END-STAGE RENAL DIALYSIS FACILITIES

CRITICAL ACCESS HOSPITALS

ABSALOKA DIALYSIS UNIT
I 90 AND 212 PO BOX 3700
BILLINGS MT 59103-
Phone: 638-2150 **Fax:**
Administrator: SANDRA FLADMO
License Number: **9827** Exp. Date: **02/07/2007**
Health Planning Region Number: **3**

Facility ID Number: **840**
County: **BIG HORN**
JCAHO:
ESRD Provider Number: **27-350**
Current License Duration: **3**
Original License
NOT PROV

DIALYSIS CLINIC INC - BILLINGS
2411 VILLAGE LN
BILLINGS MT 59102-
Phone: 252-9270 **Fax:**
Administrator: LOIS GORSETH
License Number: **10502** Exp. Date: **01/27/2008**
Health Planning Region Number: **3**

Facility ID Number: **843**
County: **YELLOWSTONE**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **3**
Original License
NOT PROV

NORTHERN ROCKIES KIDNEY CENTER
2800 10TH AVE N PO BOX 37000
BILLINGS MT 59103-
Phone: 657-4100 **Fax:**
Administrator: SANDRA FLADMO
License Number: **10032** Exp. Date: **05/11/2007**
Health Planning Region Number: **3**

Facility ID Number: **832**
County: **YELLOWSTONE**
JCAHO:
ESRD Provider Number: **27-230**
Current License Duration: **3**
Original License
NOT PROV

BOZEMAN DIALYSIS CENTER
931 HIGHLAND BLVD
BOZEMAN MT 59715-
Phone: 585-5090 **Fax:**
Administrator: SANDRA FLADMO
License Number: **10473** Exp. Date: **01/12/2008**
Health Planning Region Number: **4**

Facility ID Number: **841**
County: **GALLATIN**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **3**
Original License **03/13/99**
NOT PROV

DIALYSIS CLINIC INC - BLACKFEET
HOSPITAL CIRCLE PO BOX 2950
BROWNING MT 59417-
Phone: 338-7472 **Fax:**
Administrator: LOIS GORSETH
License Number: **10379** Exp. Date: **05/18/2008**
Health Planning Region Number: **2**

Facility ID Number: **845**
County: **GLACIER**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **3**
Original License **06/17/98**
NOT PROV

ST PATRICK HOSP CORP SATELLITE RENAL
400 S CLARK ST (MISSOULA 59806) PO BOX 4587
BUTTE MT 59701-
Phone: 782-4636 **Fax:**
Administrator: BERNADETTE ROY
License Number: **10606** Exp. Date: **12/03/2007**
Health Planning Region Number: **4**

Facility ID Number: **833**
County: **SILVER BOW**
JCAHO:
ESRD Provider Number: **27-350**
Current License Duration: **3**
Original License
NOT PROV

BENEFIS DIALYSIS CENTER
1101 26TH ST S
GREAT FALLS MT 59405-
Phone: 455-3960 **Fax:**
Administrator: JOHN GOODNOW
License Number: **10553** Exp. Date: **11/10/2006**
Health Planning Region Number: **2**

Facility ID Number: **834**
County: **CASCADE**
JCAHO: X
ESRD Provider Number: **27-230**
Current License Duration: **364**
Original License
PROVISIONAL

NORTHERN MONTANA HOSPITAL RENAL
30 13TH ST
HAVRE MT 59501-
Phone: 265-2211 **Fax:**
Administrator: DAVID HENRY
License Number: **9928** Exp. Date: **07/30/2006**
Health Planning Region Number: **2**

Facility ID Number: **844**
County: **HILL**
JCAHO:
ESRD Provider Number: **27-230**
Current License Duration: **3**
Original License
NOT PROV

ST PETERS COMMUNITY HOSPITAL ESRD
2475 BROADWAY
HELENA MT 59601-
Phone: 422-2480 **Fax:**
Administrator: JOHN SOLHEIM
License Number: **9766** Exp. Date: **06/05/2006**
Health Planning Region Number: **4**

Facility ID Number: **835**
County: **LEWIS & CLARK**
JCAHO:
ESRD Provider Number: **27-230**
Current License Duration: **3**
Original License
NOT PROV

DIALYSIS CLINIC INC - KALISPELL
135 COMMONS WAY
KALISPELL MT 59901-
Phone: 756-5565 **Fax:** 756-7712
Administrator: LOIS GORSETH
License Number: **10555** Exp. Date: **10/31/2006**
Health Planning Region Number: **5**

Facility ID Number: **836**
County: **FLATHEAD**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **364**
Original License **08/01/99**
PROVISIONAL

DIALYSIS CLINIC INC - LIBBY
350 LOUISIANA AVE
LIBBY MT 59923-
Phone: 252-9270 **Fax:**
Administrator: LOIS GORSETH
License Number: **10429** Exp. Date: **07/29/2008**
Health Planning Region Number: **5**

Facility ID Number: **839**
County: **LINCOLN**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **3**
Original License
NOT PROV

ST PATRICK HOSP DBA POLSON SATELLITE
615 WEST ALDER PO BOX 4587
MISSOULA MT 59806-
Phone: 883-8931 **Fax:**
Administrator: AMBER HIERRO
License Number: **9916** Exp. Date: **03/31/2007**
Health Planning Region Number: **5**

Facility ID Number: **846**
County: **LAKE**
JCAHO:
ESRD Provider Number: **27-350**
Current License Duration: **3**
Original License **11/29/99**
NOT PROV

ST PATRICK HOSPITAL CORP ESRD
500 W BROADWAY PO BOX 4587
MISSOULA MT 59806-
Phone: 327-3100 **Fax:**
Administrator: AMBER HIERRO
License Number: **10606** Exp. Date: **12/03/2007**
Health Planning Region Number: **5**

Facility ID Number: **837**
County: **MISSOULA**
JCAHO:
ESRD Provider Number: **27-230**
Current License Duration: **3**
Original License
NOT PROV

FORT PECK TRIBAL DIALYSIS UNIT
107 H STREET EAST PO BOX 1027
POPLAR MT 59255-
Phone: 768-5468 **Fax:**
Administrator: SUZANNE KLINGER
License Number: **10472** Exp. Date: **05/05/2007**
Health Planning Region Number: **1**

Facility ID Number: **838**
County: **ROOSEVELT**
JCAHO:
ESRD Provider Number: **27-250**
Current License Duration: **3**
Original License
NOT PROV

Total Facilities = 14