



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 PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

MSK Group,PC dba OrthoSouth

Name

6286 Briarcrest Ave Suite 120

Address

Bartlett

TN

38120

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Kim Jenkins

CEO

Name

Title

kjenkins@orthosouth.org

Email Address

MSK Group,PC dba OrthoSouth

Company Name

6077 Primacy Parkway Suite 140

Address

Memphis

TN

38119

City

State

ZIP

901-259-4252

Phone Number

3. BILLING INFORMATION FOR FACILITY

Rachel Williamson

MRI Manager

Name

Title

rwilliamson@orthosouth.org

Email Address

MSK Group,PC dba OrthoSouth

Company Name

3045 Kate Bond

Address

Bartlett

TN

38133

City

State

ZIP

901-461-8074

Phone Number

4. OWNERSHIP OF FACILITY

MSK Group,PC dba OrthoSouth

Name of Owner

6077 Primacy Parkway Suite 140

Address

Memphis

TN

38119

City

State

ZIP

901-259-4252

Phone Number

Legal Entity:

Individual

Limited Liability

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.)

MSK Group,PC dba OrthoSouth

(1) Name

6077 Primacy Parkway Suite 140

Address

Memphis

TN

38119

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:

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.

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

Physical Address of Service: 6286 Briarcrest Ave Suite 120

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R5875

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.)

ACR

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.

Rachel P. Williamson

Signature

11/24/25

Date

Rachel P. Williamson

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)

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



OrthoSouth Briarcrest MRI

6286 Briarcrest Ave
Suite 120
Memphis, Tennessee 38120

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 Artist Evo 2021**

for

MSK, Spine

**Accredited from
February 10, 2025 through February 10, 2028**

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

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, written in a cursive style.

Chair, Commission on
Quality and Safety