

OUTPATIENT CENTERS FOR PRIMARY CARE

NORTHERN ROCKIES RADIATION ONCOLOGY

1041 N 29TH ST
BILLINGS MT 59101-
Phone 248-2212 **Fax:**
Administrator: BRUCE BROSWICK
License Number: **10710** Exp. **04/04/2009**
Health Planning Region **3**

Facility ID Number: **831**
County: **YELLOWSTONE**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

BOULDER MEDICAL CLINIC

214 S MAIN ST PO BOX 28
BOULDER MT 59632-
Phone 225-4201 **Fax:**
Administrator: RICHARD SARGENT MD
License Number: **11013** Exp. **12/31/2009**
Health Planning Region **4**

Facility ID Number: **859**
County: **JEFFERSON**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

SOUND HEALTH IMAGING

1101 S MONTANA PO BOX 4168
BUTTE MT 59702-
Phone 723-8123 **Fax:**
Administrator: AUDREY MENDENHALL
License Number: **11014** Exp. **12/19/2009**
Health Planning Region **4**

Facility ID Number: **801**
County: **SILVER BOW**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

COLSTRIP MEDICAL CENTER

6230 MAIN ST PO BOX 1858
COLSTRIP MT 59323-
Phone 748-3600 **Fax:**
Administrator: JOHN POOLE
License Number: **11580** Exp. **07/25/2011**
Health Planning Region **1**

Facility ID Number: **863**
County: **ROSEBUD**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

CENTRAL MONTANA BIRTH CENTER, PLLP
910 1ST AVE NORTH
GREAT FALLS MT 59401-
Phone 453-1008 **Fax:** 453-2008
Administrator: ELAINE BECKER
License Number: **11357** Exp. **12/30/2010**
Health Planning Region **2**

Facility ID Number: **869**
County: **CASCADE**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

SOUND HEALTH IMAGING INC.
2646 WINNIE AVENUE
HELENA MT 59601-
Phone 461-3944 **Fax:** 723-8123
Administrator: AUDREY MENDENHALL
License Number: **11532** Exp. **06/13/2010**
Health Planning Region **4**

Facility ID Number: **870**
County: **LEWIS & CLARK**
JCAHO:
Current License Duration: **2**
NOT PROV
Original License Date:

ROCKY MOUNTAIN WOMEN'S HEALTH - THE BIRTH
1211 S. RESERVE STE 101A
MISSOULA MT 59804-
Phone 549-0978 **Fax:** 549-0978
Administrator: LYNN MONTGOMERY
License Number: **11507** Exp. **05/31/2009**
Health Planning Region **5**

Facility ID Number: **868**
County: **MISSOULA**
JCAHO:
Current License Duration: **1**
NOT PROV
Original License Date:

COSMETIC SURGICAL ARTS CENTRE
805 SOUTH RESERVE
MISSOULA MT 59801-
Phone 459-6600 **Fax:** 459-1511
Administrator: CLARK TAYLOR
License Number: **11479** Exp. **04/30/2011**
Health Planning Region **5**

Facility ID Number: **866**
County: **MISSOULA**
JCAHO:
Current License Duration: **3**
NOT PROV
Original License Date:

Total Facilities = 8