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

INITIAL APPLICATION FOR LICENSE OF SERVICES FOR PHYSICIAN OFFICES

1. NAME AND PHYSICIAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Knoxville Orthopaedic Clinic West MRI
Name

260 Fort Sanders West Boulevard, Building 6
Address

Knoxville	TN	37922
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:

- ☐ 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.)*

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 X 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? □ **Yes X No**

If yes, list their names and addresses of all facilities.:

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

Physical Address of Service: 260 Fort Sanders West Boulevard, Building 6, Knoxville, TN 37922

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number 865769MR

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. X 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.

Pierce D. Pearson 12/1/25

Signature **Date**

Pierce D. Pearson

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	260 Fort Sanders West Boulevard, Building 6, Knoxville, TN 37922	General Electric	Short Bore	R094	Yes	ACR	Yes

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

MAGNETIC RESONANCE IMAGING
American College of Radiology™
ACCREDITED FACILITY

KOC West MRI

260 Fort Sanders West Blvd
Knoxville, Tennessee 37922

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) SIGNA 2000

for

MSK, Spine

Accredited from
June 04, 2025 through November 27, 2028

David B Larson

Chair, Committee ON MRI Accreditation

Chair, Commission on Quality and Safety

MRAP# 05489-01

AMERICAN COLLEGE OF RADIOLOGY

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING
American College of Radiology™
ACCREDITED FACILITY

KOC West MRI

260 Fort Sanders West Blvd
Knoxville, Tennessee 37922

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) SIGNA HDXT 1.5T 2011

for

MSK, Spine

Accredited from
June 04, 2025 through November 27, 2028

David B Jason

Chair, Committee ON MRI Accreditation

Chair, Commission on Quality and Safety

MRAP# 05489-02