

HOSPICES

ANACONDA PINTLER HOME HEALTH & HOSPICE
118 E SEVENTH ST 1ST FLR PO BOX 1048
ANACONDA MT 59711-
Phone: 563-7023 **Fax:** 563-7030
Administrator: PEGGY WOLSTEIN
License **12352** Exp. **1/28/2013**
Original License Date:
Health Planning Region Number: 4 **Service**

COUNTY OF SWEET GRASS PIONEER MED CENTER
301 W 7TH AVE PO BOX 1228
BIG TIMBER MT 59011-
Phone: 932-4603 **Fax:** 932-5468
Administrator: BREN LOWE
License **12033** Exp. **9/14/2012**
Original License Date: **09/06/00**
Health Planning Region Number: 3 **Service**

HORIZON HOSPICE HOME (RESIDENTIAL HOSPICE)
1019 NEPTUNE
BILLINGS MT 59105-
Phone: 247-3300 **Fax:**
Administrator: MARY KITTON
License **11831** Exp. **3/27/2012**
Original License Date: **06/05/01**
Health Planning Region Number: 3 **Service**

JOURNEY HOSPICE
712 CARBON ST STE 5
BILLINGS MT 59102-
Phone: 256-6420 **Fax:** 245-0503
Administrator: JOANNA ASPINWALL
License **12471** Exp. **7/31/2013**
Original License Date: **06/01/10**
Health Planning Region Number: 3 **Service**

RIVERSTONE HEALTH HOSPICE HOME
2230 MISSION WAY
BILLINGS MT 59102-
Phone: 656-0268 **Fax:**
Administrator: JUDY STEWART
License **12805** Exp. **4/12/2012**
Original License Date: **10/13/11**
Health Planning Region Number: 3 **Service**

Facility ID Number: **400**
COUNTY: **DEER LODGE**
JCAHO: **CHAP:**
Provider Number: **27-1506**
Licensed Beds:
NOT PROV
Current License Duration: **3**

Facility ID Number: **434**
COUNTY: **SWEET GRASS**
JCAHO: **CHAP:**
Provider Number: **27-1523**
Licensed Beds:
NOT PROV
Current License Duration: **3**

Facility ID Number: **439**
COUNTY: **YELLOWSTONE**
JCAHO: **CHAP:**
Provider Number:
Licensed Beds: **7**
NOT PROV
Current License Duration: **3**

Facility ID Number: **450**
COUNTY: **YELLOWSTONE**
JCAHO: **CHAP:**
Provider Number: **27-1532**
Licensed Beds: **0**
NOT PROV
Current License Duration: **3**

Facility ID Number: **453**
COUNTY: **YELLOWSTONE**
JCAHO: **CHAP:**
Provider Number:
Licensed Beds: **12**
PROVISIONAL
Current License Duration: **6 MONTH**

RIVERSTONE HEALTH HOSPICE SERVICES

2626 1ST AVE S
 BILLINGS MT 59101-
Phone: 651-6500 **Fax:** 247-3303
Administrator: JUDY STEWART
 License **12675** Exp. **4/30/2013**
 Original License Date:
 Health Planning Region Number: 3 **Service**

Facility ID Number: 403
 COUNTY: **YELLOWSTONE**
JCAHO: **CHAP:** X
 Provider Number: **27-1502**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

ROCKY MOUNTAIN HOSPICE

2110 OVERLAND AVENUE STE 111
 BILLINGS MT 59102-
Phone: 294-0785 **Fax:** 294-0788
Administrator: JOYCE KRAMER
 License **12934** Exp. **2/28/2015**
 Original License Date: **11/30/04**
 Health Planning Region Number: 3 **Service**

Facility ID Number: 441
 COUNTY: **YELLOWSTONE**
JCAHO: **CHAP:**
 Provider Number: **27-1528**
 Licensed Beds: 0
NOT PROV
 Current License Duration: 3 YEARS

HOSPICE OF SOUTHWEST MONTANA

1600 ELLIS ST STE 3A
 BOZEMAN MT 59715-
Phone: 585-1099 **Fax:** 585-1073
Administrator: KATHRINA MONFORTON
 License **12509** Exp. **3/11/2013**
 Original License Date:
 Health Planning Region Number: 4 **Service**

Facility ID Number: 404
 COUNTY: **GALLATIN**
JCAHO: **CHAP:**
 Provider Number: **27-1509**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

ROCKY MOUNTAIN HOSPICE, BOZEMAN

301 EDELWEISS STE 5 & 6
 BOZEMAN MT 59718-
Phone: 556-0640 **Fax:** 556-0643
Administrator: TRACE THARP
 License **12561** Exp. **2/28/2012**
 Original License Date: **10/24/07**
 Health Planning Region Number: 4 **Service**

Facility ID Number: 443
 COUNTY: **GALLATIN**
JCAHO: **CHAP:**
 Provider Number: **27-1528**
 Licensed Beds: 0
NOT PROV
 Current License Duration: 1

EASTER SEALS-GOODWILL/HIGHLANDS HOSPICE

3703 HARRISON AVENUE
 BUTTE MT 59701-
Phone: 533-0020 **Fax:** 533-0019
Administrator: KAREN SULLIVAN
 License **12677** Exp. **6/30/2014**
 Original License Date:
 Health Planning Region Number: 4 **Service**

Facility ID Number: 405
 COUNTY: **SILVER BOW**
JCAHO: **CHAP:**
 Provider Number: **27-1503**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

FRONTIER HOME HEALTH & HOSPICE

1940 DEWEY BLVD
 BUTTE MT 59701-
Phone: 723-8933 **Fax:** 723-4597
Administrator: KATHRINA MONFORTON
 License **12869** Exp. **12/19/2012**
 Original License Date: **04/20/11**
 Health Planning Region Number: 4 **Service**

ROCKY MOUNTAIN HOSPICE, BUTTE

19 DISCOVERY DRIVE
 BUTTE MT 59701-
Phone: 494-6114 **Fax:** 494-6115
Administrator: LINDA WELSH
 License **12562** Exp. **2/28/2012**
 Original License Date: **07/07/08**
 Health Planning Region Number: 4 **Service**

PEACE HOSPICE OF MONTANA - CONRAD

300 N VIRGINIA ST NBR 309
 CONRAD MT 59425-1
Phone: 271-3016 **Fax:**
Administrator: JOHN GOODNOW
 License **12306** Exp. **12/14/2012**
 Original License Date:
 Health Planning Region Number: 2 **Service**

EASTER SEAL/GOODWILL HIGHLANDS HOSPICE

302 MISSOURI AVE
 DEER LODGE MT 59722-
Phone: 846-3975 **Fax:** 533-0019
Administrator: KAREN SULLIVAN
 License **12689** Exp. **6/30/2014**
 Original License Date: **04/01/06**
 Health Planning Region Number: 4 **Service**

BARRETT HOSPITAL & HEALTHCARE HOSPICE

90 HWY 91 SOUTH
 DILLON MT 59725-
Phone: 683-3000 **Fax:** 683-3206
Administrator: KEN WESTMAN
 License **11925** Exp. **6/28/2012**
 Original License Date: **06/29/98**
 Health Planning Region Number: 4 **Service**

Facility ID Number: 452
 COUNTY: SILVER BOW
JCAHO: **CHAP:**
 Provider Number: 27-1514
 Licensed Beds: 0
NOT PROV
 Current License Duration: 1 YEAR

Facility ID Number: 445
 COUNTY: SILVER BOW
JCAHO: **CHAP:**
 Provider Number: 27-1530
 Licensed Beds: 0
NOT PROV
 Current License Duration: 1

Facility ID Number: 407
 COUNTY: PONDERA
JCAHO: **CHAP:**
 Provider Number: 27-1507
 Licensed Beds:
NOT PROV
 Current License Duration: 3

Facility ID Number: 444
 COUNTY: POWELL
JCAHO: **CHAP:**
 Provider Number: 27-1503
 Licensed Beds: 0
NOT PROV
 Current License Duration: 3

Facility ID Number: 423
 COUNTY: BEAVERHEAD
JCAHO: **CHAP:**
 Provider Number: 27-1520
 Licensed Beds:
NOT PROV
 Current License Duration: 3

MADISON COUNTY VOLUNTEER HOSPICE
113 SOUTH 1ST ST PO BOX 460
ENNIS MT 59729-
Phone: 682-3100 **Fax:** 682-3107
Administrator: CHRIS BAUER
License **11814** Exp. **2/28/2012**
Original License Date: **05/05/03**
Health Planning Region Number: **4** **Service**

Facility ID Number: **438**
COUNTY: **MADISON**
JCAHO: **CHAP:**
Provider Number:
Licensed Beds: **0**
NOT PROV
Current License Duration: **3**

HOME OPTIONS HOSPICE
298 OSLOSKI ROAD 430 WINDWARD
EUREKA MT 59917-
Phone: 751-4200 **Fax:** 257-0355
Administrator: DONNA BOSCH
License **12268** Exp. **3/31/2013**
Original License Date: **12/01/09**
Health Planning Region Number: **5** **Service**

Facility ID Number: **448**
COUNTY: **LINCOLN**
JCAHO: **CHAP:**
Provider Number: **27-1515**
Licensed Beds: **0**
NOT PROV
Current License Duration: **3**

GLENDIVE MEDICAL CENTER HOME HEALTH &
202 PROSPECT DR
GLENDIVE MT 59330-
Phone: 345-3395 **Fax:** 345-3362
Administrator: JILL DOMEK
License **12595** Exp. **3/31/2014**
Original License Date:
Health Planning Region Number: **1** **Service**

Facility ID Number: **422**
COUNTY: **DAWSON**
JCAHO: **CHAP:**
Provider Number: **27-1517**
Licensed Beds:
NOT PROV
Current License Duration: **3**

PEACE HOSPICE OF MONTANA
1501 26TH ST S
GREAT FALLS MT 59405-
Phone: 455-3040 **Fax:** 455-3070
Administrator: JOHN GOODNOW
License **12324** Exp. **5/31/2013**
Original License Date: **06/28/02**
Health Planning Region Number: **2** **Service**

Facility ID Number: **437**
COUNTY: **CASCADE**
JCAHO: **CHAP:**
Provider Number: **27-1507**
Licensed Beds: **12**
NOT PROV
Current License Duration: **3**

MARCUS DALY
1200 WESTWOOD DR
HAMILTON MT 59840-3
Phone: 363-6503 **Fax:** 363-2866
Administrator: JANE HRON
License **12254** Exp. **7/15/2012**
Original License Date: **07/01/01**
Health Planning Region Number: **5** **Service**

Facility ID Number: **411**
COUNTY: **RAVALLI**
JCAHO: **CHAP:**
Provider Number: **27-1508**
Licensed Beds: **6**
NOT PROV
Current License Duration: **3**

BEAR PAW HOSPICE

30 WEST 13TH STREET
 HAVRE MT 59501-
Phone: 262-1444 **Fax:** 262-1629
Administrator: DAVID HENRY
 License **12255** Exp. **9/30/2012**
 Original License Date:
 Health Planning Region Number: 2 **Service**

Facility ID Number: 402
 COUNTY: **HILL**
JCAHO: **CHAP:**
 Provider Number: **27-1516**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

FRONTIER HOME HEALTH & HOSPICE

800 FRONT STREET
 HELENA MT 59601-
Phone: 443-4140 **Fax:** 447-3144
Administrator: KATHRINA MONFORTON
 License **12678** Exp. **6/30/2014**
 Original License Date: **08/24/05**
 Health Planning Region Number: 4 **Service**

Facility ID Number: 420
 COUNTY: **LEWIS & CLARK**
JCAHO: **CHAP:**
 Provider Number: **27-1514**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

HOSPICE OF ST PETERS COMM HOSPITAL

2475 BROADWAY ST
 HELENA MT 59601-
Phone: 444-2244 **Fax:** 447-2540
Administrator: SHEILA COTTER
 License **12261** Exp. **1/31/2013**
 Original License Date:
 Health Planning Region Number: 4 **Service**

Facility ID Number: 412
 COUNTY: **LEWIS & CLARK**
JCAHO: X **CHAP:**
 Provider Number: **27-1501**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

FRONTIER HOSPICE

29 2ND STREET EAST
 KALISPELL MT 59901-
Phone: 260-4079 **Fax:** 752-2259
Administrator: JENNA JUSTICE
 License **12353** Exp. **6/30/2013**
 Original License Date: **08/24/05**
 Health Planning Region Number: 5 **Service**

Facility ID Number: 442
 COUNTY: **FLATHEAD**
JCAHO: **CHAP:**
 Provider Number: **27-1514**
 Licensed Beds: **0**
NOT PROV
 Current License Duration: 3

HOME OPTIONS HOSPICE

275 CORPORATE DR SUITE 600
 KALISPELL MT 59901-
Phone: 751-4200 **Fax:** 257-0355
Administrator: DONNA BOSCH
 License **12268** Exp. **3/31/2013**
 Original License Date:
 Health Planning Region Number: 5 **Service**

Facility ID Number: 413
 COUNTY: **FLATHEAD**
JCAHO: **CHAP:**
 Provider Number: **27-1515**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

HOSPICE OF CENTRAL MONTANA

408 WENDELL AVE
 LEWISTOWN MT 59457-
Phone: 535-6302 **Fax:** 535-6306
Administrator: BETH PUTNUM
 License **12076** Exp. **10/25/2012**
 Original License Date:
 Health Planning Region Number: 3 **Service**

Facility ID Number: 414
 COUNTY: **FERGUS**
JCAHO: **CHAP:**
 Provider Number: **27-1512**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

ST JOHNS HOME HEALTH & HOSPICE

350 LOUISIANA AVE
 LIBBY MT 59923-
Phone: 283-7300 **Fax:** 293-2262
Administrator: WILLIAM PATTEN
 License **12594** Exp. **3/19/2014**
 Original License Date: **03/21/00**
 Health Planning Region Number: 5 **Service**

Facility ID Number: 432
 COUNTY: **LINCOLN**
JCAHO: **CHAP:**
 Provider Number: **27-1522**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

LIVINGSTON HOME CARE/HOSPICE CARE

504 S 13TH ST
 LIVINGSTON MT 59047-
Phone: 823-6430 **Fax:** 823-6440
Administrator: SAMUEL PLESHAR
 License **12648** Exp. **5/31/2014**
 Original License Date:
 Health Planning Region Number: 4 **Service**

Facility ID Number: 416
 COUNTY: **PARK**
JCAHO: **CHAP:**
 Provider Number: **27-1504**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

HOLY ROSARY HEALTHCARE HOSPICE

2600 WILSON
 MILES CITY MT 59301-
Phone: 233-3810 **Fax:** 233-7134
Administrator: LISA SANFORD
 License **12676** Exp. **6/29/2014**
 Original License Date: **05/21/98**
 Health Planning Region Number: 1 **Service**

Facility ID Number: 424
 COUNTY: **CUSTER**
JCAHO: **CHAP:**
 Provider Number: **27-1519**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

HOSPICE OF MISSOULA LLC

800 KENSINGTON AVE STE 204
 MISSOULA MT 59801-
Phone: 543-4408 **Fax:** 543-4418
Administrator: MAURIKA WELLS
 License **12733** Exp. **8/19/2014**
 Original License Date: **06/26/02**
 Health Planning Region Number: 5 **Service**

Facility ID Number: 436
 COUNTY: **MISSOULA**
JCAHO: **CHAP:**
 Provider Number: **27-1525**
 Licensed Beds:
NOT PROV
 Current License Duration: 3

PARTNERS IN HOME CARE HOSPICE

2687 PALMER ST STE B
 MISSOULA MT 59808-
Phone: 728-8848 **Fax:** 327-3684
Administrator: RANDALL CAMBRIDGE
 License **12801** Exp. **4/16/2012**
 Original License Date:
 Health Planning Region Number: 5 **Service**

CLARK FORK VALLEY HOSPITAL HOSPICE

10 KRUGER RD PO BOX 768
 PLAINS MT 59859-
Phone: 826-4800 **Fax:** 826-4880
Administrator: GREGORY HANSON
 License **12396** Exp. **2/25/2013**
 Original License Date:
 Health Planning Region Number: 5 **Service**

SHERIDAN MEMORIAL HOSPICE

440 W LAUREL AVE
 PLENTYWOOD MT 59254-
Phone: 765-3735 **Fax:** 765-2603
Administrator: SANDRA CHRISTENSEN
 License **12647** Exp. **1/31/2013**
 Original License Date: **11/26/01**
 Health Planning Region Number: 1 **Service**

PARTNERS IN HOME CARE

1 14TH AVENUE WEST 2687 PALMER
 POLSON MT 59860-
Phone: 728-8848 **Fax:** 883-8440
Administrator: RANDALL CAMBRIDGE
 License **12802** Exp. **4/16/2012**
 Original License Date: **11/01/09**
 Health Planning Region Number: 5 **Service**

BEARTOOTH BILLINGS CLINIC HOSPICE

2525 N BROADWAY PO BOX 590
 RED LODGE MT 59068-
Phone: 466-0660 **Fax:** 446-0084
Administrator: KELLY EVANS
 License **12486** Exp. **8/18/2012**
 Original License Date: **12/13/99**
 Health Planning Region Number: 3 **Service**

Facility ID Number: 417
 COUNTY: MISSOULA
JCAHO: **CHAP:**
 Provider Number: 27-1500
 Licensed Beds:
NOT PROV
 Current License Duration: 3

Facility ID Number: 427
 COUNTY: SANDERS
JCAHO: **CHAP:**
 Provider Number: 27-1524
 Licensed Beds: 0
NOT PROV
 Current License Duration: 3

Facility ID Number: 435
 COUNTY: SHERIDAN
JCAHO: **CHAP:**
 Provider Number: 27-1526
 Licensed Beds:
NOT PROV
 Current License Duration: 3

Facility ID Number: 447
 COUNTY: LAKE
JCAHO: **CHAP:**
 Provider Number: 27-1500
 Licensed Beds: 0
NOT PROV
 Current License Duration: 3

Facility ID Number: 425
 COUNTY: CARBON
JCAHO: **CHAP:**
 Provider Number: 27-1521
 Licensed Beds:
NOT PROV
 Current License Duration: 3

LAKE COUNTY HOME OPTIONS

711 MAIN ST SW
RONAN MT 59864-
Phone: 673-7300 **Fax:** 676-5243
Administrator: DONNA BOSCH
License **12543** Exp. **7/22/2013**
Original License Date:
Health Planning Region Number: **5** **Service**

SIDNEY HEALTH CENTER HOSPICE

216 14TH AVE SW
SIDNEY MT 59270-
Phone: 488-2138 **Fax:** 288-2246
Administrator: THERESA LIVERS
License **12032** Exp. **9/13/2012**
Original License Date:
Health Planning Region Number: **1** **Service**

ASPEN HOSPICE OF MONTANA INC.

107 BELL CROSSING
STEVENSVILLE MT 59870-
Phone: 642-3010 **Fax:** 642-3582
Administrator: BOBBIE PARKE
License **11895** Exp. **5/15/2012**
Original License Date: **11/22/04**
Health Planning Region Number: **5** **Service**

Facility ID Number: **419**
COUNTY: **LAKE**
JCAHO: **CHAP:**
Provider Number: **27-1513**
Licensed Beds:
NOT PROV
Current License Duration: **3**

Facility ID Number: **401**
COUNTY: **RICHLAND**
JCAHO: **CHAP:**
Provider Number: **27-1511**
Licensed Beds:
NOT PROV
Current License Duration: **3**

Facility ID Number: **440**
COUNTY: **RAVALLI**
JCAHO: **CHAP:**
Provider Number: **27-1527**
Licensed Beds: **0**
NOT PROV
Current License Duration: **3**

Total Facilities = 38