

## HOME INFUSION THERAPY SERVICES

### **OPTION CARE ENTERPRISES INC DBA WALGREENS INFUSION SERVICES**

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**

### **OPTION CARE ENTERPRISES INC DBA WALGREENS INFUSION SERVICES**

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**

### **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**

### **WALGREENS INFUSION SERVICES**

800 W PLATINUM ST STE D  
BUTTE MT 59701-  
**Phone:** 782-3221 **Fax:** 782-3321

**Administrator:** KIMBERLY PUTZKE **NOT PROV**  
Original License Date: **06/23/10** Health Planning Region Number: **4**

### **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: **353**  
County: **YELLOWSTONE**  
License Number: **JCAHO: 12169**

Exp. Date:  
Exp. Date: **10/10/2012**  
License Duration: **3**

Facility ID Number: **380**  
County: **GALLATIN**  
License Number: **JCAHO: 12168**

Exp. Date:  
Exp. Date: **11/20/2012**  
License Duration: **3**

Facility ID Number: **382**  
County: **SILVER BOW**  
License Number: **JCAHO: 12867**

Exp. Date:  
Exp. Date: **12/14/2013**  
License Duration: **2**

Facility ID Number: **394**  
County: **SILVER BOW**  
License Number: **JCAHO: 12858**

Exp. Date:  
Exp. Date: **12/22/2014**  
License Duration: **1**

Facility ID Number: **386**  
County: **CASCADE**  
License Number: **JCAHO: 12333**

Exp. Date:  
Exp. Date: **5/30/2012**  
License Duration: **2**

**HEALTH CARE PROVIDERS INC**

1900 N. FIRST STREET  
HAMILTON MT 59840-  
**Phone:** 363-6203 **Fax:** 363-7583

**Administrator:** DEIDRA MARKETTE **NOT PROV**  
Original License Date: Health Planning Region Number: **5**

**ST PETERS HOSP HOME LINK HOME INFUSION THERAPY**

2475 BROADWAY  
**12260**  
HELENA MT 59601-  
**Phone:** 444-2350 **Fax:**

**Administrator:** THOMAS LITERSKI **NOT PROV**  
Original License Date: Health Planning Region Number: **4**

**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**

**THE CLINICAL PHARMACY**

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**

**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**

**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: **384**  
County: **RAVALLI**  
License Number: **JCAHO: 12932**

Exp. Date:  
Exp. Date: **2/28/2013**  
License Duration: **1 TEAR**

Facility ID Number: **385**  
County: **LEWIS & CLARK**  
License Number: **JCAHO: X**

Exp. Date:  
Exp. Date: **1/31/2013**  
License Duration: **3**

Facility ID Number: **393**  
County: **FLATHEAD**  
License Number: **JCAHO: 12283**

Exp. Date:  
Exp. Date: **4/16/2013**  
License Duration: **3**

Facility ID Number: **392**  
County: **FLATHEAD**  
License Number: **JCAHO: 12931**

Exp. Date:  
Exp. Date: **2/15/2015**  
License Duration: **3**

Facility ID Number: **381**  
County: **MISSOULA**  
License Number: **JCAHO: 12473**

Exp. Date:  
Exp. Date: **11/30/2013**  
License Duration: **3**

Facility ID Number: **383**  
County: **LAKE**  
License Number: **JCAHO: 12226**

Exp. Date:  
Exp. Date: **2/15/2013**  
License Duration: **3**

**TIMBERRIDGE PHARMACY INC**

2824 US HIGHWAY 93 N  
VICTOR MT 59875-  
**Phone:** 363-9003 **Fax:**

**Administrator:** CURTIS KYP **NOT PROV**  
Original License Date: **11/17/10** Health Planning Region Number: **5**

**Total Services = 12**

Facility ID Number: **395**  
County: **RAVALLI**  
License Number: **JCAHO: 12646**

Exp. Date:  
Exp. Date: **5/16/2012**  
License Duration: **1**