Positron Emission Tomography (PET)**

#### **Online Application Review Findings (ARF)**

The Application Review Findings (ARF) summary is an important document providing detailed feedback to your facility about the review of your application.

To view the ARF document:

1. Login to your facility's Online Accreditation account at [www.iaconlineaccreditation.org](http://www.iaconlineaccreditation.org);
2. Select the Applications tab from the options listed across the top of the screen;
3. Adjacent to your application, click on the ARF and Notification Letter icon in the Available Action(s) column.

### **IAC Certificate of Accreditation & Marketing Items**

The Technical Director will receive an e-mail in the coming weeks containing details regarding how to review and order the complimentary certificate(s) for your facility as well as *optional* plaques for purchase.

In addition, there are many resources available for immediate download from the digital marketing kit (accessible through the star icon under the *Applications* tab in your facility's online accreditation account at [www.iaconlineaccreditation.org](http://www.iaconlineaccreditation.org)), including a Virtual Certificate of Accreditation and Seal of Accreditation. For more details, visit [www.intersocietal.org/marketing](http://www.intersocietal.org/marketing) or e-mail [marketing@intersocietal.org](mailto:marketing@intersocietal.org).

Thank you for participating in the accreditation process. By documenting substantial compliance to the requirements outlined in the *IAC Standards*, your facility has demonstrated a commitment to quality patient care.

Karing Hearts Cardiology, Pc  
November 13, 2025  
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Please contact me at the IAC office with questions related to the review of your application.

Sincerely,



Wesley Folds, BS, CNMT, NCT  
Interim Director of Accreditation - Nuclear/PET