



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 hsa.staff@tn.gov

**INITIAL APPLICATION FOR LICENSE OF SERVICES
FOR PHYSICIAN OFFICES**

1. NAME AND PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

Sport Ortho Urgent Care

Name

2113 Memorial Blvd Suite D

Address

Murfreesboro

TN

37129

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Evan Kelley

COO

Name

Title

Evan.kelley@sportorthouc.com

Email Address

Seven Springs Orthopedics Mgmt Inc

Company Name

317 Seven Springs Way #101

Address

Brentwood

TN

37027

City

State

ZIP

615-207-0985

Phone Number

3. BILLING INFORMATION FOR FACILITY

Carmen Benick	Controller	
Name	Title	
Carmen.benick@sportorthouc.com		
Email Address		
Seven Springs Orthopedics Mgmt Inc		
Company Name		
317 Seven Springs Way		
Address		
Brentwood	TN	37027
City	State	ZIP
615-456-4610		
Phone Number		

4. OWNERSHIP OF FACILITY

Altitude Ventures		
Name of Owner		
104 Woodmont Blvd #218		
Address		
Nashville	TN	37205
City	State	ZIP
615-334-0287		
Phone Number		

Legal Entity:

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

(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:

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.

Altitude Ventures

Name of Owner

104 Woodmont Blvd #218

Address

Nashville

TN

37205

City

State

ZIP

615-334-0287

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: 2113 Memorial Blvd Suite D Murfreesboro TN 37129

Name Brand of Unit Esaote Magnifico

Tesla 0.4T

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

Unit's Serial Number 9017

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.

Evan Kelley

11/28/2025

Signature

Date

Evan Kelley

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)



Magnetic Resonance Imaging (MRI) Accreditation Approval Report

Privileged and Confidential • Peer Review
Release or disclosure of this document is prohibited
in accordance with Code of Virginia 8.01-581.17

August 18, 2025

Jason Hoover, M.D.
2113 Memorial Blvd.
Suite D
Murfreesboro, Tennessee 37129

MRAP# 55351 - Unit# 01, SPORT ORTHO URGENT CARE

Dear Dr. Hoover:

The American College of Radiology’s Committee on MRI Accreditation is pleased to inform you that the above-named MRI unit has been GRANTED ACCREDITATION for a period of three years.

Accreditation is only granted if your facility has met all of the testing criteria established by the ACR Committee on MRI Accreditation for 1) clinical image quality and 2) phantom image quality. Your MRI unit’s results are presented in the following table:

Results Summary

MRAP# 55351 - Unit# 01	2021 Esaote Magnifico
Clinical Image Quality	
Spine Module	
Lumbar Spine	ACCEPTABLE
Cervical Spine	ACCEPTABLE
MSK (musculoskeletal) Module	
Knee such as for internal derangement	ACCEPTABLE
Wrist such as for internal derangement	ACCEPTABLE
Phantom Image Quality	ACCEPTABLE
Overall Accreditation Outcome	ACCREDITATION GRANTED

Feedback noted for both clinical and phantom image quality as part of review is listed below. For a full list of areas reviewed for accreditation, please see the [Evaluation criteria for MRI](#).

I. Clinical Image Evaluation**Lumbar Spine: Acceptable**

Section	Sagittal dark fluid	Sagittal bright fluid	Axial or oblique axial dark fluid and/or bright fluid
A. Pulse Sequences and Image Contrast			
B. Anatomic Coverage and Imaging Planes			
C. Spatial and Temporal Resolution			
D. Artifacts			
E. Exam Identification: Missing Information			
Additional Recommendations:			
Additional Comments:			

Cervical Spine: Acceptable

Section	Sagittal dark fluid	Sagittal bright fluid	Axial or oblique axial bright fluid
A. Pulse Sequences and Image Contrast			
B. Anatomic Coverage and Imaging Planes			
C. Spatial and Temporal Resolution			
D. Artifacts			
E. Exam Identification: Missing Information			
Additional Recommendations:			
Additional Comments:			

Knee: Acceptable

Section	Sagittal PD weighted: 2D or 3D; SE, FSE, or GRE; with or without fat suppression (for menisci)	Sagittal bright fluid with or without fat suppression (for evaluation of articular cartilage, ligaments, tendons)	Coronal bright fluid without or with fat suppression	Coronal (not PD weighted) Sagittal or Axial dark fluid	Transverse bright fluid with or without fat suppression
A. Pulse Sequences and Image Contrast					
B. Anatomic Coverage and Imaging Planes					
C. Spatial and Temporal Resolution					
D. Artifacts					
E. Exam Identification: Missing Information					
Additional Recommendations:					
Additional Comments:					

Wrist: Acceptable

Section	Coronal oblique dark fluid	Coronal oblique bright fluid	Axial Dark fluid or long TR/short TE	Axial bright fluid	Sagittal
A. Pulse Sequences and Image Contrast					
B. Anatomic Coverage and Imaging Planes					
C. Spatial and Temporal Resolution					
D. Artifacts					
E. Exam Identification: Missing Information					
Additional Recommendations:					
Additional Comments:					

II. Phantom Image Evaluation: Acceptable**Small Phantom**

Evaluation Criterion	Evaluation
A. Measured Phantom	
High Contrast Spatial Resolution	Adequate
Slice Thickness Accuracy	Adequate
Geometric Accuracy	Adequate
Low-Contrast Object Detectability	Adequate
Image Intensity Uniformity	Adequate
Percent Signal Ghosting	Adequate
Slice Position Accuracy	Adequate
Other Image Artifacts	Adequate
B. Artifacts Observed: None	
Additional Recommendations:	
Additional Comments:	

The ACR's Committee on MRI Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please call the ACR MRI Accreditation Information Line at 800-770-0145 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession. For information on marketing your accreditation and maintenance and renewal of accreditation, visit [Accreditation information for MRI](#). In addition, facilities can download the ACR certification mark and add this to reports, letterhead and referral pads. Please visit [Marketing toolkit for MRI](#) for more information.

Sincerely yours,



John Gianini, M.D., Chairman
Chair, Committee on MRI Accreditation