HOME INFUSION THERAPY SERVICES

OPTION CARE
404 N 31ST ST SUITE 401
BILLINGS MT 59101-
Phone: 255-7463 Fax: 255-7483
Administrator: KIMBERLY PUTZKE NOT PROV
Original License Date: 06/23/10 Health Planning Region Number: 3

Facility ID Number: 353
County: YELLOWSTONE
License Number: JCAHO: 13228
Exp. Date:
Exp. Date: 10/10/2015
License Duration: 3 YEAR

OPTION CARE
2304 N 7TH AVE SUITE H
BOZEMAN MT 59715-
Phone: 587-1050 Fax:
Administrator: KIMBERLEY PUTZKE NOT PROV
Original License Date: Health Planning Region Number: 4

Facility ID Number: 380
County: GALLATIN
License Number: JCAHO: 13168
Exp. Date:
Exp. Date: 8/10/2018
License Duration: 3

HOME IV PHARMACY
2601½ CONTINENTAL DR
BUTTE MT 59701-
Phone: 723-4099 Fax:
Administrator: JERROLD DOTTER NOT PROV
Original License Date: 06/23/10 Health Planning Region Number: 4

Facility ID Number: 382
County: SILVER BOW
License Number: JCAHO: 12867
Exp. Date:
Exp. Date: 12/14/2016
License Duration: 3

OPTION CARE
401 S ALABAMA ST SUITE 1
BUTTE MT 59701-
Phone: 782-3221 Fax: 782-3321
Administrator: KIMBERLEY PUTZKE NOT PROV
Original License Date: 06/23/10 Health Planning Region Number: 4

Facility ID Number: 394
County: SILVER BOW
License Number: JCAHO: 13079
Exp. Date:
Exp. Date: 12/22/2017
License Duration: 3

SPECTRUM HOME SOLUTIONS
2509 7TH AVE S
GREAT FALLS MT 59405-
Phone: 727-1218 Fax:
Administrator: DOUGLAS WILHELM NOT PROV
Original License Date: 06/23/10 Health Planning Region Number: 2

Facility ID Number: 386
County: CASCADE
License Number: JCAHO: 13059
Exp. Date:
Exp. Date: 5/30/2018
License Duration: 3
HEALTH CARE PROVIDERS INC

1900 N. FIRST STREET
HAMILTON  MT  59840-
Phone:  363-6203  Fax:  363-7583
Administrator:  DEIDRA  MARKETTE  NOT PROV
Original License Date:  Health Planning Region Number:  5

TIMBER RIDGE PHARMACY

1131 NORTH 1ST STREET
HAMILTON  MT  59840-
Phone:  363-9003  Fax:  363-9005
Administrator:  LANS  RICHARDSON  NOT PROV
Original License Date:  09/10/14  Health Planning Region Number:  1

GENEVA WOODS PROFESSIONAL INFUSION PHARMACY

2600 WINNE AVE
HELENA  MT  59601-
Phone:  443-0506  Fax:  449-6273
Administrator:  BRAD  LONGCAKE  NOT PROV
Original License Date:  01/23/15  Health Planning Region Number:  4

ST PETERS HOSP HOME LINK HOME INFUSION THERAPY

2475 BROADWAY
HELENA  MT  59601-
Phone:  444-2350
Administrator:  STARLA  BLANK  NOT PROV
Original License Date:  10/07/05  Health Planning Region Number:  1

BIG SKY IV CARE

20 FOUR MILE DRIVE SUITE 3
KALISPELL  MT  59901-
Phone:  752-0440  Fax:  752-0443
Administrator:  DAVID  GRADY  NOT PROV
Original License Date:  09/08/05  Health Planning Region Number:  1

THE CLINICAL PHARMACY

200 CONWAY DRIVE
KALISPELL  MT  59901-
Phone:  752-1761  Fax:  756-3528
Administrator:  DR. MARK  DONALDSON  NOT PROV
Original License Date:  09/08/05  Health Planning Region Number:  1
PARTNERS' SOLUTIONS

2687 PALMER ST STE B
MISSOULA MT 59808-
Phone: 721-6112 Fax:
Administrator: RANDALL CAMBRIDGE NOT PROV
Original License Date: County: MISSOULA
Facility ID Number: 381
License Number: JCAHO: 12473
Exp. Date: Exp. Date: 11/30/2016
License Duration: 3
Health Planning Region Number: 5

PROVIDENCE INFUSION AND PHARMACY SERVICE

615 W ALDER
MISSOULA MT 59802-
Phone: 365-4429 Fax: 924-6258
Administrator: MICHAEL GLOCKLING NOT PROV
Original License Date: 07/15/14 Health Planning Region Number:
Facility ID Number: 1199
County: MISSOULA License Number: JCAHO: 14350
Exp. Date: Exp. Date: 1/16/2016
License Duration: 1

HEALTH CARE PLUS - POLSON

50331A HWY 93 EAST
POLSON MT 59860-
Phone: 883-3838 Fax:
Administrator: VICKEE SIEMERS NOT PROV
Original License Date: Health Planning Region Number: 5
Facility ID Number: 383
County: LAKE License Number: JCAHO: 13384
Exp. Date: Exp. Date: 2/15/2016
License Duration: 3

Total Services = 14