



**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

NOL, LLC dba Premier Radiology Green Hills

Name

2323 Crestmoor Road

Address

Nashville

TN

37215

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Jim Drumwright

CEO

Name

Title

jim.drumwright@radpartners.com

Email Address

NOL, LLC

Company Name

28 White Bridge Road Ste 111

Address

Nashville

TN

37205

City

State

ZIP

615-356-3999

Phone Number

3. BILLING INFORMATION FOR FACILITY

Natalie Davis	Director of Procurement	
Name	Title	
natalie.davis@premierradiology.net		
Email Address		
Premier Radiology		
Company Name		
28 White Bridge Rd Ste 111		
Address		
Nashville	TN	37205
City	State	ZIP
615-356-3999		
Phone Number		

4. OWNERSHIP OF FACILITY

NOL, LLC		
Name of Owner		
28 White Bridge Rd. Ste 111		
Address		
Nashville	TN	37205
City	State	ZIP
615-356-3999		
Phone Number		

Legal Entity:

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Limited Liability	<input 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.)

Brandon Williams, CFO St Thomas Health

(1) Name

28 White Bridge Pike Suite 111

Address

Nashville

TN

37205

City

State

ZIP

Betsy Berstein, VP of Joint Ventures

(2) Name

28 White Bridge Pike Suite 111

Address

Nashville

TN

37205

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

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: 04/01/2011 End Date: Ongoing

Phydata, LLC

Name of Firm

28 White Bridge Rd. Ste 111

Address

Nashville

TN

37205

City

State

ZIP

615-356-3999

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	<p>➤ Excluded from participation in federal health care programs – Medicare, Medicaid, CHIP, or TriCare – in the past? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Termination/Suspension	<p>➤ Suspended or terminated from participation in Medicare or Medicaid/TennCare programs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Fraud and Abuse	<p>➤ 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Corporate Integrity Agreement	<p>➤ Is presently an entity covered by and subject the terms of a corporate integrity agreement? (If yes, please provide a copy of CIA.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Bankruptcy	<p>➤ Filed bankruptcy under any provision of the United States Bankruptcy Code: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Civil Monetary Penalty (CMP)	<p>➤ 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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: 2323 Crestmoor Road

Name Brand of Unit GE

Tesla 1.5T

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

Unit's Serial Number 1243

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING 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

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.

Natalie Davis

11/25/25

Signature

Date

Natalie Davis

Printed Name



Premier Radiology Green Hills

2323 Crestmoor Rd
Nashville, Tennessee 37215

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 Creator 2022

For

Body, Breast, Head, MSK, Spine

Accredited from:

May 25, 2023 through May 25, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

From: [HFC Service](#)
To: [Alecia L. Craighead](#)
Subject: FW: MTI, LLC and NOL, LLC
Date: Wednesday, December 10, 2025 9:07:52 AM
Attachments: [Outlook-media](#)

From: Natalie Davis <natalie.davis@premierradiology.net>
Sent: Tuesday, December 9, 2025 2:43 PM
To: HFC Service <HFC.Service@tn.gov>
Subject: [EXTERNAL] MTI, LLC and NOL, LLC

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Good Afternoon,

I have reviewed the serial numbers on each piece of equipment. Please use the serial numbers in **red**. Let me know if you have any other questions.

Premier Radiology Briarville:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.
Application has a GE with SSN of ZA207, and the Registry has a GE with SSN **R199**.

Premier Radiology Antioch:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.
Application has a GE with SSN of 5756356-2EN, and the Registry has a GE with SSN **1008**.

Premier Radiology Brentwood:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.
Application has a Phillips with SSN 20023, and the Registry has a Phillips with SSN **TB-150-1685**.
Application has a GE with SSN 615394BPMR, and the Registry has a GE with SSN **938**.

Premier Radiology Gallatin:

- It appears the MRI registered and the MRI on the license are two different units

based on SSN. Please double check and respond.

Application has a GE with SSN R4528, and the Registry has a GE with SSN 971.

Premier Radiology Hermitage:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a GE with SSN R2579, and the Registry has a GE with SSN 5925WH3.

Application has a Phillips with SSN 37114, and the Registry has a Phillip with SSN 1026.

Premier Radiology Lebanon:

- No MRI is currently registered with the Medical Equipment Registry. Has this unit come online; thus a new unit to be registered? This unit has recently come online. Will need to be added to the 2025 registry.

Premier Radiology Midtown:

- It appears the MRI and the PET registered with the Medical Equipment Registry and those on the application are different units based on SSN. Please double check and respond.

Application has a GE MRI 1.5T with SSN W046250-001, and the Registry has a GE MRI with SSN 26348MR4.

Application has a GE MRI 3T with SSNW132, and the Registry has a GE MRI with SSN 266225MR2.

Application has a GE PET/CT with SSN 479936PETHOG, and the Registry has a GE PETCT with SSN 446944HM1.

Premier Radiology New Salem:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a GE with SSN R3254, and the Registry has a GE with SSN R3900.

Premier Radiology St. Thomas West:

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a Philips with SSN 34065, and the Registry has a Philip with SSN 726927.

Clarksville Imaging Center

- It appears the MRI registered and the MRI on the license are two different units based on SSN. Please double check and respond.

Application has a Siemens with SSN 931245, and the Registry has a Siemens Espree with SSN 30811.

Thank you,

Natalie Davis | Director of Procurement

28 White Bridge Pike, Suite 111 | Nashville, TN 37205

(615) 356-3999 (office) | 931-980-1474 (cell) | (615) 353-0462 (fax)

www.PremierRadiology.com

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