

## HOSPITALS

### **ADVANCED CARE HOSPITAL OF MONTANA**

3528 GABEL ROAD

BILLINGS MT 59102-

**Phone:** 651-8800 **Fax:** 373-8020

**Administrator:** KERRY ASHMENT

License **13060** Exp. Date: **5/25/2015**

Rehab Bed Provider Number: Rehab Beds: **0**

Swing Bed Provider Number: Swing Beds: **0**

Psych Bed Provider Number: Psych Beds: **0**

Original License Date: Health Planning Region **3**

Facility ID Number: **659**

COUNTY: **YELLOWSTONE**

**JCAHO:** X

Provider Number: **27-2001**

**DON:**

**NOT PROV**

ESRD Provider Number:

Hospice Provider Number:

Licensed Beds: **40**

Current License Duration: **3 Years**

### **BILLINGS CLINIC**

2800 10TH AVE N

PO BOX 37000

BILLINGS MT 59101-

**Phone:** 657-4000 **Fax:** 238-2785

**Administrator:** NICHOLAS WOLTER MD

License **12191** Exp. Date: **1/10/2013**

Rehab Bed Provider Number: Rehab Beds:

Swing Bed Provider Number: Swing Beds:

Psych Bed Provider Number: Psych Beds:

Original License Date: Health Planning Region **3**

Facility ID Number: **604**

COUNTY: **YELLOWSTONE**

**JCAHO:** X

Provider Number: **27-0004**

**DON:** ELAINE WATKINS

**NOT PROV**

ESRD Provider Number: **27-2301**

Hospice Provider Number:

Licensed Beds: **285**

Current License Duration: **3**

### **ST VINCENT HEALTH CARE**

1233 NORTH 30TH STREET

PO BOX 35200

BILLINGS MT 59107-5200

**Phone:** 237-3065 **Fax:** 237-3078

**Administrator:** JASON BARKER

License **12129** Exp. Date: **11/29/2012**

Rehab Bed Provider Number: **27-T049** Rehab Beds: **30**

Swing Bed Provider Number: Swing Beds: **0**

Psych Bed Provider Number: Psych Beds: **0**

Original License Date: **06/26/85** Health Planning Region **3**

Facility ID Number: **606**

COUNTY: **YELLOWSTONE**

**JCAHO:** X

Provider Number: **27-0049**

**DON:** JERRI GEARHART

**NOT PROV**

ESRD Provider Number:

Hospice Provider Number:

Licensed Beds: **286**

Current License Duration: **3**

### **BOZEMAN DEACONESS HOSPITAL**

915 HIGHLAND BLVD

BOZEMAN MT 59715-

**Phone:** 585-5000 **Fax:** 585-1070

**Administrator:** JOHN NORDWICK

License **12933** Exp. Date: **2/26/2015**

Rehab Bed Provider Number: Rehab Beds:

Swing Bed Provider Number: **27-U0057** Swing Beds: **5**

Psych Bed Provider Number: Psych Beds:

Original License Date: Health Planning Region **4**

Facility ID Number: **607**

COUNTY: **GALLATIN**

**JCAHO:** X

Provider Number: **27-0057**

**DON:** RENEE SIDLEY

**NOT PROV**

ESRD Provider Number:

Hospice Provider Number: **27-1509**

Licensed Beds: **86**

Current License Duration: **3 YEARS**

**ST JAMES HEALTHCARE**

400 S CLARK ST PO BOX 3300  
 BUTTE MT 59701-

**Phone:** 723-2500 **Fax:** 723-2443

**Administrator:** CHUCK WRIGHT

License **12986** Exp. Date: **6/10/2012**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: Health Planning Region 4

Facility ID Number: 609

COUNTY: SILVER BOW

JCAHO: X

Provider Number: 27-0017

DON: MARK CASSEL

NOT PROV

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: 98  
 Current License Duration: 3

**BENEFIS HEALTH CARE (EAST CAMPUS)**

1101 26TH ST S  
 GREAT FALLS MT 59405-

**Phone:** 455-5000 **Fax:** 455-4587

**Administrator:** JOHN GOODNOW

License **12306** Exp. Date: **12/14/2012**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: Health Planning Region 2

Facility ID Number: 625

COUNTY: CASCADE

JCAHO:

Provider Number: 27-0012

DON: JULIE HICKETHIER

NOT PROV

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: 264  
 Current License Duration: 3

**BENEFIS HEALTH CARE (WEST CAMPUS)**

500 15TH AVE S PO BOX 5013  
 GREAT FALLS MT 59403-

**Phone:** 455-5003 **Fax:**

**Administrator:** JOHN GOODNOW

License **12306** Exp. Date: **12/14/2012**

Rehab Bed Provider Number: 27-T012 Rehab Beds: 20  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: 27-S012 Psych Beds: 20  
 Original License Date: Health Planning Region 2

Facility ID Number: 624

COUNTY: CASCADE

JCAHO:

Provider Number: 27-0012

DON: JULIE HICKETHIER

NOT PROV

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: 85  
 Current License Duration: 3

**GREAT FALLS CLINIC MEDICAL CENTER**

1411 9TH ST SOUTH  
 GREAT FALLS MT 59405-

**Phone:** 216-8000 **Fax:** 216-8001

**Administrator:** VICKI NEWMILLER

License **12794** Exp. Date: **10/29/2014**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: 03/01/06 Health Planning Region 2

Facility ID Number: 820

COUNTY: CASCADE

JCAHO:

Provider Number: 27-0086

DON: JULIE WALL RN

NOT PROV

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: 19  
 Current License Duration: 3

**NORTHERN MONTANA HOSPITAL**

30 13TH ST PO BOX 1231  
 HAVRE MT 59501-  
**Phone:** 265-2211 **Fax:** 265-1651  
**Administrator:** DAVID C HENRY  
 License **12835** Exp. Date: **11/29/2014**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: **27-U032** Swing Beds: **5**  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: **06/28/78** Health Planning Region **2**

Facility ID Number: **629**  
 COUNTY: **HILL**  
**JCAHO:**  
 Provider Number: **27-0032**  
**DON:** KAREN POLLINGTON  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **49**  
 Current License Duration: **3**

**SHODAIR CHILDRENS HOSPITAL**

2755 COLONIAL DR PO BOX 5539  
 HELENA MT 59604-  
**Phone:** 444-7500 **Fax:** 444-7588  
**Administrator:** JACK CASEY  
 License **13007** Exp. Date: **4/27/2015**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: Health Planning Region **4**

Facility ID Number: **631**  
 COUNTY: **LEWIS & CLARK**  
**JCAHO:** X  
 Provider Number: **27-4004**  
**DON:** SALLY KLEIN  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **20**  
 Current License Duration: **3**

**ST PETERS HOSPITAL**

2475 E BROADWAY ST  
 HELENA MT 59601-  
**Phone:** 442-2480 **Fax:** 442-2389  
**Administrator:** JOHN SOLHEIM  
 License **12261** Exp. Date: **1/31/2013**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: **27-U003** Swing Beds: **12**  
 Psych Bed Provider Number: Psych Beds: **24**  
 Original License Date: Health Planning Region **4**

Facility ID Number: **630**  
 COUNTY: **LEWIS & CLARK**  
**JCAHO:** X  
 Provider Number: **27-0003**  
**DON:** LISA STROM  
**NOT PROV**

ESRD Provider Number: **27-2300**  
 Hospice Provider Number: **27-1501**  
 Licensed Beds: **123**  
 Current License Duration: **3**

**HEALTH CENTER NORTHWEST**

320 SUNNYVIEW LN  
 KALISPELL MT 59901-  
**Phone:** 751-7550 **Fax:** 751-7587  
**Administrator:** TATE KREITINGER  
 License **11978** Exp. Date: **7/28/2012**

Rehab Bed Provider Number: Rehab Beds: **0**  
 Swing Bed Provider Number: Swing Beds: **0**  
 Psych Bed Provider Number: Psych Beds: **0**  
 Original License Date: **08/11/03** Health Planning Region **5**

Facility ID Number: **658**  
 COUNTY: **FLATHEAD**  
**JCAHO:**  
 Provider Number: **27-0087**  
**DON:**  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **30**  
 Current License Duration: **3**

**KALISPELL REGIONAL MEDICAL CENTER**

310 SUNNYVIEW LN  
 KALISPELL MT 59901-  
**Phone:** 752-5111 **Fax:** 756-2703  
**Administrator:** VELINDA STEVENS  
 License **12869** Exp. Date: **1/21/2015**

Rehab Bed Provider Number: **27-T051** Rehab Beds: **13**  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: Health Planning Region **5**

Facility ID Number: **633**  
 COUNTY: **FLATHEAD**  
**JCAHO:**  
 Provider Number: **27-0051**  
**DON:** KAREN LEE  
**NOT PROV**

ESRD Provider Number: **27-2304**  
 Hospice Provider Number: **27-1515**  
 Licensed Beds: **163**  
 Current License Duration: **3 YEAR**

**COMMUNITY MEDICAL CENTER INC**

2827 FORT MISSOULA RD  
 MISSOULA MT 59804-  
**Phone:** 728-4100 **Fax:** 327-4501  
**Administrator:** STEPHEN CARLSON  
 License **12775** Exp. Date: **11/22/2012**

Rehab Bed Provider Number: **27-T023** Rehab Beds: **12**  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds:  
 Original License Date: Health Planning Region **5**

Facility ID Number: **639**  
 COUNTY: **MISSOULA**  
**JCAHO:** X  
 Provider Number: **27-0023**  
**DON:** TANA CASPER  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **151**  
 Current License Duration: **1**

**PROVIDENCE HEALTH & SERVICES MT DBA ST**

500 W BROADWAY PO BOX 4587  
 MISSOULA MT 59806-  
**Phone:** 543-7271 **Fax:** 329-5693  
**Administrator:** JEFF FEE  
 License **12479** Exp. Date: **9/30/2012**

Rehab Bed Provider Number: Rehab Beds: **28**  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: **27-S014** Psych Beds: **34**  
 Original License Date: Health Planning Region **5**

Facility ID Number: **640**  
 COUNTY: **MISSOULA**  
**JCAHO:** X  
 Provider Number: **27-0014**  
**DON:** JOYCE DOMBROUSKI  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **253**  
 Current License Duration: **3**

**MONTANA STATE HOSPITAL**

WARM SPRINGS CAMPUS PO BOX 300  
 WARM SPRINGS MT 59756-  
**Phone:** 693-7000 **Fax:** 693-7069  
**Administrator:** JOHN GLUECKERT  
 License **12943** Exp. Date: **1/19/2015**

Rehab Bed Provider Number: Rehab Beds:  
 Swing Bed Provider Number: Swing Beds:  
 Psych Bed Provider Number: Psych Beds: **174**  
 Original License Date: **07/21/00** Health Planning Region **4**

Facility ID Number: **637**  
 COUNTY: **DEER LODGE**  
**JCAHO:**  
 Provider Number: **27-4086**  
**DON:** SUSAN BEAUSOLEIL  
**NOT PROV**

ESRD Provider Number:  
 Hospice Provider Number:  
 Licensed Beds: **174**  
 Current License Duration: **3**

**Total Facilities: 16**

**Total Licensed Beds: 2126**