EXHIBIT 3
DATE 1/28/11
HB 305

HOSPITALS

ADVANCED CARE HOSPITAL OF MONTANA
3528 GABEL ROAD
BILLINGS MT 59102-
Phone: 651-8800 **Fax:** 651-8899
Administrator: JOE MCCLURE
License Number: **11707** Exp. Date: **11/25/2011**
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 Number: **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 Duration: **3**

BILLINGS CLINIC
2800 10TH AVE N PO BOX 37000
BILLINGS MT 59107-
Phone: 657-4000 **Fax:** 657-3869
Administrator: NICHOLAS WOLTER
License Number: **11977** Exp. Date: **01/10/2010**
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: **6 MONTH**

ST VINCENT HEALTH CARE
1233 NORTH 30TH STREET PO BOX 35200
BILLINGS MT 59107-5200
Phone: 237-3065 **Fax:** 237-3078
Administrator: JAMES PAQUETTE
License Number: **12129** Exp. Date: **11/29/2012**
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 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: **11420** Exp. Date: **02/27/2011**
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: CHUCK WRIGHT
License Number: **12083** Exp. Date: **06/10/2012**
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: **12175** Exp. Date: **12/14/2012**
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: **2**

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

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: **12175** Exp. Date: **12/14/2012**
Rehab Bed Provider Number: **27-T012** Rehab Beds: **24**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: **27-S012** Psych Beds: **20**
Original License Date: Health Planning Region Number: **2**

Facility ID Number: **624**
COUNTY: **CASCADE**
JCAHO: X
Provider Number: **27-0012**
DON: JULIE HICKETHIER
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **89**
Current License Duration: **3**

CENTRAL MONTANA HOSPITAL
1411 9TH ST SOUTH
GREAT FALLS MT 59405-
Phone: 727-5577 **Fax:** 216-8001
Administrator: VICKI NEWMILLER
License Number: **11637** Exp. Date: **10/29/2011**
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 Number: **2**

Facility ID Number: **820**
COUNTY: **CASCADE**
JCAHO:
Provider Number: **27-0086**
DON: JULIE WALL RN
NOT PROV
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **20**
Current License Duration: **3**

NORTHERN MONTANA HOSPITAL
30 13TH ST PO BOX 1231
HAVRE MT 59501-
Phone: 265-2211 **Fax:** 265-1651
Administrator: DAVID C HENRY
License Number: **11676** Exp. Date: **11/29/2011**
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 Number: **2**

Facility ID Number: **629**
COUNTY: **HILL**
JCAHO:
Provider Number: **27-0032**
DON: KAREN POLLINGTON
NOT PROV
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:** 444-7505
Administrator: JOHN CASEY
License Number: **11862** Exp. Date: **11/08/2010**
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: **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 Duration: **1**

ST PETERS HOSPITAL
2475 E BROADWAY ST
HELENA MT 59601-
Phone: 442-2480 **Fax:** 442-2389
Administrator: JOHN SOLHEIM
License Number: **12141** Exp. Date: **06/15/2010**
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 Number: **4**

Facility ID Number: **630**
COUNTY: **LEWIS & CLARK**
JCAHO: X
Provider Number: **27-0003**
DON: LISA STROM
PROVISIONAL
ESRD Provider Number: **27-2300**
Hospice Provider Number: **27-1501**
Licensed Beds: **99**
Current License Duration: **6 MONTHS**

HEALTH CENTER NORTHWEST
320 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 752-1724 **Fax:** 756-2703
Administrator: TATE KREITINGER
License Number: **11978** Exp. Date: **07/28/2012**
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 Number: **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 Duration: **3**

KALISPELL REGIONAL MEDICAL CENTER
310 SUNNYVIEW LN
KALISPELL MT 59901-
Phone: 752-5111 **Fax:** 756-2703
Administrator: TED HIRSCH
License Number: **12072** Exp. Date: **01/21/2011**
Rehab Bed Provider Number: **27-T051** Rehab Beds: **13**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds: **24**
Original License Date: Health Planning Region Number: **5**

Facility ID Number: **633**
COUNTY: **FLATHEAD**
JCAHO:
Provider Number: **27-0051**
DON: FRAN LAUKAITIS
NOT PROV
ESRD Provider Number: **27-2304**
Hospice Provider Number: **27-1515**
Licensed Beds: **110**
Current License Duration: **3**

HOLY ROSARY HEALTH CENTER
2600 WILSON
MILES CITY MT 59301-
Phone: 233-2600 **Fax:** 233-2601
Administrator: JOHN ISLEY
License Number: **12010** Exp. Date: **08/12/2010**
Rehab Bed Provider Number: Rehab Beds:
Swing Bed Provider Number: **27-U002** Swing Beds: **15**
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region Number: **1**

Facility ID Number: **638**
COUNTY: **CUSTER**
JCAHO: X
Provider Number: **27-0002**
DON: ROCHELLE GYSLER
PROVISIONAL
ESRD Provider Number:
Hospice Provider Number:
Licensed Beds: **49**
Current License Duration: **364 DAYS**

COMMUNITY MEDICAL CENTER INC
2827 FORT MISSOULA RD
MISSOULA MT 59804-
Phone: 728-4100 **Fax:** 327-4501
Administrator: STEPHEN CARLSON
License Number: **12073** Exp. Date: **09/30/2011**
Rehab Bed Provider Number: **27-T023** Rehab Beds: **16**
Swing Bed Provider Number: Swing Beds:
Psych Bed Provider Number: Psych Beds:
Original License Date: Health Planning Region Number: **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 Duration: **3**

ST PATRICK HOSPITAL & HEALTH SCIENCES CENTER
500 W BROADWAY PO BOX 4587
MISSOULA MT 59806-
Phone: 543-7271 **Fax:** 329-5693
Administrator: JEFF FEE
License Number: **11880** Exp. Date: **11/30/2010**
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 Number: **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 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: **11743** Exp. Date: **01/19/2012**

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: **17**

Total Licensed Beds: **2093**

CRITICAL ACCESS HOSPITALS

COMMUNITY HOSPITAL OF ANACONDA
401 W PENNSYLVANIA AVE **PO Box:**
ANACONDA MT 59711-
Phone: 563-8500 **Fax:** 563-8585
Administrator: STEVE MCNEECE
DON: JOELLEN VILLA
License Number: **11614** **NOT PROV**
Exp. Date: **09/29/2011**
Health Planning Region Number: **4**

Facility ID Number: **600**
County: **DEER LODGE**
JCAHO:
Provider No.: **27-1335**
Original License Date: **09/15/06**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

FALLON MEDICAL COMPLEX HOSPITAL
202 S 4TH ST W **PO Box:** PO BOX 820
BAKER MT 59313-082
Phone: 778-3331 **Fax:** 778-2488
Administrator: DAVID ESPELAND
DON: MICHELLE SCHUMAKER RN
License Number: **12004** **NOT PROV**
Exp. Date: **07/15/2012**
Health Planning Region Number: **1**

Facility ID Number: **601**
County: **FALLON**
JCAHO:
Provider No.: **27-1301**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

BIG SANDY MEDICAL CENTER
166 MONTANA AVENUE EAST **PO Box:** PO BOX 530
BIG SANDY MT 59520-053
Phone: 378-2188 **Fax:** 378-2180
Administrator: HARRY BOLD
DON: AMBER BEAUDETTE RN
License Number: **11618** **NOT PROV**
Exp. Date: **09/28/2011**
Health Planning Region Number: **2**

Facility ID Number: **711**
County: **CHOUTEAU**
JCAHO:
Provider No.: **27-1311**
Original License Date:
Current License Duration: **3**
Licensed Beds: 8
Swing Beds: 6

PIONEER MEDICAL CENTER - CAH
301 WEST 7TH AVENUE **PO Box:** PO BOX 1228
BIG TIMBER MT 59011-122
Phone: 932-4603 **Fax:** 932-5468
Administrator: BREN LOWE
DON: LINDA BROST RN
License Number: **11920** **NOT PROV**
Exp. Date: **07/10/2011**
Health Planning Region Number: **3**

Facility ID Number: **707**
County: **SWEET GRASS**
JCAHO:
Provider No.: **27-1313**
Original License Date:
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 22

LIBERTY COUNTY HOSPITAL
HWY 223 & MONROE **PO Box:** PO BOX 705
CHESTER MT 59522-070
Phone: 759-5181 **Fax:** 759-5799
Administrator: RONALD GLEASON
DON: KAREN JENNIE WICKS
License Number: **11396** **NOT PROV**
Exp. Date: **01/14/2010**
Health Planning Region Number: **2**

Facility ID Number: **610**
County: **LIBERTY**
JCAHO:
Provider No.: **27-1334**
Original License Date: **04/01/03**
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

TETON MEDICAL CENTER
915 4TH ST NW **PO Box:**
CHOTEAU MT 59422-912
Phone: 466-5763 **Fax:** 466-5852
Administrator: RAY GIBBONS
DON: ROBERT RANG
License Number: **12138** **NOT PROV**
Exp. Date: **09/15/2011**
Health Planning Region Number: **2**

Facility ID Number: **708**
County: **TETON**
JCAHO:
Provider No.: **27-1307**
Original License Date:
Current License Duration: **3**
Licensed Beds: 10
Swing Beds: 10

MCCONE COUNTY HEALTH CENTER
605 SULLIVAN AVE **PO Box:** PO BOX 47
CIRCLE MT 59215-004
Phone: 485-3381 **Fax:** 485-3383
Administrator: NANCY HANSEN
DON: HANZ ARNSTON RN
License Number: **11847** **NOT PROV**
Exp. Date: **09/29/2010**
Health Planning Region Number: **1**

Facility ID Number: **702**
County: **MCCONE**
JCAHO:
Provider No.: **27-1305**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

STILLWATER COMMUNITY HOSPITAL
44 W 4TH AVE N **PO Box:** PO BOX 959
COLUMBUS MT 59019-095
Phone: 322-5316 **Fax:** 322-5207
Administrator: CODY LANGBEHN
DON: BEV KOVANDA
License Number: **11790** **NOT PROV**
Exp. Date: **02/15/2012**
Health Planning Region Number: **3**

Facility ID Number: **612**
County: **STILLWATER**
JCAHO:
Provider No.: **27-1330**
Original License Date:
Current License Duration: **3**
Licensed Beds: 23
Swing Beds: 23

PONDERA MEDICAL CENTER
805 SUNSET BLVD **PO Box:** PO BOX 758
CONRAD MT 59425-075
Phone: 271-3211 **Fax:** 271-7661
Administrator: MARK JONES
DON: MARY ERICKSON
License Number: **11919** **NOT PROV**
Exp. Date: **06/13/2011**
Health Planning Region Number: **2**

Facility ID Number: **613**
County: **PONDERA**
JCAHO:
Provider No.: **27-1324**
Original License Date:
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 8

ROOSEVELT MEDICAL CENTER
818 2ND AVE E **PO Box:** PO BOX 419
CULBERTSON MT 59218-041
Phone: 787-6401 **Fax:** 787-6461
Administrator: AUDREY STROMBERG
DON: BRENDA CLAIR BROWN RN
License Number: **12121** **NOT PROV**
Exp. Date: **04/28/2012**
Health Planning Region Number: **1**

Facility ID Number: **706**
County: **ROOSEVELT**
JCAHO:
Provider No.: **27-1308**
Original License Date:
Current License Duration: **1**
Licensed Beds: 25
Swing Beds: 25

NORTHERN ROCKIES MEDICAL CENTER INC - HOS
802 2ND ST SE **PO Box:**
CUT BANK MT 59427-
Phone: 873-2251 **Fax:** 873-4861
Administrator: THANE BEDWELL
DON: PAMELA CONDON
License Number: **11392** **NOT PROV**
Exp. Date: **01/12/2010**
Health Planning Region Number: **2**

Facility ID Number: **615**
County: **GLACIER**
JCAHO:
Provider No.: **27-1337**
Original License Date: **04/21/04**
Current License Duration: **2**
Licensed Beds: 20
Swing Beds: 9

POWELL COUNTY MEMORIAL HOSPITAL
1101 TEXAS AVE **PO Box:**
DEER LODGE MT 59722-182
Phone: 846-2212 **Fax:** 846-3074
Administrator: MIKE WALSH
DON: KELLI WHEAT RN
License Number: **11969** **NOT PROV**
Exp. Date: **12/31/2011**
Health Planning Region Number: **4**

Facility ID Number: **617**
County: **POWELL**
JCAHO:
Provider No.: **27-1314**
Original License Date:
Current License Duration: **2**
Licensed Beds: 19
Swing Beds: 19

BARRETT HOSPITAL & HEALTHCARE
90 HWY 91 SOUTH **PO Box:**
DILLON MT 59725-
Phone: 683-3000 **Fax:** 683-3206
Administrator: STEVE HANNAH
DON: AMBER HIERRO
License Number: **11125** **NOT PROV**
Exp. Date: **04/14/2010**
Health Planning Region Number: **4**

Facility ID Number: **618**
County: **BEAVERHEAD**
JCAHO:
Provider No.: **27-1318**
Original License Date: **07/01/01**
Current License Duration: **3**
Licensed Beds: 20
Swing Beds: 5

DAHL MEMORIAL HEALTHCARE ASSOCIATION
215 SANDY STREET **PO Box:** PO BOX 46
EKALAKA MT 59324-004
Phone: 775-8739 **Fax:** 775-6706
Administrator: NADINE ELMORE
DON: CONNIE HUBBLE RN
License Number: **11415** **NOT PROV**
Exp. Date: **02/15/2011**
Health Planning Region Number: **1**

Facility ID Number: **703**
County: **CARTER**
JCAHO:
Provider No.: **27-1302**
Original License Date:
Current License Duration: **3**
Licensed Beds: 8
Swing Beds: 8

MADISON VALLEY HOSPITAL
305 N MAIN ST **PO Box:** PO BOX 397
ENNIS MT 59729-039
Phone: 682-4222 **Fax:** 682-4756
Administrator: RK (PETE) BREKHUS
DON: JULIE MISEROS RN
License Number: **12111** **NOT PROV**
Exp. Date: **11/13/2012**
Health Planning Region Number: **4**

Facility ID Number: **619**
County: **MADISON**
JCAHO:
Provider No.: **27-1329**
Original License Date: **10/01/02**
Current License Duration: **3**
Licensed Beds: 10
Swing Beds: 10

ROSEBUD HEALTH CARE CENTER HOSPITAL
383 N 17TH AVE **PO Box:** PO BOX 268
FORSYTH MT 59327-026
Phone: 346-4235 **Fax:** 346-4242
Administrator: JAMES FERGUSON
DON: DENISE CLARK RN
License Number: **11881** **NOT PROV**
Exp. Date: **12/14/2011**
Health Planning Region Number: **1**

Facility ID Number: **620**
County: **ROSEBUD**
JCAHO:
Provider No.: **27-1327**
Original License Date: **08/01/02**
Current License Duration: **3**
Licensed Beds: 11
Swing Beds: 11

MISSOURI RIVER MEDICAL CENTER
1501 ST CHARLES ST **PO Box:** PO BOX 249
FORT BENTON MT 59442-024
Phone: 622-3331 **Fax:** 622-5670
Administrator: JAY POTTENGER
DON: JANICE WOODHOUSE RN
License Number: **12013** **NOT PROV**
Exp. Date: **02/28/2011**
Health Planning Region Number: **2**

Facility ID Number: **712**
County: **CHOUTEAU**
JCAHO:
Provider No.: **27-1304**
Original License Date:
Current License Duration: **3**
Licensed Beds: 7
Swing Beds: 7

FRANCES MAHON DEACONESS HOSPITAL
621 3RD ST S **PO Box:**
GLASGOW MT 59230-260
Phone: 228-3500 **Fax:** 228-3680
Administrator: RANDALL HOLOM
DON: CONNIE SCHULTZ RN
License Number: **11355** **NOT PROV**
Exp. Date: **12/19/2010**
Health Planning Region Number: **1**

Facility ID Number: **622**
County: **VALLEY**
JCAHO: X
Provider No.: **27-1316**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 19

GLENDIVE MEDICAL CENTER
202 PROSPECT DR **PO Box:**
GLENDIVE MT 59330-194
Phone: 345-3306 **Fax:** 345-3358
Administrator: SCOTT A. DUKE
DON: LISA SANFORD RN
License Number: **11283** **NOT PROV**
Exp. Date: **09/12/2010**
Health Planning Region Number: **1**

Facility ID Number: **623**
County: **DAWSON**
JCAHO:
Provider No.: **27-1332**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

MARCUS DALY MEMORIAL HOSPITAL
1200 WESTWOOD DR **PO Box:**
HAMILTON MT 59840-
Phone: 363-2211 **Fax:** 363-6536
Administrator: JOHN BARTOS
DON: SUSAN HILL
License Number: **12139** **NOT PROV**
Exp. Date: **02/19/2012**
Health Planning Region Number: **5**

Facility ID Number: **626**
County: **RAVALLI**
JCAHO:
Provider No.: **27-1340**
Original License Date: **12/01/04**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

BIG HORN COUNTY MEMORIAL HOSPITAL
17 N MILES **PO Box:**
HARDIN MT 59034-
Phone: 665-2310 **Fax:** 665-9238
Administrator: GARY ROBERTSON
DON: JOE PURCELL, RN
License Number: **11517** **NOT PROV**
Exp. Date: **05/29/2010**
Health Planning Region Number: **3**

Facility ID Number: **627**
County: **BIG HORN**
JCAHO:
Provider No.: **27-1338**
Original License Date: **05/31/04**
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

WHEATLAND MEMORIAL HOSPITAL
530 3RD ST N **PO Box:** PO BOX 287
HARLOWTON MT 59036-000
Phone: 632-4351 **Fax:** 632-4350
Administrator: SCOTT MITCHELL
DON: LAURIANN COONEY
License Number: **11227** **NOT PROV**
Exp. Date: **07/14/2010**
Health Planning Region Number: **3**

Facility ID Number: **628**
County: **WHEATLAND**
JCAHO:
Provider No.: **27-1321**
Original License Date: **02/20/02**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

GARFIELD COUNTY HEALTH CENTER
332 LEAVITT AVENUE **PO Box:** PO BOX 389
JORDAN MT 59337-038
Phone: 557-2500 **Fax:** 557-2950
Administrator: LARRY PUTNAM
DON: MARY SKYBERG RN
License Number: **11972** **NOT PROV**
Exp. Date: **07/27/2011**
Health Planning Region Number: **1**

Facility ID Number: **704**
County: **GARFIELD**
JCAHO:
Provider No.: **27-1310**
Original License Date:
Current License Duration: **2**
Licensed Beds: 4
Swing Beds: 2

CENTRAL MONTANA MEDICAL CENTER
408 WENDELL AVE **PO Box:**
LEWISTOWN MT 59457-
Phone: 535-7711 **Fax:** 535-6392
Administrator: DAVID FAULKNER
DON: BONNIE OSBORN
License Number: **12064** **NOT PROV**
Exp. Date: **01/28/2012**
Health Planning Region Number: **3**

Facility ID Number: **634**
County: **FERGUS**
JCAHO:
Provider No.: **27-1345**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

ST JOHNS LUTHERAN HOSPITAL
350 LOUISIANA AVE **PO Box:**
LIBBY MT 59923-213
Phone: 293-0100 **Fax:** 293-4428
Administrator: WILLIAM PATTEN
DON: ETHEL SCHRENEGOST RN
License Number: **11971** **NOT PROV**
Exp. Date: **07/15/2012**
Health Planning Region Number: **5**

Facility ID Number: **635**
County: **LINCOLN**
JCAHO:
Provider No.: **27-1320**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

LIVINGSTON HEALTHCARE
504 S 13TH ST **PO Box:**
LIVINGSTON MT 59047-372
Phone: 222-3541 **Fax:** 222-5099
Administrator: SAMUEL G PLESHAR
DON: JULYN HOLMSTEDT RN
License Number: **11828** **NOT PROV**
Exp. Date: **02/28/2011**
Health Planning Region Number: **4**

Facility ID Number: **636**
County: **PARK**
JCAHO:
Provider No.: **27-1317**
Original License Date:
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

PHILLIPS COUNTY MEDICAL CENTER
311 S 8TH AVE E **PO Box:** PO BOX 640
MALTA MT 59538-064
Phone: 654-1100 **Fax:** 654-2876
Administrator: WARD VANWICHEN
DON: LONNA CROWDER
License Number: **11690** **NOT PROV**
Exp. Date: **12/26/2011**
Health Planning Region Number: **1**

Facility ID Number: **713**
County: **PHILLIPS**
JCAHO:
Provider No.: **27-1312**
Original License Date:
Current License Duration: **3**
Licensed Beds: 6
Swing Beds: 6

GRANITE COUNTY MEDICAL CENTER
310 SANSOME **PO Box:** PO BOX 729
PHILIPSBURG MT 59858-072
Phone: 859-3271 **Fax:** 859-3011
Administrator: AMY EDWARDS
DON: DOUG VAN SICKLE
License Number: **11918** **NOT PROV**
Exp. Date: **10/16/2011**
Health Planning Region Number: **4**

Facility ID Number: **710**
County: **GRANITE**
JCAHO:
Provider No.: **27-1303**
Original License Date:
Current License Duration: **2**
Licensed Beds: 9
Swing Beds: 9

CLARK FORK VALLEY HOSPITAL
10 KRUGER RD **PO Box:** PO BOX 768
PLAINS MT 59859-076
Phone: 826-4800 **Fax:** 826-4811
Administrator: JANET GATES
DON: LINDA SUND RN
License Number: **11356** **NOT PROV**
Exp. Date: **12/21/2010**
Health Planning Region Number: **5**

Facility ID Number: **642**
County: **SANDERS**
JCAHO:
Provider No.: **27-1323**
Original License Date: **01/01/02**
Current License Duration: **3**
Licensed Beds: 16
Swing Beds: 6

SHERIDAN MEMORIAL HOSPITAL
440 W LAUREL AVE **PO Box:**
PLENTYWOOD MT 59254-152
Phone: 765-1420 **Fax:** 765-1424
Administrator: SANDRA CHRISTENSEN
DON: BEVERLY JOHNSON RN
License Number: **11391** **NOT PROV**
Exp. Date: **12/31/2010**
Health Planning Region Number: **1**

Facility ID Number: **643**
County: **SHERIDAN**
JCAHO:
Provider No.: **27-1322**
Original License Date: **01/01/02**
Current License Duration: **3**
Licensed Beds: 19
Swing Beds: 13

ST JOSEPH HOSPITAL CORPORATION
6 13TH AVENUE E **PO Box:** PO BOX 1010
POLSON MT 59860-
Phone: 883-5377 **Fax:** 833-8488
Administrator: MIKE PIPER
DON: SUE ARNESON
License Number: **11365** **NOT PROV**
Exp. Date: **12/27/2010**
Health Planning Region Number: **5**

Facility ID Number: **644**
County: **LAKE**
JCAHO: **X**
Provider No.: **27-1343**
Original License Date:
Current License Duration: **3**
Licensed Beds: 22
Swing Beds: 20

NORTHEAST MONTANA HEALTH SERVICES INC -
POPLAR COMMUNITY HOSPITAL **PO Box:** PO BOX 38
POPLAR MT 59255-003
Phone: 768-3452 **Fax:** 768-6160
Administrator: MARGARE NORGAARD
DON: PAMELA TURNBAUGH RN
License Number: **11691** **NOT PROV**
Exp. Date: **12/30/2011**
Health Planning Region Number: **1**

Facility ID Number: **645**
County: **ROOSEVELT**
JCAHO:
Provider No.: **27-1300**
Original License Date:
Current License Duration: **3**
Licensed Beds: 20
Swing Beds: 14

BEARTOOTH HOSPITAL & HEALTH CENTER
600 W 21ST ST **PO Box:** PO BOX 590
RED LODGE MT 59068-059
Phone: 446-2345 **Fax:** 446-3182
Administrator: KELLEY EVANS
DON: SHARON NORBY
License Number: **11973** **NOT PROV**
Exp. Date: **07/28/2011**
Health Planning Region Number: **3**

Facility ID Number: **646**
County: **CARBON**
JCAHO:
Provider No.: **27-1326**
Original License Date: **07/30/02**
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

ST LUKE COMMUNITY HOSPITAL - CAH
107 6TH AVE SW **PO Box:**
RONAN MT 59864-263
Phone: 676-4441 **Fax:** 676-0835
Administrator: SHANE ROBERTS
DON: LEAH EMERSON RN
License Number: **11970** **NOT PROV**
Exp. Date: **07/14/2011**
Health Planning Region Number: **5**

Facility ID Number: **647**
County: **LAKE**
JCAHO:
Provider No.: **27-1325**
Original License Date: **06/01/02**
Current License Duration: **2**
Licensed Beds: 25
Swing Beds: 25

ROUNDUP MEMORIAL HOSPITAL
1202 3RD ST W **PO Box:** PO BOX 40
ROUNDUP MT 59072-
Phone: 323-2301 **Fax:** 323-1170
Administrator: LEE RHODES
DON: TANA PINKERTON RN
License Number: **11708** **NOT PROV**
Exp. Date: **06/17/2011**
Health Planning Region Number: **3**

Facility ID Number: **648**
County: **MUSSELSHELL**
JCAHO:
Provider No.: **27-1346**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

DANIELS MEMORIAL HOSPITAL
105 5TH AVENUE EAST **PO Box:** PO BOX 400
SCOBEY MT 59263-
Phone: 487-2296 **Fax:** 487-2471
Administrator: THANE BEDWELL
DON: KATHY WARE
License Number: **11636** **NOT PROV**
Exp. Date: **10/15/2011**
Health Planning Region Number: **1**

Facility ID Number: **649**
County: **DANIELS**
JCAHO:
Provider No.: **27-1342**
Original License Date:
Current License Duration: **3**
Licensed Beds: 24
Swing Beds: 24

MARIAS MEDICAL CENTER
640 PARK DR **PO Box:** PO BOX 915
SHELBY MT 59474-091
Phone: 434-3200 **Fax:** 434-3213
Administrator: MARK CROSS
DON: PENNY JACOBSON
License Number: **11398** **NOT PROV**
Exp. Date: **10/13/2010**
Health Planning Region Number: **2**

Facility ID Number: **650**
County: **TOOLE**
JCAHO:
Provider No.: **27-1328**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

THE RUBY VALLEY HOSPITAL
220 E CROFOOT ST **PO Box:** PO BOX 336
SHERIDAN MT 59749-000
Phone: 842-5454 **Fax:** 842-5455
Administrator: JOHN SEMINGSON
DON: TAMI TODD REID RN
License Number: **11284** **NOT PROV**
Exp. Date: **08/31/2010**
Health Planning Region Number: **4**

Facility ID Number: **651**
County: **MADISON**
JCAHO:
Provider No.: **27-1319**
Original License Date: **09/01/01**
Current License Duration: **3**
Licensed Beds: 10
Swing Beds: 8

SIDNEY HEALTH CENTER
216 14TH AVE SW **PO Box:**
SIDNEY MT 59270-
Phone: 488-2100 **Fax:** 488-2125
Administrator: RICK HARALDSON
DON: RICK HAROLDSON
License Number: **12066** **NOT PROV**
Exp. Date: **07/24/2011**
Health Planning Region Number: **1**

Facility ID Number: **652**
County: **RICHLAND**
JCAHO:
Provider No.: **27-1344**
Original License Date: **09/01/05**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 11

MINERAL COMMUNITY HOSPITAL
1208 6TH AVE E **PO Box:** PO BOX 66
SUPERIOR MT 59872-006
Phone: 822-4841 **Fax:** 822-4963
Administrator: JAMES P. HENSHAW
DON: LORRAINE FROST RN
License Number: **11203** **NOT PROV**
Exp. Date: **06/08/2010**
Health Planning Region Number: **5**

Facility ID Number: **653**
County: **MINERAL**
JCAHO:
Provider No.: **27-1331**
Original License Date: **12/01/02**
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

PRAIRIE COMMUNITY HEALTH CENTER
312 S ADAMS **PO Box:** PO BOX 156
TERRY MT 59349-015
Phone: 635-5511 **Fax:** 635-5512
Administrator: SCOTT DUKE
DON: SONIA LUEDTKE RN
License Number: **11864** **NOT PROV**
Exp. Date: **04/29/2012**
Health Planning Region Number: **1**

Facility ID Number: **705**
County: **PRAIRIE**
JCAHO:
Provider No.: **27-1309**
Original License Date:
Current License Duration: **3**
Licensed Beds: 21
Swing Beds: 21

BROADWATER HEALTH CENTER
110 N OAK **PO Box:**
TOWNSEND MT 59644-230
Phone: 266-3186 **Fax:** 266-3180
Administrator: SAM ALLEN
DON: JAMES HARRIS
License Number: **11829** **NOT PROV**
Exp. Date: **03/30/2011**
Health Planning Region Number: **4**

Facility ID Number: **654**
County: **BROADWATER**
JCAHO:
Provider No.: **27-1333**
Original License Date: **03/01/03**
Current License Duration: **2**
Licensed Beds: 9
Swing Beds: 9

MOUNTAINVIEW MEDICAL CENTER
16 W MAIN **PO Box:** PO BOX Q
WHITE SULPHUR MT 59645-081
Phone: 547-3321 **Fax:** 547-3589
Administrator: AARON ROGERS
DON: Janine Vogley-Turner
License Number: **11285** **NOT PROV**
Exp. Date: **08/31/2010**
Health Planning Region Number: **4**

Facility ID Number: **709**
County: **MEAGHER**
JCAHO:
Provider No.: **27-1306**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 24

NORTH VALLEY HOSPITAL
1600 HOSPITAL WAY **PO Box:**
WHITEFISH MT 59937-
Phone: 863-3550 **Fax:** 862-2532
Administrator: JASON SPRING
DON: MARA FIELDS
License Number: **11442** **NOT PROV**
Exp. Date: **03/19/2011**
Health Planning Region Number: **5**

Facility ID Number: **655**
County: **FLATHEAD**
JCAHO:
Provider No.: **27-1336**
Original License Date:
Current License Duration: **3**
Licensed Beds: 25
Swing Beds: 25

NORTHEAST MONTANA HEALTH SERVICES - TRINITY
315 KNAPP STREET **PO Box:**
WOLF POINT MT 59201-
Phone: 653-2100 **Fax:** 653-2140
Administrator: MARGARE NORGAARD
DON: JOANN HIBBL
License Number: **12065** **PROVISIONAL**
Exp. Date: **04/27/2010**
Health Planning Region Number: **1**

Facility ID Number: **657**
County: **ROOSEVELT**
JCAHO:
Provider No.: **27-1341**
Original License Date:
Current License Duration: **6 MONTH**
Licensed Beds: 22
Swing Beds: 10

Total Number of Facilities: 45 **Total Licensed Beds:** 893 **Total Available as Swing beds:** 784