HOSPITALS

BILLINGS CLINIC
2800 10TH AVE N PO BOX 37000
BILLINGS MT 59107-
Phone: 657-4000 **Fax:** 657-3869
Administrator: NICHOLAS WOLTER
License Number: **10751** Exp. Date: **08/24/2006**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region Number: **3**

Facility ID Number: **604**
COUNTY: **YELLOWSTONE**
JCAHO: X
Provider Number: **27-0004**
DON: ELAINE WATKINS
PROVISIONAL
ESRD Provider Number: **27-2301**
Hospice Provider Number:
Licensed Beds: **285**
Current License Duration: **3 MONTH**

SAINT VINCENT HEALTHCARE
1233 N 30TH ST PO BOX 35200
BILLINGS MT 59107-5200
Phone: 237-3065 **Fax:** 237-3078
Administrator: Michelle Hood
License Number: **9717** Exp. Date: **11/30/2006**
Rehab Bed Provider Number: **27-T049** Rehab Beds: **30**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region Number: **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: 585-1099 **Fax:** 585-1070
Administrator: JOHN NORDWICK
License Number: **10214** Exp. Date: **02/28/2007**
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 Number: **4**

Facility ID Number: **607**
COUNTY: **GALLATIN**
JCAHO:
Provider Number: **27-0057**
DON: RENEE SIDLEY
NOT PROV
ESRD Provider Number:
Hospice Provider Number: **27-1509**
Licensed Beds: **86**
Current License Duration: **3**

ST JAMES HEALTHCARE
400 S CLARK ST PO BOX 3300
BUTTE MT 59701-
Phone: 723-2500 **Fax:** 723-2443
Administrator: JAMES KISER
License Number: **9785** Exp. Date: **08/20/2006**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region Number: **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: **88**
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 Number: **10553** Exp. Date: **11/10/2006**

Facility ID Number: **625**
COUNTY: **CASCADE**
JCAHO: X
Provider Number: **27-0012**
DON: JULIE HICKETHIER
PROVISIONAL

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date:
Rehab Beds:
Swing Beds:
Psych Beds:
Health Planning Region Number: **2**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **246**
Current License Duration: **364 DAYS**

BENEFIS HEALTH CARE (WEST CAMPUS)
500 15TH AVE S PO BOX 5013
GREAT FALLS MT 59403-
Phone: 455-5003 **Fax:**
Administrator: JOHN GOODNOW
License Number: **10553** Exp. Date: **11/10/2006**

Facility ID Number: **624**
COUNTY: **CASCADE**
JCAHO: X
Provider Number: **27-0012**
DON: JULIE HICKETHIER
PROVISIONAL

Rehab Bed Provider Number: **27-T012**
Swing Bed Provider Number:
Psych Bed Provider Number: **27-S012**
Original License Date:
Rehab Beds: **24**
Swing Beds:
Psych Beds: **20**
Health Planning Region Number: **2**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **98**
Current License Duration: **364 DAYS**

CENTRAL MONTANA SURGICAL HOSPITAL
1411 9TH ST S
GREAT FALLS MT 59405-
Phone: 727-5577 **Fax:** 727-5511
Administrator: JANE DROLET
License Number: **9758** Exp. Date: **PENDING**

Facility ID Number: **820**
COUNTY: **CASCADE**
JCAHO:
Provider Number: **27-0086**
DON: JULIE WALL RN
NOT PROV

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date: **03/01/06**
Rehab Beds:
Swing Beds:
Psych Beds:
Health Planning Region Number: **2**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **20**
Current License Duration: **Pending**

NORTHERN MONTANA HOSPITAL
30 13TH ST PO BOX 1231
HAVRE MT 59501-
Phone: 265-2211 **Fax:** 265-1651
Administrator: DAVID C HENRY
License Number: **10326** Exp. Date: **05/30/2008**

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

Rehab Bed Provider Number:
Swing Bed Provider Number: **27-U032**
Psych Bed Provider Number:
Original License Date: **06/28/78**
Rehab Beds:
Swing Beds: **5**
Psych Beds:
Health Planning Region Number: **2**
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: JOHN CASEY
License Number: **10551** Exp. Date: **04/29/2008**

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

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date:
Rehab Beds:
Swing Beds:
Psych Beds:
Health Planning Region Number: **4**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **12**
Current License Duration: **3**

ST PETERS HOSPITAL
2475 E BROADWAY ST
HELENA MT 59601-
Phone: 442-2480 **Fax:** 442-2389
Administrator: JOHN SOLHEIM
License Number: **10770** Exp. Date: **12/05/2006**

Facility ID Number: **630**
COUNTY: **LEWIS & CLARK**
JCAHO: X
Provider Number: **27-0003**
DON: LISA STROM
PROVISIONAL

Rehab Bed Provider Number:
Swing Bed Provider Number: **27-U003**
Psych Bed Provider Number:
Original License Date:
Rehab Beds:
Swing Beds: **5**
Psych Beds:
Health Planning Region Number: **4**
ESRD Provider Number: **27-2300**
Hospice Provider Number: **27-1501**
Licensed Beds: **87**
Current License Duration: **6 MONTH**

HEALTHCENTER NORTHWEST
320 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 752-1724 **Fax:** 756-2703
Administrator: CHARLES PEARCE
License Number: **10524** Exp. Date: **07/29/2007**

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

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date: **08/11/03**
Rehab Beds: **0**
Swing Beds: **0**
Psych Beds: **0**
Health Planning Region Number: **5**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **12**
Current License Duration: **3**

KALISPELL REGIONAL MEDICAL CENTER
310 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 752-5111 **Fax:** 756-2703
Administrator: VELINDA STEVENS
License Number: **10007** Exp. Date: **07/11/2006**

Facility ID Number: **633**
COUNTY: **FLATHEAD**
JCAHO: X
Provider Number: **27-0051**
DON: FRAN LAUKAITIS
NOT PROV

Rehab Bed Provider Number: **27-T051**
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date:
Rehab Beds: **15**
Swing Beds:
Psych Beds: **40**
Health Planning Region Number: **5**
ESRD Provider Number: **27-2304**
Hospice Provider Number: **27-1515**
Licensed Beds: **162**
Current License Duration: **3**

CENTRAL MONTANA MEDICAL CENTER
408 WENDELL
LEWISTOWN MT 59457-
Phone: 538-7711 **Fax:** 538-6392
Administrator: DAVID M FAULKNER
License Number: **10538** Exp. Date: **11/24/2006**

Facility ID Number: **634**
COUNTY: **FERGUS**
JCAHO:
Provider Number: **27-0011**
DON: BONNIE OSBORN
PROVISIONAL

Rehab Bed Provider Number:
Swing Bed Provider Number: **27-U011**
Psych Bed Provider Number:
Original License Date:

Rehab Beds:
Swing Beds: **15**
Psych Beds:
Health Planning Region Number: **3**

ESRD Provider Number:
Hospice Provider Number: **27-1512**
Licensed Beds: **47**
Current License Duration: **364 DAYS**

HOLY ROSARY HEALTH CENTER
2600 WILSON
MILES CITY MT 59301-
Phone: 233-2600 **Fax:** 233-2601
Administrator: GREGORY A NIELSEN
License Number: **9965** Exp. Date: **08/14/2006**

Facility ID Number: **638**
COUNTY: **CUSTER**
JCAHO: X
Provider Number: **27-0002**
DON: ROCHEL GYSLER
NOT PROV

Rehab Bed Provider Number:
Swing Bed Provider Number: **27-U002**
Psych Bed Provider Number:
Original License Date:

Rehab Beds:
Swing Beds: **5**
Psych Beds:
Health Planning Region Number: **1**

ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **44**
Current License Duration: **3**

COMMUNITY MEDICAL CENTER INC
2827 FORT MISSOULA RD
MISSOULA MT 59804-
Phone: 728-4100 **Fax:** 327-4501
Administrator: GRANT WINN
License Number: **10002** Exp. Date: **10/30/2006**

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

Rehab Bed Provider Number: **27-T023**
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date:

Rehab Beds: **16**
Swing Beds:
Psych Beds:
Health Planning Region Number: **5**

ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **146**
Current License Duration: **3**

ST PATRICK HOSPITAL & HEALTH SCIENCES CENTER
500 W BROADWAY PO BOX 4587
MISSOULA MT 59806-
Phone: 543-7271 **Fax:** 329-5693
Administrator: STEVE WITZ
License Number: **10606** Exp. Date: **12/03/2007**

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

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number: **27-S014**
Original License Date:

Rehab Beds: **28**
Swing Beds:
Psych Beds: **34**
Health Planning Region Number: **5**

ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **231**
Current License Duration: **3**

ROUNDUP MEMORIAL HOSPITAL
1202 3RD ST W PO BOX 40
ROUNDUP MT 59072-
Phone: 323-2301 **Fax:** 323-1170
Administrator: LEE RHODES
License Number: **10506** Exp. Date: **06/16/2008**

Facility ID Number: **648**
COUNTY: **MUSSELSHELL**
JCAHO:
Provider Number: **27-0081**
DON: TANA PINKERTON RN
NOT PROV

Rehab Bed Provider Number:
Swing Bed Provider Number: **27-U081**
Psych Bed Provider Number:
Original License Date:
Rehab Beds:
Swing Beds: **10**
Psych Beds:
Health Planning Region Number: **3**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **11**
Current License Duration: **3**

MONTANA STATE HOSPITAL
WARM SPRINGS CAMPUS PO BOX 300
WARM SPRINGS MT 59756-
Phone: 693-7000 **Fax:** 693-7069
Administrator: ED AMBERG
License Number: **10419** Exp. Date: **07/20/2008**

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

Rehab Bed Provider Number:
Swing Bed Provider Number:
Psych Bed Provider Number:
Original License Date: **07/21/00**
Rehab Beds:
Swing Beds:
Psych Beds: **174**
Health Planning Region Number: **4**
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **174**
Current License Duration: **3**

Total Facilities = 18