



**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**

Knoxville Orthopaedic Clinic University MRI

Name

1600 Accelerator Way, Suite 120

Address

Knoxville

TN

37920

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**

Ryan Tipton Director of Imaging  
Name Title

Ryan.tipton@kocortho.com  
Email Address

Knoxville Orthopaedic Clinic  
Company Name

256 Fort Sanders West Boulevard, Suite 200  
Address

Knoxville TN 37922  
City State ZIP

865-371-9145  
Phone Number

**4. OWNERSHIP OF FACILITY**

OrthoTennessee, PC  
Name of Owner

256 Fort Sanders West Boulevard, Suite 200  
Address

Knoxville TN 37922  
City State ZIP

865-558-4400  
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? (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.

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

Physical Address of Service: 1600 Accelerator Way, Suite 120, Knoxville, TN 37920

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 190102

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



**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



## KOC University MRI

1600 Accelerator Way, Suite 120  
Knoxville, Tennessee 37920

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

The following magnet was approved

**Siemens Medical Systems  
MAGNETOM Altea 2022**

for

**MSK, Spine**

Accredited from  
May 13, 2025 through October 14, 2028

A stylized, handwritten signature in black ink, consisting of several sharp, angular strokes.

Chair, Committee ON  
MRI Accreditation

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

Chair, Commission on  
Quality and Safety