

North Dakota Department of Health

ASPEN: Facility Directory (FD)

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
|--|----------------|-------------|------------------------------|-------------------|------|------------------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| (ND22000093) ANETA PARKVIEW HEALTH CENTER PO BOX 287 ANETA, ND 58212 | (701) 326-4234 | 35D0668181 | NELSON | | | LAB-WAIV 01-ACTIVE 0/0 |
| Arthur Good Sam Ctr (ND22000001) ARTHUR GOOD SAM CTR 150 COUNTY RD 34 ARTHUR, ND 58006 | (701) 967-8316 | 35D0655581 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 |
| Ashley Medical Center (0637A) ASHLEY MEDICAL CENTER 612 CENTER AVE N ASHLEY, ND 58413 | (701) 288-3433 | 35D0669946 | DR UDOM TINSATUL MCINTOSH | | | LAB-CMPL 01-ACTIVE 0/0 |
| (ND22000011) ASHLEY CLINIC PC TINSA 612 CENTER AVE N PO BOX 180 ASHLEY, ND 58413 | (701) 288-3431 | 35D0408748 | MCINTOSH | | | LAB-PPMP 01-ACTIVE 0/0 |
| (ND22000056) MCINTOSH DISTRICT HEALTH UNIT PO BOX 25 ASHLEY, ND 58413 | (701) 288-3957 | 35D0875234 | MCINTOSH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Amc Clinic (ND22000073) AMC CLINIC 612 CENTER AVE N ASHLEY, ND 58413 | (701) 288-3448 | 35D1010366 | MCINTOSH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000283) ASHLEY AMBULANCE SERVICE 612 CENTER AVE N ASHLEY, ND 58413 | (701) 288-3433 | 35D1022841 | MCINTOSH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000092) BEACH MEDICAL CLINIC 95 2ND ST NW BEACH, ND 58621 | (701) 872-3777 | 35D0667835 | GOLDEN VALLEY | | | LAB-ACCR 01-ACTIVE 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| Quentin N Burdick Memorial Health Care Facility (ND22000065) | | | Dr RICHARD LARSON | | | LAB-ACCR |
| QUENTIN N BURDICK MEMORIAL HEA | (701) 477-6111 | 35D0408642 | | | | 01-ACTIVE |
| 1 MAIN ST | | | ROLETTE | | | 0/0 |
| BELCOURT, ND 58316 | | | | | | |
| Quentin N Burdick Comp Health Facility (ND22000341) | | | | | | LAB-WAIV |
| QUENTIN N BURDICK MEMORIAL HEA | (701) 477-8451 | 35D0714907 | | | | 01-ACTIVE |
| #1 MAIN HOSPITAL ROAD | | | ROLETTE | | | 0/0 |
| BELCOURT, ND 58316 | | | | | | |
| (ND22001082) | | | | | | LAB-WAIV |
| BELFIELD AMBULANCE SERVICE | (701) 575-4004 | 35D1066853 | | | | 01-ACTIVE |
| 103 1ST AVE NE | | | STARK | | | 0/0 |
| BELFIELD, ND 58622 | | | | | | |
| Sakakawea Beulah Clinic (0685A) | | | PAM FITZGERALD | | | LAB-ACCR |
| SAKAKAWEA BEULAH CLINIC | (701) 873-4242 | 35D0698383 | DIRECTOR | | | 01-ACTIVE |
| 1101 3RD AVE NW | (701) 873-7648 | | MERCER | | | 0/0 |
| BEULAH, ND 58523 | | | | | | |
| Coal Country Community Health Center (0851A) | | | RON PIATZ | | | LAB-CMPL |
| COAL COUNTRY COMMUNITY HEALTI | (701) 873-4445 | 35D0926532 | | | | 01-ACTIVE |
| 1312 HWY 49 N | (701) 873-4199 | | MERCER | | | 0/0 |
| BEULAH, ND 58523 | | | | | | |
| (ND22000109) | | | | | | LAB-WAIV |
| BEULAH DRUG | (701) 873-5215 | 35D0969864 | | | | 01-ACTIVE |
| 127 W MAIN | | | MERCER | | | 0/0 |
| BEULAH, ND 58523 | | | | | | |
| Knife River Care Center (ND22000166) | | | | | | LAB-WAIV |
| KNIFE RIVER CARE CENTER | (701) 873-4322 | 35D0408953 | | | | 01-ACTIVE |
| 118 22ND ST NE | | | MERCER | | | 0/0 |
| BEULAH, ND 58523 | | | | | | |
| (ND22001901) | | | | | | LAB-WAIV |
| COTEAU AMBULANCE | (701) 873-2281 | 35D1096365 | | | | 01-ACTIVE |
| 204 COUNTY RD 15 | | | MERCER | | | 0/0 |
| BEULAH, ND 58523 | | | | | | |

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| Facility Legal Name (Facility ID) Working Name Address City, State, Zip | Phone Fax Email | Medicare ID Medicaid ID | Administrator Title County | Emergency Contact Emergency Phone | Team Mgmt | Type Operating Status Certified/Total Beds |
|--|----------------------------------|----------------------------|---------------------------------------|--------------------------------------|--------------|--|
| Mid Dakota Clinic PC (0786A) MID DAKOTA CLINIC PC 401 N 9TH ST BISMARCK, ND 58501 | (701) 530-6011 (701) 530-6469 | 35D0663740 | BIPIN AMIN BURLEIGH | | | LAB-ACCR 01-ACTIVE 0/0 |
| Robert A Pathroff MD PC (0771A) MEDCENTER ONE Q&R UROLOGY 225 N 7TH ST 2ND FLOOR BISMARCK, ND 58506 | (701) 323-2900 | 35D0680872 | Dr ROBERT PATHROFF BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Heartview Foundation (0779A) HEARTVIEW FOUNDATION 101 E BROADWAY BISMARCK, ND 58501 | (701) 222-0386 (701) 255-4891 | 35D0408995 | Dr MARLIN JOHNSON BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Cornatzer William MD PC (0768A) CORNATZER WILLIAM MD PC 225 N 7TH ST BISMARCK, ND 58501 | (701) 224-1273 | 35D0680823 | BURLEIGH | | | LAB-PPMP 01-ACTIVE 0/0 |
| Center For Family Medicine (0671A) CENTER FOR FAMILY MEDICINE 515 E BROADWAY BISMARCK, ND 58501 | (701) 751-9500 (701) 328-9957 | 35D0408878 | Dr BEN MUSCHA DIRECTOR BURLEIGH | | | LAB-CMPL 01-ACTIVE 0/0 |
| Dakota Pharmacy Of Bismarck Inc (0797A) DAKOTA PHARMACY OF BISMARCK II 705 E MAIN AVE BISMARCK, ND 58501 | (701) 255-1881 | 35D0962190 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Medcenter One/Q&R Clinic Lab (0852A) MEDCENTER ONE/Q & R CLINIC LAB 222 N 7TH ST BISMARCK, ND 58501 | (701) 323-5336 | 35D0655677 | Dr MARK RODACKER BURLEIGH | | | LAB-ACCR 01-ACTIVE 0/0 |
| (ND22000013) MID DAKOTA CLINIC - GATEWAY 2700 STATE ST STE #1 BISMARCK, ND 58501 | (701) 530-6011 | 35D0990534 | BURLEIGH | | | LAB-ACCR 01-ACTIVE 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| JKRX Inc DBA The Medicine Shoppe (ND22000019) | | | | | | |
| MEDICINE SHOPPE,THE | (701) 224-0175 | 35D1000972 | JODI GADER | | | LAB-WAIV |
| 1304 E BOULEVARD AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000032) | | | | | | |
| DENISE FORTE-PATHROFF MD PC | (701) 224-9643 | 35D0705255 | | | | LAB-WAIV |
| 225 N 7TH ST STE B | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000071) | | | | | | |
| GATEWAY PHARMACY NORTH | (701) 224-9521 | 35D1009610 | | | | LAB-WAIV |
| 3101 N 11TH ST | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58503 | | | | | | 0/0 |
| (ND22000083) | | | | | | |
| PNEUMOS CLINIC | (701) 323-9900 | 35D1014447 | | | | LAB-WAIV |
| 300 W CENTURY AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58503 | | | | | | 0/0 |
| (ND22000084) | | | | | | |
| BISMARCK VA OPC | (701) 239-3700 | 35D1016808 | | | | LAB-ACCR |
| 2700 STATE STREET SUITE 5A | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58503 | | | | | | 0/0 |
| (ND22000103) | | | | | | |
| NORTH DAKOTA DEPT OF HEALTH | (701) 328-6272 | 35D0691722 | | | | LAB-CMPL |
| 2635 EAST MAIN AVENUE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58506 | | | | | | 0/0 |
| Bismarck Surgical Associates Llc Same Day Surg Ctr (ND22000108) | | | | | | |
| BISMARCK SURGICAL ASSOCIATES L | (701) 221-2299 | 35D0955738 | | | | LAB-WAIV |
| 600 N 9TH ST | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000118) | | | | | | |
| MEDCENTER ONE MARILLAC MANOR | (701) 323-1928 | 35D0925641 | | | | LAB-WAIV |
| 1016 N 28TH ST | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| St Alexius Home Health Care/hospice (ND22000126) | | | | | | | LAB-WAIV |
| ST ALEXIUS HOME CARE & HOSPICE | (701) 530-4500 | 35D0879403 | | | | 01-ACTIVE | |
| 1212 E MAIN AVE | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| (ND22000128) | | | | | | | LAB-ACCR |
| MEDCENTER ONE HEALTH SYSTEMS | (701) 222-5457 | 35D0888428 | | | | 01-ACTIVE | |
| 222 N 7TH ST BOX 5525 | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| Family Medical Center North (ND22000130) | | | | | | | LAB-ACCR |
| MEDCENTER ONE BISMARCK FAMILY | (701) 323-6400 | 35D0891412 | CRAIG JOHNSON | | | 01-ACTIVE | |
| 2830 N WASHINGTON ST | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| Kensington Cottages (ND22000132) | | | | | | | LAB-WAIV |
| MAPLE VIEW II EAST | (701) 258-5482 | 35D0936729 | | | | 01-ACTIVE | |
| 2625 19TH ST N | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58503 | | | | | | | |
| (ND22000134) | | | | | | | LAB-WAIV |
| DAKOTA SURGERY AND LASER CENT | (701) 222-3937 | 35D0939590 | | | | 01-ACTIVE | |
| 430 E SWEET AVE | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58504 | | | | | | | |
| (ND22000138) | | | | | | | LAB-WAIV |
| EDGEWOOD BISMARCK SENIOR LIVIN | (701) 258-7489 | 35D0952043 | | | | 01-ACTIVE | |
| 3406 DOMINION ST | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58503 | | | | | | | |
| (ND22000141) | | | | | | | LAB-WAIV |
| GATEWAY PHARMACY SOUTH | (701) 223-1656 | 35D0956557 | | | | 01-ACTIVE | |
| 835 S WASHINGTON ST | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58504 | | | | | | | |
| (ND22000158) | | | | | | | LAB-WAIV |
| ST ALEXIUS PARTIAL HOSPITALIZATI | (701) 530-7255 | 35D1048762 | | | | 01-ACTIVE | |
| 311 N 11TH ST | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58506 | | | | | | | |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Medcenter One Living Centers D/b/a (ND22000163) | | | | | | | LAB-WAIV |
| MEDCENTER ONE LIVING CENTERS I | (701) 223-6888 | 35D0408910 | | | | 01-ACTIVE | |
| 1021 N 26TH ST | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| (ND22000164) | | | | | | | LAB-ACCR |
| ST ALEXIUS MEDICAL CENTER | (701) 530-6730 | 35D0408924 | | | | 01-ACTIVE | |
| 900 E BROADWAY | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| Mid Dakota Clinic - Kirkwood (ND22000165) | | | | | | | LAB-ACCR |
| MID DAKOTA CLINIC - KIRKWOOD | (701) 530-6445 | 35D0408940 | | | | 01-ACTIVE | |
| 727 KIRKWOOD MALL | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58504 | | | | | | | |
| (ND22000172) | | | | | | | LAB-WAIV |
| BISMARCK HEALTH & WELLNESS CEI | (701) 221-0900 | 35D1021806 | | | | 01-ACTIVE | |
| 811 E INTERSTATE AVE | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58503 | | | | | | | |
| Valley View Heights (ND22000175) | | | | | | | LAB-WAIV |
| VALLEY VIEW HEIGHTS | (701) 221-3018 | 35D1022340 | | | | 01-ACTIVE | |
| 2500 VALLEY VIEW AVE | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| Independent Practitioners Of America (ND22000208) | | | | | | | LAB-WAIV |
| INDEPENDENT PRACTITIONERS OF A | (701) 255-2252 | 35D0971313 | | | | 01-ACTIVE | |
| 115 W CENTURY AVE SUITE B | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58501 | | | | | | | |
| Healthways (ND22000209) | | | | | | | LAB-WAIV |
| HEALTHWAYS | (701) 223-6613 | 35D0977261 | TROY WOLLMANN | | | 01-ACTIVE | |
| 1033 BASIN AVE | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58504 | | | | | | | |
| (ND22000247) | | | | | | | LAB-WAIV |
| BISMARCK-BURLEIGH PUBLIC HEALT | (701) 222-6525 | 35D0408853 | | | | 01-ACTIVE | |
| 221 N 5TH PO BOX 5503 | | | BURLEIGH | | | 0/0 | |
| BISMARCK, ND 58506 | | | | | | | |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000248) | | | | | | |
| MISSOURI SLOPE LUTHERAN CARE C (701) 223-9407 | | 35D0408894 | | | | LAB-WAIV |
| 2425 HILLVIEW AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000249) | | | | | | |
| PATHOLOGY CONSULTANTS PC (701) 222-2480 | | 35D0408903 | | | | LAB-ACCR |
| 3502 FRANKLIN AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58503 | | | | | | 0/0 |
| (ND22000250) | | | | | | |
| CUSTER FAMILY PLANNING CENTER (701) 258-1005 | | 35D0408939 | | | | LAB-PPMP |
| 549 AIRPORT RD | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58504 | | | | | | 0/0 |
| (ND22000251) | | | | | | |
| PROFESSIONAL HOME CARE (701) 255-7575 | | 35D0408943 | | | | LAB-WAIV |
| 309 N MANDAN ST | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| Family Medical Center South (ND22000275) | | | | | | |
| BISMARCK FAMILY CLINIC SOUTH (701) 323-6990 | | 35D0698963 | | | | LAB-ACCR |
| 1040 TACOMA AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58504 | | | | | | 0/0 |
| (ND22000285) | | | | | | |
| MID DAKOTA CLINIC CENTER FOR WC (701) 530-6270 | | 35D1026251 | | | | LAB-ACCR |
| 1000 E ROSSER AVE | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000287) | | | | | | |
| PRIMROSE (701) 250-9719 | | 35D1029061 | | | | LAB-WAIV |
| 1144 COLLEGE DR | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58501 | | | | | | 0/0 |
| (ND22000298) | | | | | | |
| UNIVERSITY OF MARY STUDENT HEA (701) 255-7500 | | 35D0977262 | | | | LAB-WAIV |
| 7500 UNIVERSITY DR | | | BURLEIGH | | | 01-ACTIVE |
| BISMARCK, ND 58504 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000306) | | | | | | LAB-WAIV |
| WATERFORD | (701) 221-2020 | 35D0993798 | | | | 01-ACTIVE |
| 1000 W CENTURY AVE | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58503 | | | | | | |
| BioLife Plasma Services LP (0787A) | | | Dr THOMAS THORSON | | | LAB-ACCR |
| BIOLIFE PLASMA SERVICES LP | (701) 355-0848 | 35D0974443 | DIRECTOR | | | 01-ACTIVE |
| 1800 BURNT BOAT RD | (701) 355-0862 | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58503 | | | | | | |
| Northern Plains Laboratory Llc (ND22000329) | | | | | | LAB-ACCR |
| NORTHERN PLAINS LABORATORY LL | (701) 530-5700 | 35D1037915 | | | | 01-ACTIVE |
| 401 N 9TH ST | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58501 | | | | | | |
| (ND22000331) | | | | | | LAB-WAIV |
| MID DAKOTA CLINIC SURGICENTER | (701) 530-6100 | 35D1045420 | | | | 01-ACTIVE |
| 401 N 9TH ST | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58501 | | | | | | |
| (ND22000339) | | | | | | LAB-WAIV |
| BAPTIST HOME INC | (701) 223-3040 | 35D0710464 | | | | 01-ACTIVE |
| 1100 E BOULEVARD AVE | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58501 | | | | | | |
| Life Enhancement Clinic, Pc (ND22000352) | | | | | | LAB-WAIV |
| LIFE ENHANCEMENT CLINIC, PC | (701) 426-2405 | 35D1035860 | | | | 01-ACTIVE |
| 1023 EAST CAPITOL AVE | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58501 | | | | | | |
| (ND22000367) | | | | | | LAB-ACCR |
| ST ALEXIUS MED CTR-RESPIRATORY | (701) 530-8558 | 35D0655673 | | | | 01-ACTIVE |
| 900 E BROADWAY | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58502 | | | | | | |
| United Blood Services (ND22000368) | | | | | | LAB-ACCR |
| UNITED BLOOD SERVICES - NORTH C | (701) 258-4512 | 35D0655676 | | | | 01-ACTIVE |
| 517 S 7TH ST | | | BURLEIGH | | | 0/0 |
| BISMARCK, ND 58504 | | | | | | |

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| City, State, Zip | Email | | | | | |
| (ND22000408) TERRACE, THE 901 E BOWEN AVE BISMARCK, ND 58504 | (701) 258-1980 | 35D0914487 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000409) ST ALEXIUS MED CTR POINT OF CAR 900 E BROADWAY BISMARCK, ND 58501 | (701) 530-6700 | 35D0914917 | BURLEIGH | | | LAB-ACCR 01-ACTIVE 0/0 |
| (ND22000502) ND WIC PROGRAM/NDDOH 600 E BOULEVARD AVE DEPT 301 BISMARCK, ND 58505 | (701) 328-2496 | 35D0682269 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000641) STUDENT HEALTH CENTER - UTTC 3315 UNIVERSITY DRIVE BISMARCK, ND 58504 | (701) 255-3285 | 35D1057373 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Mid Dakota Clinic Derm Surg, Cosmetic & Laser Ctr (ND22000681) MID DAKOTA CLINIC DERM SURG, CC 2700 STATE ST BISMARCK, ND 58503 | (701) 530-5930 | 35D1057583 | BURLEIGH | Dr DAVID APPERT | | LAB-CMPL 01-ACTIVE 0/0 |
| (ND22000701) FACE AND JAW SURGERY CENTER 1140 W CAPITOL AVE BISMARCK, ND 58501 | (701) 258-7220 | 35D1058032 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000801) MEDCENTER ONE WALK-IN CLINIC N 3318 N 14TH ST SUITE B BISMARCK, ND 58503 | (701) 323-8300 | 35D1060164 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001021) MAPLE VIEW II NORTH 4217 MONTREAL ST BISMARCK, ND 58503 | (701) 223-4133 | 35D1065261 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22001381) MEDCENTER ONE OCCUPATIONAL HI (701) 323-5222 1833 E BISMARCK EXPRESSWAY BISMARCK, ND 58504 | | 35D1074439 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001402) CHURCHILL PHARMACY INC (701) 224-0339 1190 W TURNPIKE AVE BISMARCK, ND 58501 | | 35D1076243 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001441) ODYSSEY RESEARCH (701) 250-7355 1915 N KAVANEY DRIVE BISMARCK, ND 58501 | | 35D1077428 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001482) LEGACY PHARMA RESEARCH (701) 751-1128 601 N 5TH ST BISMARCK, ND 58501 | | 35D1079241 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001581) NORTHLAND PACE (BISMARCK SITE) (701) 250-0709 2400 E BROADWAY AVE BISMARCK, ND 58501 | | 35D1082703 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| Nd State Penitentiary Medical Department (ND22001741) ND STATE PENITENTIARY MEDICAL D (701) 328-6685 3100 RAILROAD AVE BISMARCK, ND 58506 | | 35D1088267 | RON PIATZ BURLEIGH | | | LAB-CMPL 01-ACTIVE 0/0 |
| (ND22002001) EDGEWOOD VISTA AT EDGEWOOD V (701) 751-1446 3124 COLORADO LANE BISMARCK, ND 58503 | | 35D1100234 | BURLEIGH | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000066) BOTTINEAU GOOD SAMARITAN CTR (701) 228-3796 725 E 10TH ST BOTTINEAU, ND 58318 | | 35D0408648 | BOTTINEAU | | | LAB-WAIV 01-ACTIVE 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|-------|-------------|----------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000180) | | | | | | |
| ST ANDREWS BOTTINEAU CLINIC LLC (701) 228-9400 | | 35D1028523 | | | | LAB-WAIV |
| 314 OHMER ST | | | BOTTINEAU | | | 01-ACTIVE |
| BOTTINEAU, ND 58318 | | | | | | 0/0 |
| St Andrews Health Center (ND22000397) | | | | | | |
| ST ANDREWS HEALTH CENTER (701) 228-9362 | | 35D0408653 | Dr G MARK REPP | | | LAB-CMPL |
| 316 OHMER ST | | | BOTTINEAU | | | 01-ACTIVE |
| BOTTINEAU, ND 58318 | | | | | | 0/0 |
| (ND22000314) | | | | | | |
| BOWBELLS CLINIC (701) 377-6400 | | 35D0956199 | | | | LAB-WAIV |
| 24 MAIN ST SW #B | | | BURKE | | | 01-ACTIVE |
| BOWBELLS, ND 58721 | | | | | | 0/0 |
| Southwest HealthCare Services (0647A) | | | | | | |
| SOUTHWEST HEALTHCARE SERVICE (701) 523-7146 | | 35D0409088 | MARK RODACKER | | | LAB-CMPL |
| 14 6TH AVE SW (701) 523-7184 | | | BOWMAN | | | 01-ACTIVE |
| BOWMAN, ND 58623 | | | | | | 0/0 |
| West River Health Services (0828A) | | | | | | |
| WEST RIVER HEALTH CLINIC - BOWM (800) 427-1761 | | 35D0655703 | THOMAS BRAATEN | | | LAB-CMPL |
| 608 HWY 12 W (701) 523-5593 | | | BOWMAN | | | 01-ACTIVE |
| BOWMAN, ND 58623 | | | | | | 0/0 |
| (ND22000148) | | | | | | |
| SOUTHWEST MEDICAL CLINIC (701) 523-3226 | | 35D0409087 | | | | LAB-WAIV |
| DRAWER C | | | BOWMAN | | | 01-ACTIVE |
| BOWMAN, ND 58623 | | | | | | 0/0 |
| (ND22000297) | | | | | | |
| BOWMAN AMBULANCE SQUAD (701) 523-3218 | | 35D0977260 | | | | LAB-WAIV |
| 606 1ST NW | | | BOWMAN | | | 01-ACTIVE |
| BOWMAN, ND 58623 | | | | | | 0/0 |
| (ND22000412) | | | | | | |
| SOUTHWEST HEALTHCARE SERVICE (701) 523-3214 | | 35D0674326 | | | | LAB-WAIV |
| 802 2ND ST NW | | | BOWMAN | | | 01-ACTIVE |
| BOWMAN, ND 58623 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|----------------|-------------|-----------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Towner County Living Center Laboratory (ND22000067) | | | | | | |
| TOWNER COUNTY LIVING CENTER LA | (701) 968-3351 | 35D0408657 | | | | LAB-WAIV |
| 701 11TH ST | | | TOWNER | | | 01-ACTIVE |
| CANDO, ND 58324 | | | | | | 0/0 |
| Center For Solutions (ND22000179) | | | | | | |
| CENTER FOR SOLUTIONS | (701) 968-2518 | 35D1027819 | | | | LAB-WAIV |
| 7448 68TH AVE NE | | | TOWNER | | | 01-ACTIVE |
| CANDO, ND 58324 | | | | | | 0/0 |
| Towner County Med Center Laboratory (ND22000343) | | | | | | |
| TOWNER COUNTY MED CENTER LAB | (701) 968-3337 | 35D0860142 | | | | LAB-WAIV |
| N HWY 281 | | | TOWNER | | | 01-ACTIVE |
| CANDO, ND 58324 | | | | | | 0/0 |
| Towner County Medical Center (0643A) | | | | | | |
| TOWNER COUNTY MEDICAL CENTER | (701) 968-4411 | 35D0408659 | Dr WAYNE JANSEN | | | LAB-CMPL |
| HWY 281 N | (701) 968-2548 | | TOWNER | | | 01-ACTIVE |
| CANDO, ND 58324 | | | | | | 0/0 |
| Towner County Public Health District (ND22000881) | | | | | | |
| TOWNER COUNTY PUBLIC HEALTH D | (701) 968-4353 | 35D1061994 | | | | LAB-WAIV |
| 404 5TH AVE STE 3 | | | TOWNER | | | 01-ACTIVE |
| CANDO, ND 58324 | | | | | | 0/0 |
| Carrington Health Center (0759A) | | | | | | |
| CARRINGTON HEALTH CENTER | (701) 652-3141 | 35D0408755 | JOHN HIPPI MD | | | LAB-CMPL |
| 800 N 4TH ST | (701) 652-3034 | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| Carrington Health Center-Acute Care (ND22000030) | | | | | | |
| CARRINGTON HEALTH CENTER-ACU1 | (701) 652-3141 | 35D0703295 | | | | LAB-WAIV |
| 800 N 4TH ST | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| (ND22000334) | | | | | | |
| PRESENTATION HOSPICE OF CARRIN | (701) 652-3141 | 35D0703294 | | | | LAB-WAIV |
| 800 N 4TH ST | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | Phone | Medicare ID | Administrator | Emergency Contact | Team | Type |
|--|----------------|-------------|-----------------|-------------------|------|----------------------|
| Working Name | Fax | Medicaid ID | Title | Emergency Phone | Mgmt | Operating Status |
| Address | Email | | County | | | Certified/Total Beds |
| City, State, Zip | | | | | | |
| Carrington Health Center - Holy Family (ND22000335) | | | | | | |
| CARRINGTON HEALTH CENTER - HOL (701) 652-3141 | | 35D0703296 | | | | LAB-WAIV |
| 800 N 4TH ST | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| (ND22000394) | | | | | | |
| FOSTER COUNTY COMMUNITY HEAL (701) 652-3087 | | 35D0667127 | | | | LAB-WAIV |
| 1000 5TH ST N | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| Golden Acres Manor Nursing Home (ND22000403) | | | | | | |
| GOLDEN ACRES MANOR NURSING HC (701) 652-3117 | | 35D0408759 | | | | LAB-WAIV |
| 1ST E MAIN ST | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| (ND22000561) | | | | | | |
| FOSTER COUNTY MEDICAL CENTER (701) 652-2515 | | 35D1055385 | | | | LAB-WAIV |
| 820 N 5TH ST | | | FOSTER | | | 01-ACTIVE |
| CARRINGTON, ND 58421 | | | | | | 0/0 |
| Dakota Clinic LTD Casselton (0711A) | | | | | | |
| INNOVIS HEALTH - CASSELTON (701) 347-4445 | | 35D0408185 | KERI RADER | | | LAB-ACCR |
| 5 9TH AVE N | (701) 347-5276 | | CASS | | | 01-ACTIVE |
| CASSELTON, ND 58012 | | | | | | 0/0 |
| (ND22000384) | | | | | | |
| CASSELTON VOLUNTEER AMBULANC (701) 347-4004 | | 35D1012438 | | | | LAB-WAIV |
| 101 6TH AVE S | | | CASS | | | 01-ACTIVE |
| CASSELTON, ND 58012 | | | | | | 0/0 |
| Pembina County Memorial Hospital (0644A) | | | | | | |
| PEMBINA COUNTY MEMORIAL HOSPI (701) 265-8461 | | 35D0408554 | THOMAS ORTMEIER | | | LAB-CMPL |
| 301 MOUNTAIN ST E | (701) 265-6305 | | PEMBINA | | | 01-ACTIVE |
| CAVALIER, ND 58220 | | | | | | 0/0 |
| (ND22000034) | | | | | | |
| WEDGEWOOD MANOR (701) 265-6237 | | 35D0708806 | | | | LAB-WAIV |
| 804 MAIN ST W | | | PEMBINA | | | 01-ACTIVE |
| CAVALIER, ND 58220 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|----------------|-------------|----------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000111) | | | | | | LAB-WAIV |
| PEMBINA COUNTY HEALTH DEPT | (701) 265-4248 | 35D0677030 | | | | 01-ACTIVE |
| 301 DAKOTA ST W #2 | | | PEMBINA | | | 0/0 |
| CAVALIER, ND 58220 | | | | | | |
| (ND22000182) | | | | | | LAB-WAIV |
| CLINICARE | (701) 265-6307 | 35D1032874 | | | | 01-ACTIVE |
| 301 MOUNTAIN ST E 1ST FL | | | PEMBINA | | | 0/0 |
| CAVALIER, ND 58220 | | | | | | |
| Altru Clinic - Cavalier (ND22000197) | | | | | | LAB-ACCR |
| ALTRU CLINIC - CAVALIER | (701) 265-8338 | 35D0680990 | | | | 01-ACTIVE |
| 201 E 3RD AVE S | | | PEMBINA | | | 0/0 |
| CAVALIER, ND 58220 | | | | | | |
| (ND22002101) | | | | | | LAB-WAIV |
| CAVALIER OPTOMETRY CLINIC | (701) 265-8315 | 35D1105099 | | | | 01-ACTIVE |
| 201 E 3RD AVE S | | | PEMBINA | | | 0/0 |
| CAVALIER, ND 58220 | | | | | | |
| (ND22000252) | | | | | | LAB-WAIV |
| COAL COUNTRY COM HEALTH CTR - | (701) 794-8798 | 35D0408958 | | | | 01-ACTIVE |
| 111 E MAIN ST | | | OLIVER | | | 0/0 |
| CENTER, ND 58530 | | | | | | |
| Cooperstown Medical Center (0784A) | | | ELENA RODGERS-RIEGER | | | LAB-CMPL |
| COOPERSTOWN MEDICAL CENTER H | (701) 797-2221 | 35D0408762 | | | | 01-ACTIVE |
| 1200 ROBERTS AVE NE | | | GRIGGS | | | 0/0 |
| COOPERSTOWN, ND 58425 | | | | | | |
| Cooperstown Medical Center (ND22000026) | | | | | | LAB-WAIV |
| COOPERSTOWN MEDICAL CENTER | (701) 797-2128 | 35D0698805 | | | | 01-ACTIVE |
| 1200 ROBERTS AVE NE PO BOX 460 | | | GRIGGS | | | 0/0 |
| COOPERSTOWN, ND 58425 | | | | | | |
| St. Luke's Hospital (0638A) | | | JOHN ANDELIN | | | LAB-CMPL |
| ST LUKE'S HOSPITAL | (701) 965-6384 | 35D0409236 | | | | 01-ACTIVE |
| 702 1ST ST SW | (701) 965-4258 | | DIVIDE | | | 0/0 |
| CROSBY, ND 58730 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|---------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000087) | | | | | | |
| GOOD SAMARITAN CENTER - CROSB | (701) 965-6086 | 35D0655717 | | | | LAB-WAIV |
| 705 SE 4TH ST | | | DIVIDE | | | 01-ACTIVE |
| CROSBY, ND 58730 | | | | | | 0/0 |
| (ND22000294) | | | | | | |
| CROSBY CLINIC | (701) 965-6349 | 35D0409233 | | | | LAB-WAIV |
| PO BOX C | | | DIVIDE | | | 01-ACTIVE |
| CROSBY, ND 58730 | | | | | | 0/0 |
| Good Samaritan Center (ND22000781) | | | | | | |
| GOOD SAMARITAN CENTER | (701) 965-6086 | 35D1059846 | | | | LAB-CMPL |
| 705 SE 4TH ST | (701) 965-6381 | | DIVIDE | | | 01-ACTIVE |
| CROSBY, ND 58730 | | | | | | 0/0 |
| Altru Clinic Lake Region (0860A) | | | | | | |
| ALTRU CLINIC LAKE REGION | (701) 665-5209 | 35D0408629 | SAM BHARATH | | | LAB-ACCR |
| 1001 7TH ST NE | (701) 665-5237 | | RAMSEY | | | 01-ACTIVE |
| DEVILS LAKE, ND 58301 | | | | | | 0/0 |
| (ND22000061) | | | | | | |
| HEARTLAND CARE CENTER | (701) 662-4905 | 35D0717804 | | | | LAB-WAIV |
| 620 14TH AVE NE | | | RAMSEY | | | 01-ACTIVE |
| DEVILS LAKE, ND 58301 | | | | | | 0/0 |
| (ND22000064) | | | | | | |
| MERCY HOSPITAL LAB | (701) 662-2131 | 35D0408636 | | | | LAB-ACCR |
| 1031 7TH ST | | | RAMSEY | | | 01-ACTIVE |
| DEVILS LAKE, ND 58301 | | | | | | 0/0 |
| (ND22000174) | | | | | | |
| DEVILS LAKE COMMUNITY CLINIC LAI | (701) 662-8662 | 35D1022211 | | | | LAB-WAIV |
| 425 S COLLEGE DR STE 14 | | | RAMSEY | | | 01-ACTIVE |
| DEVILS LAKE, ND 58301 | | | | | | 0/0 |
| Bell Pharmacy (ND22000204) | | | | | | |
| BELL PHARMACY | (701) 662-3022 | 35D0962336 | | | | LAB-WAIV |
| 323 5TH ST | | | RAMSEY | | | 01-ACTIVE |
| DEVILS LAKE, ND 58301 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | Working Name | Address | City, State, Zip | Phone Fax Email | Medicare ID Medicaid ID | Administrator Title County | Emergency Contact Emergency Phone | Team Mgmt | Type Operating Status Certified/Total Beds |
|--|--------------|---------|------------------|-----------------------|----------------------------|----------------------------------|--------------------------------------|--------------|--|
| (ND22000302) | | | | | | | | | |
| LAKE REGION DISTRICT HEALTH UNI (701) 662-6935 35D0980940 | | | | | | | | | |
| 524 4TH AVE NE UNIT 9 | | | | | | | | | |
| DEVILS LAKE, ND 58301 | | | | | | | | | |
| RAMSEY | | | | | | | | | |
| LAB-PPMP | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| (ND22000357) | | | | | | | | | |
| REM ND INC (701) 237-0934 35D0888388 | | | | | | | | | |
| 223 W WALNUT | | | | | | | | | |
| DEVILS LAKE, ND 58301 | | | | | | | | | |
| RAMSEY | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| (ND22000372) | | | | | | | | | |
| ODD FELLOWS HOME (701) 662-3330 35D1004398 | | | | | | | | | |
| 1107 WALNUT ST | | | | | | | | | |
| DEVILS LAKE, ND 58301 | | | | | | | | | |
| RAMSEY | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| Good Samaritan Center (ND22000393) | | | | | | | | | |
| GOOD SAMARITAN CENTER (701) 662-6580 35D0667002 | | | | | | | | | |
| 302 7TH AVE | | | | | | | | | |
| DEVILS LAKE, ND 58301 | | | | | | | | | |
| RAMSEY | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| (ND22001561) | | | | | | | | | |
| FIRSTCHOICE CLINIC - LAKE REGION (701) 662-2229 35D1082424 | | | | | | | | | |
| 1031 7TH ST NE | | | | | | | | | |
| DEVILS LAKE, ND 58301 | | | | | | | | | |
| RAMSEY | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| Great Plains Clinic PC (0670A) | | | | | | | | | |
| GREAT PLAINS CLINIC PC (701) 483-6017 35D0409055 | | | | | | | | | |
| 33 9TH ST W (701) 483-5018 | | | | | | | | | |
| DICKINSON, ND 58601 | | | | | | | | | |
| BRUCE OLIN MD | | | | | | | | | |
| STARK | | | | | | | | | |
| LAB-CMPL | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| (ND22000005) | | | | | | | | | |
| ND PHARMACY INC (701) 225-4434 35D0961051 | | | | | | | | | |
| 446 18TH ST W #2 | | | | | | | | | |
| DICKINSON, ND 58601 | | | | | | | | | |
| STARK | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |
| (ND22000033) | | | | | | | | | |
| ABLE INC (701) 225-6762 35D0708266 | | | | | | | | | |
| 653 19TH ST W | | | | | | | | | |
| DICKINSON, ND 58601 | | | | | | | | | |
| STARK | | | | | | | | | |
| LAB-WAIV | | | | | | | | | |
| 01-ACTIVE | | | | | | | | | |
| 0/0 | | | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|---|----------------|-------------|---------------|-------------------|------|------------------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000039) EVERGREEN INN 2143 6TH AVE W DICKINSON, ND 58601 | (701) 225-6606 | 35D0901220 | STARK | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000119) DICKINSON ST UNIV STUDENT HEALT 291 CAMPUS DR DICKINSON, ND 58601 | (701) 227-2304 | 35D0927793 | STARK | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000145) DICKINSON CLINIC 938 2ND AVE W DICKINSON, ND 58601 | (701) 225-5183 | 35D0409049 | STARK | | | LAB-ACCR 01-ACTIVE 0/0 | |
| (ND22000146) COMMUNITY ACTION FAMILY PL CLIN 202 E VILLARD DICKINSON, ND 58601 | (701) 227-0131 | 35D0409054 | STARK | | | LAB-PPMP 01-ACTIVE 0/0 | |
| (ND22000147) ST LUKE'S HOME 242 10TH ST W DICKINSON, ND 58601 | (701) 483-5000 | 35D0409074 | STARK | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000151) DICKINSON COUNTRY HOUSE LLC 628 24TH ST W DICKINSON, ND 58601 | (701) 483-2266 | 35D1040908 | STARK | | | LAB-WAIV 01-ACTIVE 0/0 | |
| St Josephs Hospital (ND22000277) ST JOSEPH'S HOSPITAL & HEALTH Cē 30 W 7TH ST DICKINSON, ND 58601 | (701) 456-4476 | 35D0409072 | STARK | | | LAB-ACCR 01-ACTIVE 0/0 | |
| (ND22000377) DICKINSON AREA AMBULANCE 42 B AVE E DICKINSON, ND 58601 | (701) 225-1500 | 35D1011433 | STARK | | | LAB-WAIV 01-ACTIVE 0/0 | |

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| Facility Legal Name (Facility ID) | Phone | Medicare ID | Administrator | Emergency Contact | Team | Type |
|---|----------------|-------------|---------------|-------------------|------|----------------------|
| Working Name | Fax | Medicaid ID | Title | Emergency Phone | Mgmt | Operating Status |
| Address | Email | | County | | | Certified/Total Beds |
| City, State, Zip | | | | | | |
| (ND22000498) | | | | | | |
| SOUTHWESTERN DISTRICT HEALTH I | (701) 227-0171 | 35D0678864 | | | | LAB-WAIV |
| 2869 3RD AVE W | | | STARK | | | 01-ACTIVE |
| DICKINSON, ND 58601 | | | | | | 0/0 |
| (ND22000504) | | | | | | |
| ST BENEDICTS HEALTH CENTER | (701) 225-5138 | 35D0684416 | | | | LAB-WAIV |
| 851 4TH AVE E | | | STARK | | | 01-ACTIVE |
| DICKINSON, ND 58601 | | | | | | 0/0 |
| Medcenter One Dickinson Urology (ND22001201) | | | | | | |
| MEDCENTER ONE DICKINSON UROLC | (701) 225-2981 | 35D1070112 | | | | LAB-WAIV |
| 12 1ST ST W CITY CENTER PLAZA | | | STARK | | | 01-ACTIVE |
| DICKINSON, ND 58601 | | | | | | 0/0 |
| (ND22001582) | | | | | | |
| NORTHLAND PACE (DICKINSON SITE) | (701) 250-0709 | 35D1082704 | | | | LAB-WAIV |
| BENEDICT COURT (AL) | | | STARK | | | 01-ACTIVE |
| DICKINSON, ND 58601 | | | | | | 0/0 |
| (ND22000217) | | | | | | |
| ALTRU CLINIC-DRAYTON | (701) 454-3311 | 35D0685560 | | | | LAB-PPMP |
| 1003 N MAIN ST BOX 219 | | | PEMBINA | | | 01-ACTIVE |
| DRAYTON, ND 58225 | | | | | | 0/0 |
| (ND22001241) | | | | | | |
| AMERICAN CRYSTAL SUGAR CO - DR | (701) 454-3252 | 35D1070846 | | | | LAB-WAIV |
| HWY 44 N | | | PEMBINA | | | 01-ACTIVE |
| DRAYTON, ND 58225 | | | | | | 0/0 |
| Johnson Clinic PC (0678A) | | | | | | |
| JOHNSON CLINIC PC - DUNSEITH | (701) 244-5694 | 35D0667044 | HUBERT SEILER | | | LAB-CMPL |
| 215 MAIN ST SE | (701) 244-5329 | | ROLETTE | | | 01-ACTIVE |
| DUNSEITH, ND 58329 | | | | | | 0/0 |
| Dunseith Community Nursing Home (ND22000068) | | | | | | |
| DUNSEITH COMMUNITY NURSING HC | (701) 244-5495 | 35D0408661 | | | | LAB-WAIV |
| 15 1ST ST NE | | | ROLETTE | | | 01-ACTIVE |
| DUNSEITH, ND 58329 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
|---|----------------------------------|-------------|---------------------------|-------------------|------|------------------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| (ND22000012) MANOR ST JOSEPH P O BOX 305 EDGELEY, ND 58433 | (701) 493-2477 | 35D0408766 | LAMOURE | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000246) MERITCARE CLINIC EDGELEY 506 2ND ST EDGELEY, ND 58433 | (701) 493-2245 | 35D0408767 | LAMOURE | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000406) EDMORE MEMORIAL REST HOME 301 E 4TH AVE EDMORE, ND 58330 | (701) 644-2202 | 35D0900866 | RAMSEY | | | LAB-WAIV 01-ACTIVE 0/0 |
| Jacobson Memorial Hospital Care Center (0691A) JACOBSON MEMORIAL HOSPITAL CA 601 EAST ST N ELGIN, ND 58533 | (701) 584-2792 (701) 584-3348 | 35D0869325 | Dr MARK RODACKER GRANT | | | LAB-CMPL 01-ACTIVE 0/0 |
| (ND22000043) DAKOTA HILL HOUSING 606 DAKOTA ST N ELGIN, ND 58533 | (701) 584-3266 | 35D0914915 | GRANT | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000212) JACOBSON MEMORIAL HOSPITAL CO 603 EAST ST N ELGIN, ND 58533 | (701) 584-3338 | 35D0980535 | GRANT | | | LAB-WAIV 01-ACTIVE 0/0 |
| Jacobson Memorial Hospital Care Center (ND22000280) JACOBSON MEMORIAL HOSPITAL CA 601 EAST ST N ELGIN, ND 58533 | (701) 584-2792 | 35D0041872 | GRANT | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000388) ELGIN CLINIC 302 N MAIN ST ELGIN, ND 58533 | (701) 584-3010 | 35D0662479 | GRANT | | | LAB-WAIV 01-ACTIVE 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|---|----------------|-------------|--------------------|-------------------|------|----------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Southeast Medical Center Ellendale (0726A) | | | | | | | |
| SOUTHEAST MEDICAL CENTER-ELLE | (701) 349-3331 | 35D0883341 | SONYA ALBERTSON | | | LAB-PPMP | |
| 141 MAIN ST | (701) 349-3212 | | DIRECTOR | | | 01-ACTIVE | |
| ELLENDALE, ND 58436 | | | DICKEY | | | 0/0 | |
| (ND22000027) | | | | | | | |
| PRINCE OF PEACE CARE CENTER | (701) 349-3312 | 35D0698818 | | | | LAB-WAIV | |
| 201 8TH ST N | | | DICKEY | | | 01-ACTIVE | |
| ELLENDALE, ND 58436 | | | | | | 0/0 | |
| (ND22000082) | | | | | | | |
| ELLENDALE COMMUNITY AMBULANC | (701) 349-3364 | 35D1013201 | | | | LAB-WAIV | |
| 53 3RD AVE E | | | DICKEY | | | 01-ACTIVE | |
| ELLENDALE, ND 58436 | | | | | | 0/0 | |
| (ND22000096) | | | | | | | |
| AVERA UNITED CLINIC OF ELLENDAL | (701) 349-3000 | 35D0408773 | | | | LAB-ACCR | |
| 240 MAIN | | | DICKEY | | | 01-ACTIVE | |
| ELLENDALE, ND 58436 | | | | | | 0/0 | |
| (ND22000244) | | | | | | | |
| EVERGREEN PLACE | (701) 349-4550 | 35D1051548 | | | | LAB-WAIV | |
| ATTN LESLIE MORRISSEY | | | DICKEY | | | 01-ACTIVE | |
| ELLENDALE, ND 58436 | | | | | | 0/0 | |
| (ND22000201) | | | | | | | |
| MERITCARE ENDERLIN CLINIC LABOF | (701) 437-3320 | 35D0408191 | | | | LAB-WAIV | |
| 201 4TH AVE, SUITE 1 | | | RANSOM | | | 01-ACTIVE | |
| ENDERLIN, ND 58027 | | | | | | 0/0 | |
| (ND22000265) | | | | | | | |
| MARYHILL MANOR | (701) 437-3544 | 35D0686638 | | | | LAB-WAIV | |
| 110 HILLCREST DR | | | RANSOM | | | 01-ACTIVE | |
| ENDERLIN, ND 58027 | | | | | | 0/0 | |
| Family Healthcare Center (0675A) | | | | | | | |
| FAMILY HEALTHCARE CENTER | (701) 239-2288 | 35D0408400 | CARRIE BAUMGARTNER | | | LAB-WAIV | |
| 306 4TH ST N | (701) 271-6399 | | CASS | | | 01-ACTIVE | |
| FARGO, ND 58102 | | | | | | 0/0 | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|-------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Dakota Clinic LTD (0725A) | | | Dr DOUGLAS ROISE | | | LAB-CMPL |
| INNOVIS HEALTH - SOUTH UNIVERSIT | (701) 364-3435 | 35D0655599 | | | | 01-ACTIVE |
| 3RD FLOOR BLUE | (701) 364-3270 | | CASS | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| Red River Women's Clinic (0777A) | | | Dr ED RENNER | | | LAB-CMPL |
| RED RIVER WOMEN'S CLINIC | (701) 298-9999 | 35D0946316 | | | | 01-ACTIVE |
| 512 1ST AVE N | (701) 235-8084 | | CASS | | | 0/0 |
| FARGO, ND 58102 | | | | | | |
| BioLife Plasma Services (0723A) | | | Dr RICHARD VETTER | | | LAB-ACCR |
| BIOLIFE PLASMA SERVICES LP | (701) 232-4426 | 35D0676905 | | | | 01-ACTIVE |
| 2617 12TH AVE SW | | | CASS | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| Meritcare Clinic Southpointe (0660A) | | | TERRENCE GRIMM | | | LAB-ACCR |
| MERITCARE SOUTHPOINTE CLINIC L | (701) 234-8881 | 35D0408444 | | | | 01-ACTIVE |
| 2400 32ND AVE S | | | CASS | | | 0/0 |
| FARGO, ND 58122 | | | | | | |
| Meritcare Clinic Southwest (0661A) | | | TERRENCE GRIMM | | | LAB-ACCR |
| MERITCARE SW CHILDRENS CLINIC L | (701) 234-3671 | 35D0408445 | | | | 01-ACTIVE |
| 2701 13TH AVE S | | | CASS | | | 0/0 |
| FARGO, ND 58122 | | | | | | |
| Pracs Institute LTD (0790A) | | | ED RENNER | | | LAB-ACCR |
| CETERO RESEARCH | (701) 212-5733 | 35D0979859 | | | | 01-ACTIVE |
| 4801 AMBER VALLEY PARKWAY | (701) 239-4955 | | CASS | | | 0/0 |
| FARGO, ND 58104 | | | | | | |
| Independent Family Doctors (0798A) | | | Dr STEVEN JOHNSON | | | LAB-CMPL |
| INDEPENDENT FAMILY DOCTORS | (701) 234-9400 | 35D1001562 | | | | 01-ACTIVE |
| 1711 GOLD DR S STE 160 | (701) 234-9401 | | CASS | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| Heartland Diagnostics (0824A) | | | HOADLEY HARRIS | | | LAB-ACCR |
| HEARTLAND DIAGNOSTICS | (701) 293-7408 | 35D1026068 | | | | 01-ACTIVE |
| 3280 20TH ST S | (701) 235-2099 | | CASS | | | 0/0 |
| FARGO, ND 58104 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|---------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Valley Dermatology Clinic (0826A) | | | | | | |
| INNOVIS HEALTH - S UNIV MICROGR | (701) 364-3245 | 35D1037388 | JERRY BALDWIN | | | LAB-ACCR |
| SECOND FLOOR | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| Meritcare South University (ND22000003) | | | | | | |
| MERITCARE SOUTH UNIVERSITY LAB | (701) 280-4921 | 35D0857637 | | | | LAB-ACCR |
| 1720 S UNIVERSITY DR | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58122 | | | | | | 0/0 |
| (ND22000016) | | | | | | |
| TRIUMPH HOSPITAL FARGO | (701) 241-9099 | 35D0994257 | | | | LAB-WAIV |
| 1720 S UNIVERSITY DR | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000018) | | | | | | |
| 7 DAY CLINIC, HANS BJELLUM MD | (701) 232-6211 | 35D0998286 | | | | LAB-WAIV |
| 1517 32ND AVE S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000023) | | | | | | |
| FAMILY HEALTHCARE CENTER PHAR | (701) 239-7135 | 35D1008813 | | | | LAB-WAIV |
| 306 4TH ST N | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58102 | | | | | | 0/0 |
| Pracs Institute Ltd (ND22000045) | | | | | | |
| CETERO RESEARCH | (701) 212-5733 | 35D0720799 | | | | LAB-WAIV |
| 4801 AMBER VALLEY PKWY | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| Hospice Of The Red River Valley (ND22000046) | | | | | | |
| HOSPICE OF THE RED RIVER VALLEY | (701) 356-1500 | 35D0721452 | | | | LAB-WAIV |
| 1701 38TH ST SW STE 201 | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| Prairieland Home Care (ND22000051) | | | | | | |
| PRAIRIELAND HOME CARE | (701) 232-1245 | 35D0858136 | | | | LAB-WAIV |
| 1102 PAGE DR SW | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58106 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Sisters Path/sharehouse (ND22000100) | | | | | | | LAB-WAIV |
| SISTERS PATH/SHAREHOUSE | (701) 282-6561 | 35D1035884 | CASS | | | 01-ACTIVE | 0/0 |
| 4227 9TH AVE SW | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| Dms Imaging Inc (ND22000102) | | | | | | | LAB-WAIV |
| DMS HEALTH TECHNOLOGIES, INC | (800) 437-4628 | 35D1013202 | CASS | | | 01-ACTIVE | 0/0 |
| 2101 N UNIVERSITY DR | | | | | | | |
| FARGO, ND 58102 | | | | | | | |
| (ND22000116) | | | | | | | LAB-WAIV |
| MERITCARE OCCUPATIONAL HEALTH | (701) 234-4700 | 35D0921259 | CASS | | | 01-ACTIVE | 0/0 |
| 3838 12TH AVE N | | | | | | | |
| FARGO, ND 58102 | | | | | | | |
| (ND22000122) | | | | | | | LAB-WAIV |
| EVERGREENS,THE | (701) 239-4524 | 35D1020514 | CASS | | | 01-ACTIVE | 0/0 |
| 1405 W GATEWAY CIR | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000123) | | | | | | | LAB-WAIV |
| EVERGREENS,THE | (701) 239-4524 | 35D1020519 | CASS | | | 01-ACTIVE | 0/0 |
| 1411 W GATEWAY CIR | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000133) | | | | | | | LAB-WAIV |
| FIRSTCHOICE CLINIC | (701) 237-6530 | 35D0939589 | CASS | | | 01-ACTIVE | 0/0 |
| 1351 PAGE DR STE 205 | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000136) | | | | | | | LAB-WAIV |
| LAMB PLASTIC SURGERY CENTER | (701) 237-9592 | 35D0946443 | CASS | | | 01-ACTIVE | 0/0 |
| 1507 S UNIVERSITY DR | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000137) | | | | | | | LAB-WAIV |
| PSJ ACQUISITION, LLC | (701) 476-7200 | 35D0951705 | CASS | | | 01-ACTIVE | 0/0 |
| 510 4TH ST S | | | | | | | |
| FARGO, ND 58103 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|--|----------------|-------------|-----------------|-------------------|------|----------------------|----------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000140) | | | | | | | LAB-WAIV |
| INSTITUTE FOR SPECIAL SURGERY | (701) 271-1045 | 35D0955617 | | | | 01-ACTIVE | 0/0 |
| 2301 25TH ST S STE H | | | CASS | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000143) | | | | | | | LAB-WAIV |
| MEDICINE SHOPPE PHARMACY | (701) 293-3060 | 35D0961050 | | | | 01-ACTIVE | 0/0 |
| 1605 S UNIVERSITY DR | | | CASS | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000178) | | | | | | | LAB-PPMP |
| DERMATOLOGY ASSOCIATES PC | (701) 478-7747 | 35D1023954 | | | | 01-ACTIVE | 0/0 |
| 4141 31ST AVE S STE 103 | | | CASS | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000187) | | | | | | | LAB-WAIV |
| URGENT MEDICINE ASSOCIATES LLC | (701) 232-9000 | 35D1035027 | | | | 01-ACTIVE | 0/0 |
| 3290 20TH ST S STE A | | | CASS | | | | |
| FARGO, ND 58104 | | | | | | | |
| Kirsten Reile (ND22000191) | | | | | | | LAB-WAIV |
| ELIM REHAB AND CARE CENTER | (701) 237-4392 | 35D0669326 | | | | 01-ACTIVE | 0/0 |
| 3534 UNIVERSITY DR S | | | CASS | | | | |
| FARGO, ND 58104 | | | | | | | |
| NDSU Student Health Service (0717A) | | | MICHELLE BIANCO | | | | LAB-CMPL |
| NDSU STUDENT HEALTH SERVICE | (701) 231-7229 | 35D0041738 | | | | 01-ACTIVE | 0/0 |
| 1707 CENTENNIAL BLVD | (701) 231-6512 | | CASS | | | | |
| FARGO, ND 58102 | | | | | | | |
| (ND22000205) | | | | | | | LAB-WAIV |
| THRIFTY DRUG LTD | (701) 232-8690 | 35D0965979 | | | | 01-ACTIVE | 0/0 |
| 1521 S UNIVERSITY DR | | | CASS | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000211) | | | | | | | LAB-ACCR |
| MERITCARE REPRODUCTIVE MEDICII | (701) 280-4734 | 35D0979038 | | | | 01-ACTIVE | 0/0 |
| 1717 S UNIVERSITY AVE RTNG 343 | | | CASS | | | | |
| FARGO, ND 58122 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|----------------|-------------|---------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Meritcare Clinic North Fargo (0713A) | | | | | | |
| MERITCARE NORTH FARGO CLINIC L | (701) 234-2992 | 35D0408301 | JULIE MARSH | | | LAB-ACCR |
| 2601 N BROADWAY | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58122 | | | | | | 0/0 |
| United Blood Services (ND22000224) | | | | | | |
| UNITED BLOOD SERVICES | (701) 293-9453 | 35D0408317 | | | | LAB-ACCR |
| 3231 SOUTH 11TH ST | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| Dakota Clinic LTD West Acres (0662A) | | | | | | |
| INNOVIS HEALTH - WEST ACRES | (701) 364-6633 | 35D0408379 | JERINE ROEMMICH WEY | | | LAB-ACCR |
| 3902 13TH AVE S | (701) 364-6628 | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000225) | | | | | | |
| INTERNAL MEDICINE ASSOCIATES | (701) 235-7416 | 35D0408393 | | | | LAB-ACCR |
| 1707 GOLD DR S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| Syvrud Chiropractic Clinic (ND22000226) | | | | | | |
| SYVRUD CHIROPRACTIC CLINIC | (701) 237-5150 | 35D0408449 | | | | LAB-WAIV |
| 825 25TH ST SW | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000227) | | | | | | |
| VILLA MARIA | (701) 293-7750 | 35D0408455 | | | | LAB-WAIV |
| 3102 S UNIVERSITY DR | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000229) | | | | | | |
| LASER & SURGERY CENTER LLC | (701) 277-7200 | 35D0982670 | | | | LAB-WAIV |
| 434420TH AVE SW | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| (ND22000230) | | | | | | |
| VA MEDICAL & ROC-FARGO | (701) 239-3700 | 35D0987118 | | | | LAB-ACCR |
| 2101 ELM ST NORTH BLDG 1 1ST FL F | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58102 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000231) | | | | | | LAB-WAIV |
| MEDICINE SHOPPE,THE | (701) 293-0221 | 35D0987815 | CASS | | | 01-ACTIVE |
| 2802 N BROADWAY | | | | | | 0/0 |
| FARGO, ND 58102 | | | | | | |
| Meritcare Hospital (ND22000237) | | | | | | LAB-ACCR |
| MERITCARE MAIN HOSPITAL POINT C | (701) 234-2481 | 35D0655613 | CASS | | | 01-ACTIVE |
| 801 BROADWAY N | | | | | | 0/0 |
| FARGO, ND 58122 | | | | | | |
| (ND22000238) | | | | | | LAB-ACCR |
| TRANSPLANTATION SERVICES OF FA | (701) 234-2411 | 35D0655617 | CASS | | | 01-ACTIVE |
| 737 BROADWAY | | | | | | 0/0 |
| FARGO, ND 58123 | | | | | | |
| (ND22000256) | | | | | | LAB-WAIV |
| RIVERVIEW HOME HEALTH | (701) 239-9483 | 35D0920739 | CASS | | | 01-ACTIVE |
| 5300 12TH ST S | | | | | | 0/0 |
| FARGO, ND 58104 | | | | | | |
| American Lutheran Homes Inc (ND22000274) | | | | | | LAB-WAIV |
| AMERICAN LUTHERAN HOMES INC | (701) 239-3000 | 35D0697876 | CASS | | | 01-ACTIVE |
| 201 S UNIVERSITY DR | | | | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| (ND22000281) | | | | | | LAB-WAIV |
| EVERGREENS,THE | (701) 239-4524 | 35D1020513 | CASS | | | 01-ACTIVE |
| 1401 W GATEWAY CIR | | | | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| (ND22000282) | | | | | | LAB-WAIV |
| EVERGREENS,THE | (701) 239-4524 | 35D1020517 | CASS | | | 01-ACTIVE |
| 1409 W GATEWAY CIR | | | | | | 0/0 |
| FARGO, ND 58103 | | | | | | |
| (ND22000299) | | | | | | LAB-ACCR |
| INNOVIS HEALTH, LLC | (701) 364-4330 | 35D0978097 | CASS | | | 01-ACTIVE |
| LOWER LEVEL | | | | | | 0/0 |
| FARGO, ND 58104 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000307) | | | | | | | LAB-WAIV |
| BETHANY HOME HEALTH CARE | (701) 239-3544 | 35D0993819 | CASS | | | 01-ACTIVE | 0/0 |
| 201 S UNIVERSITY DRIVE | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| Meritcare Hospital South University (ND22000309) | | | | | | | LAB-WAIV |
| MERITCARE SOUTH UNIVERSITY POII | (701) 280-4921 | 35D0995773 | CASS | | | 01-ACTIVE | 0/0 |
| 1720 S UNIVERSITY | | | | | | | |
| FARGO, ND 58122 | | | | | | | |
| (ND22000316) | | | | | | | LAB-WAIV |
| NORTHERN PLAINS SURGERY CENTE | (701) 232-9200 | 35D0961049 | CASS | | | 01-ACTIVE | 0/0 |
| 44 4TH ST S | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| Fargo Cass Public Health (0712A) | | | | | | | LAB-CMPL |
| FARGO CASS PUBLIC HEALTH | (701) 241-1360 | 35D0408289 | CASS | LYNN ANDERSON | | 01-ACTIVE | 0/0 |
| 401 3RD AVE N | | | | | | | |
| FARGO, ND 58102 | | | | | | | |
| Manorcare Health Services (ND22000321) | | | | | | | LAB-WAIV |
| MANOR CARE OF FARGO ND, LLC | (701) 237-3030 | 35D0408363 | CASS | | | 01-ACTIVE | 0/0 |
| 1315 UNIVERSITY DRIVE S | | | | | | | |
| FARGO, ND 58103 | | | | | | | |
| (ND22000340) | | | | | | | LAB-WAIV |
| F-M AMBULANCE SERVICE INC | (701) 293-7744 | 35D0713583 | CASS | | | 01-ACTIVE | 0/0 |
| 2215 18 ST S | | | | | | | |
| FARGO, ND 58106 | | | | | | | |
| (ND22000347) | | | | | | | LAB-WAIV |
| NDSU COLLEGE OF PHARMACY, NRS | (701) 231-7941 | 35D0866745 | CASS | | | 01-ACTIVE | 0/0 |
| SUDRO HALL 123 | | | | | | | |
| FARGO, ND 58105 | | | | | | | |
| (ND22000348) | | | | | | | LAB-WAIV |
| MERITCARE HOME CARE | (701) 234-4900 | 35D0872247 | CASS | | | 01-ACTIVE | 0/0 |
| 1711- S UNIVERSITY DR | | | | | | | |
| FARGO, ND 58103 | | | | | | | |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Rosewood On Broadway (ND22000362) | | | | | | |
| ROSEWOOD ON BROADWAY | (701) 277-7999 | 35D0655597 | | | | LAB-WAIV |
| 1351 BROADWAY | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58102 | | | | | | 0/0 |
| Meritcare Medical Center Laboratory (ND22000363) | | | | | | |
| MERITCARE MEDICAL CENTER LABO | (701) 234-2489 | 35D0655616 | | | | LAB-ACCR |
| 737 BROADWAY | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58122 | | | | | | 0/0 |
| (ND22000761) | | | | | | |
| MERITCARE MEDICAL SOLUTIONS LL | (701) 234-3278 | 35D1059425 | | | | LAB-WAIV |
| 4151 45TH ST S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| (ND22000861) | | | | | | |
| LILLESTOL RESEARCH, LLC | (701) 232-7705 | 35D1061484 | | | | LAB-WAIV |
| 1711 GOLD DRIVE S SUITE 170 | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22000981) | | | | | | |
| FACE & JAW SURGERY CENTER | (701) 239-5969 | 35D1063375 | | | | LAB-WAIV |
| 4344 20TH AVE S STE #2 | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22001041) | | | | | | |
| PEDIATRIC ARTS CLINIC PC | (701) 478-4722 | 35D1065637 | | | | LAB-WAIV |
| 3290 20TH ST S STE A | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| (ND22001282) | | | | | | |
| EDGEWOOD VILLAGE OF FARGO, LLC | (701) 258-7489 | 35D1071179 | | | | LAB-WAIV |
| 4420 37TH AVE S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| (ND22001341) | | | | | | |
| FARGO DIALYSIS CENTER | (701) 281-3900 | 35D1073083 | | | | LAB-WAIV |
| 2350 45TH ST S STE M | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22001401) | | | | | | |
| GOOD SAMARITAN SOCIETY - HOME | (701) 282-2651 | 35D1076240 | | | | LAB-WAIV |
| 4502 37TH AVE S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58106 | | | | | | 0/0 |
| (ND22001404) | | | | | | |
| GOOD SAMARITAN SOCIETY - FARGC | (701) 282-2651 | 35D1076238 | | | | LAB-WAIV |
| 4502 37TH AVE S | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58106 | | | | | | 0/0 |
| (ND22001462) | | | | | | |
| ODYSSEY RESEARCH | (701) 232-2388 | 35D1077886 | | | | LAB-WAIV |
| 1644 TOM WILLIAMS DR S STE 1 | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| (ND22001483) | | | | | | |
| WATERFORD AT HARWOOD GROVES | (701) 476-1200 | 35D1079242 | | | | LAB-WAIV |
| 1200 HARWOOD DRIVE | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58104 | | | | | | 0/0 |
| Dms Imaging (ND22001501) | | | | | | |
| DMS HEALTH TECHNOLOGIES, INC | (800) 437-4628 | 05D1058418 | | | | LAB-WAIV |
| 2101 N UNIVERSITY DR | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58102 | | | | | | 0/0 |
| (ND22001541) | | | | | | |
| NATIONAL KIDNEY FOUNDATION | (651) 636-7300 | 35D1081660 | | | | LAB-WAIV |
| FIRST LUTHERAN CHURCH | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58102 | | | | | | 0/0 |
| (ND22001602) | | | | | | |
| BERGSTROM EYE & LASER CLINIC | (701) 235-5200 | 35D1083350 | | | | LAB-WAIV |
| 827 28TH ST SW STE B | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |
| (ND22001661) | | | | | | |
| RACHEL NESS MD, PLLC | (701) 306-6757 | 35D1083929 | | | | LAB-PPMP |
| 4141 31ST AVE S STE 103 | | | CASS | | | 01-ACTIVE |
| FARGO, ND 58103 | | | | | | 0/0 |

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|---|----------------|-------------|---------------|-------------------|------|------------------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22001681) VALLEY MEDICAL CLINIC 2345 25TH ST S FARGO, ND 58103 | (701) 297-0817 | 35D1084648 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22001701) MERITCARE DERMATOLOGY 4656 40TH AVE S FARGO, ND 58104 | (701) 234-2481 | 35D1085222 | CASS | | | LAB-CMPL 01-ACTIVE 0/0 | |
| (ND22001761) 7 DAY CLINIC (40TH AVE S) 4622 40TH AVE S FARGO, ND 58104 | (701) 232-6211 | 35D1088791 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22001902) HEALTH EDUCATION - HIV PROGRAM NDSU DEPT 5150 FARGO, ND 58102 | (701) 231-8560 | 35D1096348 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22001904) AMEDISYS HOME HEALTH OF FARGO 4666 AMBER VALLEY PARKWAY, STE FARGO, ND 58104 | (701) 277-3091 | 35D1096344 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22001962) BETHANY ON 42ND 4255 30TH AVE S FARGO, ND 58104 | (701) 239-3000 | 35D1099200 | CASS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000104) FESSENDEN COMMUNITY CLINIC 58 MAIN STREET FESSENDEN, ND 58438 | (701) 547-3500 | 35D0663260 | WELLS | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000407) WELLS COUNTY DISTRICT HEALTH U 600 RAILWAY ST N FESSENDEN, ND 58438 | (701) 547-3756 | 35D0903638 | WELLS | | | LAB-WAIV 01-ACTIVE 0/0 | |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| (ND22000479) FINLEY CLINIC 407 WASHINGTON AVE E FINLEY, ND 58230 | (701) 524-2613 | 35D0667834 | STEELE | | | LAB-WAIV 01-ACTIVE 0/0 |
| Southeast Medical Center Forman (0706A) SOUTHEAST MEDICAL CENTER-FORMAN PO BOX 184 FORMAN, ND 58032 | (701) 724-3221 (701) 724-3222 | 35D0408194 | SONYA ALBERTSON DIRECTOR SARGENT | | | LAB-PPMP 01-ACTIVE 0/0 |
| (ND22000198) SARGENT COUNTY DISTRICT HEALTH BOX 237 355 MAIN FORMAN, ND 58032 | (701) 724-6241 | 35D0682804 | SARGENT | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000202) FOUR SEASONS HEALTHCARE CENTER 483 4TH ST SW FORMAN, ND 58032 | (701) 724-6211 | 35D0408195 | SARGENT | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000382) SARGENT COUNTY AMBULANCE/FOR 355 MAIN ST S FORMAN, ND 58032 | (701) 724-3605 | 35D1011929 | SARGENT | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000190) SPIRIT LAKE HEALTH CENTER 3883 74TH AVE NE FORT TOTTEN, ND 58335 | (701) 766-4291 | 35D0668547 | BENSON | | | LAB-ACCR 01-ACTIVE 0/0 |
| (ND22000139) STANDING ROCK INDIAN HOSP IHS N 10 NORTH RIVER ROAD FORT YATES, ND 58538 | (701) 854-8245 | 35D0952211 | SIOUX | | | LAB-PPMP 01-ACTIVE 0/0 |
| (ND22000167) STANDING ROCK HEALTH SYSTEMS I PROPOSAL AVENUE FORT YATES, ND 58538 | (701) 854-7506 | 35D0408964 | SIOUX | | | LAB-ACCR 01-ACTIVE 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000004) | | | | | | |
| IHS DIABETES PROJECT BOX 309 FT TOTTEN, ND 58335 | (701) 766-4291 | 35D0880432 | BENSON | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000159) | | | | | | |
| GACKLE CARE CENTER 304 1ST AVE W GACKLE, ND 58442 | (701) 485-3395 | 35D0408776 | LOGAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| Gackle Community Clinic (ND22000176) | | | | | | |
| RURAL HEALTH GACKLE 321 MAIN ST GACKLE, ND 58442 | (701) 485-3611 | 35D1022730 | LOGAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001841) | | | | | | |
| GACKLE AMBULANCE SERVICE 201 MAIN ST GACKLE, ND 58442 | (701) 485-3238 | 35D1092243 | LOGAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| Garrison Memorial Hospital & Nsg Facility (0652A) | | | | | | |
| GARRISON MEMORIAL HOSPITAL 407 3RD AVENUE SE GARRISON, ND 58540 | (701) 463-6508 | 35D0408969 | KAREN AAFEDT MCLEAN | | | LAB-CMPL 01-ACTIVE 0/0 |
| (ND22000135) | | | | | | |
| TRINITY COMMUNITY CLINIC-GARRIS 131 MAIN ST GARRISON, ND 58540 | (701) 463-2626 | 35D0943017 | MCLEAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000242) | | | | | | |
| BENEDICTINE LIVING CENTER 609 4TH AVE NE GARRISON, ND 58540 | (701) 463-2226 | 35D0655684 | MCLEAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000404) | | | | | | |
| GARRISON FAMILY CLINIC 437 3RD AVE SE GARRISON, ND 58540 | (701) 463-2245 | 35D0894904 | MCLEAN | | | LAB-WAIV 01-ACTIVE 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000086) | | | | | | |
| MARIAN MANOR HEALTH CARE CENT (701) 348-3107 | | 35D0655701 | | | | LAB-WAIV |
| 604 ASH AVE E BOX 578 | | | MORTON | | | 01-ACTIVE |
| GLEN ULLIN, ND 58631 | | | | | | 0/0 |
| Glen Ullin Family Medical Clinic (ND22000156) | | | | | | |
| GLEN ULLIN FAMILY MEDICAL CLINIC (701) 348-9175 | | 35D1046042 | LINDA DUPPONG | | | LAB-WAIV |
| 602 ASH AVE | | | MORTON | | | 01-ACTIVE |
| GLEN ULLIN, ND 58631 | | | | | | 0/0 |
| (ND22000369) | | | | | | |
| GLEN ULLIN CLINIC (701) 348-9175 | | 35D0655700 | | | | LAB-WAIV |
| 602 ASH AVE | | | MORTON | | | 01-ACTIVE |
| GLEN ULLIN, ND 58631 | | | | | | 0/0 |
| Glen Ullin Ambulance Service (ND22001481) | | | | | | |
| GLEN ULLIN AMBULANCE SERVICE (701) 220-6257 | | 35D1079245 | | | | LAB-WAIV |
| 604 ASH AVE E | | | MORTON | | | 01-ACTIVE |
| GLEN ULLIN, ND 58631 | | | | | | 0/0 |
| (ND22001141) | | | | | | |
| GLENBURN AREA AMBULANCE SERV (701) 362-7327 | | 35D1068829 | | | | LAB-WAIV |
| 301 MAIN ST | | | RENVILLE | | | 01-ACTIVE |
| GLENBURN, ND 58740 | | | | | | 0/0 |
| (ND22000155) | | | | | | |
| GRAFTON VA OPC (701) 352-4059 | | 35D1044923 | | | | LAB-ACCR |
| HEALTH SERVICE BLDG W 6TH ST | | | WALSH | | | 01-ACTIVE |
| GRAFTON, ND 58237 | | | | | | 0/0 |
| (ND22000239) | | | | | | |
| DEVELOPMENTAL CTR LABORATORY (701) 352-4306 | | 35D0655634 | | | | LAB-ACCR |
| 701 W 6TH ST | | | WALSH | | | 01-ACTIVE |
| GRAFTON, ND 58237 | | | | | | 0/0 |
| (ND22000325) | | | | | | |
| LUTHERAN SUNSET HOME (701) 352-1901 | | 35D0408570 | | | | LAB-WAIV |
| 333 EASTERN AVE | | | WALSH | | | 01-ACTIVE |
| GRAFTON, ND 58237 | | | | | | 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000326) | | | | | | |
| UNITY MEDICAL CENTER | (701) 352-9364 | 35D0408575 | WALSH | | | LAB-CMPL 01-ACTIVE 0/0 |
| 164 W 13TH ST | | | | | | |
| GRAFTON, ND 58237 | | | | | | |
| Walsh County Health District (ND22000503) | | | | | | |
| WALSH COUNTY HEALTH DISTRICT | (701) 352-5139 | 35D0683176 | WALSH | | | LAB-WAIV 01-ACTIVE 0/0 |
| 638 COOPER AVE STE 3 | | | | | | |
| GRAFTON, ND 58237 | | | | | | |
| (ND22001801) | | | | | | |
| GRAFTON FAMILY CLINIC | (701) 352-2000 | 35D1089280 | WALSH | | | LAB-WAIV 01-ACTIVE 0/0 |
| 164 W 13TH ST | | | | | | |
| GRAFTON, ND 58237 | | | | | | |
| Steven Schultz Md Pc (0820A) | | | | | | |
| RIVERVIEW UROLOGY CLINIC LABOR | (701) 772-7263 | 35D0949620 | MATTHEW MASSMANN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 3375 DEMERS AVE | | | GRAND FORKS | | | |
| GRAND FORKS, ND 58201 | | | | | | |
| Altru Health System dba Grand Forks Family Medicine Residency (0825A) | | | | | | |
| GRAND FORKS FAMILY MEDICINE RE | (701) 777-6804 | 35D0408497 | Dr GREG GREEK | | | LAB-ACCR 01-ACTIVE 0/0 |
| 725 HAMLIN ST | (701) 777-6867 | | GRAND FORKS | | | |
| GRAND FORKS, ND 58203 | | | | | | |
| Woodside Village (ND22000042) | | | | | | |
| WOODSIDE VILLAGE | (701) 772-4815 | 35D0914395 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| 4004 24TH AVE S | | | | | | |
| GRAND FORKS, ND 58201 | | | | | | |
| (ND22000052) | | | | | | |
| VALLEY ELDERCARE CENTER | (701) 787-7900 | 35D0858936 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| 2900 14TH AVE S | | | | | | |
| GRAND FORKS, ND 58201 | | | | | | |
| (ND22000055) | | | | | | |
| PARKWOOD PLACE INN | (701) 780-2600 | 35D0874527 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| 749 S 30TH ST | | | | | | |
| GRAND FORKS, ND 58201 | | | | | | |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000075) | | | | | | |
| KIDNEY INSTITUTE OF ND LLC,THE | (701) 795-1300 | 35D1011431 | | | | LAB-PPMP |
| 1451 44TH AVE S STE 112D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000091) | | | | | | |
| GRAND FORKS PUBLIC HEALTH DEP/ | (701) 746-2525 | 35D0667224 | | | | LAB-WAIV |
| 155 S 4TH ST STE N300 | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000099) | | | | | | |
| NORTH DAKOTA SURGERY CENTER | (701) 775-3151 | 35D0992799 | | | | LAB-WAIV |
| 3035 DEMERS AVE | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000101) | | | | | | |
| TUFTE MANOR | (701) 775-2581 | 35D0914396 | | | | LAB-WAIV |
| 3300 CHERRY ST | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| Altru Pathology & Lab Svcs Med Park (ND22000105) | | | | | | |
| ALTRU PATHOLOGY & LAB SVCS MEI | (701) 780-5130 | 35D0663789 | | | | LAB-ACCR |
| 1200 S COLUMBIA RD | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58206 | | | | | | 0/0 |
| (ND22000106) | | | | | | |
| ALTRU HOME SERVICES | (701) 780-5880 | 35D0670867 | | | | LAB-WAIV |
| 1380 S COLUMBIA RD | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58206 | | | | | | 0/0 |
| (ND22000124) | | | | | | |
| ST ANNES GUEST HOME | (701) 746-9401 | 35D0877350 | | | | LAB-WAIV |
| 524 N 17TH ST | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58203 | | | | | | 0/0 |
| Rem Nd Inc (ND22000127) | | | | | | |
| REM ND INC | (701) 237-0934 | 35D0888216 | | | | LAB-WAIV |
| 5017 7 AVE N | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58203 | | | | | | 0/0 |

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| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000177) | | | | | | |
| WALLS MEDICINE CENTER | (701) 772-5197 | 35D1022846 | | | | LAB-WAIV |
| 708 S WASHINGTON | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58203 | | | | | | 0/0 |
| Und Student Health Service Laboratory (ND22000200) | | | | | | |
| UND STUDENT HEALTH SERVICE LAB (701) 777-3988 | | 35D0041767 | | | | LAB-ACCR |
| 113 MCCANNEL HALL | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58202 | | | | | | 0/0 |
| BioLife Plasma Services LP (0781A) | | | | | | |
| BIOLIFE PLASMA SERVICES LP | (701) 772-7447 | 35D0962581 | Dr GREGORY GREEK | | | LAB-ACCR |
| 4770 TECHNOLOGY CIRCLE | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58203 | | | | | | 0/0 |
| Northland Family Physicians (ND22000214) | | | | | | |
| NORTHLAND FAMILY PHYSICIANS | (701) 732-2700 | 35D1048764 | | | | LAB-WAIV |
| 1451 44TH AVE S STE 121D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000279) | | | | | | |
| ALTRU HOSPITAL RESPIRATORY CAF (701) 780-5331 | | 35D0041765 | | | | LAB-ACCR |
| 1200 S COLUMBIA RD | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58206 | | | | | | 0/0 |
| Stadter Center,the (ND22000301) | | | | | | |
| STADTER CENTER | (701) 732-2619 | 35D0980291 | | | | LAB-WAIV |
| 1451 44TH AVE S | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000308) | | | | | | |
| WHEATLAND TERRACE | (701) 787-7621 | 35D0994589 | | | | LAB-WAIV |
| 4000 24TH AVE S | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000324) | | | | | | |
| VALLEY HEALTH | (701) 775-4251 | 35D0408522 | | | | LAB-PPMP |
| 1551 28TH AVE S | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000330) | | | | | | |
| WOMEN'S PREGNANCY CENTER | (701) 746-8866 | 35D1041384 | | | | LAB-WAIV |
| 11 S 4TH ST STE 210 | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22000346) | | | | | | |
| UNIVERSITY OF NORTH DAKOTA | (701) 777-4555 | 35D0864155 | | | | LAB-WAIV |
| 5TH AVE N AND HARVARD STREET | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58202 | | | | | | 0/0 |
| Aurora Medical Park Laboratory, Llc (ND22000541) | | | | | | |
| AURORA MEDICAL PARK LABORATOF | (701) 732-2200 | 35D1055181 | | RHONDA BURGARD | | LAB-CMPL |
| UNIT 133D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| Northland Family Physicians, Llc (ND22000901) | | | | | | |
| ND CENTER FOR DERMATOLOGY | (701) 732-2720 | 35D1062030 | | Dr MAMAD BAGHERI | | LAB-CMPL |
| 1451 44TH AVE S STE 121 D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22001061) | | | | | | |
| ALTRU OCCUPATIONAL HEALTH/WEL | (701) 780-5591 | 35D1066331 | | | | LAB-WAIV |
| 1300 S COLUMBIA RD | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58206 | | | | | | 0/0 |
| (ND22001084) | | | | | | |
| NORTHERN VALLEY OBSTETRICS & C | (701) 738-2004 | 35D1066851 | | | | LAB-WAIV |
| 1451 44TH AVE S STE 201D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22001121) | | | | | | |
| FACE & JAW SURGERY CENTER | (701) 775-4444 | 35D1068413 | | | | LAB-WAIV |
| 2845 36TH AVE S | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |
| (ND22001161) | | | | | | |
| AURORA URGENT CARE | (701) 732-2710 | 35D1069300 | | | | LAB-WAIV |
| 1451 44TH AVE S STE 121D | | | GRAND FORKS | | | 01-ACTIVE |
| GRAND FORKS, ND 58201 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) Working Name Address City, State, Zip | Phone Fax Email | Medicare ID Medicaid ID | Administrator Title County | Emergency Contact Emergency Phone | Team Mgmt | Type Operating Status Certified/Total Beds |
|--|----------------------------------|----------------------------|--------------------------------------|--------------------------------------|--------------|--|
| (ND22001521) AURORA DIALYSIS, LLC 1451 44TH AVE S STE 104D GRAND FORKS, ND 58201 | (701) 775-5800 | 35D1081555 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001762) 7 DAY CLINIC (GRAND FORKS) 1101 S COLUMBIA RD GRAND FORKS, ND 58201 | (701) 738-0095 | 35D1088789 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22001881) AURORA SURGERY CENTER, LLC 1451 44TH AVE S UNIT A GRAND FORKS, ND 58201 | (701) 732-2626 | 35D1096194 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| Grand View, Llc (ND22001941) GRAND VIEW, LLC 4650 S WASHINGTON ST GRAND FORKS, ND 58201 | (701) 772-3400 | 35D1098024 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22002021) PLAINS CHIROPRACTIC & ACUPUNCT 3750 32 ND AVE S STE #103 GRAND FORKS, ND 58201 | (701) 775-1034 | 35D1102675 | GRAND FORKS | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22002041) GRAND FORKS VA OUTPATIENT CLIN 3221 32ND AVE SOUTH GRAND FORKS, ND 58201 | (701) 335-4380 | 35D1104089 | GRAND FORKS | | | LAB-ACCR 01-ACTIVE 0/0 |
| Southeast Medical Center Gwinner (0776A) SOUTHEAST MEDICAL CENTER-GWIN 69 HWY 13 W GWINNER, ND 58040 | (701) 678-2263 (701) 678-2063 | 35D0408197 | KARLA JELINEK DIRECTOR SARGENT | | | LAB-PPMP 01-ACTIVE 0/0 |
| (ND22000203) ST GERARDS COMMUNITY NURSING 613 1ST AVE SW HANKINSON, ND 58041 | (701) 242-7891 | 35D0408200 | RICHLAND | | | LAB-WAIV 01-ACTIVE 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Dakota Clinic Ltd Hankinson (ND22000263) | | | | | | |
| INNOVIS HEALTH - HANKINSON | (701) 242-7118 | 35D0939152 | | | | LAB-WAIV |
| 501 MAIN AVE S | | | RICHLAND | | | 01-ACTIVE |
| HANKINSON, ND 58041 | | | | | | 0/0 |
| (ND22000355) | | | | | | |
| MEDICAL ARTS PHYSICIANS LTD | (701) 242-7009 | 35D0879719 | | | | LAB-WAIV |
| 613 1ST AVE SW | | | RICHLAND | | | 01-ACTIVE |
| HANKINSON, ND 58041 | | | | | | 0/0 |
| (ND22000821) | | | | | | |
| HANKINSON AMBULANCE SERVICE/D | (701) 242-7780 | 35D1060849 | | | | LAB-WAIV |
| 102 N MAIN | | | RICHLAND | | | 01-ACTIVE |
| HANKINSON, ND 58041 | | | | | | 0/0 |
| St. Aloisius Medical Center (0628A) | | | | | | |
| ST ALOISIUS MEDICAL CENTER | (701) 324-4651 | 35D0041814 | Dr CHARLES NYHUS | | | LAB-CMPL |
| 325 E BREWSTER ST | | | WELLS | | | 01-ACTIVE |
| HARVEY, ND 58341 | | | | | | 0/0 |
| Central Dakota Clinic (0699A) | | | | | | |
| CENTRAL DAKOTA CLINIC | (701) 324-4856 | 35D0408671 | Dr CHARLES NYHUS | | | LAB-CMPL |
| 922 LINCOLN AVE | (701) 324-4858 | | DIRECTOR | | | 01-ACTIVE |
| HARVEY, ND 58341 | | | WELLS | | | 0/0 |
| (ND22000041) | | | | | | |
| ST ALOISIUS MEDICAL CTR & NURSIN | (701) 324-4651 | 35D0911737 | | | | LAB-WAIV |
| 325 E BREWSTER ST | | | WELLS | | | 01-ACTIVE |
| HARVEY, ND 58341 | | | | | | 0/0 |
| (ND22000286) | | | | | | |
| HARVEY AMBULANCE SERVICE | (701) 324-2929 | 35D1028303 | | | | LAB-WAIV |
| 713 ALDER AVE | | | WELLS | | | 01-ACTIVE |
| HARVEY, ND 58341 | | | | | | 0/0 |
| (ND22000327) | | | | | | |
| TRI-COUNTY NURSING HOME | (701) 543-3102 | 35D0408578 | | | | LAB-WAIV |
| 930 DAKOTA AVE | | | TRAILL | | | 01-ACTIVE |
| HATTON, ND 58240 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Sakakawea Hazen Clinic (0689A) | | | PAM FITZGERALD | | | LAB-ACCR |
| SAKAKAWEA HAZEN CLINIC | (701) 748-2256 | 35D0408974 | MERCER | | | 01-ACTIVE |
| 517 8TH AVE NE | | | | | | 0/0 |
| HAZEN, ND 58545 | | | | | | |
| Sakakawea Medical Center (0627A) | | | MICHAEL LASZEWSKI | | | LAB-CMPL |
| SAKAKAWEA MEDICAL CENTER | (701) 748-7273 | 35D0408977 | MERCER | | | 01-ACTIVE |
| 510 8TH AVE NE | | | | | | 0/0 |
| HAZEN, ND 58545 | | | | | | |
| (ND22000168) | | | | | | LAB-WAIV |
| SWANSON CHIROPRACTIC CLINIC | (701) 748-2136 | 35D0408978 | MERCER | | | 01-ACTIVE |
| 612 7TH ST NE | | | | | | 0/0 |
| HAZEN, ND 58545 | | | | | | |
| (ND22000941) | | | | | | LAB-WAIV |
| MERCER COUNTY AMBULANCE | (701) 748-7283 | 35D1062963 | MERCER | | | 01-ACTIVE |
| 801 4TH ST NE | | | | | | 0/0 |
| HAZEN, ND 58545 | | | | | | |
| (ND22001903) | | | | | | LAB-WAIV |
| HEBRON AMBULANCE SERVICE | (701) 878-4600 | 35D1096357 | MORTON | | | 01-ACTIVE |
| 620 WASHINGTON AVE | | | | | | 0/0 |
| HEBRON, ND 58638 | | | | | | |
| West River Health Services (0827A) | | | Dr KENT HOERAUF | | | LAB-CMPL |
| WEST RIVER REGIONAL MEDICAL CE | (701) 567-6050 | 35D0655705 | ADAMS | | | 01-ACTIVE |
| 1000 HWY 12 | (701) 567-6326 | | | | | 0/0 |
| HETTINGER, ND 58639 | | | | | | |
| (ND22000131) | | | | | | LAB-WAIV |
| WEST RIVER NURSE CORPS | (701) 567-4561 | 35D0935383 | ADAMS | | | 01-ACTIVE |
| 700 N 4TH ST | | | | | | 0/0 |
| HETTINGER, ND 58639 | | | | | | |
| (ND22000183) | | | | | | LAB-WAIV |
| WEST RIVER HEALTH SERVS WELLNI | (701) 567-6180 | 35D1033566 | ADAMS | | | 01-ACTIVE |
| 401 7TH ST S | | | | | | 0/0 |
| HETTINGER, ND 58639 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|--|----------------|-------------|---------------------|-------------------|------|----------------------|-----------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Hillcrest Care Center (ND22000501) | | | | | | | |
| WESTERN HORIZONS LIVING CENTEF | (701) 567-2401 | 35D0681012 | | | | | LAB-WAIV |
| 1104 HWY 12 | | | ADAMS | | | | 01-ACTIVE |
| HETTINGER, ND 58639 | | | | | | | 0/0 |
| (ND22000010) | | | | | | | |
| HILLSBORO AMBULANCE SERVICE | (701) 436-4501 | 35D1016383 | | | | | LAB-WAIV |
| 12 3RD ST SE | | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| (ND22000089) | | | | | | | |
| MERITCARE HILLSBORO CLINC LABO | (701) 436-5311 | 35D0664997 | | | | | LAB-WAIV |
| 315 E CALEDONIA AVE | | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| Hillsboro Medical Center (ND22000194) | | | | | | | |
| HILLSBORO MEDICAL CENTER | (701) 436-4501 | 35D0673496 | | | | | LAB-WAIV |
| 12 3RD ST SE BOX 609 | | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| Hillsboro Medical Center (0629A) | | | | | | | |
| HILLSBORO MEDICAL CENTER | (701) 636-3216 | 35D0408204 | Dr JULIE MARSH | | | | LAB-CMPL |
| 12 3RD ST SE | (701) 636-3242 | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| (ND22000500) | | | | | | | |
| TRAILL DISTRICT HEALTH UNIT | (701) 636-4434 | 35D0680714 | | | | | LAB-WAIV |
| 114 W CALEDONIA AVE | | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| (ND22001242) | | | | | | | |
| AMERICAN CRYSTAL SUGAR CO - HIL | (701) 436-3117 | 35D1070847 | | | | | LAB-WAIV |
| 121 HWY 81 NE | | | TRAILL | | | | 01-ACTIVE |
| HILLSBORO, ND 58045 | | | | | | | 0/0 |
| Dakota Clinic Jamestown (0607A) | | | | | | | |
| INNOVIS HEALTH - JAMESTOWN | (701) 253-5300 | 35D0408726 | JERINE ROEMMICH WEY | | | | LAB-ACCR |
| 401 3RD ST SE | | | STUTSMAN | | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|-------|-------------|----------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Meritcare Clinic Jamestown (0672A) | | | | | | |
| MERITCARE JAMESTOWN CLINIC LAE (701) 253-4014 | | 35D0408734 | PATRICK NUGENT | | | LAB-ACCR |
| 904 5TH AVE NE | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| Jamestown Hospital Laboratory (0823A) | | | | | | |
| JAMESTOWN HOSPITAL LABORATOR (701) 253-4840 | | 35D0408732 | Dr JOHN HIPPI | | | LAB-ACCR |
| 419 5TH ST NE (701) 253-4861 | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| (ND22000025) | | | | | | |
| AVE MARIA VILLAGE (701) 252-5660 | | 35D0698533 | | | | LAB-WAIV |
| 501 19TH ST NE | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| Hi Acres Manor Nursing Center (ND22000028) | | | | | | |
| HI ACRES MANOR NURSING CENTER (701) 252-5881 | | 35D0698920 | | | | LAB-WAIV |
| 1300 2ND PLACE NE | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| North Dakota State Hospital (ND22000070) | | | | | | |
| NORTH DAKOTA STATE HOSPITAL (701) 253-3813 | | 35D0408746 | JODI RONNINGEN | | | LAB-ACCR |
| 2605 CIRCLE DR | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| Jamestown Area Ambulance (ND22000171) | | | | | | |
| JAMESTOWN AREA AMBULANCE (701) 251-2273 | | 35D1021174 | | | | LAB-WAIV |
| 502 1ST AVE S | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58402 | | | | | | 0/0 |
| (ND22000206) | | | | | | |
| EXNERS BASIC CARE DBA ROSEADEI (701) 251-1741 | | 35D0966678 | | | | LAB-WAIV |
| 1505 3RD ST SE | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |
| (ND22000241) | | | | | | |
| ANNE CARLSEN CENTER FOR CHILD (701) 252-3850 | | 35D0655661 | | | | LAB-WAIV |
| 301 7TH AVE NW | | | STUTSMAN | | | 01-ACTIVE |
| JAMESTOWN, ND 58401 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000264) | | | | | | |
| MEDCENTER ONE JAMESTOWN CLIN | (701) 251-6000 | 35D0944756 | STUTSMAN | | | LAB-ACCR 01-ACTIVE 0/0 |
| 300 2ND AVE NE STE 212 | | | | | | |
| JAMESTOWN, ND 58401 | | | | | | |
| (ND22000401) | | | | | | |
| CENTRAL VLY HEALTH UNIT | (701) 252-8130 | 35D0408723 | STUTSMAN | | | LAB-PPMP 01-ACTIVE 0/0 |
| 310 10TH ST SE | | | | | | |
| JAMESTOWN, ND 58402 | | | | | | |
| (ND22000402) | | | | | | |
| ROCK OF AGES | (701) 252-9292 | 35D0408739 | STUTSMAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 1315 4TH STREET NE | | | | | | |
| JAMESTOWN, ND 58401 | | | | | | |
| (ND22000581) | | | | | | |
| BETHEL 4 ACRES | (701) 252-6090 | 35D1055455 | STUTSMAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 1404 1ST AVE N | | | | | | |
| JAMESTOWN, ND 58401 | | | | | | |
| (ND22001463) | | | | | | |
| ODYSSEY RESEARCH | (701) 252-1050 | 35D1077888 | STUTSMAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 300 2ND AVE NE | | | | | | |
| JAMESTOWN, ND 58401 | | | | | | |
| (ND22001641) | | | | | | |
| JAMESTOWN VA OPC | (701) 952-4787 | 35D1083840 | STUTSMAN | | | LAB-ACCR 01-ACTIVE 0/0 |
| 419 5TH ST JAMESTOWN HOSPITAL | | | | | | |
| JAMESTOWN, ND 58401 | | | | | | |
| Trinity Community Hospital dba Kenmare Community Hospital (0634A) | | | | | | |
| TRINITY KENMARE HOSPITAL DBA KE | (701) 385-4296 | 35D0409242 | Dr G MARK REPP | | | LAB-CMPL 01-ACTIVE 0/0 |
| 317 1ST AVE NW | (701) 385-3260 | | WARD | | | |
| KENMARE, ND 58746 | | | | | | |
| (ND22000035) | | | | | | |
| BAPTIST HOME OF KENMARE | (701) 385-4941 | 35D0895561 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| 315 2ND AVE NW | | | | | | |
| KENMARE, ND 58746 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
|---|----------------|-------------|--------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| Kenmare Clinic (ND22000114) | | | | | | |
| TRINITY COMMUNITY CLINIC - KENMAR | (701) 467-3211 | 35D0865320 | | | | LAB-WAIV |
| BOX 882 | | | WARD | | | 01-ACTIVE |
| KENMARE, ND 58746 | | | | | | 0/0 |
| (ND22000841) | | | | | | |
| KENMARE AMBULANCE | (701) 385-4933 | 35D1061048 | | | | LAB-WAIV |
| 312 CENTRAL AVE NW | | | WARD | | | 01-ACTIVE |
| KENMARE, ND 58746 | | | | | | 0/0 |
| Killdeer Medical Clinic (0801A) | | | | | | |
| KILLDEER MEDICAL CLINIC | (701) 764-5822 | 35D0409108 | Dr MICHAEL CASSIDY | | | LAB-ACCR |
| 150 CENTRAL AVE N | (701) 764-5304 | | DUNN | | | 01-ACTIVE |
| KILLDEER, ND 58640 | | | | | | 0/0 |
| (ND22000278) | | | | | | |
| HILL TOP HOME OF COMFORT INC | (701) 764-5682 | 35D0409107 | | | | LAB-WAIV |
| 95 HILL TOP DR | | | DUNN | | | 01-ACTIVE |
| KILLDEER, ND 58640 | | | | | | 0/0 |
| (ND22000356) | | | | | | |
| RURAL HEALTH KULM | (701) 647-2345 | 35D0882528 | | | | LAB-WAIV |
| 4 1ST AVE SE | | | LAMOURE | | | 01-ACTIVE |
| KULM, ND 58456 | | | | | | 0/0 |
| Nelson County Health System (ND22000014) | | | | | | |
| NELSON COUNTY HEALTH SYSTEM-L | (701) 247-2226 | 35D0992096 | | | | LAB-WAIV |
| 117 2ND ST W | | | NELSON | | | 01-ACTIVE |
| LAKOTA, ND 58344 | | | | | | 0/0 |
| (ND22000344) | | | | | | |
| LAKOTA GOOD SAMARITAN CENTER | (701) 247-2902 | 35D0860882 | | | | LAB-WAIV |
| 608 4TH AVE SW | | | NELSON | | | 01-ACTIVE |
| LAKOTA, ND 58344 | | | | | | 0/0 |
| Southeast Medical Center LaMoure (0763A) | | | | | | |
| SOUTHEAST MEDICAL CENTER-LAMC | (701) 883-5048 | 35D0909266 | SONYA ALBERTSON | | | LAB-PPMP |
| OMEGA PLAZA | (701) 883-5067 | | DIRECTOR | | | 01-ACTIVE |
| LAMOURE, ND 58458 | | | LAMOURE | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|--|----------------|-------------|------------------|-------------------|------|----------------------|-----------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| St Rose Care Center (ND22000219) | | | | | | | |
| ST ROSE CARE CENTER | (701) 883-5363 | 35D0689384 | LAMOURE | | | LAB-WAIV | 01-ACTIVE |
| PO BOX 627 | | | | | | 0/0 | |
| LAMOURE, ND 58458 | | | | | | | |
| (ND22000721) | | | | | | | |
| COMMUNITY VOLUNTEER EMS OF LA | (701) 883-5363 | 35D1058846 | LAMOURE | | | LAB-WAIV | 01-ACTIVE |
| 31 CENTER AVE E | | | | | | 0/0 | |
| LAMOURE, ND 58458 | | | | | | | |
| Cavalier County Memorial Hospital (0793A) | | | | | | | |
| CAVALIER COUNTY MEMORIAL HOSP | (701) 256-6168 | 35D0408585 | Dr LES TORGERSON | | | LAB-CMPL | 01-ACTIVE |
| 909 2ND ST | | | DIRECTOR | | | 0/0 | |
| LANGDON, ND 58249 | | | CAVALIER | | | | |
| Maple Manor Care Center (ND22000228) | | | | | | | |
| MAPLE MANOR CARE CENTER | (701) 256-5300 | 35D0408586 | CAVALIER | | | LAB-WAIV | 01-ACTIVE |
| 1116 9TH AVE | | | | | | 0/0 | |
| LANGDON, ND 58249 | | | | | | | |
| (ND22000332) | | | | | | | |
| CAVALIER CO MEMORIAL HOSP - NR | (701) 256-6100 | 35D1046067 | CAVALIER | | | LAB-WAIV | 01-ACTIVE |
| 909 2ND ST | | | | | | 0/0 | |
| LANGDON, ND 58249 | | | | | | | |
| (ND22000342) | | | | | | | |
| CAVALIER COUNTY HEALTH DISTRIC | (701) 256-2402 | 35D0858262 | CAVALIER | | | LAB-WAIV | 01-ACTIVE |
| 901 3RD ST SUITE 11 | | | | | | 0/0 | |
| LANGDON, ND 58249 | | | | | | | |
| Cavalier Co Memorial Hosp Clinic (ND22000506) | | | | | | | |
| CAVALIER CO MEMORIAL HOSPITAL | (701) 256-6120 | 35D1052498 | CAVALIER | | | LAB-WAIV | 01-ACTIVE |
| 903 2ND ST | | | | | | 0/0 | |
| LANGDON, ND 58249 | | | | | | | |
| Northwood Deaconess Health Center Larimore Clinic (0667A) | | | | | | | |
| NORTHWOOD DEACONESS HEALTH | (701) 343-7108 | 35D0408589 | JONATHAN BERG MD | | | LAB-CMPL | 01-ACTIVE |
| 607 TOWNER AVE | | | GRAND FORKS | | | 0/0 | |
| LARIMORE, ND 58251 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|-------|-------------|---------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000020) | | | | | | |
| TURTLE RIVER GOOD SAMARITAN HC (701) 343-6244 | | 35D1003382 | | | | LAB-WAIV |
| 501 E FRONT ST | | | GRAND FORKS | | | 01-ACTIVE |
| LARIMORE, ND 58251 | | | | | | 0/0 |
| Larimore Good Samaritan Center (ND22000392) | | | | | | |
| LARIMORE GOOD SAMARITAN CENTE (701) 343-6244 | | 35D0666061 | | | | LAB-WAIV |
| PO BOX 637 | | | GRAND FORKS | | | 01-ACTIVE |
| LARIMORE, ND 58251 | | | | | | 0/0 |
| Southeast Medical Center Lidgerwood (0731A) | | | | | | |
| SOUTHEAST MEDICAL CENTER-LIDGI (701) 538-4189 | | 35D0860715 | | | | LAB-PPMP |
| 21 WILEY AVE S | | | RICHLAND | | | 01-ACTIVE |
| LIDGERWOOD, ND 58053 | | | | | | 0/0 |
| Lidgerwood Community Ambulance (ND22000386) | | | | | | |
| LIDGERWOOD AMBULANCE (701) 538-4350 | | 35D1016162 | | | | LAB-WAIV |
| 109 PARK ST W | | | RICHLAND | | | 01-ACTIVE |
| LIDGERWOOD, ND 58053 | | | | | | 0/0 |
| (ND22000312) | | | | | | |
| LIGNITE CLINIC (701) 933-2220 | | 35D0953894 | | | | LAB-WAIV |
| 115 MAIN ST | | | BURKE | | | 01-ACTIVE |
| LIGNITE, ND 58752 | | | | | | 0/0 |
| Linton Hospital (0625A) | | | | | | |
| LINTON HOSPITAL LAB (701) 254-4511 | | 35D0667372 | JANETTE VOLK | | | LAB-CMPL |
| 518 N BROADWAY | | | EMMONS | | | 01-ACTIVE |
| LINTON, ND 58552 | | | | | | 0/0 |
| (ND22000381) | | | | | | |
| EMMONS COUNTY ALS AMBULANCE (701) 254-4511 | | 35D1011879 | | | | LAB-WAIV |
| 518 N BROADWAY | | | EMMONS | | | 01-ACTIVE |
| LINTON, ND 58552 | | | | | | 0/0 |
| (ND22000497) | | | | | | |
| EMMONS COUNTY PUBLIC HEALTH (701) 254-4027 | | 35D0677358 | | | | LAB-WAIV |
| 118 E SPRUCE AVE | | | EMMONS | | | 01-ACTIVE |
| LINTON, ND 58552 | | | | | | 0/0 |

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|---|----------------|-------------|--------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Dakota Clinic LTD Lisbon (0707A) | | | | | | |
| INNOVIS HEALTH - LISBON | (701) 683-4134 | 35D0408217 | ALICE CHRISTIANSON | | | LAB-CMPL |
| 819 MAIN ST | (701) 683-4094 | | DIRECTOR | | | 01-ACTIVE |
| LISBON, ND 58054 | | | RANSOM | | | 0/0 |
| Lisbon Area Health Services CLIA (0752A) | | | | | | |
| LISBON AREA HEALTH SERVICES | (701) 683-5241 | 35D0408215 | Dr LAURIE LINZ | | | LAB-CMPL |
| 905 MAIN ST | (701) 683-6437 | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| Family Medical Clinic PC (0794A) | | | | | | |
| FAMILY MEDICAL CLINIC | (701) 683-4711 | 35D0979426 | KATHY BLEECKER | | | LAB-CMPL |
| 10 9TH AVE E | (701) 683-4367 | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| North Dakota Veterans Home (ND22000029) | | | | | | |
| NORTH DAKOTA VETERANS HOME | (701) 683-4125 | 35D0702703 | | | | LAB-WAIV |
| 1400 ROSE ST BOX 673 | | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| (ND22000152) | | | | | | |
| SOUTHEAST MEDICAL CENTER - LISE | (701) 683-2214 | 35D1042860 | | | | LAB-WAIV |
| 905 MAIN ST | | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| (ND22000215) | | | | | | |
| PARKSIDE LUTHERAN HOME | (701) 683-5239 | 35D0684528 | | | | LAB-WAIV |
| 501 3RD AVE W | | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| (ND22000414) | | | | | | |
| RANSOM COUNTY PUBLIC HEALTH D | (701) 683-5823 | 35D0676865 | | | | LAB-WAIV |
| PO BOX 89 | | | RANSOM | | | 01-ACTIVE |
| LISBON, ND 58054 | | | | | | 0/0 |
| Johnson Clinic Maddock (0697A) | | | | | | |
| JOHNSON CLINIC PC - MADDOCK | (701) 438-2555 | 35D0655656 | Dr HUBERT SEILER | | | LAB-CMPL |
| 301 ROOSEVELT AVE | (701) 438-2551 | | DIRECTOR | | | 01-ACTIVE |
| MADDOCK, ND 58348 | | | BENSON | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|--|----------------|-------------|------------------|-------------------|------|------------------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000015) | | | | | | |
| MADDOCK MEMORIAL HOME | (701) 438-2641 | 35D0992421 | BENSON | | | LAB-WAIV 01-ACTIVE 0/0 |
| 301 ROOSEVELT AVE | | | | | | |
| MADDOCK, ND 58348 | | | | | | |
| (ND22001781) | | | | | | |
| MADDOCK AMBULANCE | (701) 320-0929 | 35D1089121 | BENSON | | | LAB-WAIV 01-ACTIVE 0/0 |
| 307 2ND ST | | | | | | |
| MADDOCK, ND 58348 | | | | | | |
| SCCI Hospital Central Dakotas (0799A) | | | | | | |
| TRIUMPH HOSPITAL CENTRAL DAKO | (701) 667-2000 | 35D0936014 | Dr ANTHONY TELLO | | | LAB-ACCR 01-ACTIVE 0/0 |
| 1000 18TH ST NW | (701) 663-5940 | | MORTON | | | |
| MANDAN, ND 58554 | | | | | | |
| Medcenter One Care Center (ND22000047) | | | | | | |
| MEDCENTER ONE MANDAN LIVING CI | (701) 663-4267 | 35D0722935 | MORTON | | | LAB-WAIV 01-ACTIVE 0/0 |
| 1011 BOUNDARY ST NW | | | | | | |
| MANDAN, ND 58554 | | | | | | |
| (ND22000085) | | | | | | |
| DAKOTA ALPHA | (701) 663-0376 | 35D0655692 | MORTON | | | LAB-WAIV 01-ACTIVE 0/0 |
| 1303 27TH ST NW | | | | | | |
| MANDAN, ND 58554 | | | | | | |
| Q & R Clinic East Mandan (ND22000095) | | | | | | |
| MEDCENTER ONE MANDAN FAMILY C | (701) 667-5000 | 35D0916203 | CRAIG JOHNSON | | | LAB-ACCR 01-ACTIVE 0/0 |
| 102 MANDAN AVE | | | MORTON | | | |
| MANDAN, ND 58554 | | | | | | |
| Medcenter One Living Centers D/b/a (ND22000097) | | | | | | |
| MEDCENTER ONE MANDAN CARE CE | (701) 663-4274 | 35D0408797 | SANDRA HELLER | | | LAB-WAIV 01-ACTIVE 0/0 |
| 201 14TH ST NW | | | MORTON | | | |
| MANDAN, ND 58554 | | | | | | |
| (ND22000195) | | | | | | |
| MEDCENTER ONE HOME HEALTH ANI | (701) 255-0240 | 35D0674297 | MORTON | | | LAB-WAIV 01-ACTIVE 0/0 |
| 910 18TH STREET NW | | | | | | |
| MANDAN, ND 58554 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000221) | | | | | | | |
| CUSTER DISTRICT HEALTH UNIT | (701) 667-3370 | 35D0695365 | MORTON | | | LAB-WAIV | 01-ACTIVE |
| 210 2ND AVE NW | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| Q & R Clinic Mandan North (ND22000253) | | | | | | | |
| MEDCENTER ONE MANDAN FAMILY C | (701) 667-5100 | 35D0409001 | CRAIG JOHNSON | | | LAB-ACCR | 01-ACTIVE |
| 910 NW 18TH ST | | | MORTON | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| (ND22000267) | | | | | | | |
| METRO AREA AMBULANCE | (701) 255-0812 | 35D0688927 | MORTON | | | LAB-WAIV | 01-ACTIVE |
| PO BOX 595 | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| (ND22000270) | | | | | | | |
| MANDAN REFINERY MEDICAL DEPAR | (701) 667-2411 | 35D0694378 | MORTON | | | LAB-WAIV | 01-ACTIVE |
| 900 OLD RED TRAIL NE | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| Regional Medical Center PC (0778A) | | | | | | | |
| REGIONAL MEDICAL CENTER | (701) 667-1000 | 35D0948500 | Dr BOYD ADDY | | | LAB-CMPL | 01-ACTIVE |
| 2008 TWIN CITY DR | | | MORTON | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| (ND22000318) | | | | | | | |
| GATEWAY PHARMACY MANDAN | (701) 667-1843 | 35D0969733 | MORTON | | | LAB-WAIV | 01-ACTIVE |
| 500 BURLINGTON ST SE | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| (ND22000921) | | | | | | | |
| NORTH DAKOTA YOUTH CORRECTIO | (701) 667-1400 | 35D1062169 | MORTON | | | LAB-WAIV | 01-ACTIVE |
| 701 16TH AVE SW | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |
| St Alexius Center For Family Medicine (ND22001421) | | | | | | | |
| ST ALEXIUS CENTER FOR FAMILY ME | (701) 667-4610 | 35D1076669 | MORTON | | | LAB-ACCR | 01-ACTIVE |
| 403 BURLINGTON ST SE | | | | | | 0/0 | |
| MANDAN, ND 58554 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Mandaree Ihs Clinic (ND22000192) | | | | | | |
| MANDAREE IHS CLINIC | (701) 759-3422 | 35D0669577 | MCKENZIE | | | LAB-WAIV 01-ACTIVE 0/0 |
| MAIN ST | | | | | | |
| MANDAREE, ND 58757 | | | | | | |
| Union Hospital (0630A) | | | | | | |
| UNION HOSPITAL | (701) 788-3800 | 35D0667840 | JULIE MARSH | | | LAB-CMPL 01-ACTIVE 0/0 |
| 42 6TH AVE SE | (701) 788-2145 | | TRAILL | | | |
| MAYVILLE, ND 58257 | | | | | | |
| Meritcare Clinic Mayville (0701A) | | | | | | |
| MERITCARE MAYVILLE CLINIC LABOR | (701) 786-4506 | 35D0665004 | TERRANCE GRIMM | | | LAB-ACCR 01-ACTIVE 0/0 |
| 730 E MAIN | | | TRAILL | | | |
| MAYVILLE, ND 58257 | | | | | | |
| Union Hospital Nursing Service (ND22000049) | | | | | | |
| UNION HOSPITAL NURSING SERVICE | (701) 786-4410 | 35D0726003 | | | | LAB-WAIV 01-ACTIVE 0/0 |
| 42 6TH AVE SE | | | TRAILL | | | |
| MAYVILLE, ND 58257 | | | | | | |
| (ND22000107) | | | | | | |
| LUTHER MEMORIAL HOME | (701) 786-3401 | 35D0408596 | | | | LAB-WAIV 01-ACTIVE 0/0 |
| 750 MAIN ST E | | | TRAILL | | | |
| MAYVILLE, ND 58257 | | | | | | |
| (ND22000380) | | | | | | |
| WEST TRAILL AMBULANCE | (701) 786-3800 | 35D1011877 | | | | LAB-WAIV 01-ACTIVE 0/0 |
| 42 6TH AVE SE | | | TRAILL | | | |
| MAYVILLE, ND 58257 | | | | | | |
| (ND22000021) | | | | | | |
| SHERIDAN MEMORIAL HOME | (701) 363-2703 | 35D1004544 | SHERIDAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 610 MAIN ST S | | | | | | |
| MCCLUSKY, ND 58463 | | | | | | |
| (ND22000313) | | | | | | |
| NORTHLAND COMMUNITY HEALTH CI | (701) 448-2331 | 35D0954577 | SHERIDAN | | | LAB-WAIV 01-ACTIVE 0/0 |
| 122 E 2ND ST | | | | | | |
| MCCLUSKY, ND 58463 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Nelson County Health System (0632A) | | | | | | |
| NELSON COUNTY HEALTH SYSTEM | (701) 322-4328 | 35D0655641 | DR WAYNE JANSEN | | | LAB-CMPL |
| 200 N MAIN ST | | | NELSON | | | 01-ACTIVE |
| MCVILLE, ND 58254 | | | | | | 0/0 |
| (ND22000062) | | | | | | |
| NELSON COUNTY HEALTH SYSTEM-C | (701) 322-4328 | 35D0720309 | | | | LAB-WAIV |
| 108 E NYHUS ST | | | NELSON | | | 01-ACTIVE |
| MCVILLE, ND 58254 | | | | | | 0/0 |
| (ND22000364) | | | | | | |
| NELSON COUNTY HEALTH SYSTEM-M | (701) 322-4328 | 35D0655640 | | | | LAB-WAIV |
| 108 N MAIN | | | NELSON | | | 01-ACTIVE |
| MCVILLE, ND 58254 | | | | | | 0/0 |
| (ND22000499) | | | | | | |
| NELSON GRIGGS DISTRICT HEALTH U | (701) 322-5624 | 35D0679191 | | | | LAB-WAIV |
| PO BOX 365 | | | NELSON | | | 01-ACTIVE |
| MCVILLE, ND 58254 | | | | | | 0/0 |
| Dakota Clinic Ltd Medina (ND22000009) | | | | | | |
| INNOVIS HEALTH - MEDINA | (701) 486-3550 | 35D0669251 | ROBERT STARTZ | | | LAB-WAIV |
| 600 WATER STREET E | | | STUTSMAN | | | 01-ACTIVE |
| MEDINA, ND 58467 | | | | | | 0/0 |
| (ND22000094) | | | | | | |
| MICHIGAN CLINIC | (701) 259-2118 | 35D0916087 | | | | LAB-WAIV |
| BOX 290 | | | NELSON | | | 01-ACTIVE |
| MICHIGAN, ND 58259 | | | | | | 0/0 |
| (ND22000223) | | | | | | |
| MILNOR CLINIC | (701) 427-5300 | 35D0408220 | | | | LAB-WAIV |
| 401 MAIN ST | | | SARGENT | | | 01-ACTIVE |
| MILNOR, ND 58060 | | | | | | 0/0 |
| Minot Center for Family Medicine (0693A) | | | | | | |
| CENTER FOR FAMILY MEDICINE - MIN | (701) 858-6789 | 35D0409191 | STACY ASKVIG | | | LAB-CMPL |
| 1201 11TH AVE SW | (701) 858-6752 | | WARD | | | 01-ACTIVE |
| MINOT, ND 58701 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Paul Freiberg MD (0795A) | | | Dr PAUL FREIBERG | | | LAB-CMPL |
| PAUL FREIBERG MD | (701) 852-0719 | 35D0985917 | | | | 01-ACTIVE |
| 307 5TH AVE SE STE 303 | (701) 839-3142 | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000006) | | | | | | LAB-WAIV |
| SOMERSET COURT/SPECTRUM CARE | (701) 838-4500 | 35D0973059 | | | | 01-ACTIVE |
| 1900 28TH ST SW | | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000022) | | | | | | LAB-WAIV |
| EMERALD COURT | (701) 858-9767 | 35D1007058 | | | | 01-ACTIVE |
| 520 28TH AVE SE | | | WARD | | | 0/0 |
| MINOT, ND 58702 | | | | | | |
| (ND22000037) | | | | | | LAB-WAIV |
| AMBULATORY SURGERY CENTER | (701) 857-7000 | 35D0899647 | | | | 01-ACTIVE |
| 400 E BURDICK EXPWY STE 400 | | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000038) | | | | | | LAB-WAIV |
| BURDICK JOB CORPS CENTER | (701) 847-9600 | 35D0899960 | | | | 01-ACTIVE |
| HEALTH SVCS BLDG #4 1500 UNIVER: | | | WARD | | | 0/0 |
| MINOT, ND 58703 | | | | | | |
| (ND22000059) | | | | | | LAB-WAIV |
| REM - NORTH DAKOTA INC | (701) 839-6630 | 35D0713150 | | | | 01-ACTIVE |
| 1405 32 AVE SW | | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000074) | | | | | | LAB-WAIV |
| TRINITY REGIONAL EYECARE - WILLI, | (701) 857-3500 | 35D1011014 | | | | 01-ACTIVE |
| MAIN FL 120 BURDICK EXPWY E | | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000076) | | | | | | LAB-WAIV |
| COMMUNITY AMBULANCE SERVICE C | (701) 852-2251 | 35D1011469 | | | | 01-ACTIVE |
| 305 11TH AVE SW | | | WARD | | | 0/0 |
| MINOT, ND 58701 | | | | | | |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000150) | | | | | | |
| TRINITY HOSPITALS LABORATORY ONE BURDICK EXPRESSWAY WEST MINOT, ND 58701 | (701) 857-5210 | 35D0409224 | WARD | | | LAB-ACCR 01-ACTIVE 0/0 |
| (ND22000154) | | | | | | |
| MINOT VA OPC 10 MISSILE AVE MINOT, ND 58705 | (701) 352-4059 | 35D1044921 | WARD | | | LAB-ACCR 01-ACTIVE 0/0 |
| (ND22000173) | | | | | | |
| MINOT HEALTH AND WELLNESS CEN' 315 S MAIN ST SUITE 205 MINOT, ND 58701 | (701) 838-0900 | 35D1021809 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| Manorcare Health Services (ND22000196) | | | | | | |
| MANOR CARE OF MINOT ND, LLC 600 S MAIN MINOT, ND 58701 | (701) 852-1255 | 35D0678781 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000258) | | | | | | |
| EDGEWOOD MINOT SENIOR LIVING, I 800 16TH AVE SE MINOT, ND 58701 | (701) 852-1399 | 35D0923857 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000260) | | | | | | |
| UNITED BLOOD SERVICES - NORTH C 1919 N BROADWAY MINOT, ND 58703 | (701) 852-2161 | 35D0925022 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000272) | | | | | | |
| TRINITY HOME HEALTH HOSPICE AGI PO BOX 5020 MINOT, ND 58702 | (701) 857-5082 | 35D0695592 | WARD | | | LAB-WAIV 01-ACTIVE 0/0 |
| (ND22000292) | | | | | | |
| FIRST DISTRICT HEALTH UNIT 801-11TH AVE SW PO BOX 1268 MINOT, ND 58702 | (701) 852-1376 | 35D0409192 | WARD | | | LAB-PPMP 01-ACTIVE 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000293) | | | | | | LAB-WAIV |
| TRINITY HOSPITAL - ST JOSEPH'S | (701) 857-2188 | 35D0409222 | WARD | | | 01-ACTIVE |
| 407 3RD ST SE | | | | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000317) | | | | | | LAB-PPMP |
| TRINITY HEALTH CENTER-MEDICAL A | (701) 857-7000 | 35D0966668 | WARD | | | 01-ACTIVE |
| 400 E BURDICK EXPWY | | | | | | 0/0 |
| MINOT, ND 58702 | | | | | | |
| (ND22000333) | | | | | | LAB-WAIV |
| MEDICINE SHOPPE,THE | (701) 852-1524 | 35D0702531 | WARD | | | 01-ACTIVE |
| 209 11TH AVE SW | | | | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000370) | | | | | | LAB-WAIV |
| TRINITY HOMES | (701) 857-5000 | 35D0655713 | WARD | | | 01-ACTIVE |
| 305 8TH AVE NE | | | | | | 0/0 |
| MINOT, ND 58703 | | | | | | |
| (ND22000371) | | | | | | LAB-WAIV |
| WHITE DRUG #17 | (701) 852-4181 | 35D1003029 | WARD | | | 01-ACTIVE |
| 1015 S BROADWAY | | | | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| Trinity Health Center-Town And Country (ND22000390) | | | Dr STEVEN MATTSON | | | LAB-PPMP |
| TRINITY HEALTH CENTER-TOWN ANC | (701) 852-5460 | 35D0664093 | WARD | | | 01-ACTIVE |
| 831 S BROADWAY | | | | | | 0/0 |
| MINOT, ND 58701 | | | | | | |
| (ND22000405) | | | | | | LAB-WAIV |
| MINOT STATE UNIV STUDENT HEALTI | (701) 857-3377 | 35D0899704 | WARD | | | 01-ACTIVE |
| 500 UNIVERSITY AVE W BOX 92 | | | | | | 0/0 |
| MINOT, ND 58707 | | | | | | |
| View,the (ND22000521) | | | | | | LAB-WAIV |
| VIEW,THE | (701) 852-7700 | 35D1052946 | WARD | | | 01-ACTIVE |
| 2905 ELK DRIVE | | | | | | 0/0 |
| MINOT, ND 58702 | | | | | | |

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|---|----------------|-------------|----------------|-------------------|------|----------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000822) | | | | | | | |
| FACE AND JAW SURGERY CENTER - I | (701) 258-7220 | 35D1060851 | | | | LAB-WAIV | |
| 2615 ELK DRIVE STE 3 | | | WARD | | | 01-ACTIVE | |
| MINOT, ND 58701 | | | | | | 0/0 | |
| (ND22001101) | | | | | | | |
| ST ALEXIUS MEDICAL CLINIC - MINOT | (701) 858-1800 | 35D1067159 | | | | LAB-ACCR | |
| ARROWHEAD PLAZA STE 16 | | | WARD | | | 01-ACTIVE | |
| MINOT, ND 58701 | | | | | | 0/0 | |
| (ND22001461) | | | | | | | |
| ODYSSEY RESEARCH | (701) 839-5261 | 35D1077887 | | | | LAB-WAIV | |
| 315 S MAIN ST STE 104 | | | WARD | | | 01-ACTIVE | |
| MINOT, ND 58701 | | | | | | 0/0 | |
| (ND22001981) | | | | | | | |
| ASCENT HEALTH RESOURCES | (701) 230-0070 | 35D1099323 | | | | LAB-WAIV | |
| 133 N 3RD ST | | | WALSH | | | 01-ACTIVE | |
| MINTO, ND 58261 | | | | | | 0/0 | |
| (ND22000060) | | | | | | | |
| TRINITY COMMUNITY CLINIC-MOHALL | (701) 756-6841 | 35D0714552 | | | | LAB-WAIV | |
| 504 1ST ST SE | | | RENVILLE | | | 01-ACTIVE | |
| MOHALL, ND 58761 | | | | | | 0/0 | |
| (ND22000078) | | | | | | | |
| MOHALL AMBULANCE SERVICE | (701) 756-7156 | 35D1011926 | | | | LAB-WAIV | |
| 207 MAIN ST E | | | RENVILLE | | | 01-ACTIVE | |
| MOHALL, ND 58761 | | | | | | 0/0 | |
| (ND22000391) | | | | | | | |
| NORTH CENTRAL GOOD SAMARITAN | (701) 756-6831 | 35D0665965 | | | | LAB-WAIV | |
| 602 E MAIN | | | RENVILLE | | | 01-ACTIVE | |
| MOHALL, ND 58761 | | | | | | 0/0 | |
| WEST RIVER HEALTH SERVICES (0829A) | | | | | | | |
| WEST RIVER HEALTH CLINIC - MOTT | (701) 824-2391 | 35D0655707 | THOMAS BRAATEN | | | LAB-CMPL | |
| 420 PACIFIC AVE | (701) 824-2846 | | HETTINGER | | | 01-ACTIVE | |
| MOTT, ND 58646 | | | | | | 0/0 | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|-------|-------------|----------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000389) | | | | | | LAB-WAIV |
| MOTT GOOD SAMARITAN NURSING C (701) 824-3222 | | 35D0663816 | HETTINGER | | | 01-ACTIVE |
| 401 MILLIONAIRE AVE | | | | | | 0/0 |
| MOTT, ND 58646 | | | | | | |
| (ND22001721) | | | | | | LAB-WAIV |
| MOTT AMBULANCE SERVICE (701) 824-2410 | | 35D1085638 | HETTINGER | | | 01-ACTIVE |
| 301 5TH ST E | | | | | | 0/0 |
| MOTT, ND 58646 | | | | | | |
| (ND22000054) | | | | | | LAB-WAIV |
| BORG PIONEER MEMORIAL HOME (701) 993-8345 | | 35D0868583 | PEMBINA | | | 01-ACTIVE |
| PO BOX 188 | | | | | | 0/0 |
| MOUNTAIN, ND 58262 | | | | | | |
| (ND22000254) | | | | | | LAB-WAIV |
| RURAL HEALTH NAPOLEON (701) 754-2323 | | 35D0409007 | LOGAN | | | 01-ACTIVE |
| 420 MAIN AVE | | | | | | 0/0 |
| NAPOLEON, ND 58561 | | | | | | |
| (ND22000345) | | | | | | LAB-WAIV |
| NAPOLEON CARE CENTER (701) 754-2381 | | 35D0861804 | LOGAN | | | 01-ACTIVE |
| 311 E 4TH ST | | | | | | 0/0 |
| NAPOLEON, ND 58561 | | | | | | |
| West River Health Services (0830A) | | | THOMAS BRAATEN | | | LAB-CMPL |
| WEST RIVER HEALTH CLINIC - NEW E (701) 579-4507 | | 35D0409114 | HETTINGER | | | 01-ACTIVE |
| 820 2ND AVE W (701) 579-4348 | | | | | | 0/0 |
| NEW ENGLAND, ND 58647 | | | | | | |
| (ND22001921) | | | | | | LAB-WAIV |
| NEW ENGLAND AMBULANCE (701) 290-2493 | | 35D1097763 | HETTINGER | | | 01-ACTIVE |
| 400 MAIN ST | | | | | | 0/0 |
| NEW ENGLAND, ND 58647 | | | | | | |
| (ND22000031) | | | | | | LAB-WAIV |
| LUTHERAN HOME OF THE GOOD SHE (701) 947-2944 | | 35D0703334 | EDDY | | | 01-ACTIVE |
| 1226 1ST AVE N | | | | | | 0/0 |
| NEW ROCKFORD, ND 58356 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
|---|----------------|-------------|------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| (ND22000080) | | | | | | |
| COMMUNITY AMBULANCE SERVICE C (701) 947-2404 | | 35D1011958 | | | | LAB-WAIV |
| 117 1ST ST S | | | EDDY | | | 01-ACTIVE |
| NEW ROCKFORD, ND 58356 | | | | | | 0/0 |
| New Rockford Community Clinic (ND22000354) | | | | | | |
| NEW ROCKFORD COMMUNITY CLINIC (701) 947-2021 | | 35D0877985 | | | | LAB-WAIV |
| 118 1ST ST S | | | | | | 01-ACTIVE |
| NEW ROCKFORD, ND 58356 | | | | | | 0/0 |
| (ND22000169) | | | | | | |
| ELM CREST MANOR | (701) 843-7526 | 35D0409009 | | | | LAB-WAIV |
| 100 ELM AVE | | | MORTON | | | 01-ACTIVE |
| NEW SALEM, ND 58563 | | | | | | 0/0 |
| Trinity Community Clinic-New Town (ND22000044) | | | | | | |
| TRINITY COMMUNITY CLINIC - NEW T (701) 627-2990 | | 35D0914977 | Dr G. MARK REPP | | | LAB-ACCR |
| 604 1ST ST N | | | MOUNTRAIL | | | 01-ACTIVE |
| NEW TOWN, ND 58763 | | | | | | 0/0 |
| New Town Good Samaritan Center (ND22000088) | | | | | | |
| NEW TOWN GOOD SAMARITAN CENT (701) 627-4711 | | 35D0663905 | | | | LAB-WAIV |
| PO BOX 818 | | | MOUNTRAIL | | | 01-ACTIVE |
| NEW TOWN, ND 58763 | | | | | | 0/0 |
| (ND22000125) | | | | | | |
| TAT KDU | (701) 627-4840 | 35D0877547 | | | | LAB-WAIV |
| 9281 HWY 23 | | | MOUNTRAIL | | | 01-ACTIVE |
| NEW TOWN, ND 58763 | | | | | | 0/0 |
| (ND22000295) | | | | | | |
| MINNE-TOHE HEALTH CENTER | (701) 627-4701 | 35D0409250 | | | | LAB-CMPL |
| 1 MINNETOHE DRIVE | | | MOUNTRAIL | | | 01-ACTIVE |
| NEW TOWN, ND 58763 | | | | | | 0/0 |
| Northwood Deaconess Health Center (0733A) | | | | | | |
| NORTHWOOD DEACONESS HEALTH C (701) 587-5889 | | 35D0408602 | Dr JONATHAN BERG | | | LAB-CMPL |
| 4 N PARK ST | (701) 587-6499 | | GRAND FORKS | | | 01-ACTIVE |
| NORTHWOOD, ND 58267 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000213) | | | | | | |
| NORTHWOOD DEACONESS HEALTH ((701) 587-6060 | | 35D0684526 | | | | LAB-WAIV |
| 4 N PARK ST | | | GRAND FORKS | | | 01-ACTIVE |
| NORTHWOOD, ND 58267 | | | | | | 0/0 |
| Southeast Medical Center Oakes (0710A) | | | | | | |
| SOUTHEAST MEDICAL CENTER-OAKE (701) 742-3267 | | 35D0408795 | Dr VANI NAGALA | | | LAB-CMPL |
| 420 S 7TH ST | (701) 742-2242 | | DIRECTOR | | | 01-ACTIVE |
| OAKES, ND 58474 | | | DICKEY | | | 0/0 |
| Oakes Community Hospital (0804A) | | | | | | |
| OAKES COMMUNITY HOSPITAL (701) 742-3620 | | 35D0408793 | Dr LAURIE LINZ | | | LAB-CMPL |
| 1200 N 7TH ST | (701) 742-3639 | | DICKEY | | | 01-ACTIVE |
| OAKES, ND 58474 | | | | | | 0/0 |
| (ND22000379) | | | | | | |
| OAKES VOLUNTEER AMBULANCE SEI (704) 742-3244 | | 35D1011539 | | | | LAB-WAIV |
| 115 S 5TH ST | | | DICKEY | | | 01-ACTIVE |
| OAKES, ND 58474 | | | | | | 0/0 |
| Oakes Good Samaritan Center (ND22000387) | | | | | | |
| OAKES GOOD SAMARITAN CENTER (701) 742-3274 | | 35D0662243 | | | | LAB-WAIV |
| 213 N 9 | | | DICKEY | | | 01-ACTIVE |
| OAKES, ND 58474 | | | | | | 0/0 |
| (ND22001621) | | | | | | |
| TARA'S THRIFTY WHITE PHARMACY (701) 742-3824 | | 35D1083724 | | | | LAB-WAIV |
| 610 MAIN AVE | | | DICKEY | | | 01-ACTIVE |
| OAKES, ND 58474 | | | | | | 0/0 |
| (ND22001702) | | | | | | |
| OAKES DIALYSIS (615) 341-6793 | | 35D1085224 | | | | LAB-WAIV |
| 413 S 7TH ST | | | DICKEY | | | 01-ACTIVE |
| OAKES, ND 58474 | | | | | | 0/0 |
| (ND22000063) | | | | | | |
| GOOD SAMARITAN CENTER (701) 496-3131 | | 35D0408604 | | | | LAB-WAIV |
| 326 RAINBOW RD | | | CAVALIER | | | 01-ACTIVE |
| OSNABROCK, ND 58269 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Ye Olde Medicine Center (ND22000315) | | | | | | |
| YE OLDE MEDICINE CENTER | (701) 284-7676 | 35D0956555 | | | | LAB-WAIV |
| 503 PARK ST W | | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| (ND22000365) | | | | | | |
| PARK RIVER GOOD SAMARITAN CEN | (701) 284-7115 | 35D0655648 | | | | LAB-WAIV |
| 301 S HWY 12-B | | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| First Care Rural Health Clinic (ND22000373) | | | | | | |
| FIRST CARE RURAL HEALTH CLINIC | (701) 284-7555 | 35D1006248 | | | | LAB-WAIV |
| 115 VIVIAN ST | | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| American Diabetes Assoc Camp Sioux (ND22001361) | | | | | | |
| AMERICAN DIABETES ASSOC CAMP | (763) 593-5333 | 35D1073351 | | | | LAB-WAIV |
| PARK RIVER LUTHERAN BIBLE CAMP | | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| First Care Health Center (0645A) | | | | | | |
| FIRST CARE HEALTH CENTER | (701) 284-7500 | 35D0408612 | THOMAS ORTMEIER | | | LAB-CMPL |
| 115 VIVIAN ST | (701) 284-7742 | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| Northland Family Physicians (ND22001862) | | | | | | |
| MIDGARDEN FAMILY CLINIC | (701) 284-6663 | 35D1092876 | | | | LAB-WAIV |
| 503 PARK ST W | | | WALSH | | | 01-ACTIVE |
| PARK RIVER, ND 58270 | | | | | | 0/0 |
| (ND22000007) | | | | | | |
| TRINITY COMMUNITY CLINIC - PARSH | (701) 862-3123 | 35D0409255 | | | | LAB-WAIV |
| 16 W CENTRAL AVE | | | MOUNTRAIL | | | 01-ACTIVE |
| PARSHALL, ND 58770 | | | | | | 0/0 |
| (ND22000079) | | | | | | |
| PARSHALL AMBULANCE | (701) 862-3752 | 35D1011955 | | | | LAB-WAIV |
| 116 1ST AVE NE | | | MOUNTRAIL | | | 01-ACTIVE |
| PARSHALL, ND 58770 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Rock View Good Samaritan Center (ND22000336) | | | | | | |
| ROCK VIEW GOOD SAMARITAN CENT | (701) 862-3138 | 35D0703350 | | | | LAB-WAIV |
| PO BOX 37 | | | MOUNTRAIL | | | 01-ACTIVE |
| PARSHALL, ND 58770 | | | | | | 0/0 |
| Parshall Health Care Center (ND22000374) | | | | | | |
| PARSHALL HEALTH CARE CENTER | (701) 862-8933 | 35D1008384 | | | | LAB-WAIV |
| 107 3RD ST SE | | | MOUNTRAIL | | | 01-ACTIVE |
| PARSHALL, ND 58770 | | | | | | 0/0 |
| (ND22000961) | | | | | | |
| PORTAL AMBULANCE SERVICE | (701) 839-6326 | 35D1062888 | | | | LAB-WAIV |
| 301 CLARK STREET | | | BURKE | | | 01-ACTIVE |
| PORTAL, ND 58772 | | | | | | 0/0 |
| (ND22000232) | | | | | | |
| TIOGA MEDICAL CENTER POWERS LAKE | (701) 464-5668 | 35D0409261 | | | | LAB-WAIV |
| MAIN ST | | | BURKE | | | 01-ACTIVE |
| POWERS LAKE, ND 58773 | | | | | | 0/0 |
| (ND22000359) | | | | | | |
| TIOGA MEDICAL CENTER-RAY RHC | (701) 664-3305 | 35D0409321 | | | | LAB-WAIV |
| RAY MALL | | | WILLIAMS | | | 01-ACTIVE |
| RAY, ND 58849 | | | | | | 0/0 |
| Richardton Memorial Hospital (ND22000413) | | | | | | |
| RICHARDTON HEALTH CENTER INC | (701) 974-3304 | 35D0675616 | SUSAN HAUSAUER | | | LAB-ACCR |
| 215 3RD AVE W | | | STARK | | | 01-ACTIVE |
| RICHARDTON, ND 58652 | | | | | | 0/0 |
| Richardton Mem Hosp & Health Ctr Clinic (ND22000661) | | | | | | |
| RICHARDTON MEM HOSP & HEALTH CTR | (701) 974-3372 | 35D1057494 | | | | LAB-PPMP |
| 215 W 3RD AVE | | | STARK | | | 01-ACTIVE |
| RICHARDTON, ND 58652 | | | | | | 0/0 |
| Northland Health Partners Community Health Center - Rolette (0734A) | | | | | | |
| NORTHLAND COMMUNITY HEALTH CENTER | (701) 448-2054 | 35D0408691 | JEANETTE FESTVOG | | | LAB-WAIV |
| 401 2ND AVE | (701) 246-3422 | | DIRECTOR | | | 01-ACTIVE |
| ROLETTE, ND 58366 | | | ROLETTE | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| (ND22000398) | | | | | | |
| ROLETTE COMMUNITY CARE CENTER (701) 246-3786 | | 35D0408690 | | | | LAB-WAIV |
| 304 JOHN ST | | | ROLETTE | | | 01-ACTIVE |
| ROLETTE, ND 58366 | | | | | | 0/0 |
| (ND22001861) | | | | | | |
| ROLETTE COMMUNITY AMBULANCE (701) 246-3531 | | 35D1092813 | | | | LAB-WAIV |
| 304 MAIN STREET | | | ROLETTE | | | 01-ACTIVE |
| ROLETTE, ND 58366 | | | | | | 0/0 |
| Presentation Medical Center (0636A) | | | | | | |
| PRESENTATION MEDICAL CENTER (701) 477-3161 | | 35D0041821 | Dr. MICHAEL LASZEWSKI | | | LAB-CMPL |
| 213 2ND AVE NE (701) 477-5564 | | | ROLETTE | | | 01-ACTIVE |
| ROLLA, ND 58367 | | | | | | 0/0 |
| (ND22000069) | | | | | | |
| TRI CARE HOME HEALTH INC (701) 477-5691 | | 35D0408697 | | | | LAB-WAIV |
| 1104 HWY 5 W | | | ROLETTE | | | 01-ACTIVE |
| ROLLA, ND 58367 | | | | | | 0/0 |
| (ND22000188) | | | | | | |
| COMMUNITY AMBULANCE SERVICE - (701) 477-8818 | | 35D1036694 | | | | LAB-WAIV |
| 217 5TH AVE NE | | | ROLETTE | | | 01-ACTIVE |
| ROLLA, ND 58367 | | | | | | 0/0 |
| Rolette County Public Health District (ND22000303) | | | | | | |
| ROLETTE COUNTY PUBLIC HEALTH D (701) 477-5646 | | 35D0990050 | | | | LAB-WAIV |
| 211 1ST AVE NE | | | ROLETTE | | | 01-ACTIVE |
| ROLLA, ND 58367 | | | | | | 0/0 |
| Rolla Clinic Pc (ND22000399) | | | | | | |
| ROLLA CLINIC PC (701) 477-3111 | | 35D0408696 | Dr. MICHAEL QUESTELL | | | LAB-ACCR |
| 114 NE 3RD ST | | | ROLETTE | | | 01-ACTIVE |
| ROLLA, ND 58367 | | | | | | 0/0 |
| White Shield Ihs Clinic (ND22000396) | | | | | | |
| WHITE SHIELD CLINIC (701) 743-4380 | | 35D0669594 | | | | LAB-WAIV |
| #2 CENTRAL MAIN ST B | | | MCLEAN | | | 01-ACTIVE |
| ROSEGLEN, ND 58775 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Good Samaritan Hospital Association dba Heart of America Medical Center Dr MIKE LASZEWSKI | | | | | | | |
| HEART OF AMERICA MEDICAL CENTE | (701) 776-5261 | 35D0408706 | | | | LAB-CMPL | |
| 800 S MAIN AVE | (701) 776-5448 | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| (ND22000218) | | | | | | | |
| HEART OF AMERICA MEDICAL CENTE | (701) 776-5261 | 35D0688992 | | | | LAB-WAIV | |
| 800 MAIN AVE S | | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| (ND22000351) | | | | | | | |
| JOHNSON CLINIC PC | (701) 776-5235 | 35D1035575 | | | | LAB-WAIV | |
| 800 3RD AVE SW | | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| Heart Of America Nursing Facility (ND22000366) | | | | | | | |
| HEART OF AMERICA NURSING FACILI | (701) 776-5261 | 35D0655659 | | | | LAB-WAIV | |
| 800 MAIN AVE S | | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| (ND22000400) | | | | | | | |
| HAROLD S HAALAND HOME | (701) 776-5203 | 35D0408705 | | | | LAB-WAIV | |
| 1025 3RD AVE SE | | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| (ND22001963) | | | | | | | |
| RUGBY EMERGENCY AMBULANCE SE | (701) 776-5261 | 35D1099201 | | | | LAB-WAIV | |
| 800 S MAIN AVE | | | PIERCE | | | 01-ACTIVE | |
| RUGBY, ND 58368 | | | | | | 0/0 | |
| West River Health Services (ND22000149) | | | | | | | |
| WEST RIVER HEALTH CLINIC - SCRAN | (701) 275-6336 | 35D0409120 | | | | LAB-PPMP | |
| MAIN ST | | | BOWMAN | | | 01-ACTIVE | |
| SCRANTON, ND 58653 | | | | | | 0/0 | |
| (ND22000210) | | | | | | | |
| SCRANTON QUICK RESPONSE UNIT | (701) 275-6190 | 35D0978120 | | | | LAB-WAIV | |
| 10107 132ND AVE SW | | | BOWMAN | | | 01-ACTIVE | |
| SCRANTON, ND 58653 | | | | | | 0/0 | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Mountrail County Medical Center (0640A) | | | | | | | |
| MOUNTRAIL COUNTY MEDICAL CENT | (701) 628-2424 | 35D0409270 | DR WAYNE JANSEN | | | LAB-CMPL | |
| 615 6TH ST SE | (701) 628-3274 | | MOUNTRAIL | | | 01-ACTIVE | 0/0 |
| STANLEY, ND 58784 | | | | | | | |
| (ND22000115) | | | | | | | |
| MOUNTRAIL BETHEL HOME | (701) 628-2442 | 35D0919381 | | | | LAB-WAIV | |
| 615 6TH ST SE | | | MOUNTRAIL | | | 01-ACTIVE | 0/0 |
| STANLEY, ND 58784 | | | | | | | |
| (ND22000220) | | | | | | | |
| MOUNTRAIL COUNTY MEDICAL CENT | (701) 628-2505 | 35D0690089 | | | | LAB-WAIV | |
| PO BOX 399 | | | MOUNTRAIL | | | 01-ACTIVE | 0/0 |
| STANLEY, ND 58784 | | | | | | | |
| (ND22000289) | | | | | | | |
| STANLEY AMBULANCE SERVICE | (701) 628-2329 | 35D1033080 | | | | LAB-WAIV | |
| 221 S MAIN | | | MOUNTRAIL | | | 01-ACTIVE | 0/0 |
| STANLEY, ND 58784 | | | | | | | |
| (ND22000058) | | | | | | | |
| KIDDER COUNTY DISTRICT HEALTH U | (701) 475-2582 | 35D0709432 | | | | LAB-WAIV | |
| 202 1ST AVE NW STE 1 | | | KIDDER | | | 01-ACTIVE | 0/0 |
| STEELE, ND 58482 | | | | | | | |
| (ND22000385) | | | | | | | |
| KIDDER COUNTY AMBULANCE SERVI | (701) 475-2595 | 35D1014274 | | | | LAB-WAIV | |
| 120 1ST ST SW | | | KIDDER | | | 01-ACTIVE | 0/0 |
| STEELE, ND 58482 | | | | | | | |
| (ND22000882) | | | | | | | |
| KIDDER COUNTY COMMUNITY HEALT | (701) 475-2910 | 35D1061993 | | | | LAB-WAIV | |
| 110 WEST BROADWAY | | | KIDDER | | | 01-ACTIVE | 0/0 |
| STEELE, ND 58482 | | | | | | | |
| (ND22000222) | | | | | | | |
| STRASBURG NURSING HOME | (701) 336-2651 | 35D0696076 | | | | LAB-WAIV | |
| 409 S 3RD ST | | | EMMONS | | | 01-ACTIVE | 0/0 |
| STRASBURG, ND 58573 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | |
|---|----------------|-------------|-----------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Type |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Operating Status |
| City, State, Zip | Email | | | | | Certified/Total Beds |
| Tioga Medical Center (0641A) | | | DR WAYNE JANSEN | | | LAB-CMPL |
| TIOGA MEDICAL CENTER | (701) 664-3306 | 35D0409329 | | | | 01-ACTIVE |
| 810 N WELO ST | (701) 664-3644 | | WILLIAMS | | | 0/0 |
| TIOGA, ND 58852 | | | | | | |
| (ND22000077) | | | | | | LAB-WAIV |
| TIOGA FIRE DEPT AMBULANCE SERV | (701) 664-3305 | 35D1011616 | | | | 01-ACTIVE |
| 12 NE FRONT | | | WILLIAMS | | | 0/0 |
| TIOGA, ND 58852 | | | | | | |
| Tioga Clinic (ND22000236) | | | | | | LAB-WAIV |
| TIOGA CLINIC | (701) 664-3368 | 35D0409327 | | | | 01-ACTIVE |
| 710 N WELO | | | WILLIAMS | | | 0/0 |
| TIOGA, ND 58852 | | | | | | |
| (ND22000360) | | | | | | LAB-WAIV |
| TIOGA MEDICAL CENTER LTC | (701) 664-3313 | 35D0409328 | | | | 01-ACTIVE |
| 810 WELO ST N PO BOX 159 | | | WILLIAMS | | | 0/0 |
| TIOGA, ND 58852 | | | | | | |
| Johnson Clinic PC Towner (0677A) | | | HUBERT SEILER | | | LAB-CMPL |
| JOHNSON CLINIC PC - TOWNER | (701) 537-5431 | 35D0409271 | | | | 01-ACTIVE |
| 301 1ST ST SW | (701) 537-5436 | | MCHENRY | | | 0/0 |
| TOWNER, ND 58788 | | | | | | |
| Towner Ambulance Service (ND22000081) | | | | | | LAB-WAIV |
| TOWNER AMBULANCE SERVICE | (701) 537-5422 | 35D1012427 | | | | 01-ACTIVE |
| 308 MAIN ST S | | | MCHENRY | | | 0/0 |
| TOWNER, ND 58788 | | | | | | |
| Sandhills Community Health Center (ND22001442) | | | DAWN BERG | | | LAB-CMPL |
| SANDHILLS COMMUNITY HEALTH CEI | (701) 537-2007 | 35D1077427 | | | | 01-ACTIVE |
| #2 3RD AVE SW | | | MCHENRY | | | 0/0 |
| TOWNER, ND 58788 | | | | | | |
| Trenton Community Clinic (0761A) | | | MICHAEL ENGLISH | | | LAB-CMPL |
| TRENTON COMMUNITY CLINIC | (701) 774-0461 | 35D0409330 | | | | 01-ACTIVE |
| HIGHWAY 1804 | (701) 572-0085 | | WILLIAMS | | | 0/0 |
| TRENTON, ND 58853 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|-------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| Community Memorial Hospital (0651A) | | | KAREN AAFEDT | | | LAB-CMPL |
| COMMUNITY MEMORIAL HOSPITAL | (701) 448-2331 | 35D0409014 | MCLEAN | | | 01-ACTIVE |
| 220 5TH AVE W | | | | | | 0/0 |
| TURTLE LAKE, ND 58575 | | | | | | |
| (ND22001081) | | | | | | LAB-WAIV |
| NORTHLAND COMMUNITY HEALTH CI | (701) 448-9225 | 35D1066847 | MCLEAN | | | 01-ACTIVE |
| 416 KUNDERT ST | | | | | | 0/0 |
| TURTLE LAKE, ND 58575 | | | | | | |
| (ND22000193) | | | | | | LAB-WAIV |
| TWIN BUTTES IHS CLINIC | (701) 938-4540 | 35D0669592 | DUNN | | | 01-ACTIVE |
| MAIN ST | | | | | | 0/0 |
| TWIN BUTTES, ND 58636 | | | | | | |
| (ND22000144) | | | | | | LAB-WAIV |
| UNDERWOOD CLINIC PC | (701) 442-3148 | 35D0409019 | MCLEAN | | | 01-ACTIVE |
| PO BOX 253 | | | | | | 0/0 |
| UNDERWOOD, ND 58576 | | | | | | |
| (ND22000273) | | | | | | LAB-WAIV |
| MEDCENTER ONE LIVING CENTERS I | (701) 442-3222 | 35D0696063 | MCLEAN | | | 01-ACTIVE |
| 83 LINCOLN AVE | | | | | | 0/0 |
| UNDERWOOD, ND 58576 | | | | | | |
| (ND22001601) | | | | | | LAB-WAIV |
| UPHAM AMBULANCE | (701) 768-2978 | 35D1083394 | MCHENRY | | | 01-ACTIVE |
| 115 C ST S | | | | | | 0/0 |
| UPHAM, ND 58789 | | | | | | |
| Mercy Hospital (0791A) | | | THOMAS ORTMEIER | | | LAB-CMPL |
| MERCY HOSPITAL LABORATORY | (701) 845-6447 | 35D0041727 | BARNES | | | 01-ACTIVE |
| 570 CHAUTAUQUA BLVD | (701) 845-6448 | | | | | 0/0 |
| VALLEY CITY, ND 58072 | | | | | | |
| Meritcare Clinic Valley City (0655A) | | | TIMOTHY MCMANAMON | | | LAB-ACCR |
| MERITCARE VALLEY CITY CLINIC | (701) 845-6107 | 35D0408232 | BARNES | | | 01-ACTIVE |
| 520 CHAUTAUQUA BLVD | | | | | | 0/0 |
| VALLEY CITY, ND 58072 | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|----------------|-------------|---------------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000142) | | | | | | |
| CENTRAL AVENUE PHARMACY | (701) 845-5280 | 35D0959089 | | | | LAB-WAIV |
| 323 N CENTRAL AVE | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| Mercy Home Care Services (ND22000199) | | | | | | |
| MERCY HOME CARE SERVICES | (701) 845-0440 | 35D0684476 | | | | LAB-WAIV |
| 570 CHAUTAUQUA BLVD | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| (ND22000255) | | | | | | |
| VALLEY CITY STATE UNIVERSITY | (701) 845-7212 | 35D0919421 | | | | LAB-WAIV |
| 101 COLLEGE ST SW | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| Dakota Clinic Ltd - Valley City (ND22000259) | | | | | | |
| INNOVIS HEALTH - VALLEY CITY | (701) 845-8060 | 35D0925020 | JERINE ROEMMICH WEY | | | LAB-ACCR |
| 132 4TH AVE NE | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| (ND22000266) | | | | | | |
| SHEYENNE CARE CENTER | (701) 845-8222 | 35D0687941 | | | | LAB-WAIV |
| 979 CENTRAL AVE N | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| (ND22000338) | | | | | | |
| CITY COUNTY HEALTH DISTRICT | (701) 845-8518 | 35D0709857 | | | | LAB-WAIV |
| 230 4TH ST NW ROOM 102 | | | BARNES | | | 01-ACTIVE |
| VALLEY CITY, ND 58072 | | | | | | 0/0 |
| Souris Valley Care Center (ND22000233) | | | | | | |
| SOURIS VALLEY CARE CENTER | (701) 338-2072 | 35D0409273 | | | | LAB-WAIV |
| 300 S MAIN ST | | | MCHENRY | | | 01-ACTIVE |
| VELVA, ND 58790 | | | | | | 0/0 |
| (ND22000234) | | | | | | |
| TRINITY COMMUNITY CLINIC-VELVA | (701) 338-2066 | 35D0409274 | | | | LAB-WAIV |
| 111 W 1ST | | | MCHENRY | | | 01-ACTIVE |
| VELVA, ND 58790 | | | | | | 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|---|----------------------------------|-------------|--------------------------------|-------------------|------|------------------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000310) VELVA DRUG CO 16 N MAIN VELVA, ND 58790 | (701) 338-2911 | 35D1000149 | MCHENRY | | | LAB-WAIV 01-ACTIVE 0/0 | |
| Dakota Clinic Wahpeton (0649A) INNOVIS HEALTH - WAHPETON 275 S 11TH ST WAHPETON, ND 58075 | (701) 671-4065 (701) 671-4066 | 35D0408252 | Dr. DOUGLAS ROISE RICHLAND | | | LAB-ACCR 01-ACTIVE 0/0 | |
| Meritcare Clinic Wahpeton (0648A) MERITCARE WAHPETON CLINIC LABC 332 2ND AVE N WAHPETON, ND 58075 | (701) 642-7048 | 35D0694241 | Dr MICHELLE BIANCO RICHLAND | | | LAB-ACCR 01-ACTIVE 0/0 | |
| (ND22000112) ST CATHERINE'S LIVING CENTER 1307 N 7TH ST WAHPETON, ND 58075 | (701) 642-6667 | 35D0677687 | RICHLAND | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000216) RICHLAND COUNTY FAMILY PLANNIN 413 3RD AVE N WAHPETON, ND 58075 | (701) 642-7747 | 35D0685240 | RICHLAND | | | LAB-PPMP 01-ACTIVE 0/0 | |
| (ND22000245) MEDICAL ARTS CLINIC 614 DAKOTA AVE WAHPETON, ND 58075 | (701) 642-4471 | 24D0406296 | RICHLAND | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000305) ECONODRUG 387 11TH ST S WAHPETON, ND 58075 | (701) 642-2336 | 35D0992758 | RICHLAND | | | LAB-WAIV 01-ACTIVE 0/0 | |
| (ND22000319) LEACH HOME 714 N 4TH WAHPETON, ND 58075 | (701) 642-4283 | 35D0408248 | RICHLAND | | | LAB-PPMP 01-ACTIVE 0/0 | |

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| Facility Legal Name (Facility ID) | Phone | Medicare ID | Administrator | Emergency Contact | Team | Type |
|--|----------------|-------------|------------------|---------------------|------|----------------------|
| Working Name | Fax | Medicaid ID | Title | Emergency Phone | Mgmt | Operating Status |
| Address | Email | | County | | | Certified/Total Beds |
| City, State, Zip | | | | | | |
| (ND22000410) | | | | | | |
| STUDENT HEALTH SERVICES LABOR. | (701) 671-2286 | 35D0918389 | | | | LAB-WAIV |
| 800 6TH ST | | | RICHLAND | | | 01-ACTIVE |
| WAHPETON, ND 58076 | | | | | | 0/0 |
| (ND22000261) | | | | | | |
| WALHALLA CLINIC | (701) 549-2711 | 35D0926057 | | | | LAB-WAIV |
| 301 5TH ST | | | PEMBINA | | | 01-ACTIVE |
| WALHALLA, ND 58282 | | | | | | 0/0 |
| (ND22000269) | | | | | | |
| PEMBILIER NURSING CENTER | (701) 549-3310 | 35D0692683 | | | | LAB-WAIV |
| 500 DELANO AVE | | | PEMBINA | | | 01-ACTIVE |
| WALHALLA, ND 58282 | | | | | | 0/0 |
| Washburn Family Clinic (0821A) | | | | | | |
| WASHBURN FAMILY CLINIC | (701) 462-3396 | 35D0408799 | KAREN AAFEDT | | | LAB-CMPL |
| 1177 BORDER LANE | | | MCLEAN | | | 01-ACTIVE |
| WASHBURN, ND 58577 | | | | | | 0/0 |
| (ND22000189) | | | | | | |
| WASHBURN CLINIC | (701) 462-3389 | 35D1039536 | | | | LAB-WAIV |
| 1415 BORDER LANE ROAD | | | MCLEAN | | | 01-ACTIVE |
| WASHBURN, ND 58577 | | | | | | 0/0 |
| McKenzie County Memorial Hospital (0722A) | | | | | | |
| MCKENZIE COUNTY HEALTHCARE SY | (701) 842-3000 | 35D0409336 | Dr MARK RODACKER | | | LAB-CMPL |
| 516 N MAIN | (701) 842-6248 | | MCKENZIE | Cheryl Faulkner, RN | | 01-ACTIVE |
| WATFORD CITY, ND 58854 | | | | | | 0/0 |
| (ND22000113) | | | | | | |
| MCKENZIE CO HEALTHCARE SYS/NSI | (701) 842-3000 | 35D0679402 | | | | LAB-WAIV |
| 516 N MAIN ST | | | MCKENZIE | | | 01-ACTIVE |
| WATFORD CITY, ND 58854 | | | | | | 0/0 |
| McKenzie Co Healthcare Sys/gd Shep N H (ND22000268) | | | | | | |
| MCKENZIE CO HEALTHCARE SYS/GD | (701) 444-2331 | 35D0689564 | | | | LAB-WAIV |
| 709 4TH AVE NE | | | MCKENZIE | | | 01-ACTIVE |
| WATFORD CITY, ND 58854 | | | | | | 0/0 |

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| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| (ND22000361) | | | | | | | LAB-WAIV |
| MCKENZIE COUNTY HEALTHCARE SY (701) 842-3771 | | 35D0409334 | | | | 01-ACTIVE | |
| 525 N MAIN ST | | | MCKENZIE | | | 0/0 | |
| WATFORD CITY, ND 58854 | | | | | | | |
| Dakota Clinic West Fargo (0775A) | | | | | | | LAB-ACCR |
| INNOVIS HEALTH - WEST FARGO (701) 282-3726 | | 35D0930424 | KERI RADER | | | 01-ACTIVE | |
| 1401 13TH AVE E (701) 364-5750 | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| (ND22000008) | | | | | | | LAB-WAIV |
| WHITE DRUG (701) 281-5695 | | 35D0985645 | | | | 01-ACTIVE | |
| 1100 13TH AVE E | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| Meritcare Clinic West Fargo (ND22000110) | | | | | | | LAB-ACCR |
| MERITCARE WEST FARGO CLINIC LAI (701) 234-4440 | | 35D0408263 | | | | 01-ACTIVE | |
| 1220 SHEYENNE | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| Eventide Senior Living Communities, Llc (ND22001261) | | | | | | | LAB-WAIV |
| EVENTIDE SENIOR LIVING COMMUNI (701) 478-6000 | | 35D1070916 | | | | 01-ACTIVE | |
| 225 13TH AVE W | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| (ND22001522) | | | | | | | LAB-WAIV |
| FRONTIER PHARMACY SERVICES, IN (701) 356-7455 | | 35D1081556 | | | | 01-ACTIVE | |
| 3306 SHEYENNE ST STE 218 | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| (ND22001622) | | | | | | | LAB-PPMP |
| TRACIE M MALLBERG PC (701) 356-5459 | | 35D1083679 | | | | 01-ACTIVE | |
| 550 13TH AVE E | | | CASS | | | 0/0 | |
| WEST FARGO, ND 58078 | | | | | | | |
| (ND22000090) | | | | | | | LAB-WAIV |
| TRINITY COMMUNITY CLINIC WESTHC (701) 245-6638 | | 35D0666849 | | | | 01-ACTIVE | |
| 402 E 2ND AVE | | | BOTTINEAU | | | 0/0 | |
| WESTHOPE, ND 58793 | | | | | | | |

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| Facility Legal Name (Facility ID) | | | Administrator | | | | Type |
|---|----------------|-------------|------------------|-------------------|------|----------------------|------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status | |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds | |
| City, State, Zip | Email | | | | | | |
| Westhope Home (ND22000296) | | | | | | | |
| WESTHOPE HOME | (701) 245-6477 | 35D0409276 | | | | LAB-WAIV | |
| 201 3RD ST E | | | BOTTINEAU | | | 01-ACTIVE | |
| WESTHOPE, ND 58793 | | | | | | 0/0 | |
| Mercy Medical Center (0788A) | | | | | | | |
| MERCY MEDICAL CENTER OF WILLIS | (701) 774-7432 | 35D0409305 | JOHN ANDELIN | | | LAB-ACCR | |
| 1301 15TH AVE W | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| Medscan Laboratory Inc (0796A) | | | | | | | |
| MEDSCAN LABORATORY INC | (701) 577-0498 | 35D0991209 | Dr ROBERT HOWARD | | | LAB-CMPL | |
| 107 22ND ST W | (701) 577-0708 | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| (ND22000048) | | | | | | | |
| BETHEL LUTHERAN HOME | (701) 572-6766 | 35D0724200 | | | | LAB-WAIV | |
| 1515 2ND AVE W | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| (ND22000157) | | | | | | | |
| WAYNE L ANDERSON, MD, FACS | (701) 572-4003 | 35D1047383 | | | | LAB-WAIV | |
| 1213 15TH AVE W SUITE 200 | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| (ND22000235) | | | | | | | |
| DR SALEM SHAHIN CLINIC | (701) 572-0127 | 35D0409289 | | | | LAB-PPMP | |
| 1219 KNOLL ST | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| Trinity Comm Clinic - Western Dak Asc (ND22000288) | | | | | | | |
| TRINITY COMM CLINIC - WESTERN DA | (701) 572-7711 | 35D1031913 | | | | LAB-WAIV | |
| 1102 MAIN ST | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |
| (ND22000349) | | | | | | | |
| KENSINGTON, THE | (701) 774-0424 | 35D0875112 | | | | LAB-WAIV | |
| 1001 24TH ST W | | | WILLIAMS | | | 01-ACTIVE | |
| WILLISTON, ND 58801 | | | | | | 0/0 | |

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| Facility Legal Name (Facility ID) | Working Name | Address | City, State, Zip | Phone Fax Email | Medicare ID Medicaid ID | Administrator Title County | Emergency Contact Emergency Phone | Team Mgmt | Type Operating Status Certified/Total Beds |
|--|--|-------------------------------|---------------------|-----------------------|----------------------------|----------------------------------|--------------------------------------|--------------|--|
| Trinity Comm Clinic-Western Dakota (ND22000358) | | | | | | Dr WAYNE JANSEN | | | LAB-ACCR |
| | TRINITY COMM CLINIC-WESTERN DAI (701) 572-7711 | 1102 MAIN | WILLISTON, ND 58801 | | 35D0409312 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22000378) | | | | | | | | | LAB-WAIV |
| | COMPREHENSIVE PEDIATRIC CARE (701) 572-7732 | 1411 W DAKOTA PARKWAY STE #2A | WILLISTON, ND 58801 | | 35D1011484 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22000383) | | | | | | | | | LAB-WAIV |
| | WILLISTON FIRE DEPARTMENT AMBL (701) 572-3400 | 317 11TH ST W | WILLISTON, ND 58801 | | 35D1012353 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22000411) | | | | | | | | | LAB-WAIV |
| | UPPER MISSOURI DISTRICT HEALTH (701) 774-6400 | 110 W BROADWAY STE 101 | WILLISTON, ND 58801 | | 35D0672751 | WILLIAMS | | | 01-ACTIVE 0/0 |
| Great Plains Women's Health Center (ND22000621) | | | | | | | | | LAB-PPMP |
| | GREAT PLAINS WOMEN'S HEALTH CE (701) 774-7687 | 1213 15TH AVE W STE 220 | WILLISTON, ND 58801 | | 35D1056040 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22001281) | | | | | | | | | LAB-WAIV |
| | WILLISTON RADIOLOGY (701) 577-9838 | #3 4TH ST E STE #104 | WILLISTON, ND 58801 | | 35D1071178 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22001821) | | | | | | | | | LAB-ACCR |
| | WILLISTON VA OPC (701) 577-9838 | 3 4TH ST SUITE 104 | WILLISTON, ND 58801 | | 35D1089459 | WILLIAMS | | | 01-ACTIVE 0/0 |
| (ND22001961) | | | | | | | | | LAB-WAIV |
| | TRINITY ORAL & FACIAL SURGERY C (701) 774-3919 | 2224 1ST AVE W | WILLISTON, ND 58801 | | 35D1099202 | WILLIAMS | | | 01-ACTIVE 0/0 |

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| Facility Legal Name (Facility ID) | | | Administrator | | | Type |
|---|-------|-------------|---------------|-------------------|------|----------------------|
| Working Name | Phone | Medicare ID | Title | Emergency Contact | Team | Operating Status |
| Address | Fax | Medicaid ID | County | Emergency Phone | Mgmt | Certified/Total Beds |
| City, State, Zip | Email | | | | | |
| (ND22000284) | | | | | | |
| WILTON RURAL AMBULANCE DISTRIC (701) 734-6297 | | 35D1026128 | | | | LAB-WAIV |
| 117 DAKOTA AVE | | | MCLEAN | | | 01-ACTIVE |
| WILTON, ND 58579 | | | | | | 0/0 |
| (ND22000353) | | | | | | |
| REDWOOD VILLAGE BASIC CARE FAC (701) 734-6410 | | 35D0877181 | | | | LAB-WAIV |
| 213 7TH ST | | | MCLEAN | | | 01-ACTIVE |
| WILTON, ND 58579 | | | | | | 0/0 |
| Wishek Community Hospital (0626A) | | | | | | |
| WISHEK COMMUNITY HOSPITAL (701) 452-3140 | | 35D0693180 | | RHONDA BURGARD | | LAB-CMPL |
| 1007 4 AVE S (701) 452-4282 | | | MCINTOSH | | | 01-ACTIVE |
| WISHEK, ND 58495 | | | | | | 0/0 |
| Wishek Clinic/wishek Com Hosp (ND22000050) | | | | | | |
| RURAL HEALTH WISHEK (701) 452-2364 | | 35D0857336 | | | | LAB-PPMP |
| 1015 4TH AVE S | | | MCINTOSH | | | 01-ACTIVE |
| WISHEK, ND 58495 | | | | | | 0/0 |
| (ND22000162) | | | | | | |
| WISHEK HOME FOR THE AGED (701) 452-2333 | | 35D0408810 | | | | LAB-PPMP |
| 400 4TH ST S PO BOX 187 | | | MCINTOSH | | | 01-ACTIVE |
| WISHEK, ND 58495 | | | | | | 0/0 |
| Wyndmere-Barney Ambulance (ND22000601) | | | | | | |
| WYNDMERE-BARNEY AMBULANCE (701) 439-2573 | | 35D1055880 | | | | LAB-WAIV |
| 403 ASH AVE (701) 439-2780 | | | RICHLAND | | | 01-ACTIVE |
| WYNDMERE, ND 58081 | | | | | | 0/0 |
| (ND22001181) | | | | | | |
| AMC ZEELAND CLINIC (701) 288-3448 | | 35D1069470 | | | | LAB-WAIV |
| 203 MAIN ST | | | MCINTOSH | | | 01-ACTIVE |
| ZEELAND, ND 58581 | | | | | | 0/0 |
| TOTAL: 575 | | | | | | |