HOSPICES

ANACONDA PINTLER HOSPICE
305 W PENNSYLVANIA STE 1
ANACONDA MT 59711-
Phone: 563-8667 **Fax:** 563-8665
Administrator: ALICE CORTRIGHT
License Number: **10062** Exp. Date: **06/24/2007**
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: KEVIN STIFFARM
License Number: **10909** Exp. Date: **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
123 S 27TH ST PO BOX 35033
BILLINGS MT 59107-
Phone: 247-3300 **Fax:**
Administrator: LIL ANDERSON
License Number: **10428** Exp. Date: **06/10/2008**
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 Number: **10709** Exp. Date: **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: LILA MONTOYA
License Number: **10503** Exp. Date: **02/24/2008**
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 Number: **10033** Exp. Date: **05/19/2007**
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**

EASTER SEAL/HIGHLANDS HOSPICE AND PALLIATIVE
3703 HARRISON AVENUE
BUTTE MT 59701-
Phone: 533-0020 **Fax:** 533-0019
Administrator: LOREN F HINES
License Number: **10396** Exp. Date: **07/03/2008**
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 59425-1
Phone: 278-5566 **Fax:**
Administrator: JOHN GOODNOW
License Number: **10843** Exp. Date: **07/11/2009**
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**

HOSPICE OF POWELL COUNTY
310 MILWAUKEE AVE PO BOX 808
DEER LODGE MT 59722-
Phone: 846-3975 **Fax:**
Administrator: LINDA HOGAN
License Number: **10610** Exp. Date: **11/30/2007**
Original License Date:
Health Planning Region Number: **4**

Facility ID Number: **408**
COUNTY: **POWELL**
JCAHO: **CHAP:**
Provider Number:
Licensed Beds:
NOT PROV
Current License Duration: **2**

BARRETT MEMORIAL HOSPITAL HOSPICE
1260 S ATLANTIC ST MAIL 90 HWY 91
DILLON MT 59725-
Phone: 683-3000 **Fax:**
Administrator: STEVE HANNAH
License Number: **10791** Exp. Date: **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 Number: **10642** Exp. Date: **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: JEFFREY A. LINGERFELT
License Number: **10302** Exp. Date: **04/06/2008**
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 Number: **9980** Exp. Date: **06/04/2007**
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 - 400
1101 26TH ST S
GREAT FALLS MT 59405-
Phone: 455-5000 **Fax:** 455-2845
Administrator: JOHN GOODNOW
License Number: **10843** Exp. Date: **07/11/2009**
Original License Date:
Health Planning Region Number: **2**

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

THE CENTER FOR HOSPICE & PALLIATIVE CARE AT
1200 WESTWOOD DR
HAMILTON MT 59840-3
Phone: 375-4707 **Fax:** 375-4716
Administrator: JOHN BARTOS
License Number: **9821** Exp. Date: **02/15/2007**
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 CHURCH HC 36 BOX 2010
HARDIN MT 59034-
Phone: 665-2699 **Fax:**
Administrator: CINDI UPCHURCH
License Number: **10743** Exp. Date: **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 Number: **9819** Exp. Date: **03/27/2007**
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 Number: **10758** Exp. Date: **12/03/2006**
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: **2**

HOSPICE OF ST PETERS COMM HOSPITAL
2475 BROADWAY ST
HELENA MT 59601-
Phone: 444-2244 **Fax:**
Administrator: JOHN SOLHEIM
License Number: **10770** Exp. Date: **12/05/2006**
Original License Date:
Health Planning Region Number: **4**

Facility ID Number: **412**
COUNTY: **LEWIS & CLARK**
JCAHO: X **CHAP:**
Provider Number: **27-1501**
Licensed Beds:
PROVISIONAL
Current License Duration: **6 MONTH**

A PLUS HEALTH CARE INC., DBA GRACE HOSPICE
1117 S MAIN STREET
KALISPELL MT 59901-
Phone: 755-4968 **Fax:**
Administrator: KRISTINE CARLSON
License Number: **10759** Exp. Date: **12/03/2006**
Original License Date: **08/24/05**
Health Planning Region Number: **5**

Facility ID Number: **442**
COUNTY: **FLATHEAD**
JCAHO: **CHAP:**
Provider Number: **27-1514**
Licensed Beds: **0**
NOT PROV
Current License Duration: **1**

HOME OPTIONS HOSPICE
175 COMMONS LOOP STE 100
KALISPELL MT 59901-1
Phone: 752-8667 **Fax:**
Administrator: VELINDA STEVENS
License Number: **10806** Exp. Date: **05/31/2007**
Original License Date:
Health Planning Region Number: **5**

Facility ID Number: **413**
COUNTY: **FLATHEAD**
JCAHO: **CHAP:**
Provider Number: **27-1515**
Licensed Beds:
PROVISIONAL
Current License Duration: **364 DAYS**

HOSPICE OF CENTRAL MONTANA
629 NE MAIN
LEWISTOWN MT 59457-
Phone: 538-7711 **Fax:**
Administrator: DAVID FAULKNER
License Number: **10538** Exp. Date: **11/24/2006**
Original License Date:
Health Planning Region Number: **3**

Facility ID Number: **414**
COUNTY: **FERGUS**
JCAHO: **CHAP:**
Provider Number: **27-1512**
Licensed Beds:
PROVISIONAL
Current License Duration: **364 DAYS**

ST JOHNS HOSPICE
350 LOUISIANNA AVE
LIBBY MT 59923-
Phone: 293-7761 **Fax:**
Administrator: WILLIAM PATTEN
License Number: **10263** Exp. Date: **03/20/2008**
Original License Date: **03/21/00**
Health Planning Region Number: **5**

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

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

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: GREGORY NIELSEN
License Number: **10481** Exp. Date: **06/30/2008**
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 Number: **10782** Exp. Date: **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 MEE
License Number: **10589** Exp. Date: **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: JOHN SERLE
License Number: **10199** Exp. Date: **09/07/2007**
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: PAT BOLLES
License Number: **10333** Exp. Date: **05/19/2008**
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 Number: **10862** Exp. Date: **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 Number: **10712** Exp. Date: **04/01/2007**
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 Number: **10921** Exp. Date: **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.
3972 NORTH HWY 93 SUITE E PO BOX 686
STEVENSVILLE MT 59870-
Phone: 777-5009 **Fax:** 665-1629
Administrator: GREGORY A. SANGSTER
License Number: **10742** Exp. Date: **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 = 33