

<u>PROVIDER NAME:</u>	<u>Number of claims submitted:</u>
BENEFIS HOSPITALS, INC	214
NE MT STAT AIR AMB COOP	116
ST VINCENT HEALTHCARE	79
BILLINGS CLINIC	77
KALISPELL REGIONAL MED CTR	54
SUMMIT AIR AMBULANCE LLC	34
VALLEY MED FLIGHT INC	8
LIFELIGHT - MISSOULA	0
MONTANA MEDICAL TRANS-HELENA	0
AIRLIFT NORTHWEST	Enrollment terminated 1/1/2015