HFC

PROCEDURES FOR APPLYING FOR INITIAL LICENSURE OF SERVICE LINES FOR PHYSICIAN OFFICES

1. Beginning December 1, 2025, and thereafter you must submit an MRI and/or PET licensure application to the Health Facilities Commission followed by the designated fee.

   Licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.

3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.

4. Please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.

5. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

6. Once the license fees have been received, a provisional approval letter will be sent to the listed CEO/Administrator. The application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.

   - If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.
   - If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html.. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.

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

Murfreesboro Medical Clinic
Name

1272 Garrison Drive
Address

Murfreesboro TN 37129
City State ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Joseph A. Peay CEO
Name Title

peayemmclinic.com
Email Address

Murfreesboro Medical Clinic
Company Name

1272 Garrison Drive
Address

Murfreesboro TN 37129
City State ZIP

615-893-4480
Phone Number

3. BILLING INFORMATION FOR FACILITY

Dulena Bigelow — Name
Clinical Director, Radiology & Lab — Title

dbigelow emmclinic.com
Email Address

Murfreesboro Medical Clinic
Company Name

1272 Garrison Drive
Address

Murfreesboro — City
TN — State
37129 — ZIP

615-867-8150
Phone Number

4. OWNERSHIP OF FACILITY

Murfreesboro Medical Clinic, P.A.
Name of Owner

1272 Garrison Drive
Address

Murfreesboro — City
TN — State
37129 — ZIP

615-893-4480
Phone Number

Legal Entity:

- ☐ Individual
- ☐ Corporation (Not for Profit)
- ☐ Joint Venture
- ☐ Other _____
- ☐ Limited Liability
- ☐ Government
- ☐ Professional Limited Liability Company
- ☑ Corporation (For Profit)
- ☐ Limited Partnership

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 attached

(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: N/A

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

Physician Name	Title	Shares	Voting Rights	Percentage Owned
Tammy R. Adams, M.D.		50	1	1.14%
Christopher Albergo, M.D.		50	1	1.14%
Adam Allie, M.D.		50	1	1.14%
Jonathon L Anderson, D.O.		50	1	1.14%
Kimberly Bartley, M.D.		50	1	1.14%
David A. Beaird, M.D.		50	1	1.14%
Virgil L. Bigham, M.D.		50	1	1.14%
Lauren Blackwell, D.O.		50	1	1.14%
Brad Bledsoe, M.D.		50	1	1.14%
Steven L Bouldin, M.D.		50	1	1.14%
Melita Melson-Bradley M.D.		50	1	1.14%
Andrea Branch, M.D.		50	1	1.14%
Colleen Bratsch, M.D.		50	1	1.14%
Aaron Broman, M.D.		50	1	1.14%
Daniel A. Brown, M.D.	Director	50	1	1.14%
Elizabeth Bunch, D.O.		50	1	1.14%
Olen B. Burns, M.D.		50	1	1.14%
Wanda B. Cade, M.D.		50	1	1.14%
Bruni Caplin, M.D.		50	1	1.14%
Marcie S. Castleberry, M.D.		50	1	1.14%
Andrew Celmer, M.D.		50	1	1.14%
Brad S. Chesney, M.D.		50	1	1.14%
Lauren Christman, D.O.		50	1	1.14%
D. Jerry Collins, M.D.		50	1	1.14%
Zane Cooke, M.D.	Director	50	1	1.14%
Nicholas Cote, D.O.		50	1	1.14%
Rosanne Dalton, M.D.		50	1	1.14%
Michael Derrick, MD		50	1	1.14%
Chloe Desnoes, M.D.		50	1	1.14%
Mercy Dixon, M.D.		50	1	1.14%
Paul G Dotherow, M.D.		50	1	1.14%
Frank R. Drowota, M.D.	Director	50	1	1.14%
Ryan T. Drumright, M.D.		50	1	1.14%
Heather Duniap, DO	Director	50	1	1.14%
Scott Eller, M.D.		50	1	1.14%
J. Brett Farmer, M.D.		50	1	1.14%
Andy Fong, M.D.		50	1	1.14%
Amanda Gammel, D.O.		50	1	1.14%
Ramesh C. Gowda, M.D.		50	1	1.14%
Brian Gray, D.O.		50	1	1.14%
Brenna Green, M.D.		50	1	1.14%
Jeremy B. Harrison, M.D.		50	1	1.14%
Michael Herlevic, M.D.		50	1	1.14%
Roy L. Hood, M.D.		50	1	1.14%
Shawn Horwitz, M.D.		50	1	1.14%
Jack Hua, M.D.		50	1	1.14%
Robert S. Humphrey, M.D.		50	1	1.14%
Albert A. Kaitine, M.D.		50	1	1.14%
Blake Kellum, M.D.		50	1	1.14%
John Kolysnik, M.D.		50	1	1.14%
Cregan LaBorde, M.D.		50	1	1.14%
Andrew LaMay, DPM		50	1	1.14%
John C. Lee, D.O.		50	1	1.14%
Nicholas B Link, M.D.		50	1	1.14%
Austin Mackens, M.D.		50	1	1.14%
Brannon Mangos, M.D.		50	1	1.14%
Brad Medling, M.D.		50	1	1.14%
Andrew McGehee, MD		50	1	1.14%
Shannon Moran, M.D.	Director	50	1	1.14%
Paul M. Myers	Director	50	1	1.14%
Marcus Owen, M.D.	Director	50	1	1.14%
Taylor M Parker, M.D.		50	1	1.14%
Paul Pasarilla, M.D.		50	1	1.14%
Utpal P. Patel, M.D.		50	1	1.14%
Jason Pollock, M.D.	President	50	1	1.14%
Lara Rahaa M.D.		50	1	1.14%
Tara Ralph, D.O.		50	1	1.14%
Arudanti Ramesh, M.D.		50	1	1.14%
Asim Razzaq, M.D.		50	1	1.14%
Reece Rickertsen, DPM		50	1	1.14%
James K. Rone, M.D.		50	1	1.14%
Brent Rosser, M.D.		50	1	1.14%
Christina Routh, M.D.		50	1	1.14%
Bryan Sabbe, M.D.		50	1	1.14%
Joseph M. Scott, M.D.		50	1	1.14%
Sadhish K. Siva, M.D.		50	1	1.14%
Brooke Slaughter, MD		50	1	1.14%
Brian Smith, M.D.	Director	50	1	1.14%
Nicholas Stoffel, M.D.		50	1	1.14%
Gregory M. Taylor, M.D.		50	1	1.14%
Ryan Thompson, D.O.		50	1	1.14%
Christopher A. Vogel, M.D.		50	1	1.14%
Aaron Ward, M.D.		50	1	1.14%
Lisa White, M.D.		50	1	1.14%
April Whitfield, M.D.		50	1	1.14%
Kayla Wieneczkowski, M.D.		50	1	1.14%
Kelly G. Williams, M.D.		50	1	1.14%
Eric Young, M.D.		50	1	1.14%
		4,400.00	88	100.00%

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: 1272 Garrison Drive

Name Brand of Unit Canon Vantage Titan

Tesla 1.5

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

Unit's Serial Number S2D1912121

Will the MRI Unit be Accredited?: ☑ Yes □ No

If MRI Unit will be Accredited, is it □ PENDING ☑ ACCREDITED

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING
American College *of* Radiology™
ACCREDITED FACILITY

Murfreesboro Medical Clinic & Surgicenter

1272 Garrison Drive
Murfreesboro, Tennessee 37129

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

The following magnet was approved

Canon Medical Systems
Vantage Titan 2019

for

Body, Breast, Head, MRA, MSK, Spine

Accredited from
July 31, 2024 through November 16, 2027

Chair, Committee ON
MRI Accreditation

David B Larson

Chair, Commission on
Quality and Safety

MRAP# 50347-02

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.

Signature

12/24/2025
Date

Joseph A. Perry, CEO
Printed Name

From: Dulena Bigelow
To: Alecia L. Craighead
Subject: [EXTERNAL] Re: Questions Relating to Quality Service License
Date: Tuesday, December 30, 2025 3:11:52 PM
Attachments: image003.png
Outlook-0bxcdmuy.png

Hi Alicia,

I apologize. I wrote down the console number in error. The correct serial number for the unit located at Garrison Drive is 8X00259. Please let me know if you need anything else.

Thank you,

Dulena Bigelow
Clinical Director
Laboratory & Radiology Services
615.867.7826
1272 Garrison Drive
Murfreesboro, TN 37129
www.mmclinic.com

MMC
Your health is our mission.

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Tuesday, December 30, 2025 10:35 AM
To: Dulena Bigelow <dbigelow@mmclinic.com>
Subject: Questions Relating to Quality Service License

This is to notify you that your application for a quality license for Murfreesboro Medical Clinic on Garrison Drive is missing the following information:

- The serial number for the applied MRI does not match with was provided for the Medical Equipment Registry. Please verify if this is the same unit and which serial number to use.
  Application serial number is 5201912121; Medical Equipment Registry serial number is 8X00259.

We need this information to continue processing your application. You will have ten (10) days

from the date of this email to return the requested information to hfc.service@tn.gov. In the subject line of the email please include the name of your facility/Physician Practice.

If the information is not returned within the allotted time, the processing of your application will be delayed.

Should you have any questions or if I can be of assistance to you, please call me at 615-253-2782 or you may email me at alecia.l.craighead@tn.gov.

Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-253-2782
c: 615.674.0370
alecia.l.craighead@tn.gov
www.tn.gov/hfc