AMBULATORY SURGICAL CENTERS

BILLINGS CATARACT & LASER SURGICENTER
1221 N 26TH ST
BILLINGS MT 59101-
Phone 252-5681 **Fax:**
Administrator GEORGE HATCH MD
License Number: **9625** Exp. Date: **08/22/2006**
Health Planning Region Number: **3**
Original License Date:

Facility ID Number: **822**
County: **YELLOWSTONE**
JCAHO: **AAAHC:**
Provider Number: **C0001007**
NOT PROV
Current License Duration: **3**

HEALTHXOUTH SURGERY CENTER OF BILLINGS
940 NORTH 30TH
BILLINGS MT 59101-
Phone 248-7186 **Fax:** 248-6889
Administrator KAREN FILLNER
License Number: **10126** Exp. Date: **10/17/2007**
Health Planning Region Number: **3**
Original License Date:

Facility ID Number: **824**
County: **YELLOWSTONE**
JCAHO: **AAAHC:**
Provider Number: **27C0001001**
NOT PROV
Current License Duration: **3**

THE EYE CLINIC/SURGICENTER
2475 VILLAGE LN
BILLINGS MT 59102-
Phone 252-6608 **Fax:**
Administrator BRIAN LAGRECA
License Number: **9589** Exp. Date: **07/01/2006**
Health Planning Region Number: **3**
Original License Date: **07/01/02**

Facility ID Number: **825**
County: **YELLOWSTONE**
JCAHO: **AAAHC:**
Provider Number: **C0001002**
NOT PROV
Current License Duration: **3**

YELLOWSTONE SURGERY CENTER
1144 N 28TH ST
BILLINGS MT 59101-
Phone 237-5900 **Fax:** 237-5910
Administrator ROB GAGNON
License Number: **9728** Exp. Date: **11/06/2006**
Health Planning Region Number: **3**
Original License Date: **11/06/02**

Facility ID Number: **865**
County: **YELLOWSTONE**
JCAHO: **AAAHC:**
Provider Number: **C0001020**
NOT PROV
Current License Duration: **3**

ROCKY MOUNTAIN SURGICAL CENTER LLC
1450 ELLIS ST
BOZEMAN MT 59715-
Phone 522-1141 **Fax:**
Administrator JAYNE RASMUSSEN
License Number: **10413** Exp. Date: **07/27/2007**
Health Planning Region Number: **4**
Original License Date: **07/07/03**

Facility ID Number: **817**
County: **GALLATIN**
JCAHO: **AAAHC:**
Provider Number:
NOT PROV
Current License Duration: **3**

SAME DAY SURGERY CENTER INC
300 N WILSON
BOZEMAN MT 59715-
Phone 586-1956 **Fax:**
Administrator KENNETH M YOUNGER MD
License Number: **9613** Exp. Date: **07/28/2006**
Health Planning Region Number: **4**
Original License Date:

Facility ID Number: **827**
County: **GALLATIN**
JCAHO: **AAAHC:**
Provider Number: **C0001005**
NOT PROV
Current License Duration: **3**

SUMMIT SURGERY CENTER LLC
840 S MONTANA
BUTTE MT 59701-
Phone 782-2391 **Fax:**
Administrator GEORGANN HAEFFNER
License Number: **10679** Exp. Date: **03/19/2009**
Health Planning Region Number: **4**
Original License Date: **03/19/01**

Facility ID Number: **828**
County: **SILVER BOW**
JCAHO: **AAAHC:**
Provider Number: **C0001017**
NOT PROV
Current License Duration: **3**

GREAT FALLS CLINIC SURGERY CENTER LLC
1509 29TH ST S
GREAT FALLS MT 59405-
Phone 771-3500 **Fax:**
Administrator JANE DROLET
License Number: **9722** Exp. Date: **11/29/2006**
Health Planning Region Number: **2**
Original License Date: **04/29/99**

Facility ID Number: **850**
County: **CASCADE**
JCAHO: **AAAHC:** X
Provider Number: **C0001016**
NOT PROV
Current License Duration: **3**

PACIFIC CATARACT & LASER INSTITUTE
1717 4TH ST S
GREAT FALLS MT 59405-
Phone 454-2202 **Fax:**
Administrator MATT REITZ
License Number: **9915** Exp. Date: **08/28/2006**
Health Planning Region Number: **2**
Original License Date: **05/13/02**

Facility ID Number: **862**
County: **CASCADE**
JCAHO: **AAAHC:**
Provider Number: **27C0001019**
NOT PROV
Current License Duration: **3**

HELENA SURGICENTER LLC
2440 WINNE AVE
HELENA MT 59601-
Phone 457-4200 **Fax:**
Administrator REBECCA FLETCHER
License Number: **10673** Exp. Date: **03/26/2009**
Health Planning Region Number: **4**
Original License Date: **09/29/98**

Facility ID Number: **826**
County: **LEWIS & CLARK**
JCAHO: **AAAHC:**
Provider Number: **C0001014**
NOT PROV
Current License Duration: **3**

ORTHOPEDIC SURGERY CENTER LLC
111 SUNNYVIEW LANE
KALISPELL MT 59901-
Phone 752-7900 **Fax:**
Administrator ADELE RITTMUELLER
License Number: **10690** Exp. Date: **09/24/2006**
Health Planning Region Number: **5**
Original License Date: **03/24/06**

Facility ID Number: **867**
County: **FLATHEAD**
JCAHO: **AAAHC:**
Provider Number:
PROVISIONAL
Current License Duration: **6 MONTH**

BIG SKY SURGERY CENTER LLC Facility ID Number: **829**
2833 FORT MISSOULA RD County: **MISSOULA**
MISSOULA MT 59804- **JCAHO:** **AAAHC:**
Phone 542-6559 **Fax:** Provider Number: **C0001013**
Administrator JOANNE TIMMERHOFF **NOT PROV**
License Number: **10665** Exp. Date: **02/15/2009** Current License Duration: **3**
Health Planning Region Number: **5**
Original License Date: **03/13/98**

MISSOULA BONE & JOINT SURGERY CENTER Facility ID Number: **861**
2360 MULLAN RD County: **MISSOULA**
MISSOULA MT 59808- **JCAHO:** X **AAAHC:** X
Phone 542-9695 **Fax:** Provider Number: **C0001018**
Administrator BOBETTE PATTEE **NOT PROV**
License Number: **10471** Exp. Date: **09/07/2008** Current License Duration: **3**
Health Planning Region Number: **5**
Original License Date: **03/07/02**

PROVIDENCE SURGERY CENTER LLC Facility ID Number: **860**
902 N ORANGE County: **MISSOULA**
MISSOULA MT 59802- **JCAHO:** **AAAHC:**
Phone 327-3300 **Fax:** Provider Number: **C0001012**
Administrator RANDALL MEE **NOT PROV**
License Number: **10708** Exp. Date: **03/26/2007** Current License Duration: **1**
Health Planning Region Number: **5**
Original License Date:

ROCKY MOUNTAIN EYE SURGERY CENTER Facility ID Number: **821**
700 WEST KENT County: **MISSOULA**
MISSOULA MT 59801- **JCAHO:** **AAAHC:**
Phone 728-3506 **Fax:** Provider Number: **C0001010**
Administrator SANDI STOCKDALE **NOT PROV**
License Number: **10678** Exp. Date: **02/15/2009** Current License Duration: **3**
Health Planning Region Number: **5**
Original License Date:

Total Facilities = 15