

## 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: **11870** Exp. **3/31/2012**  
Health Planning Region **3**

Facility ID Number: **831**  
County: **YELLOWSTONE**  
**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: **12155** Exp. **12/18/2012**  
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 59323-1  
**Phone:** 748-3600 **Fax:**  
**Administrator:** JOHN POOLE  
License Number: **12715** Exp. **7/25/2014**  
Health Planning Region **1**

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

### **FAMILY BIRTH CENTER**

1406 16TH AVE SW  
GREAT FALLS MT 59404-  
**Phone:** 770-3022 **Fax:** 770-3023  
**Administrator:** ELAINE BECKER  
License Number: **11988** Exp. **7/12/2012**  
Health Planning Region **2**

Facility ID Number: **871**  
County: **CASCADE**  
**JCAHO:**  
Current License Duration: **1**  
**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: **12355** Exp. **6/13/2013**  
Health Planning Region **4**

Facility ID Number: **870**  
County: **LEWIS & CLARK**  
**JCAHO:**  
Current License Duration: **3**  
**NOT PROV**  
Original License Date:

**THE BIRTH CENTER**

2404 39TH STREET  
MISSOULA MT 59803-  
**Phone:** 541-7115 **Fax:** 541-7116  
**Administrator:** JEANNE HEBL  
License Number: **12770** Exp. **9/29/2014**  
Health Planning Region **5**

Facility ID Number: **872**  
County: **MINERAL**  
**JCAHO:**  
Current License Duration: **3**  
**NOT PROV**  
Original License Date:

**Total Facilities = 6**