



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 hsd.a.staff@tn.gov

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

1. NAME AND PHYSICAL ADDRESS OF PHYSICIAN OFFICE OF SERVICE

The West Clinic, PLLC

Name

7945 Wolf River Blvd

Address

Germantown

City

TN

State

38138

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

John M Graves

Name

CEO

Title

mgraves@westclinic.com

Email Address

The West Clinic DBA West Cancer Center

Company Name

7945 Wolf River Blvd

Address

Germantown

City

TN

State

38138

ZIP

901-683-0055

Phone Number

3. BILLING INFORMATION FOR FACILITY

James Cagle CFO
Name Title

jcagle@westclinic.com
Email Address

The West Clinic DBA West Cancer Center
Company Name

7945 Wolf River Blvd
Address

Germantown TN 38138
City State ZIP

901-683-0055
Phone Number

4. OWNERSHIP OF FACILITY

(See Attachment B) The West Clinic, PLLC
Name of Owner

7945 Wolf River Blvd
Address

Germantown TN 38138
City State ZIP

901-683-0055
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 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:

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.

N/A

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.:

50% owner of Cancer Care Center of Henry County, LLC
322 Hospital Blvd
Jackson, TN 38305

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 (See Attachment 2)

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: Multiple MRI Units (See Attachment- A)

Name Brand of Unit _____

Tesla _____

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

Unit's Serial Number _____

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.)

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: 7945 Wolf River Blvd, Germantown, TN 38138

Name Brand of Unit Siemens

Type (i.e. PET Only, PET/CT, PET/MRI) PET/CT

Unit's Serial Number 60031

Will the PET Unit be Accredited?: Yes No

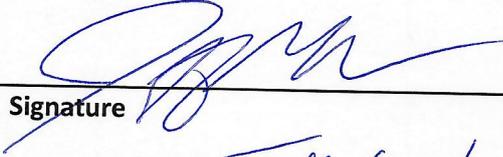
If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? ACR
(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 12/11/25
Jeff Graham
Printed Name _____

Attachment B List of Owners

Owners	Address
Arnel Pallera	7945 Wolf River Boulevard, Germantown, TN 38138
Bradley Somer	7945 Wolf River Boulevard, Germantown, TN 38138
David Portnoy	7945 Wolf River Boulevard, Germantown, TN 38138
Eric Wiedower	7945 Wolf River Boulevard, Germantown, TN 38138
Gang Tian	7945 Wolf River Boulevard, Germantown, TN 38138
Gregory Vidal	7945 Wolf River Boulevard, Germantown, TN 38138
Jarvis Reed	7945 Wolf River Boulevard, Germantown, TN 38138
Jason Chandler	7945 Wolf River Boulevard, Germantown, TN 38138
Kurt Tauer	7945 Wolf River Boulevard, Germantown, TN 38138
Linda Smiley	7945 Wolf River Boulevard, Germantown, TN 38138
Mark Reed	7945 Wolf River Boulevard, Germantown, TN 38138
Michael Ulm	7945 Wolf River Boulevard, Germantown, TN 38138
Ramakrishna Battini	7945 Wolf River Boulevard, Germantown, TN 38138
Richard Fine	7945 Wolf River Boulevard, Germantown, TN 38138
Scott Baum	7945 Wolf River Boulevard, Germantown, TN 38138
Sonia Benn	7945 Wolf River Boulevard, Germantown, TN 38138
Sylvia Richey	7945 Wolf River Boulevard, Germantown, TN 38138
Todd Tillmanns	7945 Wolf River Boulevard, Germantown, TN 38138

Attachment 2 – Response to Question #5

*With regards to “Fraud and Abuse”, the Applicant was one of multiple parties named in an action filed in 2017 which alleged various violations of the Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b), and the False Claims Act, 31 U.S.C. §§ 3729-3733 (UNITED STATES OF AMERICA and the STATE OF TENNESSEE ex rel. JEFFREY H. LIEBMAN and DAVID STERN, M.D., as Relators v. METHODIST LE BONHEUR HEALTHCARE, et al., Defendants [Case No. 3:17-cv-00902]).

After more than three years of discovery, the Applicant entered into a Settlement Agreement to settle all claims, not based upon any findings of fault, rather to avoid the escalating costs and expenses associated with defending itself. In December 2020, the initiating parties sought approval from the Government before executing the Settlement Agreement and on January 28, 2021, after receiving Government approval for the Settlement Agreement, the initiating parties and the Applicant executed a Settlement Agreement. Shortly thereafter, the Applicant was voluntarily dismissed from all claims. The United States was not a party to the Settlement Agreement; however, it did approve the settlement payments and consented to dismissal of the Applicant.

To facilitate the Settlement Agreement, the Applicant paid funds, not as any evidence of fault, nor based upon any historical processes, billings, or any other actions of the Applicant, but only to avoid the ongoing and escalating costs to defend itself. The initiating parties (by agreement with others) divided that payment among and between the United States, the State of Tennessee, and the initiating parties’ counsel. The Applicant had no agreement or requirement to pay the government any funds, those arrangements were by and between others, including the initiating parties.

The question as to whether the Applicant “Paid through settlement.....any monies to the federal government or any state....and based on allegations of fraud or abuse...”, and in an effort to respond completely and accurately, the response provided is intended to provide the reviewer with sufficient information it needs to successfully prosecute this application.

AMERICAN COLLEGE OF RADIOLOGY®

Certificate of Accreditation



The West Clinic, P.C.
7945 Wolf River Blvd.
Germantown, Tennessee 38138

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

The following magnet was approved

**Siemens Medical Systems
MAGNETOM Sola 2025**

for

Body, Head, Spine

**Accredited from
December 02, 2025 through September 19, 2026**

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Chair, Committee ON
MRI Accreditation

A handwritten signature in black ink that reads "David B. Fuson".

Chair, Commission on
Quality and Safety

Tracy Banks
The West Clinic, P.C.
7945 Wolf River Blvd.
Germantown, TN 38138



The West Clinic, P.C.

7945 Wolf River Blvd.
Germantown, Tennessee 38138

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

The following magnet was approved

Siemens Medical Systems MAGNETOM AERA 2015

For

Body, Head, Spine

Accredited from:

September 19, 2023 through September 19, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

Tracy Banks
The West Clinic, P.C.
7945 Wolf River Blvd.
Germantown, TN 38138



West Cancer Center

7945 Wolf River Blvd.
Germantown, Tennessee 38138

was surveyed by the
ACR Committee on Nuclear Medicine Accreditation
of the Commission on Quality and Safety

The following unit was approved

Siemens Medical Systems Biograph mCT 2019

For
Oncology

Accredited from:

September 12, 2023 through November 05, 2026

CHAIR, COMMITTEE ON NUCLEAR MEDICINE
ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

Jeff Graham
West Cancer Center
7945 Wolf River Blvd.
Germantown, TN 38138

From: [Jeffrey Graham](#)
To: [HFC Service](#)
Subject: [EXTERNAL] West Cancer Center (Wolf River Location)
Date: Thursday, December 18, 2025 5:58:49 PM
Attachments: [Certificate PET.pdf](#)
[Certificate MRI-1.pdf](#)
[Certificate MR-2.pdf](#)

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This is for the West Cancer Center quality license application (missing information):

- The correct PET Registry SN is: 72439
- Attached is the PET and both MRI's ACR accreditation

Thank you,

Jeff Graham

Radiology Manager

O: 901-683-0055 x63326

C: 901-870-7282

westcancercenter.org



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