HOSPICES

ANACONDA PINTLER HOME HEALTH & HOSPICE
118 E SEVENTH STE 1A PO BOX 1048
ANACONDA MT 59711-5878
Phone: 563-7023 Fax: 563-7030
Administrator: PEGGY WOLSTEIN
License Number: 13347 Exp. Date: 1/27/2016
Original License Date:
Health Planning Region Number: 4 Service Type:

PIioneer Med Center DBA Hearts and Hands
301 W 7TH AVE PO BOX 1228
BIG TIMBER MT 59011-5107
Phone: 932-4603 Fax: 932-5468
Administrator: BRENDAN LOWE
License Number: 13202 Exp. Date: 9/14/2018
Original License Date: 09/06/00
Health Planning Region Number: 3 Service Type:

Riverstone Health Hospice Home
2230 MISSION WAY
BILLINGS MT 59102-5403
Phone: 656-0268 Fax: 247-9033
Administrator: KELLIE LINDSAY
License Number: 13461 Exp. Date: 4/30/2016
Original License Date: 10/13/11
Health Planning Region Number: 3 Service Type:

Riverstone Health Hospice Services
123 SOUTH 27TH ST
BILLINGS MT 59101-4530
Phone: 651-6500 Fax: 247-3303
Administrator: KELLIE LINDSAY
License Number: 13450 Exp. Date: 4/30/2016
Original License Date:
Health Planning Region Number: 3 Service Type:

Rocky Mountain Hospice
2110 OVERLAND AVENUE STE 111
BILLINGS MT 59102-3648
Phone: 294-0785 Fax: 294-0788
Administrator: MISES IVerson
License Number: 12934 Exp. Date: 2/27/2016
Original License Date: 11/30/04
Health Planning Region Number: 3 Service Type:
HOSPICE OF SOUTHWEST MONTANA
3801 VALLEY COMMONS STE 1
BOZEMAN MT  59715
Phone: 585-1099 Fax: 585-1073
Administrator: KATHRINA MONFORTON
License Number: 13412 Exp. Date: 3/11/2016
Original License Date:
Health Planning Region Number: 4
Service Type:

ROCKY MOUNTAIN HOSPICE, BOZEMAN
301 EDELWEISS STE 5 & 6
BOZEMAN MT  59718
Phone: 556-0640 Fax: 556-0643
Administrator: BRIAN KRAFT
License Number: 13109 Exp. Date: 2/28/2018
Original License Date: 10/24/07
Health Planning Region Number: 4
Service Type:

EASTER SEALS-GOODWILL/HIGHLANDS HOSPICE
3703 HARRISON AVENUE
BUTTE MT  59701
Phone: 533-0020 Fax: 533-0019
Administrator: MELANIE SCHLEDEWITZ
License Number: 12677 Exp. Date: 6/30/2017
Original License Date:
Health Planning Region Number: 4
Service Type:

FRONTIER HOME HEALTH & HOSPICE
1940 DEWEY BLVD
BUTTE MT  59701
Phone: 723-8933 Fax: 723-4597
Administrator: KATHRINA MONFORTON
License Number: 13515 Exp. Date: 12/19/2015
Original License Date: 04/20/11
Health Planning Region Number: 4
Service Type:

ROCKY MOUNTAIN HOSPICE, BUTTE
19 DISCOVERY DRIVE
BUTTE MT  59701
Phone: 494-6114 Fax: 494-6115
Administrator: BRIAN KRAFT
License Number: 13109 Exp. Date: 2/28/2018
Original License Date: 07/07/08
Health Planning Region Number: 4
Service Type:
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ROCKY MOUNTAIN HOSPICE - HELENA
1075 N RODNEY STE 102
HELENA MT 59601-
Phone: 448-2214 Fax: 448-2215
Administrator: BRIAN KRAFT
License Number: 13109 Exp. Date: 2/28/2018
Original License Date: 04/15/12
Health Planning Region Number: Service Type:
Facility ID Number: 7054
COUNTY: LEWIS & CLARK
JCAHO: X CHAP:
Provider Number: 27-1530
Licensed Beds: 0
NOT PROV
Current License Duration:
FRONTIER HOSPICE
29 2ND STREET EAST
KALISPELL MT 59901-
Phone: 260-4079 Fax: 752-2259
Administrator: JENNA JUSTICE
License Number: 13515 Exp. Date: 12/19/2015
Original License Date: 08/24/05
Health Planning Region Number: 5 Service Type:
Facility ID Number: 442
COUNTY: FLATHEAD
JCAHO: CHAP:
Provider Number: 27-1514
Licensed Beds: 0
NOT PROV
Current License Duration: 2
HOME OPTIONS HOSPICE
275 CORPORATE DR SUITE 600
KALISPELL MT 59901-
Phone: 751-4200 Fax: 257-0355
Administrator: DONNA BOSCH
License Number: 13413 Exp. Date: 3/31/2016
Original License Date: 
Health Planning Region Number: 5 Service Type:
Facility ID Number: 413
COUNTY: FLATHEAD
JCAHO: CHAP:
Provider Number: 27-1515
Licensed Beds: 
NOT PROV
Current License Duration: 3
CENTRAL MONTANA MEDICAL CENTER - HOSPICE
408 WENDELL AVE
LEWISTOWN MT 59457-
Phone: 535-7711 Fax: 535-6306
Administrator: LEE RHODES
License Number: 13562 Exp. Date: 1/15/2018
Original License Date: 02/03/14
Health Planning Region Number: Service Type:
Facility ID Number: 7121
COUNTY: FERGUS
JCAHO: CHAP:
Provider Number: 
Licensed Beds: 2
NOT PROV
Current License Duration: 3
HOSPICE OF CENTRAL MONTANA
408 WENDELL AVE
LEWISTOWN MT 59457-
Phone: 535-6302 Fax: 535-6306
Administrator: LEE RHODES
License Number: 13231 Exp. Date: 10/24/2016
Original License Date: 
Health Planning Region Number: 3 Service Type:
Facility ID Number: 414
COUNTY: FERGUS
JCAHO: CHAP:
Provider Number: 27-1512
Licensed Beds: 
NOT PROV
Current License Duration: 3
HOME OPTIONS HOSPICE
313 MONTANA AVE
LIBBY MT 59923-
Phone: 751-4200 Fax:
Administrator: DONNA BOSCH License Number: 13413 Exp. Date: 3/31/2016
Original License Date: 03/08/13 Health Planning Region Number: 
Service Type:
Facility ID Number: 7084 COUNTY: LINCOLN JCAHO: CHAP:
Provider Number: 27-1515 Licensed Beds: 0 NOT PROV
Current License Duration: 3

LIVINGSTON HOME CARE/HOSPICE CARE
504 S 13TH ST LIVINGSTON MT 59047-
Phone: 823-6430 Fax: 823-6440
Administrator: BREN LOWE License Number: 12648 Exp. Date: 5/31/2017
Original License Date: Health Planning Region Number: 4 Service Type:
Facility ID Number: 416 COUNTY: PARK JCAHO: CHAP:
Provider Number: 27-1504 Licensed Beds: NOT PROV
Current License Duration: 3

H R H HOSPICE
2600 WILSON MILES CITY MT 59301-
Phone: 233-3810 Fax: 233-7134
Administrator: LISA SANFORD License Number: 12676 Exp. Date: 1/16/2017
Original License Date: 05/21/98 Health Planning Region Number: 1 Service Type:
Facility ID Number: 424 COUNTY: CUSTER JCAHO: X CHAP:
Provider Number: 27-1519 Licensed Beds: NOT PROV
Current License Duration: 3

HOSPICE OF MISSOULA LLC
800 KENSINGTON AVE STE 204 MISSOULA MT 59801-
Phone: 543-4408 Fax: 543-4418
Administrator: CATHRYN "KIT" JACKSON License Number: 12733 Exp. Date: 8/19/2017
Original License Date: 06/26/02 Health Planning Region Number: 5 Service Type:
Facility ID Number: 436 COUNTY: MISSOULA JCAHO: CHAP:
Provider Number: 27-1525 Licensed Beds: NOT PROV
Current License Duration: 3

PARTNERS IN HOME CARE HOSPICE
2687 PALMER ST STE B MISSOULA MT 59808-
Phone: 728-8848 Fax: 327-3684
Administrator: RANDALL CAMBRIDGE License Number: 13230 Exp. Date: 10/16/2015
Original License Date: Health Planning Region Number: 5 Service Type:
Facility ID Number: 417 COUNTY: MISSOULA JCAHO: CHAP:
Provider Number: 27-1500 Licensed Beds: PROVISIONAL
Current License Duration: 3 YEAR
ROCKY MOUNTAIN HOSPICE
2409 DEARBORN SUITE E
MISSOULA  MT  59801-
Phone:  549-2766  Fax:  549-2641
Administrator:  TRACE THARP
License Number:  13548  Exp. Date:  7/9/2016
Original License Date:  01/11/13
Health Planning Region Number:  41
Service Type:  

CLARK FORK VALLEY HOSPITAL HOSPICE
10 KRUGER RD  PO BOX 768
PLAINS  MT  59859-
Phone:  826-4800  Fax:  826-4880
Administrator:  GREGORY HANSON, MD
License Number:  13386  Exp. Date:  2/25/2016
Original License Date:  
Health Planning Region Number:  5
Service Type:  

SHERIDAN MEMORIAL HOSPICE
330 W LAUREL AVE
PLENTYWOOD  MT  59254-
Phone:  765-3735  Fax:  765-2603
Administrator:  ROB BRANDT
License Number:  13557  Exp. Date:  1/31/2016
Original License Date:  11/26/01
Health Planning Region Number:  1
Service Type:  

PARTNERS IN HOME CARE
1 14TH AVENUE WEST  2687 PALMER
POLSON  MT  59860-
Phone:  728-8848  Fax:  883-8440
Administrator:  RANDALL CAMBRIDGE
License Number:  13229  Exp. Date:  10/16/2015
Original License Date:  11/01/09
Health Planning Region Number:  5
Service Type:  

BEARTOOTH BILLINGS CLINIC HOSPICE
2525 N BROADWAY  PO BOX 590
RED LODGE  MT  59068-
Phone:  466-0660  Fax:  446-0084
Administrator:  KELLY EVANS
License Number:  13169  Exp. Date:  8/18/2018
Original License Date:  12/13/99
Health Planning Region Number:  3
Service Type:  

Facility ID Number:  7079
COUNTY:  MISSOULA
JCAHO:  MISSOULA  CHAP:
Provider Number:  
Licensed Beds:  0
NOT PROV
Current License Duration:  3

Facility ID Number:  427
COUNTY:  SANDERS
JCAHO:  SANDERS  CHAP:
Provider Number:  27-1524
Licensed Beds:  0
NOT PROV
Current License Duration:  3

Facility ID Number:  435
COUNTY:  SHERIDAN
JCAHO:  SHERIDAN  CHAP:
Provider Number:  27-1526
Licensed Beds:  0
NOT PROV
Current License Duration:  3

Facility ID Number:  447
COUNTY:  LAKE
JCAHO:  LAKE  CHAP:
Provider Number:  27-1500
Licensed Beds:  0
PROVISIONAL
Current License Duration:  3 YEAR

Facility ID Number:  425
COUNTY:  CARBON
JCAHO:  CARBON  CHAP:
Provider Number:  27-1521
Licensed Beds:  
NOT PROV
Current License Duration:  3

Wednesday, August 26, 2015  Page 7 of 8
LAKE COUNTY HOME OPTIONS
711 MAIN ST SW
RONAN  MT  59864-
Phone:  673-7300  Fax:  676-5243
Administrator: DONNA  BOSCH
License Number: 13549  Exp. Date: 7/22/2016
Original License Date:
Health Planning Region Number: 5

SIDNEY HEALTH CENTER HOSPICE
216 14TH AVE SW
SIDNEY  MT  59270-
Phone:  488-2138  Fax:  288-2246
Administrator: THERESA  LIVERS
License Number: 13201  Exp. Date: 9/13/2018
Original License Date:
Health Planning Region Number: 1

ASPEN HOSPICE OF MONTANA INC.
107 BELL CROSSING
STEVENSVILLE  MT  59870-
Phone:  642-3010  Fax:  642-3582
Administrator: BOBBIE  PARKE
License Number: 13061  Exp. Date: 11/14/2015
Original License Date: 11/22/04
Health Planning Region Number: 5

Facility ID Number: 419
COUNTY: LAKE
JCAHO: CHAP:
Provider Number: 27-1513
Licensed Beds: NOT PROV
Current License Duration: 3

Facility ID Number: 401
COUNTY: RICHLAND
JCAHO: CHAP:
Provider Number: 27-1511
Licensed Beds: NOT PROV
Current License Duration: 3

Facility ID Number: 440
COUNTY: RAVALLI
JCAHO: CHAP:
Provider Number: 27-1527
Licensed Beds: PROVISIONAL
Current License Duration: 6 MONTH

Total Facilities = 38