HOSPITALS

ADVANCED CARE HOSPITAL OF MONTANA
3528 GABEL ROAD
BILLINGS MT 59102-
Phone: 651-8800 **Fax:** 373-8020
Administrator: DIANA PARKER
License Number: **13060** Exp. Date: **5/25/2015**
Rehab Bed Provider Number: Rehab Beds: **0**
Swing Bed Provider Number: Swing Beds: **0**
Psych Bed Provider Number: Psych Beds: **0**
Original License Date: Health Planning Region **3**

Facility ID Number: **659**
COUNTY: **YELLOWSTONE**
JCAHO: X
Provider Number: **27-2001**
DON:
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **40**
Current License **3 Years**

BILLINGS CLINIC
2800 10TH AVE N PO BOX 37000
BILLINGS MT 59101-
Phone: 657-4000 **Fax:** 238-2785
Administrator: NICHOLAS WOLTER MD
License Number: **13345** Exp. Date: **1/10/2016**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **3**

Facility ID Number: **604**
COUNTY: **YELLOWSTONE**
JCAHO: X
Provider Number: **27-0004**
DON: ELAINE
NOT PROV
ESRD Provider Number: **27-2301**
Hospice Provider Number:
Licensed Beds: **285**
Current License **3**

ST VINCENT HEALTH CARE
1233 NORTH 30TH STREET PO BOX 35200
BILLINGS MT 59107-5200
Phone: 237-3065 **Fax:** 237-3078
Administrator: JASON BARKER
License Number: **13258** Exp. Date: **11/29/2015**
Rehab Bed Provider Number: **27-T049** Rehab Beds: **30**
Swing Bed Provider Number: Swing Beds: **0**
Psych Bed Provider Number: Psych Beds: **0**
Original License Date: **06/26/85** Health Planning Region **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 **3**

BOZEMAN DEACONESS HOSPITAL
915 HIGHLAND BLVD
BOZEMAN MT 59715-
Phone: 585-5000 **Fax:** 585-1070
Administrator: KEVIN PITZER
License Number: **12933** Exp. Date: **2/26/2015**
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 **4**

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

ST JAMES HEALTHCARE
400 S CLARK ST PO BOX 3300
BUTTE MT 59701-
Phone: 723-2500 **Fax:** 723-2443
Administrator: CHUCK WRIGHT
License Number: **13287** Exp. Date: **12/10/2015**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **4**

Facility ID Number: **609**
COUNTY: **SILVER BOW**
JCAHO:
Provider Number: **27-0017**
DON: MARK CASSEL
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **98**
Current License **3**

BENEFIS HEALTH CARE (EAST CAMPUS)
1101 26TH ST S
GREAT FALLS MT 59405-
Phone: 455-5000 **Fax:** 455-4587
Administrator: PETER GRAY
License Number: **13289** Exp. Date: **12/14/2015**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **2**

Facility ID Number: **625**
COUNTY: **CASCADE**
JCAHO:
Provider Number: **27-0012**
DON: JULIE HICKETHIER RN
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **264**
Current License **3**

BENEFIS HEALTH CARE (WEST CAMPUS)
500 15TH AVE S PO BOX 5013
GREAT FALLS MT 59403-
Phone: 455-5003 **Fax:**
Administrator: LAURA GOLDHAHN
License Number: **13288** Exp. Date: **12/14/2015**
Rehab Bed Provider Number: **27-T012** Rehab Beds: **20**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: **27-S012** Psych Beds: **20**
Original License Date: Health Planning Region **2**

Facility ID Number: **624**
COUNTY: **CASCADE**
JCAHO:
Provider Number: **27-0012**
DON: JULIE HICKETHIER
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **85**
Current License **3**

GREAT FALLS CLINIC MEDICAL CENTER
1411 9TH ST SOUTH
GREAT FALLS MT 59405-
Phone: 216-8000 **Fax:** 216-8001
Administrator: VICKI NEWMILLER
License Number: **12794** Exp. Date: **4/28/2015**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: **03/01/06** Health Planning Region **2**

Facility ID Number: **820**
COUNTY: **CASCADE**
JCAHO:
Provider Number: **27-0086**
DON: JULIE WALL RN
PROVISIONAL
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **20**
Current License **6 MONTH**

NORTHERN MONTANA HOSPITAL
30 13TH ST PO BOX 1231
HAVRE MT 59501-
Phone: 265-2211 **Fax:** 265-1651
Administrator: DAVID C HENRY
License Number: **12835** Exp. Date: **11/29/2017**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: **27-U032** Swing Beds: **5**
Psych Bed Provider Number: Psych Beds:
Original License Date: **06/28/78** Health Planning Region **2**

Facility ID Number: **629**
COUNTY: **HILL**
JCAHO:
Provider Number: **27-0032**
DON: STRURM
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **49**
Current License **3**

SHODAIR CHILDRENS HOSPITAL
2755 COLONIAL DR PO BOX 5539
HELENA MT 59604-
Phone: 444-7500 **Fax:** 444-7588
Administrator: JACK CASEY
License Number: **13007** Exp. Date: **4/27/2015**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **4**

Facility ID Number: **631**
COUNTY: **LEWIS & CLARK**
JCAHO: X
Provider Number: **27-4004**
DON: SALLY KLEIN
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **20**
Current License **3**

ST PETERS HOSPITAL
2475 E BROADWAY ST
HELENA MT 59601-
Phone: 442-2480 **Fax:** 442-2389
Administrator: NATE OLSON
License Number: **13346** Exp. Date: **1/31/2016**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: **27-U003** Swing Beds: **12**
Psych Bed Provider Number: Psych Beds: **24**
Original License Date: Health Planning Region **4**

Facility ID Number: **630**
COUNTY: **LEWIS & CLARK**
JCAHO: X
Provider Number: **27-0003**
DON: LISA STROM
NOT PROV
ESRD Provider Number: **27-2300**
Hospice Provider Number: **27-1501**
Licensed Beds: **123**
Current License **3**

HEALTHCENTER NORTHWEST LLC
320 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 751-7550 **Fax:** 751-7587
Administrator: TATE KREITINGER
License Number: **13132** Exp. Date: **7/28/2015**
Rehab Bed Provider Number: Rehab Beds: **0**
Swing Bed Provider Number: Swing Beds: **0**
Psych Bed Provider Number: Psych Beds: **0**
Original License Date: **08/11/03** Health Planning Region **5**

Facility ID Number: **658**
COUNTY: **FLATHEAD**
JCAHO:
Provider Number: **27-0087**
DON:
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **30**
Current License **3**

KALISPELL REGIONAL MEDICAL CENTER
310 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 752-5111 **Fax:** 756-2703
Administrator: VELINDA STEVENS
License Number: **12869** Exp. Date: **1/21/2015**
Rehab Bed Provider Number: **27-T051** Rehab Beds: **13**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **5**

Facility ID Number: **633**
COUNTY: **FLATHEAD**
JCAHO:
Provider Number: **27-0051**
DON: KAREN LEE
NOT PROV
ESRD Provider Number: **27-2304**
Hospice Provider Number: **27-1515**
Licensed Beds: **163**
Current License **3 YEAR**

COMMUNITY MEDICAL CENTER INC
2827 FORT MISSOULA RD
MISSOULA MT 59804-
Phone: 728-4100 **Fax:** 327-4501
Administrator: STEPHEN CARLSON
License Number: **13562** Exp. Date: **11/22/2015**
Rehab Bed Provider Number: **27-T023** Rehab Beds: **10**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region **5**

Facility ID Number: **639**
COUNTY: **MISSOULA**
JCAHO: X
Provider Number: **27-0023**
DON: TANA CASPER
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **151**
Current License **3**

ST PATRICK HOSPITAL
500 W BROADWAY PO BOX 4587
MISSOULA MT 59806-
Phone: 543-7271 **Fax:** 329-5693
Administrator: JEFF FEE
License Number: **13200** Exp. Date: **9/30/2015**
Rehab Bed Provider Number: Rehab Beds: **28**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: **27-S014** Psych Beds: **34**
Original License Date: Health Planning Region **5**

Facility ID Number: **640**
COUNTY: **MISSOULA**
JCAHO: X
Provider Number: **27-0014**
DON: JOYCE DOMBROUSKI
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **253**
Current License **3 YEAR**

MONTANA STATE HOSPITAL
WARM SPRINGS CAMPUS PO BOX 300
WARM SPRINGS MT 59756-
Phone: 693-7000 **Fax:** 693-7069
Administrator: JOHN GLUECKERT
License Number: **12943** Exp. Date: **1/19/2015**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds: **166**
Original License Date: **07/21/00** Health Planning Region **4**

Facility ID Number: **637**
COUNTY: **DEER LODGE**
JCAHO:
Provider Number: **27-4086**
DON: DAVE OLSON
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **166**
Current License **3**

Total Facilities: **16** **Total Licensed Beds:** **2119**