



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 PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Murfreesboro Medical Clinic

Name

3325 Shores Rd

Address

Murfreesboro

City

TN

State

37128

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Joseph A. Peay

Name

CEO

Title

peay@mmclinic.com

Email Address

Murfreesboro Medical Clinic

Company Name

1272 Garrison Drive

Address

Murfreesboro

City

TN

State

37129

ZIP

615-893-4480

Phone Number

3. BILLING INFORMATION FOR FACILITY

Dulena Bigelow Clinical Director, Radiology & Lab
Name Title

~~1272 Garrison Dr~~ dbigelow@mmclinic.com
Email Address

Murfreesboro Medical Clinic
Company Name

1272 Garrison Drive
Address

Murfreesboro TN 37129
City State ZIP

615-867-8150
Phone Number

4. OWNERSHIP OF FACILITY

Murfreesboro Medical Clinic, P.A.
Name of Owner

1272 Garrison Drive
Address

Murfreesboro TN 37129
City State 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

<u>Physician Name</u>	<u>Title</u>	<u>Shares</u>	<u>Voicing Rights</u>	<u>Percentage Owned</u>
Tamony 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. Beard, 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 Bronson, M.D.		50	1	1.14%
Daniel A. Brown, M.D.	Director	50	1	1.14%
Elizabeth Busch, D.O.		50	1	1.14%
Olen B. Burros, M.D.		50	1	1.14%
Wanda B. Cade, M.D.		50	1	1.14%
Briani Caplin, M.D.		50	1	1.14%
Marcie S. Casselberry, M.D.		50	1	1.14%
Andrew Celmer, M.D.		50	1	1.14%
Brad S. Chesney, M.D.		50	1	1.14%
Lauren Chrisman, 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 Core, 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. Dobernow, M.D.		50	1	1.14%
Frank R. Drosowta, M.D.	Director	50	1	1.14%
Ryan T. Drumright, M.D.		50	1	1.14%
Heather Dunlap, 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%
Breana 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. Kattine, M.D.		50	1	1.14%
Blake Kellum, M.D.		50	1	1.14%
John Kolyauk, M.D.		50	1	1.14%
Cregan LaRonde, 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 Mangus, 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 Passilla, 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 Rabaa, M.D.		50	1	1.14%
Tara Ralph, D.O.		50	1	1.14%
Arundanti Ramesh, M.D.		50	1	1.14%
Asim Razzazq, M.D.		50	1	1.14%
Renee Rickertsen, DPM		50	1	1.14%
James K. Rone, M.D.		50	1	1.14%
Brent Russar, M.D.		50	1	1.14%
Christina Routh, M.D.		50	1	1.14%
Bryan Salobe, M.D.		50	1	1.14%
Joseph M. Scott, M.D.		50	1	1.14%
Sudhish 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%
Liza White, M.D.		50	1	1.14%
April Whitfield, M.D.		50	1	1.14%
Kayla Winczkowski, 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: 3325 Shores Rd

Name Brand of Unit Canon Vantage Orion

Tesla 1.5

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

Unit's Serial Number PDA2312004

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.)

American College of Radiology

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



Murfreesboro Medical Clinic at Westlawn

3325 Shores Rd
Murfreesboro, Tennessee 37128

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 Orian 2023

For

Body, Head, MRA, MSK, Spine

Accredited from:

April 29, 2024 through April 29, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

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 Date


Printed Name