

## END-STAGE RENAL DIALYSIS FACILITIES

### **BILLINGS CLINIC DIALYSIS CENTER**

2800 10TH AVE N PO BOX 37000  
BILLINGS MT 59103-  
**Phone:** 657-4100 **Fax:** 657-3793  
**Administrator:** LEANN LARSEN  
License Number: **12320** Exp. Date: **9/12/2012**  
Health Planning Region Number: **3**

Facility ID Number: **832**  
County: **YELLOWSTONE**  
**JCAHO:**  
ESRD Provider Number: **27-2301**  
Current License Duration: **3**  
Original License Date:  
**NOT PROV**

**ESRD Stations:** 17

### **DIALYSIS CLINIC INC - BILLINGS**

2411 VILLAGE LN  
BILLINGS MT 59102-  
**Phone:** 252-9270 **Fax:** 248-5540  
**Administrator:** KEVIN DONAHUE  
License Number: **12542** Exp. Date: **9/13/2012**  
Health Planning Region Number: **3**

Facility ID Number: **843**  
County: **YELLOWSTONE**  
**JCAHO:**  
ESRD Provider Number: **27-2502**  
Current License Duration: **3**  
Original License Date:  
**NOT PROV**

**ESRD Stations:** 19

### **BOZEMAN DIALYSIS CENTER**

931 HIGHLAND BLVD  
BOZEMAN MT 59715-  
**Phone:** 585-5090 **Fax:** 585-5093  
**Administrator:** LEANN LARSEN  
License Number: **12541** Exp. Date: **8/19/2013**  
Health Planning Region Number: **4**

Facility ID Number: **841**  
County: **GALLATIN**  
**JCAHO:**  
ESRD Provider Number: **27-2503**  
Current License Duration: **3**  
Original License Date: **03/13/99**  
**NOT PROV**

**ESRD Stations:** 6

### **DIALYSIS CLINIC INC - BLACKFEET**

HOSPITAL CIRCLE PO BOX 2950  
BROWNING MT 59417-  
**Phone:** 338-7472 **Fax:** 338-3426  
**Administrator:** KEVIN DONAHUE  
License Number: **12644** Exp. Date: **2/19/2013**  
Health Planning Region Number: **2**

Facility ID Number: **845**  
County: **GLACIER**  
**JCAHO:**  
ESRD Provider Number: **27-2504**  
Current License Duration: **3**  
Original License Date: **06/17/98**  
**NOT PROV**

**ESRD Stations:** 8

### **ST PATRICK DIALYSIS UNIT**

400 S CLARK STREET  
BUTTE MT 59701-  
**Phone:** 723-2505 **Fax:** 723-2504  
**Administrator:** JANI HUSTON  
License Number: **12480** Exp. Date: **9/30/2012**  
Health Planning Region Number: **4**

Facility ID Number: **833**  
County: **SILVER BOW**  
**JCAHO:**  
ESRD Provider Number: **27-3501**  
Current License Duration: **3**  
Original License Date:  
**NOT PROV**

**ESRD Stations:** 6

**BENEFIS DIALYSIS**

1101 26TH ST S  
 GREAT FALLS MT 59405-  
**Phone:** 455-3960 **Fax:** 455-3976  
**Administrator:** JOHN GOODNOW  
 License Number: **12175** Exp. Date: **12/14/2012**  
 Health Planning Region Number: **2**

Facility ID Number: **834**  
 County: **CASCADE**  
**JCAHO:** X  
 ESRD Provider Number: **27-2302**  
 Current License Duration: **3**  
 Original License Date:  
**NOT PROV**

**ESRD Stations:** 20**NORTHERN MONTANA DIALYSIS UNIT**

30 13TH ST  
 HAVRE MT 59501-  
**Phone:** 262-1472 **Fax:** 262-1609  
**Administrator:** JOLENE KORB  
 License Number: **12189** Exp. Date: **6/10/2012**  
 Health Planning Region Number: **2**

Facility ID Number: **844**  
 County: **HILL**  
**JCAHO:**  
 ESRD Provider Number: **27-2305**  
 Current License Duration: **3**  
 Original License Date:  
**NOT PROV**

**ESRD Stations:** 6**ST PETERS HOSPITAL**

2475 BROADWAY  
 HELENA MT 59601-  
**Phone:** 442-2280 **Fax:** 447-2697  
**Administrator:** JOHN SOLHEIM  
 License Number: **12261** Exp. Date: **1/31/2013**  
 Health Planning Region Number: **4**

Facility ID Number: **835**  
 County: **LEWIS & CLARK**  
**JCAHO:** X  
 ESRD Provider Number: **27-2300**  
 Current License Duration: **3**  
 Original License Date:  
**NOT PROV**

**ESRD Stations:** 12**DIALYSIS CLINIC INC**

135 COMMONS WAY  
 KALISPELL MT 59901-  
**Phone:** 756-5565 **Fax:** 756-7712  
**Administrator:** KEVIN DONAHUE  
 License Number: **12067** Exp. Date: **9/24/2012**  
 Health Planning Region Number: **5**

Facility ID Number: **836**  
 County: **FLATHEAD**  
**JCAHO:**  
 ESRD Provider Number: **27-2506**  
 Current License Duration: **3**  
 Original License Date: **08/01/99**  
**NOT PROV**

**ESRD Stations:** 16**DIALYSIS CLINIC INC - LIBBY**

308 LOUISIANA AVE  
 LIBBY MT 59923-  
**Phone:** 293-9913 **Fax:** 293-9915  
**Administrator:** KEVIN DONAHUE  
 License Number: **12711** Exp. Date: **7/27/2012**  
 Health Planning Region Number: **5**

Facility ID Number: **839**  
 County: **LINCOLN**  
**JCAHO:**  
 ESRD Provider Number: **27-2505**  
 Current License Duration: **364 DAYS**  
 Original License Date:  
**PROVISIONAL**

**ESRD Stations:** 4

**FRESENIUS MEDICAL CARE MISSOULA**

615 WEST ALDER  
MISSOULA MT 59802-  
**Phone:** 327-1750 **Fax:** 327-1766  
**Administrator:** KRISTIN FLO  
License Number: **12928** Exp. Date: **8/27/2012**  
Health Planning Region Number: **5**

Facility ID Number: **837**  
County: **MISSOULA**  
**JCAHO:**  
ESRD Provider Number: **z**  
Current License Duration: **6 MONTHS**  
Original License Date:  
**PROVISIONAL**

**ESRD Stations:** 24

**FORT PECK TRIBAL DIALYSIS UNIT**

107 H STREET EAST PO BOX 1027  
POPLAR MT 59255-  
**Phone:** 768-5468 **Fax:** 768-5121  
**Administrator:** ROBYN NYGARD  
License Number: **12614** Exp. Date: **5/13/2013**  
Health Planning Region Number: **1**

Facility ID Number: **838**  
County: **ROOSEVELT**  
**JCAHO:**  
ESRD Provider Number: **27-2500**  
Current License Duration: **3**  
Original License Date:  
**NOT PROV**

**ESRD Stations:** 10

**Total Facilities = 12**