

CRITICAL ACCESS HOSPITALS

COMMUNITY HOSPITAL OF ANACONDA

401 W PENNSYLVANIA AVE **PO Box:**
ANACONDA MT 59711-
Phone: 563-8500 **Fax:** 563-8642
Administrator: STEVE MCNEECE
DON: JAMIE JOHNSON
License Number: **12768** NOT PROV
Exp. Date: **9/29/2014**
Health Planning Region Number: **4**

Facility ID Number: **600**
County: **DEER LODGE**
JCAHO:
Provider No.: **27-1335**
Original License Date: **09/15/06**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

FALLON MEDICAL COMPLEX HOSPITAL

202 S 4TH ST W **PO Box:** PO BOX 820
BAKER MT 59313-082
Phone: 778-3331 **Fax:** 778-2488
Administrator: DAVID ESPELAND
DON: SUSAN LUNDE
License Number: **12004** NOT PROV
Exp. Date: **7/15/2012**
Health Planning Region Number: **1**

Facility ID Number: **601**
County: **FALLON**
JCAHO:
Provider No.: **27-1301**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

BIG SANDY MEDICAL CENTER

166 MONTANA AVENUE EAST **PO Box:** PO BOX 530
BIG SANDY MT 59520-053
Phone: 378-2188 **Fax:** 378-2180
Administrator: HARRY BOLD
DON: AMBER BEAUDETTE RN
License Number: **12767** NOT PROV
Exp. Date: **9/28/2014**
Health Planning Region Number: **2**

Facility ID Number: **711**
County: **CHOUTEAU**
JCAHO:
Provider No.: **27-1311**
Original License Date:
Current License Duration: **3**
Licensed Beds: 4
Swing Beds: 4

PIONEER MEDICAL CENTER - CAH

301 WEST 7TH AVENUE **PO Box:** PO BOX 1228
BIG TIMBER MT 59011-122
Phone: 932-4603 **Fax:** 932-5468
Administrator: BREN LOWE
DON: RANDI PIKE
License Number: **12706** NOT PROV
Exp. Date: **7/10/2014**
Health Planning Region Number: **3**

Facility ID Number: **707**
County: **SWEET GRASS**
JCAHO:
Provider No.: **27-1313**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 22

LIBERTY MEDICAL CENTER

HWY 223 & MONROE **PO Box:** PO BOX 705
 CHESTER MT 59522-070
Phone: 759-5181 **Fax:** 759-5799
Administrator: RONALD GLEASON
DON: NANCY KLEINSASSER
 License Number: **12188** NOT PROV
 Exp. Date: **9/17/2012**
 Health Planning Region Number: **2**

Facility ID Number: **610**
 County: **LIBERTY**
JCAHO:
 Provider No.: **27-1334**
 Original License Date: **04/01/03**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

TETON MEDICAL CENTER

915 4TH ST NW **PO Box:**
 CHOTEAU MT 59422-912
Phone: 466-5763 **Fax:** 466-5852
Administrator: LOUIE KING
DON: CINDY FORSETH
 License Number: **12766** NOT PROV
 Exp. Date: **9/15/2013**
 Health Planning Region Number: **2**

Facility ID Number: **708**
 County: **TETON**
JCAHO:
 Provider No.: **27-1307**
 Original License Date:
 Current License Duration: **2**
Licensed Beds: 10
Swing Beds: 10

MCCONE COUNTY HEALTH CENTER

605 SULLIVAN AVE **PO Box:** PO BOX 48
 CIRCLE MT 59215-004
Phone: 485-3381 **Fax:** 485-3383
Administrator: NANCY ROSAAEN
DON: BETH CONROY
 License Number: **12416** NOT PROV
 Exp. Date: **9/29/2013**
 Health Planning Region Number: **1**

Facility ID Number: **702**
 County: **MCCONE**
JCAHO:
 Provider No.: **27-1305**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

STILLWATER COMMUNITY HOSPITAL

44 W 4TH AVE N **PO Box:** PO BOX 959
 COLUMBUS MT 59019-095
Phone: 322-5316 **Fax:** 322-5207
Administrator: TIM RUSSELL
DON: BEV KOVANDA
 License Number: **12927** NOT PROV
 Exp. Date: **2/15/2013**
 Health Planning Region Number: **3**

Facility ID Number: **612**
 County: **STILLWATER**
JCAHO:
 Provider No.: **27-1330**
 Original License Date:
 Current License Duration: **1 YEAR**
Licensed Beds: 23
Swing Beds: 23

PONDERA MEDICAL CENTER

805 SUNSET BLVD **PO Box:** PO BOX 758
 CONRAD MT 59425-075
Phone: 271-3211 **Fax:** 271-7661
Administrator: MARK JONES
DON: TIFFANY NITZ
 License Number: **12671** NOT PROV
 Exp. Date: **6/14/2013**
 Health Planning Region Number: **2**

Facility ID Number: **613**
 County: **PONDERA**
JCAHO:
 Provider No.: **27-1324**
 Original License Date:
 Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 8

ROOSEVELT MEDICAL CENTER

818 2ND AVE E **PO Box:** PO BOX 419
 CULBERTSON MT 59218-041
Phone: 787-6401 **Fax:** 787-6461
Administrator: AUDREY STROMBERG
DON: BRENDA FRENCH
 License Number: **13014** NOT PROV
 Exp. Date: **4/28/2013**
 Health Planning Region Number: **1**

Facility ID Number: **706**
 County: **ROOSEVELT**
JCAHO:
 Provider No.: **27-1308**
 Original License Date:
 Current License Duration: **1**
Licensed Beds: 25
Swing Beds: 25

NORTHERN ROCKIES MEDICAL CENTER

802 2ND ST SE **PO Box:**
 CUT BANK MT 59427-
Phone: 873-2251 **Fax:** 873-4861
Administrator: CHERIE TAYLOR
DON: CHRISTINE OUELLETTE RN
 License Number: **12187** NOT PROV
 Exp. Date: **1/12/2013**
 Health Planning Region Number: **2**

Facility ID Number: **615**
 County: **GLACIER**
JCAHO:
 Provider No.: **27-1337**
 Original License Date: **04/21/04**
 Current License Duration: **3**
Licensed Beds: 20
Swing Beds: 9

DEER LODGE MEDICAL CENTER

1100 HOLLENBACK LANE **PO Box:**
 DEER LODGE MT 59722-
Phone: 846-2212 **Fax:** 846-3074
Administrator: ALAN BIRD
DON:
 License Number: **12992** PROVISIONAL
 Exp. Date: **3/21/2015**
 Health Planning Region Number: **4**

Facility ID Number: **714**
 County: **POWELL**
JCAHO:
 Provider No.:
 Original License Date: **09/22/11**
 Current License Duration: **3 YEARS**
Licensed Beds: 16
Swing Beds: 16

BARRETT HOSPITAL & HEALTHCARE

90 HWY 91 SOUTH **PO Box:**
 DILLON MT 59725-
Phone: 683-3000 **Fax:** 683-3206
Administrator: KEN WESTMAN
DON: FAITH JONES
 License Number: **12279** NOT PROV
 Exp. Date: **4/14/2013**
 Health Planning Region Number: **4**

Facility ID Number: **618**
 County: **BEAVERHEAD**
JCAHO:
 Provider No.: **27-1318**
 Original License Date: **07/01/01**
 Current License Duration: **3**
Licensed Beds: 20
Swing Beds: 5

DAHL MEMORIAL HEALTHCARE ASSOCIATION

215 SANDY STREET **PO Box:** PO BOX 46
 EKALAKA MT 59324-004
Phone: 775-8739 **Fax:** 775-6706
Administrator: NADINE ELMORE
DON: PATRICIA ROGERS
 License Number: **12555** NOT PROV
 Exp. Date: **2/15/2014**
 Health Planning Region Number: **1**

Facility ID Number: **703**
 County: **CARTER**
JCAHO:
 Provider No.: **27-1302**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 8
Swing Beds: 8

MADISON VALLEY MEDICAL CENTER

305 N MAIN ST **PO Box:** PO BOX 397
 ENNIS MT 59729-039
Phone: 682-4222 **Fax:** 682-4756
Administrator: LOREN JACOBSON
DON: JANINE CLAVADETSCHER
 License Number: **12303** NOT PROV
 Exp. Date: **11/13/2012**
 Health Planning Region Number: **4**

Facility ID Number: **619**
 County: **MADISON**
JCAHO:
 Provider No.: **27-1329**
 Original License Date: **10/01/02**
 Current License Duration: **3**
Licensed Beds: 10
Swing Beds: 10

ROSEBUD HEALTH CARE CENTER HOSPITAL

383 N 17TH AVE **PO Box:** PO BOX 268
 FORSYTH MT 59327-026
Phone: 346-2161 **Fax:** 346-4255
Administrator: RYAN TOOKE
DON: MINDY PRICE RN
 License Number: **12870** NOT PROV
 Exp. Date: **6/14/2012**
 Health Planning Region Number: **1**

Facility ID Number: **620**
 County: **ROSEBUD**
JCAHO:
 Provider No.: **27-1327**
 Original License Date: **08/01/02**
 Current License Duration: **3**
Licensed Beds: 24
Swing Beds: 24

MISSOURI RIVER MEDICAL CENTER

1501 ST CHARLES ST **PO Box:** PO BOX 249
 FORT BENTON MT 59442-024
Phone: 622-3331 **Fax:** 622-5670
Administrator: JAY POTTENGER
DON: JANICE WOODHOUSE RN
 License Number: **12557** NOT PROV
 Exp. Date: **2/28/2014**
 Health Planning Region Number: **2**

Facility ID Number: **712**
 County: **CHOUTEAU**
JCAHO:
 Provider No.: **27-1304**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 7
Swing Beds: 7

FRANCES MAHON DEACONESS HOSPITAL

621 3RD ST S **PO Box:**
 GLASGOW MT 59230-260
Phone: 228-3500 **Fax:** 228-3680
Administrator: RANDALL HOLOM
DON: BRENDA KOESSL
 License Number: **12504** NOT PROV
 Exp. Date: **10/15/2012**
 Health Planning Region Number: **1**

Facility ID Number: **622**
 County: **VALLEY**
JCAHO: x
 Provider No.: **27-1316**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 19

GLENDIVE MEDICAL CENTER

202 PROSPECT DR **PO Box:**
 GLENDIVE MT 59330-194
Phone: 345-3306 **Fax:** 345-3358
Administrator: SCOTT A. DUKE
DON: SHAWNA DORWART
 License Number: **12415** NOT PROV
 Exp. Date: **10/29/2012**
 Health Planning Region Number: **1**

Facility ID Number: **623**
 County: **DAWSON**
JCAHO:
 Provider No.: **27-1332**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

MARCUS DALY MEMORIAL HOSPITAL

1200 WESTWOOD DR **PO Box:**
 HAMILTON MT 59840-
Phone: 363-2211 **Fax:** 363-6536
Administrator: JOHN BARTOS
DON: SUSAN HILL
 License Number: **12911** NOT PROV
 Exp. Date: **2/19/2015**
 Health Planning Region Number: **5**

Facility ID Number: **626**
 County: **RAVALLI**
JCAHO:
 Provider No.: **27-1340**
 Original License Date: **12/01/04**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

BIG HORN COUNTY MEMORIAL HOSPITAL

17 N MILES **PO Box:**
 HARDIN MT 59034-
Phone: 665-2310 **Fax:** 665-9238
Administrator: GOERGE MINDER
DON:
 License Number: **12469** NOT PROV
 Exp. Date: **10/14/2013**
 Health Planning Region Number: **3**

Facility ID Number: **627**
 County: **BIG HORN**
JCAHO:
 Provider No.: **27-1338**
 Original License Date: **05/31/04**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

WHEATLAND MEMORIAL HEALTHCARE

530 3RD ST NW **PO Box:** PO BOX 287
 HARLOWTON MT 59036-028
Phone: 632-4351 **Fax:** 632-3172
Administrator: MS. TERRI DONOVAN
DON: LAURIANN COONEY
 License Number: **12374** NOT PROV
 Exp. Date: **7/14/2013**
 Health Planning Region Number: **3**

Facility ID Number: **628**
 County: **WHEATLAND**
JCAHO:
 Provider No.: **27-1321**
 Original License Date: **02/20/02**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

GARFIELD COUNTY HEALTH CENTER

332 LEAVITT AVENUE **PO Box:** PO BOX 389
 JORDAN MT 59337-038
Phone: 557-2500 **Fax:** 557-2950
Administrator: LARRY PUTNAM
DON: BRINDA PLUHAR
 License Number: **12857** NOT PROV
 Exp. Date: **12/31/2013**
 Health Planning Region Number: **1**

Facility ID Number: **704**
 County: **GARFIELD**
JCAHO:
 Provider No.: **27-1310**
 Original License Date:
 Current License Duration: **1**
Licensed Beds: 4
Swing Beds: 4

CENTRAL MONTANA MEDICAL CENTER

408 WENDELL AVE **PO Box:**
 LEWISTOWN MT 59457-
Phone: 535-7711 **Fax:** 535-6392
Administrator: LEE RHODES
DON: DIANNE SCOTTEN
 License Number: **12894** NOT PROV
 Exp. Date: **1/28/2015**
 Health Planning Region Number: **3**

Facility ID Number: **634**
 County: **FERGUS**
JCAHO:
 Provider No.: **27-1345**
 Original License Date:
 Current License Duration: **3 YEAR**
Licensed Beds: 25
Swing Beds: 25

ST JOHNS LUTHERAN HOSPITAL

350 LOUISIANA AVE **PO Box:**
 LIBBY MT 59923-213
Phone: 283-7000 **Fax:** 283-4428
Administrator: JOHN SCHWARTZ
DON: CATHY WOLFE
 License Number: **11971** NOT PROV
 Exp. Date: **7/15/2012**
 Health Planning Region Number: **5**

Facility ID Number: **635**
 County: **LINCOLN**
JCAHO:
 Provider No.: **27-1320**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

LIVINGSTON HEALTHCARE

504 S 13TH ST **PO Box:**
 LIVINGSTON MT 59047-372
Phone: 222-3541 **Fax:** 823-6479
Administrator: LARRY PUTNAM
DON: MARSHA VANDERHOFF RN
 License Number: **12556** NOT PROV
 Exp. Date: **2/28/2014**
 Health Planning Region Number: **4**

Facility ID Number: **636**
 County: **PARK**
JCAHO:
 Provider No.: **27-1317**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

PHILLIPS COUNTY HOSPITAL

311 S 8TH AVE E **PO Box:** PO BOX 640
 MALTA MT 59538-064
Phone: 654-1100 **Fax:** 654-2876
Administrator: WARD VANWICHEN
DON: LONNA CROWDER
 License Number: **12856** NOT PROV
 Exp. Date: **12/26/2013**
 Health Planning Region Number: **1**

Facility ID Number: **713**
 County: **PHILLIPS**
JCAHO:
 Provider No.: **27-1312**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 6
Swing Beds: 6

HOLY ROSARY HEALTHCARE

2600 WILSON **PO Box:**
 MILES CITY MT 59301-
Phone: 233-2600 **Fax:** 233-2611
Administrator: RON WEBB
DON: ROCHELLE GYSLER
 License Number: **12707** NOT PROV
 Exp. Date: **6/24/2013**
 Health Planning Region Number: **1**

Facility ID Number: **638**
 County: **CUSTER**
JCAHO:
 Provider No.: **27-0002**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

GRANITE COUNTY MEDICAL CENTER

310 SANSOME **PO Box:** PO BOX 729
 PHILIPSBURG MT 59858-072
Phone: 859-3271 **Fax:** 859-3011
Administrator: JOEL LANKFORD
DON: LOREN HINES
 License Number: **12793** NOT PROV
 Exp. Date: **10/16/2014**
 Health Planning Region Number: **4**

Facility ID Number: **710**
 County: **GRANITE**
JCAHO:
 Provider No.: **27-1303**
 Original License Date:
 Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

CLARK FORK VALLEY HOSPITAL

10 KRUGER RD **PO Box:** PO BOX 768
 PLAINS MT 59859-076
Phone: 826-4800 **Fax:** 826-4811
Administrator: GREGORY HANSON, MD
DON: DAWN LYNCH
 License Number: **12505** NOT PROV
 Exp. Date: **3/31/2013**
 Health Planning Region Number: **5**

Facility ID Number: **642**
 County: **SANDERS**
JCAHO:
 Provider No.: **27-1323**
 Original License Date: **01/01/02**
 Current License Duration: **3**
Licensed Beds: 16
Swing Beds: 6

SHERIDAN MEMORIAL HOSPITAL

440 W LAUREL AVE **PO Box:**
 PLENTYWOOD MT 59254-152
Phone: 765-3700 **Fax:** 765-3800
Administrator: SANDRA CHRISTENSEN
DON: LINDA ATOR
 License Number: **12506** NOT PROV
 Exp. Date: **7/27/2013**
 Health Planning Region Number: **1**

Facility ID Number: **643**
 County: **SHERIDAN**
JCAHO:
 Provider No.: **27-1322**
 Original License Date: **01/01/02**
 Current License Duration: **3**
Licensed Beds: 19
Swing Beds: 13

PROVIDENCE ST JOSEPH MEDICAL CENTER

6 13TH AVENUE E **PO Box:** PO BOX 1010
 POLSON MT 59860-
Phone: 883-5377 **Fax:** 883-8488
Administrator: JAMES KISER
DON: MARY MOBERLY
 License Number: **13012** PROVISIONAL
 Exp. Date: **10/12/2012**
 Health Planning Region Number: **5**

Facility ID Number: **644**
 County: **LAKE**
JCAHO: x
 Provider No.: **27-1343**
 Original License Date:
 Current License Duration: **6 Months**
Licensed Beds: 22
Swing Beds: 20

POPLAR COMMUNITY HOSPITAL

211 H STREET EAST **PO Box:** PO BOX 38
 POPLAR MT 59255-003
Phone: 768-3452 **Fax:** 768-6160
Administrator: MARGARE NORGAARD
DON: VALARIE SMITH
 License Number: **12871** NOT PROV
 Exp. Date: **6/30/2012**
 Health Planning Region Number: **1**

Facility ID Number: **645**
 County: **ROOSEVELT**
JCAHO:
 Provider No.: **27-1300**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 20
Swing Beds: 14

BEARTOOTH BILLINGS CLINIC

2525 N BROADWAY **PO Box:** PO BOX 590
 RED LODGE MT 59068-059
Phone: 446-2345 **Fax:** 446-3182
Administrator: KELLEY EVANS
DON: SHARON NORBY
 License Number: **12710** NOT PROV
 Exp. Date: **12/9/2013**
 Health Planning Region Number: **3**

Facility ID Number: **646**
 County: **CARBON**
JCAHO:
 Provider No.: **27-1326**
 Original License Date: **07/30/02**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

ST LUKE COMMUNITY HOSPITAL - CAH

107 6TH AVE SW **PO Box:**
 RONAN MT 59864-263
Phone: 676-4441 **Fax:** 676-0835
Administrator: SHANE ROBERTS
DON: LEAH EMERSON RN
 License Number: **12708** NOT PROV
 Exp. Date: **4/28/2014**
 Health Planning Region Number: **5**

Facility ID Number: **647**
 County: **LAKE**
JCAHO:
 Provider No.: **27-1325**
 Original License Date: **06/01/02**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

ROUNDUP MEMORIAL HEALTHCARE

1202 3RD ST W **PO Box:** PO BOX 40
 ROUNDUP MT 59072-
Phone: 323-2301 **Fax:** 323-1170
Administrator: BRADLEY HOWELL
DON: ELENA KELLER
 License Number: **12672** NOT PROV
 Exp. Date: **6/17/2013**
 Health Planning Region Number: **3**

Facility ID Number: **648**
 County: **MUSSELSHELL**
JCAHO:
 Provider No.: **27-1346**
 Original License Date:
 Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

DANIELS MEMORIAL HOSPITAL

105 5TH AVENUE EAST **PO Box:** PO BOX 400
 SCOBEEY MT 59263-
Phone: 487-2296 **Fax:** 487-2471
Administrator: CODY LANGBEHN
DON: KIM WOLFE
 License Number: **12791** NOT PROV
 Exp. Date: **10/15/2014**
 Health Planning Region Number: **1**

Facility ID Number: **649**
 County: **DANIELS**
JCAHO:
 Provider No.: **27-1342**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 24
Swing Beds: 24

MARIAS MEDICAL CENTER

640 PARK AVE **PO Box:** PO BOX 915
 SHELBY MT 59474-091
Phone: 434-3200 **Fax:** 434-3213
Administrator: MARK CROSS
DON: JULIA DRISHINSKI
 License Number: **12452** NOT PROV
 Exp. Date: **10/13/2012**
 Health Planning Region Number: **2**

Facility ID Number: **650**
 County: **TOOLE**
JCAHO:
 Provider No.: **27-1328**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

THE RUBY VALLEY HOSPITAL

220 E CROFOOT ST **PO Box:** PO BOX 336
 SHERIDAN MT 59749-033
Phone: 842-5454 **Fax:** 842-5455
Administrator: JOHN SEMINGSON
DON: TED WOIRHAYE
 License Number: **12393** NOT PROV
 Exp. Date: **8/31/2013**
 Health Planning Region Number: **4**

Facility ID Number: **651**
 County: **MADISON**
JCAHO:
 Provider No.: **27-1319**
 Original License Date: **09/01/01**
 Current License Duration: **3**
Licensed Beds: 10
Swing Beds: 8

SIDNEY HEALTH CENTER

216 14TH AVE SW **PO Box:**
 SIDNEY MT 59270-
Phone: 488-2100 **Fax:** 488-2125
Administrator: RICK HARALDSON
DON: NANCY DYNNESON
 License Number: **12709** NOT PROV
 Exp. Date: **7/24/2014**
 Health Planning Region Number: **1**

Facility ID Number: **652**
 County: **RICHLAND**
JCAHO:
 Provider No.: **27-1344**
 Original License Date: **09/01/05**
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 11

MINERAL COMMUNITY HOSPITAL

1208 6TH AVE E **PO Box:** PO BOX 66
 SUPERIOR MT 59872-006
Phone: 822-4841 **Fax:** 822-4963
Administrator: STEVE CARTY
DON: KRISTEN LOCKE
 License Number: **12350** NOT PROV
 Exp. Date: **6/8/2012**
 Health Planning Region Number: **5**

Facility ID Number: **653**
 County: **MINERAL**
JCAHO:
 Provider No.: **27-1331**
 Original License Date: **12/01/02**
 Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

PRAIRIE COMMUNITY HOSPITAL

312 S ADAMS **PO Box:** PO BOX 156
 TERRY MT 59349-015
Phone: 635-5511 **Fax:** 635-5512
Administrator: PARKER POWELL
DON: KAY SCHAAF
 License Number: **13015** NOT PROV
 Exp. Date: **4/29/2015**
 Health Planning Region Number: **1**

Facility ID Number: **705**
 County: **PRAIRIE**
JCAHO:
 Provider No.: **27-1309**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 22
Swing Beds: 22

BROADWATER HEALTH CENTER

110 N OAK **PO Box:**
 TOWNSEND MT 59644-230
Phone: 266-3186 **Fax:** 266-3180
Administrator: JOAN DAVIS
DON: JULIE WHITEHEAD
 License Number: **12589** NOT PROV
 Exp. Date: **3/30/2013**
 Health Planning Region Number: **4**

Facility ID Number: **654**
 County: **BROADWATER**
JCAHO:
 Provider No.: **27-1333**
 Original License Date: **03/01/03**
 Current License Duration: **3**
Licensed Beds: 9
Swing Beds: 9

MOUNTAINVIEW MEDICAL CENTER

16 W MAIN **PO Box:** PO BOX Q
 WHITE SULPHUR MT 59645-
Phone: 547-3321 **Fax:** 547-3589
Administrator: AARON ROGERS
DON: PEARL DALGARND
 License Number: **12392** NOT PROV
 Exp. Date: **8/31/2012**
 Health Planning Region Number: **4**

Facility ID Number: **709**
 County: **MEAGHER**
JCAHO:
 Provider No.: **27-1306**
 Original License Date:
 Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 24

NORTH VALLEY HOSPITAL

1600 HOSPITAL WAY **PO Box:**
WHITEFISH MT 59937-
Phone: 863-3500 **Fax:** 862-2532
Administrator: JASON SPRING
DON: MARA FIELDS
License Number: **12588** NOT PROV
Exp. Date: **3/19/2014**
Health Planning Region Number: **5**

Facility ID Number: **655**
County: **FLATHEAD**
JCAHO:
Provider No.: **27-1336**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

NORTHEAST MONTANA HEALTH SERVICES

315 KNAPP STREET **PO Box:**
WOLF POINT MT 59201-
Phone: 653-2100 **Fax:** 653-2140
Administrator: MARGARE NORGAARD
DON: ELAINE LONG
License Number: **13013** NOT PROV
Exp. Date: **4/26/2013**
Health Planning Region Number: **1**

Facility ID Number: **657**
County: **ROOSEVELT**
JCAHO:
Provider No.: **27-1341**
Original License Date:
Current License Duration: **1 Year**
Licensed Beds: 22
Swing Beds: 10

Total Number of Facilities: 46 **Total Licensed Beds:** 941 **Total Available as Swing** 836