

HOSPICES

ANACONDA PINTLER HOSPICE

305 W PENNSYLVANIA STE 1
ANACONDA MT 59711-
Phone: 563-8667 **Fax:** 563-8665
Administrator: SUSAN KAASCH
License **11214** Exp. **06/23/2010**
Original License Date:
Health Planning Region Number: 4

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

PIONEER MED CENTER DBA HEARTS AND HANDS

301 W 7TH AVE PO BOX 1228
BIG TIMBER MT 59011-
Phone: 932-4603 **Fax:** 932-5468
Administrator: LARRY PUTNAM
License **10909** Exp. **09/15/2009**
Original License Date: 09/06/00
Health Planning Region Number: 3

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

BIG SKY HOSPICE

711 CENTRAL PO BOX 35033
BILLINGS MT 59107-
Phone: 247-3300 **Fax:**
Administrator: LIL ANDERSON
License **11540** Exp. **06/09/2011**
Original License Date:
Health Planning Region Number: 3

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

HORIZON HOSPICE HOME (RESIDENTIAL HOSPICE)

1019 NEPTUNE PO BOX 35033
BILLINGS MT 59107-
Phone: 247-3300 **Fax:**
Administrator: JEAN FORSETH
License **10709** Exp. **03/28/2009**
Original License Date: 06/05/01
Health Planning Region Number: 3

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

ROCKY MOUNTAIN HOSPICE

2110 OVERLAND AVENUE STE 114
BILLINGS MT 59102-
Phone: 652-8883 **Fax:**
Administrator: ROBERT MEYER
License **11512** Exp. **05/22/2011**
Original License Date: 11/30/04
Health Planning Region Number: 3

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

BOZEMAN DEACONESS HOSPICE

915 HIGHLAND BLVD
BOZEMAN MT 59715-
Phone: 585-1099 **Fax:**
Administrator: JOHN NORDWICK
License **11180** Exp. **05/18/2010**
Original License Date:
Health Planning Region Number: 4

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: ROBERT MEYER
License **11513** Exp. **05/22/2009**
Original License Date: 10/24/07
Health Planning Region Number: 4

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

EASTER SEAL / HIGHLANDS HOSPICE AND

3703 HARRISON AVENUE
BUTTE MT 59701-
Phone: 533-0020 **Fax:** 533-0019
Administrator: LOREN F HINES
License **11541** Exp. **06/30/2011**
Original License Date:
Health Planning Region Number: 4

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

PEACE HOSPICE OF MONTANA - CONRAD

300 N VIRGINIA ST NBR 305
CONRAD MT 59425-
Phone: 278-5566 **Fax:**
Administrator: JOHN GOODNOW
License **10843** Exp. **10/30/2009**
Original License Date:
Health Planning Region Number: 2

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

EASTER SEAL/HIGHLANDS HOSPICE POWELL

310 MILWAUKEE AVENUE 3703 HARRISON
DEER LODGE MT 59722-
Phone: 846-3975 **Fax:** 533-0019
Administrator: LOREN F HINES
License **11579** Exp. **06/30/2011**
Original License Date: 04/01/06
Health Planning Region Number: 4

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

BARRETT HOSPITAL & HEALTHCARE HOSPICE

90 HWY 91 SOUTH
 DILLON MT 59725-
Phone: 683-3000 **Fax:**
Administrator: STEVE HANNAH
 License **11496** Exp. **06/29/2009**
 Original License Date: **06/29/98**
 Health Planning Region Number: 4

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

MADISON COUNTY VOLUNTEER HOSPICE

25 EAGLE TRAIL PO BOX 460
 ENNIS MT 59729-
Phone: 682-7436 **Fax:**
Administrator: NANCY O'NEIL
 License **10642** Exp. **01/04/2009**
 Original License Date: **05/05/03**
 Health Planning Region Number: 4

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

GLENDIVE MEDICAL CENTER HOSPICE PROGRAM

202 PROSPECT DR
 GLENDIVE MT 59330-
Phone: 365-3306 **Fax:**
Administrator: JOY SCHIPMAN
 License **11480** Exp. **03/31/2011**
 Original License Date:
 Health Planning Region Number: 1

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

PEACE HOSPICE OF MONTANA - 2600

1501 26TH ST S
 GREAT FALLS MT 59405-
Phone: 455-3040 **Fax:**
Administrator: JOHN GOODNOW
 License **11199** Exp. **05/31/2010**
 Original License Date: **06/28/02**
 Health Planning Region Number: 2

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

PEACE HOSPICE OF MONTANA - GREAT FALLS

1101 26TH ST SOUTH
 GREAT FALLS MT 59405-
Phone: 455-5000 **Fax:** 455-2845
Administrator: JOHN GOODNOW
 License **10843** Exp. **10/30/2009**
 Original License Date:
 Health Planning Region Number: 2

Facility ID Number: 410
 COUNTY: **CASCADE**
JCAHO: X **CHAP:**
 Provider Number: **27-1507**
 Licensed Beds: **12**
NOT PROV
 Current License Duration: 3

THE CENTER FOR HOSPICE & PALLIATIVE CARE AT

1200 WESTWOOD DR
HAMILTON MT 59840-
Phone: 375-4707 **Fax:** 375-4716
Administrator: JOHN BARTOS
License **11077** Exp. **03/14/2010**
Original License Date: **07/01/01**
Health Planning Region Number: 5

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

BIG HORN HOSPICE

122 W. 5TH STREET, METHODIST HC 36 BOX 2010
HARDIN MT 59034-
Phone: 665-2699 **Fax:**
Administrator: CINDI UPCHURCH
License **10743** Exp. **05/15/2009**
Original License Date: **05/02/00**
Health Planning Region Number: 3

Facility ID Number: 433
COUNTY: BIG HORN
JCAHO: **CHAP:**
Provider Number: 27-1529
Licensed Beds:
NOT PROV
Current License Duration: 3

BEAR PAW HOSPICE

30 WEST 13TH STREET PO BOX 1231
HAVRE MT 59501-
Phone: 262-1461 **Fax:**
Administrator: DAVID HENRY
License **11114** Exp. **03/27/2010**
Original License Date:
Health Planning Region Number: 2

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

A PLUS HEALTH CARE INC.

1300 ASPEN STE #2
HELENA MT 59601-
Phone: 443-4140 **Fax:**
Administrator: KRISTINE CARLSON
License **11018** Exp. **12/15/2009**
Original License Date: **08/24/05**
Health Planning Region Number: 4

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:**
Administrator: JOHN SOLHEIM
License **11028** Exp. **12/15/2009**
Original License Date:
Health Planning Region Number: 4

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

A PLUS HEALTH CARE INC., DBA GRACE HOSPICE

1117 S MAIN STREET
KALISPELL MT 59901-
Phone: 755-4968 **Fax:**
Administrator: KRISTINE CARLSON
License **11019** Exp. **12/15/2009**
Original License Date: **08/24/05**
Health Planning Region Number: 5

HOME OPTIONS HOSPICE

175 COMMONS LOOP STE 100
KALISPELL MT 59901-
Phone: 752-8667 **Fax:**
Administrator: VELINDA STEVENS
License **11166** Exp. **10/06/2009**
Original License Date:
Health Planning Region Number: 5

HOSPICE OF CENTRAL MONTANA

408 WENDELL AVE
LEWISTOWN MT 59457-
Phone: 538-6302 **Fax:**
Administrator: DAVID FAULKNER
License **11485** Exp. **10/26/2009**
Original License Date:
Health Planning Region Number: 3

ST JOHNS HOSPICE

350 LOUISIANA AVE
LIBBY MT 59923-
Phone: 293-7761 **Fax:**
Administrator: WILLIAM PATTEN
License **11450** Exp. **03/19/2011**
Original License Date: **03/21/00**
Health Planning Region Number: 5

LIVINGSTON HOSPICE CARE

504 S 13TH ST
LIVINGSTON MT 59047-
Phone: 222-3541 **Fax:**
Administrator: SAMUEL PLESHAR
License **10853** Exp. **07/31/2009**
Original License Date:
Health Planning Region Number: 4

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

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

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

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

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: 233-2600 **Fax:**
Administrator: BEVERLY ASKIN
 License **11539** Exp. **06/29/2011**
 Original License Date: **05/21/98**
 Health Planning Region Number: **1**

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 209
 MISSOULA MT 59801-
Phone: 543-4408 **Fax:**
Administrator: KIT JACKSON
 License **10782** Exp. **06/26/2009**
 Original License Date: **06/26/02**
 Health Planning Region Number: **5**

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

PARTNERS IN HOME CARE INC HOSPICE

2687 PALMER ST STE B
 MISSOULA MT 59808-
Phone: 728-8848 **Fax:**
Administrator: RANDALL CAMBRIDGE
 License **10589** Exp. **12/05/2008**
 Original License Date:
 Health Planning Region Number: **5**

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

CLARK FORK VALLEY HOSPITAL HOSPICE

10 KRUGER RD PO BOX 768
 PLAINS MT 59859-
Phone: 826-4800 **Fax:** 826-4808
Administrator: DAWN LYNCH
 License **11291** Exp. **08/31/2010**
 Original License Date:
 Health Planning Region Number: **5**

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

SHERIDAN MEMORIAL HOSPITAL HOSPICE

440 W LAUREL AVE
 PLENTYWOOD MT 59264-
Phone: 765-1420 **Fax:** 765-1711
Administrator: WAYNE NELSON
 License **11514** Exp. **05/18/2011**
 Original License Date: **11/26/01**
 Health Planning Region Number: **1**

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

BEARTOOTH HOSPITAL AND HEALTH CENTER
600 W 21ST ST PO BOX 590
RED LODGE MT 59068-
Phone: 466-2345 **Fax:**
Administrator: KELLY EVANS
License **10862** Exp. **08/19/2009**
Original License Date: **12/13/99**
Health Planning Region Number: 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: 751-4200 **Fax:** 257-0355
Administrator: DONNA BOSCH
License **11126** Exp. **04/15/2010**
Original License Date:
Health Planning Region Number: 5

Facility ID Number: 419
COUNTY: LAKE
JCAHO: **CHAP:**
Provider Number: 27-1513
Licensed Beds:
NOT PROV
Current License Duration: 1

SIDNEY HEALTH CENTER HOSPICE
216 14TH AVE SW
SIDNEY MT 59270-
Phone: 488-2120 **Fax:**
Administrator: THERESA LIVERS
License **10921** Exp. **09/14/2009**
Original License Date:
Health Planning Region Number: 1

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

ASPEN HOSPICE OF MONTANA INC.
107 BELL XING WEST
STEVENSVILLE MT 59870-
Phone: 642-3010 **Fax:** 642-3582
Administrator: GREGORY A. SANGSTER
License **11519** Exp. **05/15/2009**
Original License Date: **11/22/04**
Health Planning Region Number: 5

Facility ID Number: 440
COUNTY: RAVALLI
JCAHO: **CHAP:**
Provider Number: 24-1527
Licensed Beds: 0
NOT PROV
Current License Duration: 3

Total Facilities = 34