# CRITICAL ACCESS HOSPITALS

**COMMUNITY HOSPITAL OF ANACONDA**
401 W PENNSYLVANIA AVE **PO Box:**
ANACONDA MT 59711-
**Phone:** 563-8500 **Fax:** 563-8585
**Administrator:** STEVE MCNEECE
**DON:** JOELLEN VILLA
License Number: **10923** **NOT PROV**
Exp. Date: **09/30/2008**
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: **2**
**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:** JANICE HOLT RN
License Number: **10663** **NOT PROV**
Exp. Date: **02/17/2009**
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**
3 MONTANA AVE **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: **10495** **NOT PROV**
Exp. Date: **09/29/2008**
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:** 8
**Swing Beds:** 6

**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:** KEVIN STIFFARM
**DON:** LINDA BROST RN
License Number: **10783** **NOT PROV**
Exp. Date: **06/30/2009**
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 COUNTY HOSPITAL** Facility ID Number: **610**
HWY 223 & MONROE **PO Box:** PO BOX 705 County: **LIBERTY**
CHESTER MT 59522-070 **JCAHO:**
**Phone:** 759-5181 **Fax:** 759-5799 Provider No.: **27-1334**
**Administrator:** WALTER S BUSCH Original License Date: **04/01/03**
**DON:** KAREN JENNIE WICKS Current License Duration: **2**
License Number: **10623** **NOT PROV** **Licensed Beds:** 11
Exp. Date: **01/15/2008** **Swing Beds:** 5
Health Planning Region Number: **2**

**TETON MEDICAL CENTER** Facility ID Number: **708**
915 4TH ST NW **PO Box:** County: **TETON**
CHOTEAU MT 59422-912 **JCAHO:**
**Phone:** 466-5763 **Fax:** 466-5852 Provider No.: **27-1307**
**Administrator:** RAY GIBBONS Original License Date:
**DON:** ROBERT RANG Current License Duration: **3**
License Number: **10836** **NOT PROV** **Licensed Beds:** 12
Exp. Date: **12/03/2006** **Swing Beds:** 12
Health Planning Region Number: **2**

**MCCONE COUNTY HEALTH CENTER** Facility ID Number: **702**
605 SULLIVAN AVE **PO Box:** PO BOX 47 County: **MCCONE**
CIRCLE MT 59215-004 **JCAHO:**
**Phone:** 485-3381 **Fax:** 485-3383 Provider No.: **27-1305**
**Administrator:** NANCY HANSEN Original License Date:
**DON:** HANZ ARNSTON RN Current License Duration: **3**
License Number: **10099** **NOT PROV** **Licensed Beds:** 8
Exp. Date: **09/30/2007** **Swing Beds:** 5
Health Planning Region Number: **1**

**STILLWATER COMMUNITY HOSPITAL** Facility ID Number: **612**
44 W 4TH AVE N **PO Box:** PO BOX 959 County: **STILLWATER**
COLUMBUS MT 59019-095 **JCAHO:**
**Phone:** 322-5316 **Fax:** 322-5207 Provider No.: **27-1330**
**Administrator:** TIM RUSSELL Original License Date:
**DON:** BEV KOVANDA Current License Duration: **3**
License Number: **10664** **NOT PROV** **Licensed Beds:** 13
Exp. Date: **02/15/2009** **Swing Beds:** 6
Health Planning Region Number: **3**

**PONDERA MEDICAL CENTER** Facility ID Number: **613**
805 SUNSET BLVD **PO Box:** PO BOX 758 County: **PONDERA**
CONRAD MT 59425-075 **JCAHO:**
**Phone:** 271-3211 **Fax:** 271-3917 Provider No.: **27-1324**
**Administrator:** JIM CHRISTENSEN Original License Date:
**DON:** VICKI NEWMILLER RN Current License Duration: **3**
License Number: **10775** **NOT PROV** **Licensed Beds:** 25
Exp. Date: **06/14/2009** **Swing Beds:** 8
Health Planning Region Number: **2**

**ROOSEVELT MEMORIAL 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 CLAIR BROWN RN
License Number: **10739** **NOT PROV**
Exp. Date: **05/20/2009**
Health Planning Region Number: **1**

Facility ID Number: **706**
County: **ROOSEVELT**
**JCAHO:**
Provider No.: **27-1308**
Original License Date:
Current License Duration: **3**
**Licensed Beds:** 10
**Swing Beds:** 4

**NORTHERN ROCKIES MEDICAL CENTER INC - HOS**
802 2ND ST SE **PO Box:**
CUT BANK MT 59427-
**Phone:** 873-2251 **Fax:** 873-4861
**Administrator:** CHERIE TAYLOR
**DON:** IRENE MARTIN
License Number: **10272** **NOT PROV**
Exp. Date: **01/13/2008**
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

**POWELL COUNTY MEMORIAL HOSPITAL**
1101 TEXAS AVE **PO Box:**
DEER LODGE MT 59722-182
**Phone:** 846-2212 **Fax:** 846-3074
**Administrator:** MIKE WALSH
**DON:** KELLI WHEAT RN
License Number: **10827** **NOT PROV**
Exp. Date: **07/01/2009**
Health Planning Region Number: **4**

Facility ID Number: **617**
County: **POWELL**
**JCAHO:**
Provider No.: **27-1314**
Original License Date:
Current License Duration: **3**
**Licensed Beds:** 19
**Swing Beds:** 19

**BARRETT HOSPITAL & HEALTHCARE**
1260 S ATLANTIC ST **PO Box:** MAIL 90 HWY 91
DILLON MT 59725-
**Phone:** 683-3000 **Fax:** 683-3206
**Administrator:** STEVE HANNAH
**DON:** AMBER HIERRO
License Number: **9896** **NOT PROV**
Exp. Date: **04/14/2007**
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:** CONNIE HUBBLE RN
License Number: **10240** **NOT PROV**
Exp. Date: **02/16/2008**
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 HOSPITAL** Facility ID Number: **619**
217 N MAIN ST **PO Box:** PO BOX 397 County: **MADISON**
ENNIS MT 59729-039 **JCAHO:**
**Phone:** 682-4222 **Fax:** 682-4756 Provider No.: **27-1329**
**Administrator:** RK (PETE) BREKHUS Original License Date: **10/01/02**
**DON:** JULIE MISEROS RN Current License Duration: **3**
License Number: **9687** **NOT PROV** **Licensed Beds:** 9
Exp. Date: **10/01/2006** **Swing Beds:** 4
Health Planning Region Number: **4**

**ROSEBUD HEALTH CARE CENTER HOSPITAL** Facility ID Number: **620**
383 N 17TH AVE **PO Box:** PO BOX 268 County: **ROSEBUD**
FORSYTH MT 59327-026 **JCAHO:**
**Phone:** 346-2161 **Fax:** 346-4242 Provider No.: **27-1327**
**Administrator:** KYLE HOPSTAD Original License Date: **08/01/02**
**DON:** DENISE CLARK RN Current License Duration: **6**
**MONTH**
License Number: **10918** **PROVISIONAL** **Licensed Beds:** 11
Exp. Date: **02/04/2007** **Swing Beds:** 11
Health Planning Region Number: **1**

**MISSOURI RIVER MEDICAL CENTER** Facility ID Number: **712**
1501 ST CHARLES ST **PO Box:** PO BOX 249 County: **CHOUTEAU**
FORT BENTON MT 59442-024 **JCAHO:**
**Phone:** 622-3331 **Fax:** 622-5670 Provider No.: **27-1304**
**Administrator:** JAY POTTENGER Original License Date:
**DON:** JANICE WOODHOUSE RN Current License Duration: **3**
License Number: **10238** **NOT PROV** **Licensed Beds:** 7
Exp. Date: **02/03/2008** **Swing Beds:** 5
Health Planning Region Number: **2**

**FRANCES MAHON DEACONESS HOSPITAL** Facility ID Number: **622**
621 3RD ST S **PO Box:** County: **VALLEY**
GLASGOW MT 59230-260 **JCAHO:** x
**Phone:** 228-3500 **Fax:** 228-3680 Provider No.: **27-1316**
**Administrator:** RANDALL HOLOM Original License Date:
**DON:** CONNIE SCHULTZ RN Current License Duration: **3**
**MONTH**
License Number: **10917** **PROVISIONAL** **Licensed Beds:** 25
Exp. Date: **12/20/2006** **Swing Beds:** 19
Health Planning Region Number: **1**

**GLENDIVE MEDICAL CENTER** Facility ID Number: **623**
202 PROSPECT DR **PO Box:** County: **DAWSON**
GLENDIVE MT 59330-194 **JCAHO:**
**Phone:** 345-3306 **Fax:** 345-3358 Provider No.: **27-1332**
**Administrator:** JEFFREY A. LINGERFELT Original License Date:
**DON:** CONNIE RIPLEY Current License Duration: **2**
License Number: **10541** **NOT PROV** **Licensed Beds:** 25
Exp. Date: **09/13/2007** **Swing Beds:** 25
Health Planning Region Number: **1**

**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: **10358** **NOT PROV**
Exp. Date: **12/01/2007**
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:** GARY ROBERTSON
**DON:** JOE PURCELL, RN
License Number: **10768** **NOT PROV**
Exp. Date: **05/30/2007**
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: **1**
**Licensed Beds:** 25
**Swing Beds:** 25

**WHEATLAND MEMORIAL HOSPITAL**
530 3RD ST N **PO Box:** PO BOX 287
HARLOWTON MT 59036-000
**Phone:** 632-4351 **Fax:** 632-4350
**Administrator:** SCOTT MITCHELL
**DON:** LORI PRITCHARD RN
License Number: **10879** **NOT PROV**
Exp. Date: **07/15/2007**
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: **2**
**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:** WANDA HAGEMAN
**DON:** MARY SKYBERG RN
License Number: **10731** **NOT PROV**
Exp. Date: **04/28/2009**
Health Planning Region Number: **1**

Facility ID Number: **704**
County: **GARFIELD**
**JCAHO:**
Provider No.: **27-1310**
Original License Date:
Current License Duration: **3**
**Licensed Beds:** 4
**Swing Beds:** 2

**ST JOHNS LUTHERAN HOSPITAL**
350 LOUISIANA AVE **PO Box:**
LIBBY MT 59923-213
**Phone:** 293-0100 **Fax:** 293-4428
**Administrator:** WILLIAM PATTEN
**DON:** ETHEL SCHRENEGOST RN
License Number: **10828** **NOT PROV**
Exp. Date: **07/15/2009**
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:** 222-5099
**Administrator:** SAMUEL G PLESHAR
**DON:** MARSHA VANDERHOFF, RN
License Number: **10657** **NOT PROV**
Exp. Date: **03/01/2009**
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 MEDICAL CENTER**
311 S 8TH AVE E **PO Box:** PO BOX 640
MALTA MT 59538-064
**Phone:** 654-1100 **Fax:** 654-2876
**Administrator:** LARRY PUTNAM
**DON:** DORY FRIED RN
License Number: **10813** **NOT PROV**
Exp. Date: **06/27/2008**
Health Planning Region Number: **1**

Facility ID Number: **713**
County: **PHILLIPS**
**JCAHO:**
Provider No.: **27-1312**
Original License Date:
Current License Duration: **2**
**Licensed Beds:** 6
**Swing Beds:** 6

**GRANITE COUNTY MEDICAL CENTER**
310 SANSOME **PO Box:** PO BOX 729
PHILIPSBURG MT 59858-072
**Phone:** 859-3271 **Fax:** 859-3795
**Administrator:** AMY EDWARDS WEBB
**DON:** MIKE KALARCHIK RN
License Number: **10622** **NOT PROV**
Exp. Date: **06/08/2007**
Health Planning Region Number: **4**

Facility ID Number: **710**
County: **GRANITE**
**JCAHO:**
Provider No.: **27-1303**
Original License Date:
Current License Duration: **3**
**Licensed Beds:** 9
**Swing Beds:** 9

**CLARK FORK VALLEY HOSPITAL**
10 KRUGER RD **PO Box:** PO BOX 768
PLAINS MT 59859-076
**Phone:** 826-4800 **Fax:** 826-4811
**Administrator:** JOHN SERLE
**DON:** LINDA SUND RN
License Number: **10608** **NOT PROV**
Exp. Date: **12/22/2007**
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: **2**
**Licensed Beds:** 16
**Swing Beds:** 6

**SHERIDAN MEMORIAL HOSPITAL**
440 W LAUREL AVE **PO Box:**
PLENTYWOOD MT 59254-152
**Phone:** 765-1420 **Fax:** 765-1424
**Administrator:** WAYNE NELSON
**DON:** BEV JOHNSON RN
License Number: **10179** **NOT PROV**
Exp. Date: **01/01/2008**
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

**ST JOSEPH HOSPITAL CORPORATION** Facility ID Number: **644**
6 13TH AVENUE E **PO Box:** PO BOX 1010 County: **LAKE**
POLSON MT 59860- **JCAHO: x**
**Phone:** 883-5377 **Fax:** 833-8488 Provider No.: **27-1343**
**Administrator:** JOHN GLUCKERT Original License Date:
**DON:** SUE ARNESON Current License Duration: **3**
License Number: **10617** **NOT PROV** **Licensed Beds:** 22
Exp. Date: **12/28/2007** **Swing Beds:** 20
Health Planning Region Number: **5**

**NORTHEAST MONTANA HEALTH SERVICES INC -** Facility ID Number: **645**
POPLAR COMMUNITY HOSPITAL **PO Box:** PO BOX 38 County: **ROOSEVELT**
POPLAR MT 59255-003 **JCAHO:**
**Phone:** 768-3452 **Fax:** 768-6160 Provider No.: **27-1300**
**Administrator:** MARGARET NORGAARD Original License Date:
**DON:** PAMELA TURNBAUGH RN Current License Duration: **3**
License Number: **10598** **NOT PROV** **Licensed Beds:** 20
Exp. Date: **12/31/2008** **Swing Beds:** 14
Health Planning Region Number: **1**

**BEARTOOTH HOSPITAL & HEALTH CARE** Facility ID Number: **646**
600 W 21ST ST **PO Box:** PO BOX 590 County: **CARBON**
RED LODGE MT 59068-059 **JCAHO:**
**Phone:** 446-2345 **Fax:** 446-3182 Provider No.: **27-1326**
**Administrator:** KELLEY EVANS Original License Date: **07/30/02**
**DON:** SHARON NORBY Current License Duration: **364**
**DAYS**
License Number: **10829** **PROVISIONAL** **Licensed Beds:** 22
Exp. Date: **07/29/2009** **Swing Beds:** 22
Health Planning Region Number: **3**

**ST LUKE COMMUNITY HOSPITAL - CAH** Facility ID Number: **647**
107 6TH AVE SW **PO Box:** County: **LAKE**
RONAN MT 59864-263 **JCAHO:**
**Phone:** 676-4441 **Fax:** 676-0835 Provider No.: **27-1325**
**Administrator:** SHANE ROBERTS Original License Date: **06/01/02**
**DON:** LEAH EMERSON RN Current License Duration: **3**
License Number: **10834** **NOT PROV** **Licensed Beds:** 25
Exp. Date: **07/15/2009** **Swing Beds:** 25
Health Planning Region Number: **5**

**DANIELS MEMORIAL HOSPITAL** Facility ID Number: **649**
105 5TH AVENUE EAST **PO Box:** PO BOX 400 County: **DANIELS**
SCOBEY MT 59263- **JCAHO:**
**Phone:** 487-2296 **Fax:** 487-2471 Provider No.: **27-0036**
**Administrator:** THANE BEDWELL Original License Date:
**DON:** KATHY WARE Current License Duration: **6**
**MONTH**
License Number: **10846** **PROVISIONAL** **Licensed Beds:** 24
Exp. Date: **01/01/2007** **Swing Beds:** 24
Health Planning Region Number: **1**

**MARIAS MEDICAL CENTER** Facility ID Number: **650**
640 PARK DR **PO Box:** PO BOX 915 County: **TOOLE**
SHELBY MT 59474-091 **JCAHO:**
**Phone:** 434-3200 **Fax:** 434-3213 Provider No.: **27-1328**
**Administrator:** MARK CROSS Original License Date:
**DON:** PENNY JACOBSON Current License Duration: **3**
License Number: **10580** **NOT PROV** **Licensed Beds:** 20
Exp. Date: **10/01/2006** **Swing Beds:** 20
Health Planning Region Number: **2**

**THE RUBY VALLEY HOSPITAL** Facility ID Number: **651**
220 E CROFOOT ST **PO Box:** PO BOX 336 County: **MADISON**
SHERIDAN MT 59749-000 **JCAHO:**
**Phone:** 842-5454 **Fax:** 842-5455 Provider No.: **27-1319**
**Administrator:** RANDALL CAMBRIDGE Original License Date: **09/01/01**
**DON:** TAMI TODD REID RN Current License Duration: **3**
License Number: **10088** **NOT PROV** **Licensed Beds:** 10
Exp. Date: **09/01/2007** **Swing Beds:** 8
Health Planning Region Number: **4**

**SIDNEY HEALTH CENTER** Facility ID Number: **652**
216 14TH AVE SW **PO Box:** County: **RICHLAND**
SIDNEY MT 59270- **JCAHO:**
**Phone:** 488-2100 **Fax:** 488-2125 Provider No.: **27-1344**
**Administrator:** RICK HARALDSON Original License Date: **09/01/05**
**DON:** RICK HAROLDSON Current License Duration: **6**
**MONTH**
License Number: **10905** **PROVISIONAL** **Licensed Beds:** 25
Exp. Date: **02/01/2007** **Swing Beds:** 11
Health Planning Region Number: **1**

**MINERAL COMMUNITY HOSPITAL** Facility ID Number: **653**
1208 6TH AVE E **PO Box:** PO BOX 66 County: **MINERAL**
SUPERIOR MT 59872-006 **JCAHO:**
**Phone:** 822-4841 **Fax:** 822-4963 Provider No.: **27-1331**
**Administrator:** JAMES P. HENSHAW Original License Date: **12/01/02**
**DON:** LORRAINE FROST RN Current License Duration: **3**
License Number: **10405** **NOT PROV** **Licensed Beds:** 25
Exp. Date: **06/09/2007** **Swing Beds:** 25
Health Planning Region Number: **5**

**PRAIRIE COMMUNITY HEALTH CENTER** Facility ID Number: **705**
312 S ADAMS **PO Box:** PO BOX 156 County: **PRAIRIE**
TERRY MT 59349-015 **JCAHO:**
**Phone:** 635-5511 **Fax:** 635-5512 Provider No.: **27-1309**
**Administrator:** REED REYMAN Original License Date:
**DON:** SONIA LUEDTKE RN Current License Duration: **1**
License Number: **10714** **NOT PROV** **Licensed Beds:** 2
Exp. Date: **04/30/2007** **Swing Beds:**
Health Planning Region Number: **1**

**BROADWATER HEALTH CENTER**
110 N OAK **PO Box:**
TOWNSEND MT 59644-230
**Phone:** 266-3186 **Fax:** 266-3180
**Administrator:** SAM ALLEN
**DON:** RENEE L BONANINI RN
License Number: **10689** **NOT PROV**
Exp. Date: **03/31/2009**
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:** 5

**MOUNTAINVIEW MEDICAL CENTER**
16 W MAIN **PO Box:** PO BOX Q
WHITE SULPHUR MT 59645-081
**Phone:** 547-3321 **Fax:** 547-3589
**Administrator:** KATHARIN CAMPBELL
**DON:** Janine Vogley-Turner
License Number: **10391** **NOT PROV**
Exp. Date: **09/09/2007**
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**
6575 HWY 93 S **PO Box:**
WHITEFISH MT 59937-
**Phone:** 863-2501 **Fax:** 862-2532
**Administrator:** CRAIG AASVED
**DON:** MARA FIELDS
License Number: **10361** **NOT PROV**
Exp. Date: **10/28/2007**
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:** MARGARET NORGAARD
**DON:** JOANN HIBBL
**MONTH**
License Number: **10726** **PROVISIONAL**
Exp. Date: **10/29/2006**
Health Planning Region Number: **1**

Facility ID Number: **657**
County: **ROOSEVELT**
**JCAHO:**
Provider No.: **27-0060**
Original License Date:
Current License Duration: **6**

**Licensed Beds:** 22
**Swing Beds:** 10

**Total Number of Facilities = 43**