



**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**

Knoxville Orthopaedic Clinic Powell MRI

Name

7750 Dannaher Drive

Address

Powell

TN

37849

City

State

ZIP

**2. CEO/ADMINISTRATOR OF PROVIDER**

Pete Pearson

CEO

Name

Title

Pete.pearson@kocortho.com

Email Address

Knoxville Orthopaedic Clinic

Company Name

256 Fort Sanders West Boulevard, Suite 200

Address

Knoxville

TN

37922

City

State

ZIP

865-769-4502

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

<u>Ryan Tipton</u>	<u>Director of Imaging</u>	
Name	Title	
<u>Ryan.tipton@kocortho.com</u>		
Email Address		
<u>Knoxville Orthopaedic Clinic</u>		
Company Name		
<u>256 Fort Sanders West Boulevard, Suite 200</u>		
Address		
<u>Knoxville</u>	<u>TN</u>	<u>37922</u>
City	State	ZIP
<u>865-371-9145</u>		
Phone Number		

**4. OWNERSHIP OF FACILITY**

<u>OrthoTennessee, PC</u>		
Name of Owner		
<u>256 Fort Sanders West Boulevard, Suite 200</u>		
Address		
<u>Knoxville</u>	<u>TN</u>	<u>37922</u>
City	State	ZIP
<u>865-558-4400</u>		
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.)

John J. Crawford, M.D.

(1) Name

256 Fort Sanders West Boulevard, Suite 200

Address

Knoxville

TN

37922

City

State

ZIP

Gregory M. Mathien, M.D.

(2) Name

256 Fort Sanders West Boulevard, Suite 200

Address

Knoxville

TN

37922

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

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?  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.

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

Physical Address of Service: 7750 Dannaher Drive, Powell, TN 37849

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 189860

Will the MRI Unit be Accredited?: X Yes  No

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

If ACCREDITED, What Organization? ACR  
(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.

	<i>12/1/25</i>
Signature	Date
<hr/>	
<i>Pierce D. Pearson</i>	
Printed Name	

**ATTACHMENT - B**

**INDIVIDUAL OWNERS INFORMATION**

Name	Address	City	State	ZIP
Scott Smith, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
Philip McDowell, Jr., MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
Matthew Rappe, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
Doug Calhoun, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
Brian Tonne, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
B. Shane Asbury, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922
Christine Seaworth, MD	256 Fort Sanders West Boulevard, Suite 200	Knoxville	TN	37922

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



**OrthoTn North**  
7750 Dannaher Dr  
Powell, Tennessee 37849

was surveyed by the ACR® Committee on MRI  
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**Siemens Medical Systems  
SYNGO 2021**

for

**MSK, Spine**

Accredited from  
July 31, 2024 through January 27, 2028

A handwritten signature in black ink, appearing to be "K. A. H.", written over a horizontal line.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, appearing to be "David B. Johnson", written over a horizontal line.

Chair, Commission on  
Quality and Safety

**From:** [Ryan Tipton](#)  
**To:** [HFC Service](#)  
**Subject:** [EXTERNAL] Knoxville Orthopaedic Clinic Powell MRI  
**Date:** Monday, December 8, 2025 10:18:13 AM

---

**This Message Is From an External Sender**

This message came from outside your organization.  
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

This message was sent securely using Zix®

The correct address for the MRI at Knoxville Orthopaedic Clinic Powell is 7750 Dannaher Drive, Powell, TN 37849.

--

Ryan Tipton RT(R)(CT), CRA  
**Knoxville Orthopaedic Clinic**  
Director of Imaging and Documentation Management  
Cell-865-898-4790

---

*The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by replying to this email and delete all copies of the original message.*

This message was secured by Zix®.