

OUTPATIENT CENTERS FOR
FOR SURGICAL SERVICES
LICENSED AND CERTIFIED AMBULATORY SURGICAL CENTERS

BILLINGS CATARACT & LASER SURGICENTER

1221 N 26TH ST
 BILLINGS MT 59101-
Phon 252-5681 **Fax:** 252-5025
Administrator: GEORGE HATCH MD
 License Number: **12765** Exp. Date: **9/20/2013**
 Health Planning Region Number: **3**
 Original License Date:

Facility ID Number: **822**
 County: **YELLOWSTONE**
JCAHO: **AAAHC:**
 Provider Number: **C0001007**
NOT PROV
 Current License Duration: **2**
Licensed Only :

MORLEDGE FAMILY SURGERY CENTER LLC

1747 POLY DRIVE
 BILLINGS MT 59102-
Phon 294-1994 **Fax:** 294-1996
Administrator: SCOTT MORLEDGE-HAMPT
 License Number: **12468** Exp. Date: **7/22/2013**
 Health Planning Region Number: **3**
 Original License Date: **05/21/10**

Facility ID Number: **869**
 County: **YELLOWSTONE**
JCAHO: **AAAHC:**
 Provider Number: **C0001024**
NOT PROV
 Current License Duration: **3**
Licensed Only :

NORTHERN ROCKIES SURGERY CENTER, L.P.

940 NORTH 30TH STREET
 BILLINGS MT 59101-
Phon 241-8718 **Fax:** 248-6889
Administrator: KAREN FILLNER
 License Number: **12451** Exp. Date: **6/9/2013**
 Health Planning Region Number: **3**
 Original License Date:

Facility ID Number: **824**
 County: **YELLOWSTONE**
JCAHO: **AAAHC: x**
 Provider Number: **27C0001001**
NOT PROV
 Current License Duration: **3**
Licensed Only :

THE EYE CLINIC/SURGICENTER

2475 VILLAGE LN STE 202
 BILLINGS MT 59102-
Phon 252-6608 **Fax:** 252-6600
Administrator: BRIAN LAGRECA
 License Number: **11953** Exp. Date: **6/30/2012**
 Health Planning Region Number: **3**
 Original License Date: **07/01/02**

Facility ID Number: **825**
 County: **YELLOWSTONE**
JCAHO: **AAAHC:**
 Provider Number: **C0001002**
NOT PROV
 Current License Duration: **3**
Licensed Only :

YELLOWSTONE SURGERY CENTER

1144 N 28TH ST
 BILLINGS MT 59101-
Phon 237-5900 **Fax:** 237-5910
Administrator: ROB GAGNON
 License Number: **12832** Exp. Date: **11/14/2014**
 Health Planning Region Number: **3**
 Original License Date: **11/06/02**

Facility ID Number: **865**
 County: **YELLOWSTONE**
JCAHO: **AAAHC:**
 Provider Number: **C0001020**
NOT PROV
 Current License Duration: **2**
Licensed Only :

ROCKY MOUNTAIN SURGICAL CENTER LLC
1450 ELLIS ST
BOZEMAN MT 59715-
Phon 556-9000 **Fax:** 556-9119
Administrator: SHELLEY LONGGOOD
License Number: **12373** Exp. Date: **7/26/2013**
Health Planning Region Number: **4**
Original License Date: **07/07/03**

Facility ID Number: **817**
County: **GALLATIN**
JCAHO: **AAAHC:**
Provider Number:
NOT PROV
Current License Duration: **3**
Licensed Only :

SAME DAY SURGERY CENTER LLC
300 N WILSON
BOZEMAN MT 59715-
Phon 586-1956 **Fax:**
Administrator: KENNETH M YOUNGER MD
License Number: **11968** Exp. Date: **7/27/2012**
Health Planning Region Number: **4**
Original License Date:

Facility ID Number: **827**
County: **GALLATIN**
JCAHO: **AAAHC:**
Provider Number: **C0001005**
NOT PROV
Current License Duration: **3**
Licensed Only :

SUMMIT SURGERY CENTER LLC
434 SOUTH CLARK STREET
BUTTE MT 59701-
Phon 496-3550 **Fax:** 496-3575
Administrator: GEORGANN HAEFFNER
License Number: **11826** Exp. Date: **3/18/2012**
Health Planning Region Number: **4**
Original License Date: **03/19/01**

Facility ID Number: **828**
County: **SILVER BOW**
JCAHO: **AAAHC:**
Provider Number: **C0001017**
NOT PROV
Current License Duration: **3**
Licensed Only :

GREAT FALLS CLINIC SURGERY CENTER LLC
1509 29TH ST S
GREAT FALLS MT 59405-
Phon 771-3500 **Fax:** 771-3502
Administrator: ALICE SCHULTZ
License Number: **12122** Exp. Date: **11/28/2012**
Health Planning Region Number: **2**
Original License Date: **04/29/99**

Facility ID Number: **850**
County: **CASCADE**
JCAHO: **AAAHC: x**
Provider Number: **C0001016**
NOT PROV
Current License Duration: **3**
Licensed Only :

GREAT FALLS ORTHOPAEDIC ASSOCIATES
1401 25TH STREET SOUTH
GREAT FALLS MT 59405-
Phon 455-3650 **Fax:** 455-3695
Administrator: DEBBIE WILMORE
License Number: **12643** Exp. Date: **5/20/2013**
Health Planning Region Number: **2**
Original License Date: **03/01/10**

Facility ID Number: **868**
County: **CASCADE**
JCAHO: **AAAHC:**
Provider Number: **C0001023**
NOT PROV
Current License Duration: **3**
Licensed Only :

PACIFIC CATARACT & LASER INSTITUTE
1717 4TH ST S
GREAT FALLS MT 59405-
Phon 454-2202 **Fax:** 452-1020
Administrator: REBECCA FISHER TIMMONS
License Number: **12731** Exp. Date: **2/24/2013**
Health Planning Region Number: **2**
Original License Date: **05/13/02**

Facility ID Number: **862**
County: **CASCADE**
JCAHO: **AAAHC:**
Provider Number: **27C0001019**
NOT PROV
Current License Duration: **3**
Licensed Only :

HELENA SURGICENTER LLC

2440 WINNE AVE STE 100
 HELENA MT 59601-
Phon 457-4200 **Fax:** 457-4220
Administrator: REBECCA FLETCHER
 License Number: **11827** Exp. Date: **3/25/2012**
 Health Planning Region Number: **4**
 Original License Date: **09/29/98**

Facility ID Number: **826**
 County: **LEWIS & CLARK**
JCAHO: **AAAHC:**
 Provider Number: **27C0001014**
NOT PROV
 Current License Duration: **3**
Licensed Only :

ORTHOPEDIC SURGERY CENTER LLC

111 SUNNYVIEW LANE
 KALISPELL MT 59901-
Phon 752-7900 **Fax:** 257-0253
Administrator: TAMMY WEST
 License Number: **12503** Exp. Date: **12/22/2013**
 Health Planning Region Number: **5**
 Original License Date: **03/24/06**

Facility ID Number: **867**
 County: **FLATHEAD**
JCAHO: **AAAHC:**
 Provider Number:
NOT PROV
 Current License Duration: **3**
Licensed Only :

BIG SKY SURGERY CENTER LLC

2833 FORT MISSOULA RD
 MISSOULA MT 59804-
Phon 542-6559 **Fax:** 542-9040
Administrator: JOANNE TIMMERHOFF
 License Number: **12926** Exp. Date: **2/14/2015**
 Health Planning Region Number: **5**
 Original License Date: **03/13/98**

Facility ID Number: **829**
 County: **MISSOULA**
JCAHO: **AAAHC:**
 Provider Number: **C0001013**
NOT PROV
 Current License Duration: **3**
Licensed Only :

MISSOULA BONE & JOINT & SURGERY CENTER

2360 MULLAN RD
 MISSOULA MT 59808-
Phon 542-9695 **Fax:** 542-9703
Administrator: MS. SAMI SPENCER
 License Number: **12737** Exp. Date: **6/14/2014**
 Health Planning Region Number: **5**
 Original License Date: **03/07/02**

Facility ID Number: **861**
 County: **MISSOULA**
JCAHO: **AAAHC:**
 Provider Number: **C0001018**
NOT PROV
 Current License Duration: **3**
Licensed Only :

PROVIDENCE SURGERY CENTER LLC

902 N ORANGE
 MISSOULA MT 59802-
Phon 327-3300 **Fax:** 327-3302
Administrator: NANCY SHOOSHTARI
 License Number: **12251** Exp. Date: **3/25/2013**
 Health Planning Region Number: **5**
 Original License Date:

Facility ID Number: **860**
 County: **MISSOULA**
JCAHO: **AAAHC:**
 Provider Number: **C0001012**
NOT PROV
 Current License Duration: **3**
Licensed Only :

ROCKY MOUNTAIN EYE SURGERY CENTER

700 WEST KENT
 MISSOULA MT 59801-
Phon 541-3870 **Fax:** 541-3884
Administrator: AMY HUOT
 License Number: **12730** Exp. Date: **8/20/2014**
 Health Planning Region Number: **5**
 Original License Date:

Facility ID Number: **821**
 County: **MISSOULA**
JCAHO: **AAAHC:**
 Provider Number: **27C0001010**
NOT PROV
 Current License Duration: **3**
Licensed Only :

Total Facilities = 17