

HOME INFUSION THERAPY SERVICES

APRIA HEALTHCARE INC.

102 BARTZ LANE
BELGRADE MT 59714-
Phone: 388-9040 **Fax:**

Administrator: CINDY KOELLEN **NOT PROV**
Original License Date: **04/28/05** Health Planning Region Number: **4**

Facility ID Number: **389**
County: **GALLATIN**
JCAHO:
License Number: **10721**
Exp. Date: **04/28/2009**
License Duration: **3**

AT HOME SOLUTIONS INC - BILLINGS

404 N 31ST ST SUITE 401
BILLINGS MT 59101-
Phone: 255-7463 **Fax:** 255-7483

Administrator: KIMBERLY PUTZKE **NOT PROV**
Original License Date: Health Planning Region Number: **3**

Facility ID Number: **353**
County: **YELLOWSTONE**
JCAHO:
License Number: **10963**
Exp. Date: **10/10/2009**
License Duration: **3**

AT HOME SOLUTIONS INC - BOZEMAN

682 FERGUSON RD SUITE 1
BOZEMAN MT 59718-
Phone: 587-1050 **Fax:**

Administrator: KIMBERLEY PUTZKE **NOT PROV**
Original License Date: Health Planning Region Number: **4**

Facility ID Number: **380**
County: **GALLATIN**
JCAHO:
License Number: **10977**
Exp. Date: **11/20/2009**
License Duration: **3**

HOME IV PHARMACY

2601½ CONTINENTAL DR
BUTTE MT 59701-
Phone: 723-4099 **Fax:**

Administrator: JERROLD DOTTER **NOT PROV**
Original License Date: Health Planning Region Number: **4**

Facility ID Number: **382**
County: **SILVER BOW**
JCAHO:
License Number: **11010**
Exp. Date: **12/15/2009**
License Duration: **3**

SPECTRUM HOME SOLUTIONS

2509 7TH AVE S
GREAT FALLS MT 59405-
Phone: 727-1218 **Fax:**

Administrator: DOUGLAS WILHELM **NOT PROV**
Original License Date: Health Planning Region Number: **2**

Facility ID Number: **386**
County: **CASCADE**
JCAHO:
License Number: **11155**
Exp. Date: **05/30/2010**
License Duration: **3**

HEALTH CARE PLUS - HAMILTON

1900 N. FIRST STREET
HAMILTON MT 59840-
Phone: 363-6224 **Fax:**

Administrator: VICKEE SIEMERS **NOT PROV**
Original License Date: Health Planning Region Number: **5**

Facility ID Number: **384**
County: **RAVALLI**
JCAHO:
License Number: **11364**
Exp. Date: **12/14/2009**
License Duration: **2**

MARCUS DALY MEM HOSPITAL HOME INFUSION

1200 WESTWOOD DR

HAMILTON

MT 59840-

Phone: 363-6503

Fax: 363-6536

Administrator: JOHN

BARTOS

NOT PROV

Original License Date: **02/28/00**

Health Planning Region Number: **5**

Facility ID Number: **390**

County: **RAVALLI**

JCAHO:

License Number: **11250**

Exp. Date: **08/27/2010**

License Duration: **3**

A PLUS HEALTH CARE INC.

1300 ASPEN

HELENA

MT 59601-

Phone: 755-4968

Fax:

Administrator: KRISTINE

CARLSON

NOT PROV

Original License Date: **12/02/04**

Health Planning Region Number: **1**

Facility ID Number: **391**

County: **LEWIS & CLARK**

JCAHO:

License Number: **10705**

Exp. Date: **03/26/2009**

License Duration: **3**

ST PETERS HOSP HOME LINK HOME INFUSION

2475 BROADWAY

HELENA

MT 59601-

Phone: 444-2350

Fax:

Administrator: THOMAS

LITERSKI

NOT PROV

Original License Date:

Health Planning Region Number: **4**

Facility ID Number: **385**

County: **LEWIS & CLARK**

JCAHO: X

License Number: **11029**

Exp. Date: **12/15/2009**

License Duration: **3**

AT HOME SOLUTIONS INC - KALISPELL

175 COMMONS LOOP STE 400

KALISPELL

MT 59901-

Phone: 752-4545

Fax: 257-1896

Administrator: VICKIE

MEYER

NOT PROV

Original License Date:

Health Planning Region Number: **5**

Facility ID Number: **388**

County: **FLATHEAD**

JCAHO:

License Number: **11249**

Exp. Date: **08/26/2008**

License Duration: **1**

BIG SKY IV CARE

20 FOUR MILE DRIVE NBR 300

KALISPELL

MT 59901-

Phone: 752-0440

Fax: 752-0443

Administrator: DAVID

GRADY

NOT PROV

Original License Date: **10/07/05**

Health Planning Region Number: **1**

Facility ID Number: **393**

County: **FLATHEAD**

JCAHO:

License Number: **11131**

Exp. Date: **04/17/2010**

License Duration: **3**

THE CLINICAL PAHRMACY

200 CONWAY DRIVE

KALISPELL

MT 59901-

Phone: 752-1761

Fax: 756-3528

Administrator: DR. MARK

DONALDSON

NOT PROV

Original License Date: **09/08/05**

Health Planning Region Number: **1**

Facility ID Number: **392**

County: **FLATHEAD**

JCAHO:

License Number: **11550**

Exp. Date: **12/16/2008**

License Duration: **2**

PARTNERS' SOLUTIONS

2687 PALMER ST STE B
MISSOULA MT 59808-
Phone: 721-6112 **Fax:**

Administrator: RANDALL CAMBRIDGE **NOT PROV**
Original License Date: Health Planning Region Number: **5**

Facility ID Number: **381**
County: **MISSOULA**
JCAHO:
License Number: **11353**
Exp. Date: **11/30/2010**
License Duration: **3**

HEALTH CARE PLUS - POLSON

50331A HWY 93 EAST
POLSON MT 59860-
Phone: 883-3838 **Fax:**

Administrator: VICKEE SIEMERS **NOT PROV**
Original License Date: Health Planning Region Number: **5**

Facility ID Number: **383**
County: **LAKE**
JCAHO:
License Number: **11405**
Exp. Date: **12/16/2008**
License Duration: **1**

Total Services = 14