



## 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](mailto: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, 9<sup>th</sup> Floor, Nashville, TN 37243  
[www.tn.gov/hfc](http://www.tn.gov/hfc) Phone: 615-741-2364 [hsda.staff@tn.gov](mailto:hsda.staff@tn.gov)

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

**1. NAME AND PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE**

Tennessee Orthopaedic Alliance

Name

1000 S Gateway Blvd

Address

Clarksville

TN

37043

City

State

ZIP

**2. CEO/ADMINISTRATOR OF PROVIDER**

Ross Chessor

TOA Imaging Manager

Name

Title

chessorrc@toa.com

Email Address

Tennessee Orthopaedic Alliance

Company Name

1800 Medical Center Pkwy Suite 100

Address

Murfreesboro

TN

37129

City

State

ZIP

931-247-4322

Phone Number

**1. BILLING INFORMATION FOR FACILITY**

**Kimberly Cook** Accounts Payable Supervisor  
Name Title

**accountspayable@toa.com**  
Email Address

**TOA**  
Company Name

**12 Cadillac Dr Suite 440**  
Address

**Brentwood** TN **37027**  
City State ZIP

**615-278-1686**  
Phone Number

**2. OWNERSHIP OF FACILITY**

**Tennessee Orthopaedic Alliance, PA**  
Name of Owner

**12 Cadillac Dr Suite 440**  
Address

**Brentwood** TN **37027**  
City State ZIP

**615-278-1653**  
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.)

Rob Simmons CEO

(1) Name

12 Cadillac Dr Suite440

Address

Brentwood

TN

37027

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.

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:           n/a           End Date:           n/a          

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Number

**3. 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?  Yes  No  
(If yes, please provide a copy of CIA.)

**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

4. On the following items, check all appropriate services to be licensed.

**X ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 1000 S Gateway Blvd. Clarksville, TN 37043

Name Brand of Unit Philips Ingenia Ambition S

Tesla 1.5T

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

Unit's Serial Number 48621

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? American College of Radiology (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

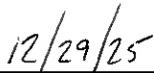
If PET Unit will be Accredited, is it  PENDING  ACCREDITED

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 Date

**Ross Chessor**  
\_\_\_\_\_  
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)*

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



## Tennessee Orthopaedic Alliance - MRI

MRI Department  
1000 S Gateway  
Clarksville, Tennessee 37043

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.  
Ingenua Ambition S 2024**

for

**MSK, Spine**

Accredited from  
September 30, 2024 through September 30, 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. Fuson", written over a horizontal line.

Chair, Commission on  
Quality and Safety