



State of Tennessee

Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> 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**

Dickson Medical Associates  
Name  
758 Hwy 46 South  
Address  
Dickson TN 37055  
City State ZIP

**2. CEO/ADMINISTRATOR OF PROVIDER**

Christie Strong Executive Director  
Name Title  
cstrong@dicksonmd.com  
Email Address  
Dickson Medical Associates  
Company Name  
127 Crestview Park Drive  
Address  
Dickson TN 37055  
City State ZIP  
615-441-4477  
Phone Number

3. BILLING INFORMATION FOR FACILITY

Lasharne Owens Finance Controller  
Name Title

finance @ dickson md.com  
Email Address

Dickson Medical Associates  
Company Name

127 Crestview PK Drive  
Address

Dickson TN 37055  
City State ZIP

615-441-4464  
Phone Number

4. OWNERSHIP OF FACILITY

Dickson Medical Associates  
Name of Owner

127 Crestview Park Drive  
Address

Dickson TN 37055  
City State ZIP

615-441-4477  
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.)

- 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 *N/A*

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: 758 Hwy 46 South

Name Brand of Unit Siemens Magnetom Aera

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) open bore design

Unit's Serial Number 42020

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.) - attached

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.

*Christie Strong*

*11/25/2025*

Signature

Date

*Christie Strong*

Printed Name



AMERICAN COLLEGE OF RADIOLOGY

# Certificate of Accreditation



**DMA Imaging**  
758 Highway 46 South  
Dickson, Tennessee 37055

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 2014**

for

**Head, MSK, Spine**

**Accredited from  
July 31, 2024 through December 09, 2027**

A handwritten signature in black ink, consisting of several stylized, overlapping strokes.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, reading "David B. Johnson".

Chair, Commission on  
Quality and Safety



**American College  
of Radiology™**

**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

July 31, 2024

William Brewer, M.D.  
758 Highway 46 South  
Dickson, Tennessee 37055  
MRAP# 51983 - Unit# 02, DMA Imaging

Dear Dr. Brewer:

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**

<b>MRAP# 51983 - Unit# 02</b>	<b>2014 Siemens Medical Systems MAGNETOM AERA</b>
<b>Clinical Image Quality</b>	
<b>Head Module</b>	
Brain for suspected demyelinating disease, encephalitis or acute disseminated encephalomyelitis	ACCEPTABLE
<b>Spine Module</b>	
Lumbar Spine	ACCEPTABLE
Cervical Spine	ACCEPTABLE
<b>MSK (musculoskeletal) Module</b>	
Knee such as for internal derangement	ACCEPTABLE
<b>Phantom Image Quality</b>	ACCEPTABLE
<b>Overall Accreditation Outcome</b>	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**

**Brain MS: Acceptable**

Section	Axial, sagittal, or coronal dark fluid	Sagittal T2 FLAIR	Axial T2 FLAIR or DIR FLAIR	Axial bright fluid	Axial or coronal dark fluid post contrast
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:					

**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			[X] Nerve roots are not clearly defined
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	[X] Non-anatomic heterogeneous signal intensity of cord	[X] Non-anatomic heterogeneous signal intensity of cord	
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:					

**II. Phantom Image Evaluation: Acceptable**

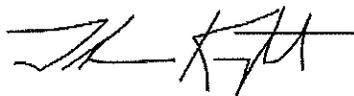
**Large Phantom**

<b>Evaluation Criterion</b>	<b>Evaluation</b>
<b>A. Measured Phantom</b>	
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>B. Artifacts Observed</b>	
Quad phase/DC offset	Yes
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,



Thomas Knight, M.D., Chairman  
Chair, Committee on MRI Accreditation