



**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

Noma PC dba Sports Orthopedics & Spine

Name

111 Stonbridge Blvd

Address

Jackson

City

TN

State

38305

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Lynsie Hughes

Name

Admin

Title

lhughes@sportsortho spine.us

Email Address

Noma PC

Company Name

111 Stonbridge Blvd

Address

Jackson

City

TN

State

38305

ZIP

731-427-7888

Phone Number

3. BILLING INFORMATION FOR FACILITY

Cheryl Robbins
Name Title

crobbins @ SportsOrthoSpine.US
Email Address

Noma PC
Company Name

111 Stonebridge Blvd
Address

Jackson TN 38305
City State ZIP

Phone Number

4. OWNERSHIP OF FACILITY

Keith Douglas Nord
Name of Owner

111 Stonebridge Blvd
Address

Jackson TN 38305
City State ZIP

731-427-7888
Phone Number

Legal Entity:

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input 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 checked="" 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.)

Keith Douglas Nord
(1) Name

111 Stonebridge Blvd
Address

Jackson TN 38305
City State ZIP

Keith Michael Nord
(2) Name

111 Stonebridge Blvd
Address

Jackson TN 38305
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: 111 Stonebridge Blvd Jackson, TN 38305

Name Brand of Unit Philips Ingenia

Tesla _____

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

Unit's Serial Number 70700

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.



Signature

12-15-2025

Date

Lynsie Hughes

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)

From: [Lynsie Hughes](#)
To: [Alecia L. Craighead](#)
Subject: [EXTERNAL] Re: Quality Service License Question
Date: Sunday, December 28, 2025 9:31:49 AM
Attachments: [image003.png](#)

This Message Is From an External Sender

This message came from outside your organization.
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

It is the same unit we have always had
I will double check this tomorrow

Get [Outlook for iOS](#)

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Tuesday, December 23, 2025 2:24:19 PM
To: Lynsie Hughes <lhughes@sportsorthospine.us>
Subject: Quality Service License Question

This is to notify you that your application for a quality license for Sports Orthopedics and Spine is missing the following information:

- The MRI's serial number listed on the application does not match what was provided in the Medical Equipment Registry.
The SN on the application was 70700 while the SN listed on the Registry is NNAF898. Is this the same unit?

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

<https://link.edgepilot.com/s/8f90da2f/74sqhCiWR0GfRw78i6ygyQ?>

[u=http://www.tn.gov/hfc](http://www.tn.gov/hfc)

From: [Lysie Hughes](#)
To: [Alecia L. Craighead](#)
Subject: [EXTERNAL] Re: Quality Service License Question
Date: Tuesday, December 30, 2025 11:34:46 AM
Attachments: [image003.png](#)
[image006.png](#)

This Message Is From an External Sender

This message came from outside your organization.
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Nnaf898 is the magnet serial number

The unit serial number is the 70700

Get [Outlook for iOS](#)

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Tuesday, December 30, 2025 9:46:50 AM
To: Lysie Hughes <lhughes@sportsorthospine.us>
Subject: RE: Quality Service License Question

If the serial number that is on the Medical Equipment Registry the correct one, just let us know. We can make a note of that. If the one correct is the one on the application, let us know that. Otherwise, tell us if it's the same machine that was registered or if it's a replacement.

Thank you for the question.

Alecia



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

<https://link.edgepilot.com/s/b36f3754/9zL98QTebEOy1w44Qbw8CQ?u=http://www.tn.gov/hfc>

From: Lysie Hughes <lhughes@sportsorthospine.us>
Sent: Tuesday, December 30, 2025 8:46 AM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: [EXTERNAL] Re: Quality Service License Question

I am still investigating this

If the serial number is not correct what does that mean? Will I need to redo all the reporting?

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From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Sent: Monday, December 29, 2025 9:30:22 AM

To: Lysie Hughes <hughes@sportsorthospine.us>

Subject: RE: Quality Service License Question

Thank you. I'll make a note of this.

Alecia



Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission

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p. 615-253-2782

c. 615.674.0370

alecia.l.craighead@tn.gov

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[u=http://www.tn.gov/hfc](http://www.tn.gov/hfc)

From: Lysie Hughes <hughes@sportsorthospine.us>

Sent: Sunday, December 28, 2025 9:32 AM

To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Subject: [EXTERNAL] Re: Quality Service License Question

It is the same unit we have always had

I will double check this tomorrow

Get [Outlook for iOS](#)

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Sent: Tuesday, December 23, 2025 2:24:19 PM

To: Lysie Hughes <hughes@sportsorthospine.us>

Subject: Quality Service License Question

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u=http://www.tn.gov/hfc](https://link.edgepilot.com/s/8f90da2f74sqhCiWR0GfRw78i6ygyQ?u=http://www.tn.gov/hfc)

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



NOMA, P.C.
111 Stonebridge Blvd
Jackson, Tennessee 38305

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

The following magnet was approved

Philips Medical Systems Inc.
Ingenia 2015

for

MSK, Spine

Accredited from
July 01, 2024 through December 28, 2027

A handwritten signature in black ink, appearing to be "K. A. J.", written over a horizontal line.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink, appearing to be "David B. Johnson", written over a horizontal line.

Chair, Commission on
Quality and Safety