



**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

West Tennessee Bone and Joint Clinic, PC

Name

2035 St John Ave, Ste 1

Address

Dyersburg

TN

38024

City

State

ZIP

2. CEO/ADMINISTRATOR OF PROVIDER

Chip Anderson

CEO

Name

Title

handerson@wtbjc.com

Email Address

West Tennessee Bone and Joint Clinic, PC

Company Name

50 Capital Avenue

Address

Jackson

TN

38305

City

State

ZIP

731-410-2319

Phone Number

3. BILLING INFORMATION FOR FACILITY

Adam Kelley Controller
Name Title

payables@wtbjc.com
Email Address

West Tennessee Bone and Joint Clinic, PC
Company Name

50 Capital Avenue
Address

Jackson TN 38305
City State ZIP

731-410-2306
Phone Number

4. OWNERSHIP OF FACILITY

West Tennessee Bone and Joint Clinic, PC
Name of Owner

50 Capital Avenue
Address

Jackson TN 38305
City State ZIP

731-410-2319
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.)

Jason T. Hutchison, MD

(1) Name

50 Capital Ave

Address

Jackson

TN

38305

City

State

ZIP

J Douglas Haltom, MD

(2) Name

50 Capital Ave

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? 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

6. 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: 2035 St John Ave, Ste 1 Dyersburg, TN 38024

Name Brand of Unit Philips

Tesla 1.5

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

Unit's Serial Number 48826

Will the MRI Unit be Accredited?: x Yes No

If MRI Unit will be Accredited, is it PENDING x 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

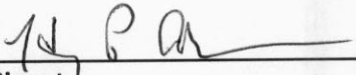
If PET Unit will be Accredited, is it PENDING ACCREDITED

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.

 12/10/2025

Signature Date

CEO

Title of Signee

Harry P Anderson II, Chip

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)



West Tennessee Bone & Joint

2035 Saint John Ave.
Dyersburg, Tennessee 38024

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 Ambition S 2023

For

MSK, Spine

Accredited from:

April 11, 2024 through April 11, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY