# Licensed Facilities

Thursday, December 01, 2016

ST/County AK - ANCHORAGE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10179 | GLASS, ALEE MAE<br>AZ PRACTICE ADDR NOT REGISTERED<br>ANCHORAGE AK 99504 | Tele (907)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/02/2016 to 08/01/2018 |

ST/County AK - SITKA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9888 | BOYLE, MICHAEL PATRICK<br>AZ PRACTICE ADDR NOT REGISTERED<br>SITKA AK 99835 | Tele (907)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/23/2016 to 03/22/2018 |

ST/County AL - DALE Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA5006 | STATON, ROBERT N.<br>SPPD ACOUSTICS BRANCH 6901 FARREL ROAD<br>FORT RUCKER AL 36362 | Tele (334)255-6010<br>Fax: (334)255-6873<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/01/2016 to 03/31/2018 |

ST/County AL - JEFFERSON Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA10085 | BRITIANY LOREN PIERSON<br>AZ PRACTICE ADDR NOT REGISTERED<br>MC CALLA AL 35111 | Tele (205)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/08/2016 to 08/31/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AL - MADISON Total = 1

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM192 | HOPKINS, MICHELLE L. | | | Tele (256)874-2388 | | 11/17/2014 | to | 11/30/2016 |
| | 107 MAR-JO LANE | | | Fax: ( ) - | | | | |
| | HARVEST | AL | 35749 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AR - BENTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10107 | THOMAS, RACHEL RACHO | | | Tele (479)636-3910 | | 06/22/2016 | to | 06/21/2018 |
| | 500 W WALNUT STREET | | | Fax: ( ) - | | | | |
| | ROGERS | AR | 72756 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - APACHE Total = 73

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7277 | TACHIINII NURSING SERVICES, INC | | | Tele (928)659-4141 | | 08/01/2016 | to | 07/31/2017 |
| | NAVAJO LUTHERAN MISSION OF 1 MISSION LN HIGHWAY191 | | | Fax: (844)678-3205 | | | | |
| | ROCK POINT | AZ | 86545 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7134 | VICTORY MEDICAL SOLUTIONS, LLC | | | Tele (520)328-8000 | | 04/08/2015 | to | 03/31/2016 |
| | US HIGHWAY 91 & NAVAJO ROUTE 59 | | | Fax: (866)531-9559 | | | | |
| | MANY FARMS | AZ | 86538 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7027C | BANNON SPRINGS ASSISTED LIVING | | | Tele | (928)532-0206 | 01/01/2017 | to | 12/31/2017 |
| | COUNTY ROAD 3398 LOT 20 | | | Fax: | (877)570-9277 | | | |
| | VERNON | AZ | 85940 | Capacity : | 24 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL6954C | BEE HIVE HOMES | | | Tele | (928)333-0151 | 03/01/2016 | to | 02/28/2017 |
| | 324 EAST 1ST STREET | | | Fax: | (928)333-0154 | | | |
| | EAGAR | AZ | 85925 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9055C | HINKSON ASSISTED LIVING, LLC | | | Tele | (928)333-0151 | 06/01/2016 | to | 05/31/2017 |
| | 725 NORTH 13TH WEST | | | Fax: | (928)333-0154 | | | |
| | SAINT JOHNS | AZ | 85936 | Capacity : | 20 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8533H | ANGEL WINGS ASSISTED LIVING, INC | | | Tele | (928)537-8098 | 10/01/2016 | to | 09/30/2017 |
| | 86 ACR 3148 | | | Fax: | (877)581-4791 | | | |
| | VERNON | AZ | 85940 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16805 | LIVING HOPE CHILDHOOD ENRICHMENT CENTER | | | Tele | (928)333-0597 | 02/18/2014 | to | 01/31/2017 |
| | 109 C STREET | | | Fax: | (928)333-0275 | | | |
| | SPRINGERVILLE | AZ | 85938 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1207 | N.A.C.O.G. - SPRINGERVILLE HEAD START<br>CORNER OF HIGHWAY 60<br>SPRINGERVILLE AZ 85938 | Tele (928)333-4888<br>Fax: (928)333-4769<br>Capacity : 50 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14567 | N.A.C.O.G. - ST. JOHNS HEAD START<br>601 WEST CLEVELAND STREET<br>ST JOHNS AZ 85936 | Tele (928)337-4211<br>Fax: (928)779-0514<br>Capacity : 45 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15345 | SANDERS ELEMENTARY SCHOOL PRESCHOOL<br>I-40 AND HIGHWAY 191 SOUTH<br>SANDERS AZ 86512 | Tele (928)688-3850<br>Fax: (928)688-3888<br>Capacity : 58 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17144 | WHITE MOUNTAIN REGIONAL MEDICAL CENTER CHILDCARE CENTER<br>940 B EAST MARICOPA STREET<br>SPRINGERVILLE AZ 85938 | Tele (928)333-7152<br>Fax: ( ) -<br>Capacity : 128 | 12/17/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6586 | C.E.S.D.#6 - CONCHO ELEMENTARY SCHOOL<br>HIGHWAY 61 AND CINDER RD<br>CONCHO AZ 85924 | Tele (928)337-4665<br>Fax: (928)337-2455<br>Capacity : 26 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16351 | C.U.S.D. # 24 - CHINLE ELEMENTARY SCHOOL PRE SCHOOL<br>US HIGHWAY 191 NAVAJO ROUTE 7<br>CHINLE AZ 86503 | Tele (928)674-9300<br>Fax: (928)674-9399<br>Capacity : 100 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17000 | C.U.S.D. # 24 - MANY FARMS ELEMENTARY SCHOOL<br>HWY 191<br>CHINLE AZ 86538 | Tele (928)674-9000<br>Fax: (928)674-9099<br>Capacity : 20 | 06/17/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17001 | C.U.S.D. #24 - TSAILE PUBLIC SCHOOL<br>HWY 12<br>CHINLE AZ 86556 | Tele (928)674-9100<br>Fax: (928)724-3234<br>Capacity : 20 | 06/17/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16869 | G.U.S.D. GANADO PRE-K ACADEMY<br>JCT 264 AND 191 MAIN STREET<br>GANADO AZ 86505 | Tele (928)755-1000<br>Fax: ( ) -<br>Capacity : 51 | 07/25/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17455 | R.V.U.S.D. #10 - ROUND VALLEY PRIMARY PRESCHOOL<br>940 B EAST MARICOPA STREET<br>SPRINGERVILLE AZ 85938 | Tele (928)333-6520<br>Fax: (928)333-6685<br>Capacity : 20 | 11/09/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17099 | RED MESA UNIFIED SCHOOL DISTRICT NO 27 - PRESCHOOL PROGRAM<br>HC 61 BOX 40 MILE MARKER 448<br>TEEC NOS POS AZ 86514 | Tele (928)656-4252<br>Fax: (928)656-4251<br>Capacity : 57 | 11/07/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16679 | W.R.U.S.D. - TSEHOOTSOI INTEGRATED PRESCHOOL PROGRAM I & II<br>NAVAJO ROUTE 2<br>FORT DEFIANCE AZ 86504 | Tele (928)729-6754<br>Fax: (928)729-7630<br>Capacity : 59 | 07/10/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1419 | REEVES FOUNDATION, LLC / ALKIRE GROUP HOME<br>856 EAST 1ST LANE<br>EAGAR AZ 85925 | Tele (928)551-0847<br>Fax: (866)238-4229<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1333 | RISE / DAAKEHALANI<br>NORTH HWY 191/1/4 MILE NW OF MANY FARMS<br>MANY FARMS AZ 86538 | Tele (928)781-6994<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDHT2316 | RISE SERVICE / SHONDIIN BEHOGAN<br>MILE MARKER 453.5 (5.5 MILES N BASHAS) EAST 1/2<br>CHINLE AZ 86503 | Tele (928)674-3424<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2440 | ST MICHAELS ASSOCIATION FOR SPECIAL EDUCATION / NIHIGHAN #302<br>#302 OLJATO DRIVE RA<br>SAINT MICHAELS AZ 86511 | Tele (928)871-2865<br>Fax: (928)871-4873<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DUI/DVTX

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DUI0011 | WHITE MOUNTAIN PSYCHO-EDUCATIONAL THERAPY<br>25 SOUTH CHIRICAHUA<br>SPRINGERVILLE AZ 85938 | Tele (928)242-1349<br>Fax: (928)333-1373<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | CHINLE DIALYSIS FACILITY<br>HIGHWAY 191<br>CHINLE AZ 86503 | Tele (928)674-3674<br>Fax: (928)674-3674<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5163 | NORTH COUNTRY HEALTHCARE - ROUND VALLEY<br>488 SOUTH MOUNTAIN AVENUE<br>SPRINGERVILLE AZ 85938 | Tele (928)522-9804<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5770 | NORTH COUNTRY HEALTHCARE, INC. - ST JOHNS INTEGRATION<br>470 WEST CLEVELAND<br>SAINT JOHNS AZ 85936 | Tele (928)522-9879<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2749 | NORTH COUNTRY HEALTHCARE, INC. - ST. JOHNS<br>625 NORTH 13TH WEST<br>SAINT JOHNS AZ 85936 | Tele (928)522-9879<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8845 | HEARING LAB TECHNOLOGY LLC<br>2425 E FLORENCE BLVD<br>CASA GRANDE AZ 85194 | Tele (520)413-6816<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| HAD8089 | JANET DIANE COLEMAN<br>2425 E FLORENCE BLVD<br>CASA GRANDE AZ 85194 | Tele (928)774-9079<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| HADE8205 | PATRICK, CHRISTINA M.<br>2425 E FLORENCE BLVD<br>CASA GRANDE AZ 85194 | Tele (520)413-6822<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7590 | TACHIINII NURSING SERVICES, INC.<br>NAVAJO LUTHERAN MISSION OF ONE MISSION LANE HWY191<br>ROCK POINT AZ 86545 | Tele (844)678-2968<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RGH3899 | SAGE MEMORIAL HOSPITAL<br>STATE ROUTE 264 SOUTH 191<br>GANADO AZ 86505 | Tele (928)755-4541<br>Fax: (928)755-4659<br>Capacity : 25 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H2530 | WHITE MOUNTAIN REGIONAL MEDICAL CENTER<br>118 SOUTH MOUNTAIN AVENUE<br>SPRINGERVILLE AZ 85938 | Tele (928)333-4368<br>Fax: (928)333-4369<br>Capacity : 25 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | DHHS PHS NAIHS CHINLE COMPREHENSIVE HEALTH CARE FACILITY<br>US HWY 191, HOSPITAL ROAD<br>CHINLE AZ 86503 | Tele (928)674-7001<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | PHS INDIAN HOSPITAL<br>PO BOX 649<br>FORT DEFIANCE AZ 86504 | Tele (928)729-8000<br>Fax: (602)263-1618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | WHITE MOUNTAIN REGIONAL MEDICAL CENTER SPECIALTY CLINIC | Tele (928)333-4368 | to |
| | 118 SOUTH MOUNTAIN AVENUE | Fax: ( ) - | |
| | SPRINGERVILLE AZ 85938 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM135 | DEANA JOANNE IRVINE | Tele (928)856-1000 | 11/01/2016 to 10/31/2018 |
| | 382 CHEROKEE | Fax: ( ) - | |
| | FLAGSTAFF AZ 86005 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4620 | APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT | Tele (928)337-7532 | 12/01/2015 to 11/30/2016 |
| | 110 EAST FIRST STREET SOUTH | Fax: (928)337-7592 | |
| | SAINT JOHNS AZ 85936 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4459 | APACHE COUNTY PUBLIC HEALTH SERVICES DISTRICT | Tele (928)333-2415 | 09/01/2016 to 08/31/2017 |
| | 323 SOUTH MOUNTAIN AVENUE | Fax: (928)337-7592 | |
| | SPRINGERVILLE AZ 85938 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6676 | LITTLE COLORADO BEHAVIORAL HEALTH CENTERS | Tele (928)337-4301 | 10/01/2016 to 09/30/2017 |
| | 470 WEST CLEVELAND | Fax: (928)337-2269 | |
| | SAINT JOHNS AZ 85936 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6047 | LITTLE COLORADO BEHAVIORAL HEALTH CENTERS | | | Tele (928)333-2683 | | 10/01/2016 | to | 09/30/2017 |
| | 50 NORTH HOPI | | | Fax: (928)333-5595 | | | | |
| | SPRINGERVILLE | AZ | 85938 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5121 | NORTHERN APACHE COUNTY SPECIAL HEALTH | | | Tele (928)688-3903 | | 06/01/2016 | to | 05/31/2017 |
| | RIO VISTA ESTATES, LOT 24 | | | Fax: (928)688-4471 | | | | |
| | SANDERS | AZ | 86512 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4927 | PIMA COUNTY HEALTH DEPARTMENT - CATALINA | | | Tele (520)243-7911 | | 09/01/2016 | to | 08/31/2017 |
| | 3535 EAST HAWSER ROAD | | | Fax: (520)791-6587 | | | | |
| | CATALINA | AZ | 85739 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6063 | SAGE MEMORIAL HOSPITAL BEHAVIORAL HEALTH CLINIC | | | Tele (928)755-4658 | | 02/01/2016 | to | 01/31/2017 |
| | HIGHWAY 191 AND HIGHWAY 264 | | | Fax: (928)755-4747 | | | | |
| | GANADO | AZ | 86505 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC2967 | ST. MICHAELS CLINIC | | | Tele (928)810-3800 | | 10/01/2016 | to | 09/30/2017 |
| | 359 A WEST HIGHWAY 264 | | | Fax: (928)810-3811 | | | | |
| | SAINT MICHAELS | AZ | 86511 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7868 | WHITE MOUNTAIN REGIONAL MED CTR SPECIALTY CLINIC | | | Tele (928)333-7333 | | 10/10/2016 | to | 09/30/2017 |
| | 110 EAST FIRST STREET SOUTH | | | Fax: ( ) - | | | | |
| | ST JOHNS | AZ | 85936 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | GREASEWOOD CLINIC | | | Tele (928)654-3208 | | | to | |
| | PO BOX 457, HIGHWAY 264 | | | Fax: (928)755-4831 | | | | |
| | GANADO | AZ | 86505 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | SAGE OUTPATIENT CLINIC | | | Tele (928)755-3411 | | | to | |
| | PO BOX 457, HIGHWAY 264 | | | Fax: ( ) - | | | | |
| | GANADO | AZ | 86505 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | CHINLE NURSING HOME | | | Tele (928)674-5216 | | | to | |
| | PO BOX 910 | | | Fax: (928)674-5218 | | | | |
| | CHINLE | AZ | 86503 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8480 | BENALLY, KAMEO R | | | Tele (928)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CROSS CANYON | AZ | 86511 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10005 | CLAUSCHEE, BEMESHIA EVA | | | Tele (928)337-8879 | | 06/14/2016 | to | 06/13/2018 |
| | 555 WEST 7TH SOUTH P O BOX 3030 | | | Fax: ( ) - | | | | |
| | SAINT JOHNS | AZ | 85936 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10248 | EMMA KRISTINE DREHOBL | | | Tele (480)000-0000 | | 08/31/2016 | to | 08/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86005 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7722 | IVY, NANCY C. | | | Tele (928)653-4457 | | 06/01/2016 | to | 05/31/2018 |
| | PO 2000 HWY 13 RTE 33 | | | Fax: (928)653-4415 | | | | |
| | RED VALLEY | AZ | 86544 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8195 | LAUREN MICHELLE ASHLEY | | | Tele (928)674-2840 | | 02/01/2016 | to | 01/31/2018 |
| | PO BOX 478 | | | Fax: ( ) - | | | | |
| | CHINLE | AZ | 86503 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9459 | SILVER, JUDITH S. | | | Tele (520)000-0000 | | 06/10/2015 | to | 06/09/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85194 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0321 | BLAKEMORE, SUE E. | | | Tele (602)421-3846 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | HUMBOLDT | AZ | 86329 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6241 | BOND, CANDICE G. | | | Tele (928)337-2279 | 08/01/2016 to 07/31/2018 |
| | PO BOX 3060 450 SOUTH 13TH WEST | | | Fax: ( ) - | |
| | SAINT JOHNS | AZ | 85936 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1200 | BRAXTON, EDNA A. | | | Tele (928)674-2840 | 08/01/2016 to 07/31/2018 |
| | P.O. BOX 478 HWY 191 | | | Fax: ( ) - | |
| | CHINLE | AZ | 86503 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0032 | BRUTZ, LORETTA R. | | | Tele (928)000-0000 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | WINDOW ROCK | AZ | 86515 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5979 | CORDOVA, NATALIE S. | | | Tele (928)928-6580 | 08/01/2016 to 07/31/2018 |
| | PO BOX 610 | | | Fax: ( ) - | |
| | SPRINGERVILLE | AZ | 85938 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2169 | HULL, MARCIA J. | | | Tele (970)749-7437 | 07/01/2016 to 06/30/2018 |
| | PO BOX 2007 | | | Fax: ( ) - | |
| | RED VALLEY | AZ | 86544 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4092 | JESSICA LYNN COLLINS | | | Tele (602)000-0000 | 11/10/2016 to 11/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86005 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6665 | JOHN, MAE Y. | | | Tele (928)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAINT MICHAELS | AZ | 86511 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4137 | LAWS, MARY E. | | | Tele (928)000-0000 | 09/01/2016 to 07/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | CONCHO | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7527 | SEILER, LOUISE B. | | | Tele (928)524-1743 | 02/01/2016 to 01/31/2018 |
| | 294 W CARLOS AVE | | | Fax: ( ) - | |
| | CONCHO | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7362 | SHARON M BRADY | | | Tele (928)729-6702 | 08/01/2016 to 07/31/2018 |
| | PO BOX 559 | | | Fax: (928)729-6720 | |
| | FORT DEFIANCE | AZ | 86504 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4028 | SULLIVAN, DOLORES A. | | | Tele (928)871-2822 | 03/01/2016 to 02/28/2018 |
| | P O BOX 100 | | | Fax: (928)871-2837 | |
| | SAINT MICHAELS | AZ | 86511 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4524 | TSOSIE, MICHELLE | | | Tele (928)728-3701 | 09/01/2016 to 08/31/2018 |
| | BOX PTT-RRTP | | | Fax: ( ) - | |
| | RED VALLEY | AZ | 86544 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5588 | BEGAY, JANICE | | | Tele (928)871-4311 | 08/01/2016 to 07/31/2018 |
| | PO BOX 4198 | | | Fax: (928)871-4341 | |
| | HOUCK | AZ | 86506 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5411 | LEE, ELAINE M. | | | Tele (928)524-2123 | 02/01/2016 to 01/31/2018 |
| | PO BOX 668 | | | Fax: ( ) - | |
| | CONCHO | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - APACHE Total = 73

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL5348 | OLIVIERI, ANNE | | | Tele (928)688-4713 | | 12/01/2015 | to | 11/30/2017 |
| | P O BOX 250 | | | Fax: (928)688-4715 | | | | |
| | SANDERS | AZ | 86512 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL1818 | WHITEHEAD, SUSAN M. | | | Tele (928)656-3252 | | 01/01/2016 | to | 12/31/2017 |
| | P O BOX 102 | | | Fax: ( ) - | | | | |
| | TEEC NOS POS | AZ | 86514 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - COCHISE Total = 222

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | COCHISE EYE AND LASER/RF EYE PC | | | Tele (520)458-8131 | | | to | |
| | 2445 EAST WILLCOX DRIVE | | | Fax: (520)458-0422 | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | SOUTHWESTERN EYE CENTER SURGICENTER - SIERRA VISTA | | | Tele (520)459-6860 | | | to | |
| | 75 COLONIA DE SALUD | | | Fax: (480)833-6246 | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4603 | BRIGHTSTAR HEALTHCARE | | | Tele | (520)335-6680 | 03/01/2017 | to | 02/28/2018 |
| | 4024 LA LINDA WAY | | | Fax: | (520)335-6681 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4118 | THOROUGHCARE HOME HEALTH | | | Tele | (520)803-1234 | 01/01/2016 | to | 12/31/2016 |
| | 4524 EAST HEREFORD ROAD | | | Fax: | (520)803-6552 | | | |
| | HEREFORD | AZ | 85615 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9636C | BEEHIVE HOMES OF SIERRA VISTA | | | Tele | (520)335-6880 | 01/01/2017 | to | 12/31/2017 |
| | 4110 EAST ANDERSON STREET | | | Fax: | (520)335-6881 | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1138C | CYPRESS INN ASSISTED LIVING CENTER | | | Tele | (520)364-7232 | 06/01/2016 | to | 05/31/2017 |
| | 757 12TH STREET | | | Fax: | (520)364-5322 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 30 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2266C | PRESTIGE ASSISTED LIVING AT SIERRA VISTA | | | Tele | (520)452-1402 | 09/01/2016 | to | 08/31/2017 |
| | 4400 AVENIDA COCHISE | | | Fax: | (520)452-9757 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 67 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9480C | VIA ELEGANTE, SIERRA VISTA<br>4120 EAST RAMSEY ROAD<br>HEREFORD AZ 85615 | Tele (520)398-4748<br>Fax: (520)843-2797<br>Capacity : 61 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7185H | ARIZONA SKYLINE ASSISTED LIVING HOME, LLC<br>311 NORTH SADDLE VISTA ROAD<br>BENSON AZ 85602 | Tele (520)686-0119<br>Fax: (520)300-8450<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL8170H | ARIZONA SKYLINE ASSISTED LIVING HOME, LLC<br>423 NORTH SADDLE VISTA ROAD<br>BENSON AZ 85602 | Tele (520)586-8540<br>Fax: (520)300-8450<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL8631H | CASA DE ANGELES ASSISTED LIVING, INC.<br>424 WEST KAIBAB WAY<br>COCHISE AZ 85606 | Tele (520)826-4065<br>Fax: (520)826-4065<br>Capacity : 10 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7538H | CASA DE LAS MONTANAS, LLC<br>777 GOLF LINKS ROAD<br>SIERRA VISTA AZ 85635 | Tele (520)452-1600<br>Fax: (520)452-0710<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9536H | ESTHER ADULT CARE HOME | | | Tele (520)364-6477 | 09/01/2016 to 08/31/2017 |
| | 2001 EAST 14TH STREET | | | Fax: (520)364-6477 | |
| | DOUGLAS | AZ | 85607 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6133H | GARDEN TERRACE ASSISTED LIVING | | | Tele (520)459-0005 | 07/01/2016 to 06/30/2017 |
| | 1100 SOUTH CHAPARRAL CIRCLE | | | Fax: (520)459-8461 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7615H | GOLDEN OAKS ANNEX ASSISTED LIVING, LLC | | | Tele (520)378-9540 | 08/01/2016 to 07/31/2017 |
| | 8103 SOUTH GEOFFRION STREET | | | Fax: (520)378-3074 | |
| | HEREFORD | AZ | 85615 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9655H | GOLDEN OAKS CANYON ASSISTED LIVING | | | Tele (520)803-0118 | 02/01/2017 to 01/31/2018 |
| | 5433 SOUTH CALLE METATE | | | Fax: (520)378-3074 | |
| | SIERRA VISTA | AZ | 85650 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8815H | OLIVE BRANCH HOME CARE, LLC | | | Tele (520)378-9516 | 11/01/2016 to 10/31/2017 |
| | 4916 SANTA ANA AVENUE | | | Fax: (520)224-5156 | |
| | SIERRA VISTA | AZ | 85650 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7902H | SOLACE PLACE | | | Tele | (520)335-2019 | 02/01/2017 | to | 01/31/2018 |
| | 600 HEATHER DRIVE | | | Fax: | (520)335-5052 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9837H | TRUDY'S ADULT CARE HOME | | | Tele | (520)335-6158 | 10/01/2016 | to | 09/30/2017 |
| | 1410 CALLE AMABLE | | | Fax: | (520)335-6150 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9086H | VALLEY VISTA ASSISTED LIVING, LLC | | | Tele | (520)432-2232 | 06/01/2016 | to | 05/31/2017 |
| | 5867 WEST DOUBLE ADOBE ROAD | | | Fax: | (520)432-2232 | | | |
| | MC NEAL | AZ | 85617 | Capacity : | 6 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7001H | WINDMILL RANCH | | | Tele | (520)803-1234 | 02/01/2017 | to | 01/31/2018 |
| | 5605 EAST LABRADOR LANE | | | Fax: | (520)803-6552 | | | |
| | HEREFORD | AZ | 85615 | Capacity : | 8 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4500 | BENSON DESERT SUNRISE | | | Tele | (480)831-7566 | 09/01/2016 | to | 08/31/2017 |
| | 470 SOUTH OCOTILLO | | | Fax: | (480)831-7563 | | | |
| | BENSON | AZ | 85602 | Capacity : | 21 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4451 | LUMINARIA, LLC | | | Tele | (520)466-2233 | 04/01/2016 | to | 03/31/2017 |
| | 17A DOUGLAS HWY | | | Fax: | (520)466-2242 | | | |
| | BISBEE | AZ | 85603 | Capacity : | 7 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2640 | PASADERA BEHAVIORAL HEALTH NETWORK (WOMENS TRANSITION PROJECT) | | | Tele | (520)628-3400 | 11/01/2016 | to | 10/31/2017 |
| | 240 O'HARA AVENUE | | | Fax: | (520)628-3401 | | | |
| | BISBEE | AZ | 85603 | Capacity : | 9 | Medcaid_Cert: | | Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3764 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC | | | Tele | (520)686-9436 | 01/01/2017 | to | 12/31/2017 |
| | 505 EAST 5TH STREET | | | Fax: | (520)586-4710 | | | |
| | BENSON | AZ | 85602 | Capacity : | 4 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH1422 | MARY'S MISSION AND DEVELOPMENT CENTER | | | Tele | (520)417-2115 | 04/01/2016 | to | 03/31/2017 |
| | 345 TAYLOR DRIVE | | | Fax: | (520)417-2114 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 16 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2206 | MARY'S MISSION AND DEVELOPMENTAL CENTER | | | Tele | (520)417-2115 | 01/01/2017 | to | 12/31/2017 |
| | 8360 SOUTH HIGHWAY 92 | | | Fax: | (520)417-2114 | | | |
| | HEREFORD | AZ | 85615 | Capacity : | 8 | Medcaid_Cert: | | Certified |

## Sub-Type : CHILD CARE CENTER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12508 | ALL SAINTS CATHOLIC SCHOOL | | | Tele (520)378-7012 | 07/01/2015 to 06/30/2018 |
| | 1425 EAST YAQUI STREET | | | Fax: (520)378-2726 | |
| | SIERRA VISTA | AZ | 85650 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9789 | BENSON HEAD START | | | Tele (520)586-7174 | 03/01/2014 to 02/28/2017 |
| | 300 WEST UNION STREET | | | Fax: (520)622-1927 | |
| | BENSON | AZ | 85602 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15626 | BEREAN PRE-SCHOOL | | | Tele (520)458-2236 | 11/01/2016 to 10/31/2019 |
| | 4699 EAST HWY 90 | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 138 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5245 | BONITA HEADSTART | | | Tele (520)364-4347 | 01/01/2016 to 12/31/2018 |
| | 1201 16TH STREET | | | Fax: (520)622-1927 | |
| | DOUGLAS | AZ | 85607 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15907 | CACTUS WREN COOPERATIVE PRESCHOOL | | | Tele (520)227-9218 | 08/01/2014 to 07/31/2017 |
| | 800 TAYLOR DR | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3752 | CARMICHAEL HEAD START | | | Tele (520)458-4366 | 11/01/2015 to 10/31/2018 |
| | 701 CARMICHAEL AVENUE | | | Fax: (520)622-1927 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14350 | CENTER FOR ACADEMIC SUCCESS PRESCHOOL | | | Tele (520)439-3526 | 09/01/2014 to 08/31/2017 |
| | 900 CARMELITA AVE | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1106 | CHILDTIME CHILD CARE | | | Tele (520)459-2909 | 08/01/2016 to 07/31/2019 |
| | 1299 NORTH 7TH STREET | | | Fax: (520)459-5463 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 109 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8138 | COBRE DEL SOL HEAD START | | | Tele (520)432-2664 | 03/01/2014 to 02/28/2017 |
| | 951 HEAD START WAY | | | Fax: (520)622-1927 | |
| | BISBEE | AZ | 85603 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16360 | COMMUNITY MONTESSORI SCHOOL OF BISBEE | | | Tele (520)249-5789 | 09/01/2015 to 08/31/2018 |
| | 1900 S NACO HWY | | | Fax: ( ) - | |
| | BISBEE | AZ | 85603 | Capacity : 32 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0897 | COMMUNITY PRESBYTERIAN CHURCH PRESCHOOL | | | Tele | (520)586-4634 | 12/01/2016 | to | 11/30/2019 |
| | 590 SOUTH HUACHUCA STREET | | | Fax: | ( ) - | | | |
| | BENSON | AZ | 85602 | Capacity : | 52 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16633 | COQUI CHILDREN'S CENTER | | | Tele | (520)364-1327 | 11/01/2016 | to | 10/31/2019 |
| | 721 ELEVENTH STREET | | | Fax: | (520)805-1452 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-1413 | FIRST BAPTIST CHRISTIAN ACADEMY | | | Tele | (520)458-2983 | 09/01/2014 | to | 08/31/2017 |
| | 1447 SOUTH 7TH STREET | | | Fax: | (520)458-8399 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 325 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16972 | GREAT EXPECTATIONS EARLY LEARNING CENTER | | | Tele | (520)458-3965 | 07/01/2014 | to | 06/30/2017 |
| | 1764 PASEO SAN LUIS | | | Fax: | (520)458-7258 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 167 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0424 | LA ESCUELITA HEAD START | | | Tele | (520)364-8298 | 02/01/2014 | to | 01/31/2017 |
| | 460 1/2 F AVENUE | | | Fax: | (520)622-1927 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13286 | LOMELI'S CHILDCARE CENTER | | | Tele (520)364-3007 | 04/01/2016 to 03/31/2019 |
| | 1240 EAST 23RD STREET | | | Fax: (520)364-4290 | |
| | DOUGLAS | AZ | 85607 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16771 | LOMELIS TOO CHILDCARE CENTER | | | Tele (520)805-3007 | 10/01/2016 to 09/30/2019 |
| | 1025 10TH ST | | | Fax: (520)805-3008 | |
| | DOUGLAS | AZ | 85607 | Capacity : 124 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3052 | PUEBLO DEL SOL HEAD START | | | Tele (520)458-9749 | 04/01/2014 to 03/31/2017 |
| | 5142 PASEO LAS PALMAS | | | Fax: (520)622-1927 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17777 | SAN PEDRO VALLEY DAYCARE AND PRESCHOOL | | | Tele (520)586-4314 | 11/18/2016 to 10/31/2019 |
| | 1275 EAST BARNEY LANE | | | Fax: ( ) - | |
| | BENSON | AZ | 85602 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3226 | SHEPHERD'S FOLD CHILD CARE CENTER | | | Tele (520)459-0115 | 09/01/2014 to 08/31/2017 |
| | 101 NORTH LENZNER AVENUE | | | Fax: (520)459-0115 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 88 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5464 | THE LEARNING TREE PRESCHOOL | | | Tele (520)458-3520 | 09/01/2016 to 08/31/2019 |
| | 620 EAST MYER DRIVE | | | Fax: (520)458-4230 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 103 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4932 | THE VILLAGE CHRISTIAN PRESCHOOL | | | Tele (520)378-4310 | 02/01/2015 to 01/31/2018 |
| | 3225 SAINT ANDREWS DRIVE | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14884 | TINY TOTS DAYCARE CENTER | | | Tele (520)803-9534 | 06/01/2015 to 05/31/2018 |
| | 4431 SOUTH HIGHWAY 92 | | | Fax: (520)803-9534 | |
| | SIERRA VISTA | AZ | 85650 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8060 | TRINITY PRE SCHOOL/ CHILD CARE | | | Tele (520)432-2696 | 08/01/2014 to 07/31/2017 |
| | 216 ARIZONA STREET | | | Fax: ( ) - | |
| | BISBEE | AZ | 85603 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17453 | U3 ACADEMY CHILDCARE CENTER L.L.C. | | | Tele (520)686-7877 | 04/20/2016 to 03/31/2019 |
| | 128 NORTH 7TH STREET | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12591 | WESLEYAN PRESCHOOL & DAY CARE<br>151 SOUTH CURTIS AVENUE<br>WILLCOX AZ 85643 | Tele (520)766-3482<br>Fax: (520)384-3692<br>Capacity : 59 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6218 | WILLCOX HEAD START<br>501 WEST STEWART STREET<br>WILLCOX AZ 85643 | Tele (520)384-0016<br>Fax: (520)622-1927<br>Capacity : 59 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8720 | WILLCOX MIGRANT & SEASONAL HEAD START<br>611 NORTH BISBEE AVENUE<br>WILLCOX AZ 85643 | Tele (520)384-3140<br>Fax: ( ) -<br>Capacity : 135 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17759 | B.U.S.D.#9 - BOBCAT CITIZEN PRESCHOOL<br>200 WEST UNION STREET<br>BENSON AZ 85602 | Tele (520)720-6750<br>Fax: (520)720-6708<br>Capacity : 59 | 10/20/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16352 | D.U.S.D.#27 - CLAWSON ELEMENTARY SCHOOL-PRESCHOOL<br>1235 SEVENTH STREET<br>DOUGLAS AZ 85607 | Tele (520)364-8466<br>Fax: (520)224-2475<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15228 | D.U.S.D.#27 - DOUGLAS HIGH SCHOOL C T E/ E C E PRESCHOOL<br>1500 15TH STREET<br>DOUGLAS AZ 85607 | Tele (520)364-3462<br>Fax: (520)805-4171<br>Capacity : 25 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15897 | D.U.S.D.#27 - FARAS ELEMENTARY<br>410 W FIR AVENUE<br>PIRTLEVILLE AZ 85626 | Tele (520)364-8461<br>Fax: (520)805-4148<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17344 | D.U.S.D.#27 - JOE CARLSON ELEMENTARY SCHOOL<br>1700 LOUIS AVENUE<br>DOUGLAS AZ 85607 | Tele (520)364-2447<br>Fax: (520)805-5531<br>Capacity : 31 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17345 | D.U.S.D.#27 - SARAH MARLEY ELEMENTARY SCHOOL<br>735 EAST 7TH STREET<br>DOUGLAS AZ 85607 | Tele (520)364-3408<br>Fax: (520)805-5534<br>Capacity : 49 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16051 | HUACHUCA CITY ELEMENTARY SCHOOL<br>100 SCHOOL DRIVE<br>HUACHUCA CITY AZ 85616 | Tele (520)456-9842<br>Fax: (520)456-9811<br>Capacity : 10 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6318 | S.V.U.S.D.#68 - CARMICHAEL ELEMENTARY SCHOOL<br>701 CARMICHAEL N.E.<br>SIERRA VISTA AZ 85635 | Tele (520)515-2950<br>Fax: ( ) -<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6287 | S.V.U.S.D.#68 - TOWN AND COUNTRY ELEMENTARY SCHOOL<br>1313 SOUTH LENZNER<br>SIERRA VISTA AZ 85635 | Tele (520)515-2980<br>Fax: ( ) -<br>Capacity : 165 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13766 | SHEPARDS COTTAGE<br>6460 E HWY 181<br>PEARCE AZ 85625 | Tele (520)824-3340<br>Fax: (520)824-0505<br>Capacity : 10 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7851 | W.U.S.D. - FIRST STEPS PRESCHOOL<br>501 WEST DELOS ST<br>WILLCOX AZ 85643 | Tele (520)384-8784<br>Fax: ( ) -<br>Capacity : 20 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-17035 | CARALYNN'S DAYCARE<br>1321 EAST MORRIS LANE<br>POMERENE AZ 85627 | Tele (520)586-9194<br>Fax: (520)586-9194<br>Capacity : 10 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-5825 | CENIA ROMAN | | | Tele (520)805-1305 | 09/01/2014 to 08/31/2017 |
| | 115 PALM AVENUE | | | Fax: ( ) - | |
| | PIRTLEVILLE | AZ | 85626 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15607 | GOLDEN CHILD | | | Tele (520)364-3530 | 01/01/2017 to 12/31/2019 |
| | 901 7TH ST | | | Fax: ( ) - | |
| | DOUGLAS | AZ | 85607 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16899 | JOSEFINA'S CHILD CARE | | | Tele (520)368-6006 | 04/16/2014 to 03/31/2017 |
| | 403 QUAIL RUN AVE | | | Fax: ( ) - | |
| | DOUGLAS | AZ | 85607 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17582 | KIDS R US | | | Tele (520)507-1910 | 05/09/2016 to 04/30/2019 |
| | 1019 EAST JUSTIN STREET | | | Fax: ( ) - | |
| | PEARCE | AZ | 85625 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15328 | LITTLE ANGEL'S DAYCARE | | | Tele (520)335-2191 | 04/01/2016 to 03/31/2019 |
| | 924 OCOTILLO DR | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-15779 | MARIA'S DAY CARE | | | Tele (520)364-1244 | | 08/01/2014 | to | 07/31/2017 |
| | 2101 13TH ST | | | Fax: ( ) - | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 10 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-15543 | MONICA'S DAYCARE | | | Tele (520)805-0060 | | 10/01/2016 | to | 09/30/2019 |
| | 2514 6TH ST | | | Fax: (520)805-0943 | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 10 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-9183 | SAIDA MOROYOQUI | | | Tele (520)364-7288 | | 11/01/2015 | to | 10/31/2018 |
| | 2300 E 13TH STREET | | | Fax: ( ) - | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 10 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2504 | AIRES LLC / CALLE VISTA | | | Tele (520)459-5362 | | 02/24/2015 | to | 02/28/2017 |
| | 3900 PROCONA PLACE | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1525 | AIRES, LLC / 2ND | | | Tele (520)227-6679 | | 02/28/2015 | to | 02/28/2017 |
| | 610 SOUTH 2ND STREET | | | Fax: (520)792-5801 | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0905 | AIRES, LLC / ATSINA | | | Tele (520)227-6679 | 02/28/2015 to 02/28/2017 |
| | 3350 ATSINA DRIVE | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85650 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH32 | AIRES, LLC / BARONA B | | | Tele (520)227-6679 | 02/28/2015 to 02/28/2017 |
| | 4147 EAST CALLE BARONA, UNIT B | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH41 | AIRES, LLC / MERITO HOME A | | | Tele (520)227-6679 | 02/28/2015 to 02/28/2017 |
| | 1361 PLAZA MERITO , UNIT A | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH42 | AIRES, LLC / MERITO HOME B | | | Tele (520)227-6679 | 02/28/2015 to 02/28/2017 |
| | 1361 PLAZA MERITO UNIT B | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH43 | AIRES, LLC / MERITO HOME C | | | Tele (520)227-6679 | 02/28/2015 to 02/28/2017 |
| | 1361 PLAZA MERITO, UNIT C | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2683 | AIRES, LLC / MONTE VISTA | | | Tele (520)459-5393 | 10/26/2016 to 09/30/2018 |
| | 911 MONTE VISTA | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2610 | AIRES, LLC / MONTROSE | | | Tele (520)227-6679 | 02/17/2016 to 01/31/2018 |
| | 999 MONTROSE AVE | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2611 | AIRES, LLC / TANNER | | | Tele (520)227-6679 | 02/17/2016 to 01/31/2018 |
| | 536 TANNER DR | | | Fax: (520)792-5801 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1639 | COMMUNITY PROVIDER OF ENRICHMENT / NEW BEGINNINGS | | | Tele (520)459-4856 | 02/28/2015 to 02/28/2017 |
| | 3721 CASPER DRIVE | | | Fax: (602)431-9538 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH238 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC / CASAS LINDAS | | | Tele (520)384-0018 | 01/01/2016 to 12/31/2017 |
| | 1005 S GRANADA | | | Fax: (520)884-0383 | |
| | WILLCOX | AZ | 85643 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH0925 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC. / HOBBIT | | | Tele | (520)805-9123 | 04/30/2015 | to | 04/30/2017 |
| | 2116 E 8TH STREET | | | Fax: | (520)805-9123 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1256 | COMMUNITY PROVIDER OF ENRICHMENT, INC. / CASA ALLEGRE | | | Tele | (520)432-3993 | 11/01/2016 | to | 10/31/2018 |
| | 110 OCOTILLO STREET | | | Fax: | (520)884-0383 | | | |
| | BISBEE | AZ | 85603 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2577 | CPES / PARADISE | | | Tele | (520)364-3035 | 10/30/2015 | to | 09/30/2017 |
| | 4205 N SANTE FE | | | Fax: | (520)884-0383 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1323 | CPES, INC / 601-RESPITE HOUSE | | | Tele | (520)458-4464 | 02/28/2015 | to | 02/28/2017 |
| | 1249 ANDREA DRIVE | | | Fax: | (602)431-9538 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1638 | CPES, INC / CASA SAN PEDRO | | | Tele | (520)459-7521 | 02/28/2015 | to | 02/28/2017 |
| | 2942 GOLDEN EAGLE DRIVE | | | Fax: | (602)431-9538 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2607 | DANVILLE SERVICES OF ARIZONA / DOMINGUEZ<br>1739 W DOMINGUEZ<br>NACO AZ 85620 | Tele (520)353-4004<br>Fax: (520)353-4020<br>Capacity : Not Applicable | 01/28/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2580 | DANVILLE SERVICES OF ARIZONA, LLC / COY<br>1085 SOUTH COY STREET<br>BISBEE AZ 85603 | Tele (520)307-3167<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/14/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2601 | EASTER SEALS BLAKE FOUNDATION / MARTIN HOME<br>249 E MARTIN<br>SIERRA VISTA AZ 85635 | Tele (520)429-8269<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/26/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2536 | RISE INC / SUFFOLK<br>844 JEMEZ COURT<br>SIERRA VISTA AZ 85635 | Tele (520)378-9513<br>Fax: (520)378-6992<br>Capacity : Not Applicable | 05/20/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1790 | ANESKO, RICHARD C.<br>157 N CORONADO, SUITE B<br>SIERRA VISTA AZ 85635 | Tele (520)629-4802<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1692 | CEGAVSKE, BETH G | | | Tele (520)378-1212 | | 12/01/2015 | to | 11/30/2017 |
| | 3499 CANYON DE FLORES, SUITE A | | | Fax: (520)378-7058 | | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1304 | GURTLER, KRESENT O. | | | Tele (520)459-0688 | | 04/01/2016 | to | 03/31/2018 |
| | 2460 EAST WILCOX DRIVE | | | Fax: (520)459-0689 | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9493 | LASZOK, SARAH ELIZABETH | | | Tele (520)000-0000 | | 06/12/2015 | to | 06/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA8766 | MORRIS, NICOLE M | | | Tele (480)580-7980 | | 04/01/2016 | to | 03/31/2018 |
| | 1989 S FRONTAGE RD | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA6473 | SYLVIA KIM VALVERDE | | | Tele (520)227-6674 | | 12/01/2016 | to | 11/30/2018 |
| | 86 MDS | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA193 | WEBB, MICHAEL O. | | | Tele (877)508-1130 | 05/01/2016 to 04/30/2018 |
| | 4524 E HEREFORD RD | | | Fax: (877)508-1130 | |
| | HEREFORD | AZ | 85615 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4246 | DOUGLAS DIALYSIS CENTER | | | Tele (520)364-2204 | 09/01/2016 to 08/31/2017 |
| | 99 16TH STREET | | | Fax: (520)364-2296 | |
| | DOUGLAS | AZ | 85607 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0605 | SIERRA VISTA DIALYSIS | | | Tele (520)459-7791 | 04/01/2016 to 03/31/2017 |
| | 629 NORTH HIGHWAY 90, SUITE 6 | | | Fax: (520)459-7129 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9343 | HEARING CENTER OF SIERRA VISTA, LLC | | | Tele (520)458-3383 | 05/19/2015 to 05/31/2017 |
| | 1989 S FRONTAGE RD | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9563 | MARY HELEN LIZARRAGA | | | Tele (520)378-3277 | 05/18/2016 to 05/31/2018 |
| | 3477 CANYON DE FLORES SUITE C | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85650 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD7086 | NORTHLAND HEARING CENTERS, INC.<br>2325 E FRY BLVD<br>SIERRA VISTA AZ 85635 | Tele (520)226-0075<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD1906 | VILLALVAZO, JORGE A.<br>1989 S FRONTAGE ROAD<br>SIERRA VISTA AZ 85635 | Tele (520)458-3383<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5230 | BAYADA HOME HEALTH CARE, INC.<br>1967 SOUTH FRONTAGE ROAD<br>SIERRA VISTA AZ 85635 | Tele (520)459-4800<br>Fax: (520)458-5900<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0212 | COPPER VALLEY HOME HEALTH<br>101 COLE AVENUE<br>BISBEE AZ 85603 | Tele (520)432-7450<br>Fax: (520)432-8092<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7010 | LEGACY HOME HEALTH CARE GRAHAM COUNTY<br>145 EAST MALEY STREET<br>WILLCOX AZ 85643 | Tele (928)632-2373<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4792 | LEGACY HOME HEALTHCARE OF SOUTHERN ARIZONA, LLC<br>4996 EAST MEDITERRANEAN DRIVE, SUITE D<br>SIERRA VISTA AZ 85635 | Tele (520)335-6118<br>Fax: (888)504-1425<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA6232 | TRINITY VISITING NURSE & HOMECARE, LLC<br>302 EL CAMINO REAL, BUILDING 10, SUITE F<br>SIERRA VISTA AZ 85635 | Tele (520)458-1536<br>Fax: (520)458-4245<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC0023 | CASA DE LA PAZ HOSPICE<br>185 SOUTH MOORMAN AVENUE<br>SIERRA VISTA AZ 85635 | Tele (520)263-3835<br>Fax: (520)417-3297<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC2902 | CHARLES WM LEIGHTON, JR. HOSPICE<br>524 WEST MALEY PLACE<br>WILLCOX AZ 85643 | Tele (520)384-5878<br>Fax: (520)384-4127<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC4374 | VALOR HOSPICECARE, LLC<br>1048 EAST FRY BOULEVARD, SUITE E<br>SIERRA VISTA AZ 85635 | Tele (520)458-9450<br>Fax: (520)458-9455<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RGH0096 | BENSON HOSPITAL CORPORATION<br>450 SOUTH OCOTILLO AVENUE<br>BENSON AZ 85602 | Tele (520)586-2261<br>Fax: (520)586-2265<br>Capacity : 22 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| RGH0098 | COPPER QUEEN COMMUNITY HOSPITAL<br>101 COLE AVENUE<br>BISBEE AZ 85603 | Tele (520)432-6401<br>Fax: (520)432-1724<br>Capacity : 14 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| RGH0128 | NORTHERN COCHISE COMMUNITY HOSPITAL, INC.<br>901 WEST REX ALLEN DRIVE<br>WILLCOX AZ 85643 | Tele (520)384-3541<br>Fax: (520)384-6365<br>Capacity : 24 | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | US ARMY HOSPITAL-FT HUACHUCA<br>45001 WINROW SREET<br>FORT HUACHUCA AZ 85613 | Tele (520)444-4444<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H7130 | CANYON VISTA MEDICAL CENTER<br>5700 EAST HIGHWAY 90<br>SIERRA VISTA AZ 85635 | Tele (520)417-3001<br>Fax: (520)417-3297<br>Capacity : 100 | 05/19/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SABH6938 | BENSON STABILIZATION AND RECOVERY UNIT<br>646 UNION STREET<br>BENSON AZ 85602 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 9 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BENSON HOSPITAL PHYSICAL THERAPY<br>500 SOUTH HIGHWAY 80, SUITE B<br>BENSON AZ 85602 | Tele (520)720-6535<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | CANYON VISTA MEDICAL CENTER INFUSION AND ADVANCED WOUND CARE CENTER<br>5750 EAST HIGHWAY 90, SUITE 150 & 190<br>SIERRA VISTA AZ 85635 | Tele (520)417-3000<br>Fax: (520)417-3297<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | CANYON VISTA MEDICAL CENTER LAB DRAWS<br>185 SOUTH MOORMAN AVENUE<br>SIERRA VISTA AZ 85635 | Tele (520)263-2350<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | CANYON VISTA MEDICAL CENTER REHABILITATION SERVICES<br>5750 EAST HIGHWAY 90 SUITE 100<br>SIERRA VISTA AZ 85635 | Tele (520)417-4560<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

Sub-Type : MIDWIFE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM095 | GREGG, DIANE ELIZABETH<br>821 HWY 92<br>BISBEE AZ 85603 | Tele (520)432-7411<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| LM121 | RICHARDSON, DARCI P.<br>470 E, FRY BLVD<br>SIERRA VISTA AZ 85635 | Tele (520)234-8610<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM130 | FRITZ, STEPHANIE LYNNE<br>2111 CRISTINA AVENUE<br>SIERRA VISTA AZ 85635 | Tele (520)266-0738<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5111 | 15TH STREET PEDIATRIC CENTER OF EXCELLENCE<br>815 15TH STREET<br>DOUGLAS AZ 85607 | Tele (520)364-1429<br>Fax: (520)364-2998<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7680 | ARIZONA COUNSELING & TREATMENT SERVICES<br>114 & 116 SOUTH ARIZONA AVENUE<br>WILLCOX AZ 85644 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7684 | ARIZONA COUNSELING & TREATMENT SERVICES<br>24 HOWELL AVENUE<br>BISBEE AZ 85603 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7681 | ARIZONA COUNSELING & TREATMENT SERVICES<br>2039 EAST WILCOX DRIVE, SUITES A & B<br>SIERRA VISTA AZ 85635 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7686 | ARIZONA COUNSELING & TREATMENT SERVICES<br>500 SOUTH HIGHWAY 80, SUITE A<br>BENSON AZ 85602 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7526 | ARIZONA'S CHILDREN ASSOCIATION<br>942 EAST FRY BOULEVARD<br>SIERRA VISTA AZ 85635 | Tele (602)234-3733<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/14/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7709 | BANNER UNIVERSITY - DIAMOND CHILDREN'S PEDIATRIC CARDIOLOGY - DOUGLAS<br>815 EAST 15TH STREET<br>DOUGLAS AZ 85607 | Tele (520)694-5437<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/03/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7028 | BANNER UNIVERSITY MEDICAL GROUP SIERRA VISTA<br>3533 CANYON DE FLORES, SUITE C<br>SIERRA VISTA AZ 85650 | Tele (520)458-2000<br>Fax: (520)694-1425<br>Capacity : Not Applicable | 02/28/2015 to 01/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6848 | BENSON OUTPATIENT SERVICE CENTER<br>470 SOUTH OCOTILLO<br>BENSON AZ 85602 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6234 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC<br>999 EAST FRY BOULEVARD, SUITE 221 & 222<br>SIERRA VISTA AZ 85635 | Tele (520)686-9436<br>Fax: (480)586-4710<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7455 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC<br>870 WEST 4TH STREET<br>BENSON AZ 85602 | Tele (520)686-9436<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/02/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6312 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC<br>1815 9TH STREET<br>DOUGLAS AZ 85607 | Tele (520)686-9436<br>Fax: (520)586-4710<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7514 | CARONDELET HEART AND VASCULAR INSTITUTE PHYSICIANS | | | Tele | (520)833-5130 | 12/01/2016 | to | 11/30/2017 |
| | 5700 EAST HIGHWAY 90 | | | Fax: | (520)297-0626 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3370 | CHIRICAHUA COMMUNITY HEALTH CENTER - BISBEE | | | Tele | (520)364-1429 | 12/01/2015 | to | 11/30/2016 |
| | 108 ARIZONA STREET | | | Fax: | (520)364-4261 | | | |
| | BISBEE | AZ | 85603 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0924 | CHIRICAHUA COMMUNITY HEALTH CENTER - CLIFF WHETTEN CLINIC | | | Tele | (520)642-2222 | 12/01/2015 | to | 11/30/2016 |
| | 10566 HIGHWAY 191 | | | Fax: | (520)364-4261 | | | |
| | ELFRIDA | AZ | 85610 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3057 | CHIRICAHUA COMMUNITY HEALTH CENTERS - JENNIFER GINGER RYAN CLINIC | | | Tele | (520)364-1429 | 10/01/2016 | to | 09/30/2017 |
| | 1100 F AVENUE | | | Fax: | (520)364-6970 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7227 | CHIRICAHUA COMMUNITY HEALTH CENTERS SIERRA VISTA | | | Tele | (520)459-3012 | 08/01/2016 | to | 07/31/2017 |
| | 155 CALLE PORTAL, SUITE 300 | | | Fax: | (520)364-4261 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7412 | CHIRICAHUA COMMUNITY HEALTH CENTERS, INC, STE 700 | | | Tele (520)364-1429 | | 11/01/2016 | to | 10/31/2017 |
| | 155 CALLE PORTAL, SUITE 700 | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3625 | COCHISE HEALTH & SOCIAL SERVICES | | | Tele (520)586-8200 | | 10/01/2016 | to | 09/30/2017 |
| | 126 WEST 5TH STREET | | | Fax: (520)586-2051 | | | | |
| | BENSON | AZ | 85602 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0317 | COCHISE HEALTH & SOCIAL SERVICES | | | Tele (520)384-7100 | | 07/01/2016 | to | 06/30/2017 |
| | 450 SOUTH HASKELL | | | Fax: (520)384-0309 | | | | |
| | WILLCOX | AZ | 85643 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5438 | COCHISE HEALTH & SOCIAL SERVICES | | | Tele (520)805-5600 | | 06/01/2016 | to | 05/31/2017 |
| | 1012 G AVENUE | | | Fax: (520)364-5453 | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0314 | COCHISE HEALTH AND SOCIAL SERVICES | | | Tele (520)432-9400 | | 10/01/2016 | to | 09/30/2017 |
| | 1415 WEST MELODY LANE, BUILDING A | | | Fax: (520)432-9480 | | | | |
| | BISBEE | AZ | 85603 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0316 | COCHISE HEALTH AND SOCIAL SERVICES<br>4115 EAST FOOTHILLS DRIVE, SUITE A<br>SIERRA VISTA AZ 85635 | Tele (520)803-3900<br>Fax: (520)459-8195<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6254 | COMMUNITY HEALTH ASSOCIATES - BISBEE<br>1326 HIGHWAY 92, SUITE J<br>BISBEE AZ 85603 | Tele (928)376-0026<br>Fax: (928)376-0026<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6460 | COMMUNITY HEALTH ASSOCIATES - DOUGLAS<br>1701 NORTH DOUGLAS AVENUE<br>DOUGLAS AZ 85607 | Tele (520)366-3133<br>Fax: (928)782-2298<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC5854 | GOOD SAMARITAN SOCIETY- QUIBURI MISSION<br>850 SOUTH HIGHWAY 80<br>BENSON AZ 85602 | Tele (520)586-2372<br>Fax: (520)586-7003<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6847 | HEREFORD PATIENT EXPRESS<br>4524 EAST HEREFORD ROAD, SUITE A<br>HEREFORD AZ 85615 | Tele (520)263-3835<br>Fax: (520)417-3919<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4321 | HIGH DESERT CLINIC URGENT AND OCCUPATIONAL CARE, LLC | | | Tele | (520)459-8915 | 12/01/2015 | to | 11/30/2016 |
| | 77 EAST FRY BOULEVARD | | | Fax: | (520)458-9424 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6687 | IN BALANCE COUNSELING, INC. | | | Tele | (520)722-9631 | 09/01/2016 | to | 08/31/2017 |
| | 3331 NORTH IN BALANCE RANCH ROAD | | | Fax: | (520)722-9676 | | | |
| | HUACHUCA CITY | AZ | 85616 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5503 | MAX MOTION PHYSICAL THERAPY LIMITED PARTNERSHIP | | | Tele | (713)297-7000 | 09/01/2016 | to | 08/31/2017 |
| | 3455 CANYON DE FLORES, SUITE B | | | Fax: | (520)378-2683 | | | |
| | SIERRA VISTA | AZ | 85650 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6753 | P S A BEHAVIORAL HEALTH AGENCY | | | Tele | (602)995-1767 | 10/01/2016 | to | 09/30/2017 |
| | 541 10TH STREET | | | Fax: | (602)995-1863 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6627 | P S A BEHAVIORAL HEALTH AGENCY | | | Tele | (602)995-1767 | 08/01/2016 | to | 07/31/2017 |
| | 1326 HIGHWAY 92, SUITE K | | | Fax: | (602)995-1863 | | | |
| | BISBEE | AZ | 85603 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6116 | P S A BEHAVIORAL HEALTH AGENCY | | | Tele (602)995-1767 | 12/01/2015 to 11/30/2016 |
| | 1500 15TH STREET, ROOM 608 | | | Fax: (602)995-1863 | |
| | DOUGLAS | AZ | 85607 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4892 | PATEL MEDICAL CLINIC, PLLC | | | Tele (520)459-0362 | 08/01/2016 to 07/31/2017 |
| | 1620 EAST WILCOX DRIVE | | | Fax: (520)458-1585 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6246 | PINAL HISPANIC COUNCIL | | | Tele (520)364-4508 | 02/01/2016 to 01/31/2017 |
| | 1930 11TH STREET | | | Fax: (520)364-6439 | |
| | DOUGLAS | AZ | 85607 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6065 | PINAL HISPANIC COUNCIL | | | Tele (520)466-7765 | 02/01/2016 to 01/31/2017 |
| | 1940 11TH STREET | | | Fax: (520)364-6439 | |
| | DOUGLAS | AZ | 85607 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3070 | PROGRESSIVE HEALTHCARE GROUP | | | Tele (520)586-9111 | 11/01/2015 to 10/31/2016 |
| | 300 SOUTH OCOTILLO | | | Fax: (520)586-9091 | |
| | BENSON | AZ | 85602 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6577 | SEABHS - BENSON ADMIN / OUTPATIENT<br>611 WEST UNION STREET<br>BENSON AZ 85602 | Tele (520)221-0468<br>Fax: (520)586-6111<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC7653 | SEABHS BENSON OUTPATIENT TREATMENT CENTER<br>590 SOUTH OCOTILLO AVENUE<br>BENSON AZ 85602 | Tele (520)586-0800<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/26/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6892 | SEABHS SIERRA VISTA OUTPATIENT TREATMENT CENTER<br>4755 CAMPUS DRIVE<br>SIERRA VISTA AZ 85635 | Tele (520)221-0468<br>Fax: (520)586-6111<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7157 | SIERRA VISTA MEDICAL GROUP MULTI SPECIALTY CLINIC<br>5750 EAST HIGHWAY 90, SUITE 200<br>SIERRA VISTA AZ 85635 | Tele (520)417-3835<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7666 | SIERRA VISTA MEDICAL GROUP OB/GYN CLINIC<br>5750 EAST HIGHWAY 90, SUITES 300A & 300B<br>SIERRA VISTA AZ 85635 | Tele (520)263-3835<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/12/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7158 | SIERRA VISTA MEDICAL GROUP PEDIATRICS CLINIC | | | Tele (520)263-3835 | | 05/01/2016 | to | 04/30/2017 |
| | 5750 EAST HIGHWAY 90, SUITE 375 | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7737 | SIERRA VISTA MEDICAL GROUP SURGERY CLINIC | | | Tele (520)263-3835 | | 07/01/2016 | to | 06/30/2017 |
| | 75 COLONIA DE SALUD, SUITE 100 C | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6995 | TELECARE SIERRA VISTA ACT | | | Tele (520)459-9929 | | 01/01/2016 | to | 12/31/2016 |
| | 75 NORTH GARDEN AVENUE | | | Fax: (510)217-9632 | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6801 | TOMBSTONE PATIENT EXPRESS | | | Tele (520)283-3835 | | 08/01/2016 | to | 07/31/2017 |
| | 7 NORTH SAN DIEGO STREET | | | Fax: (520)417-3919 | | | | |
| | TOMBSTONE | AZ | 85638 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6143 | WILLCOX OUTPATIENT TREATMENT CENTER | | | Tele (520)221-0468 | | 02/01/2016 | to | 01/31/2017 |
| | 404 REX ALLEN DRIVE | | | Fax: (520)586-6111 | | | | |
| | WILLCOX | AZ | 85643 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6285 | VISTA MOBILE IMAGING | | | Tele | (520)207-1560 | 02/01/2016 | to | 01/31/2017 |
| | 1865 PASEO SAN LUIS, SUITE B | | | Fax: | (520)398-6238 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | COPPER QUEEN MEDICAL ASSOCIATES-BISBEE | | | Tele | (520)432-2042 | | to | |
| | 101 COLE AVENUE | | | Fax: | (520)432-7724 | | | |
| | BISBEE | AZ | 85603 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | COPPER QUEEN MEDICAL ASSOCIATES-DOUGLAS | | | Tele | (520)364-7659 | | to | |
| | 100 EAST 5TH STREET | | | Fax: | (520)432-1724 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | PALOMINAS/HEREFORD RURAL HEALTH CLINIC | | | Tele | (520)366-0300 | | to | |
| | 10524 EAST HIGHWAY 92 | | | Fax: | (520)432-1724 | | | |
| | PALOMINAS | AZ | 85615 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | SULPHUR SPRINGS MEDICAL CENTER | | | Tele | (520)384-4421 | | to | |
| | 900 WEST SCOTT | | | Fax: | (520)384-4645 | | | |
| | WILLCOX | AZ | 85643 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUNSITES MEDICAL CLINIC | | | Tele (520)826-1089 | | | to |
| | 223 NORTH FRONTAGE ROAD | | | Fax: (520)384-4645 | | | |
| | PEARCE | AZ | 85625 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NCI-399 | GOOD SAMARITAN SOCIETY - QUIBURI MISSION | | | Tele (520)586-2372 | | 07/01/2016 | to 06/30/2017 |
| | 850 SOUTH HIGHWAY 80 | | | Fax: (520)586-7003 | | | |
| | BENSON | AZ | 85602 | Capacity : | 58 | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NCI-2708 | HAVEN OF DOUGLAS, LLC | | | Tele (520)364-7937 | | 02/01/2016 | to 01/31/2017 |
| | 1400 NORTH SAN ANTONIO | | | Fax: (520)805-9146 | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | 60 | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NCI-338 | KINDRED NURSING AND REHABILITATION-HACIENDA | | | Tele (520)459-4900 | | 02/01/2016 | to 01/31/2017 |
| | 660 SOUTH CORONADO DRIVE | | | Fax: (520)458-4082 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 100 | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NCI-392 | LIFE CARE CENTER OF SIERRA VISTA | | | Tele (520)458-1050 | | 07/01/2016 | to 06/30/2017 |
| | 2305 EAST WILCOX DRIVE | | | Fax: (520)458-6944 | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | 152 | Medcaid_Cert: | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-301 | NORTHERN COCHISE NURSING HOME | | | Tele (520)384-3541 | 07/01/2015 to 06/30/2016 |
| | 901 WEST REX ALLEN DRIVE | | | Fax: (520)384-9212 | |
| | WILLCOX | AZ | 85643 | Capacity : 24 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9549 | ARMSTEAD, DIANE M. | | | Tele (520)515-2701 | 07/13/2015 to 07/31/2017 |
| | 3555 E FRY BLVD | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9669 | BOYLES, AMANDA J. | | | Tele (520)515-2701 | 09/24/2015 to 09/30/2017 |
| | 3555 EAST FRY BOULEVARD | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8897 | DARWIN, NANCY K | | | Tele (520)720-6700 | 06/01/2016 to 05/31/2018 |
| | 360 S PATAGONIA ST | | | Fax: (520)720-6701 | |
| | BENSON | AZ | 85602 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9981 | FRESHOUR, BRITTANIE NICOLE | | | Tele (520)000-0000 | 06/24/2016 to 06/23/2018 |
| | AZ PRACTICE NOT REGISTERED | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7896 | HIGGINBOTHAM, RONALD J. | | | Tele (520)720-4781 | | 09/01/2016 | to | 08/31/2018 |
| | 70 EAST PATTON STREET | | | Fax: ( ) - | | | | |
| | SAINT DAVID | AZ | 85630 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8453 | JESSICA JEANETTE FUENTES-VERDUGO | | | Tele (520)000-0000 | | 11/01/2016 | to | 10/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7405 | ROSA M. AGUALLO | | | Tele (520)720-4781 | | 09/01/2016 | to | 08/31/2018 |
| | 70 E PATTON | | | Fax: ( ) - | | | | |
| | SAINT DAVID | AZ | 85630 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6302 | SMITH, DOLORES I. | | | Tele (520)456-9842 | | 09/01/2016 | to | 08/31/2018 |
| | 100 SCHOOL DRIVE | | | Fax: (520)456-9811 | | | | |
| | HUACHUCA CITY | AZ | 85616 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6343 | STREBE, ANGELA S. | | | Tele (928)348-4000 | | 09/01/2016 | to | 08/31/2018 |
| | 1600 20 AVE | | | Fax: (844)285-5710 | | | | |
| | HEREFORD | AZ | 85615 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8077 | SUAREZ, MARIA R | | | Tele (520)000-0000 | | 08/02/2016 | to | 08/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | DOUGLAS | AZ | 85607 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1134 | BERNAL, CAROL D. | | | Tele (520)236-4959 | | 07/01/2016 | to | 06/30/2018 |
| | P.O. BOX 297 | | | Fax: ( ) - | | | | |
| | HEREFORD | AZ | 85615 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4292 | BIRTWELL, DAWN | | | Tele (520)458-1050 | | 12/01/2015 | to | 11/30/2017 |
| | 2305 WILCOX DR | | | Fax: (815)366-5867 | | | | |
| | FRY | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4259 | DUCE, ANNETTE M | | | Tele (520)515-2790 | | 05/01/2016 | to | 04/30/2018 |
| | 3555 EAST FRY BLVD | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4044 | DUFRESNE, MARGARET A. | | | Tele (520)000-0000 | | 01/26/2015 | to | 01/31/2017 |
| | 3555 E FRY BLVD | | | Fax: ( ) - | | | | |
| | SIERRA VISTA | AZ | 85635 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1558 | HEINEMANN, CHRISTINA K | | | Tele (520)366-0381 | 06/01/2016 to 05/31/2018 |
| | PO BOX 610 | | | Fax: ( ) - | |
| | HEREFORD | AZ | 85615 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5810 | HEISE, AMY M. | | | Tele (520)263-3700 | 03/01/2016 to 02/28/2018 |
| | 5700 E HWY 90 | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4538 | JARVIS, MARNY | | | Tele (520)384-8600 | 11/01/2015 to 10/31/2017 |
| | 480 N BISBEE AVE | | | Fax: ( ) - | |
| | WILLCOX | AZ | 85643 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4673 | KELLEY, CORNETA E. | | | Tele (310)345-1636 | 03/01/2016 to 02/28/2018 |
| | 2160 E FRY BLVD SUITE 310 | | | Fax: (520)459-8619 | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6951 | KENYON, JACQUELINE K | | | Tele (520)515-2700 | 09/01/2016 to 08/31/2018 |
| | 3555 E FRY BLVD | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9826 | LITVINAS, NATALIE MOLE | | | Tele (803)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE NOT REGISTERED | | | Fax: ( ) - | |
| | FORT HUACHUCA | AZ | 85613 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7465 | MCNEELEY, CHERYL L. | | | Tele (520)720-4781 | 08/01/2016 to 07/31/2018 |
| | 70 E PATTON ST | | | Fax: ( ) - | |
| | SAINT DAVID | AZ | 85630 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5447 | NUTTALL, PAULA A. | | | Tele (818)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6387 | PADGETT, LAURA L. | | | Tele (520)366-6204 | 10/01/2015 to 09/30/2017 |
| | 10385 E HIGHWAY 92 | | | Fax: ( ) - | |
| | HEREFORD | AZ | 85615 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0587 | PLAMONDON, EMILY A. | | | Tele (600)000-0000 | 01/31/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0924 | SCHRADER, MARGARET A | | | Tele (520)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | WILLCOX | AZ | 85643 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1602 | SHARON ILEEN MILLIGAN | | | Tele (602)741-0797 | 09/01/2016 to 08/31/2018 |
| | 2721 PLAZA DE VIOLA | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85650 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9570 | VERMA, ANNA O. | | | Tele (309)000-0000 | 08/19/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | DRAGOON | AZ | 85609 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4733 | WILLIAMS, SUNDI L | | | Tele (520)459-8258 | 02/01/2016 to 01/31/2018 |
| | 2700 E FRY BOULEVARD A5 | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2032 | AVERY, GREG L. | | | Tele (520)720-4781 | 08/01/2016 to 07/31/2018 |
| | 70 PATTON RD | | | Fax: ( ) - | |
| | BISBEE | AZ | 85603 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCHISE Total = 222

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5289 | DAVID O FETTER | | | Tele (520)720-6700 | 11/01/2014 to 10/31/2016 |
| | 360 PATAGONIA | | | Fax: ( ) - | |
| | BENSON | AZ | 85602 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1141 | KUHN, BRIAN SCOTT | | | Tele (928)428-7262 | 07/01/2016 to 06/30/2018 |
| | PO BOX 70 | | | Fax: (520)720-4783 | |
| | SAINT DAVID | AZ | 85630 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1197 | LADD, JOBETH S. | | | Tele (520)515-2960 | 08/01/2016 to 07/31/2018 |
| | 3555 FRY BLVD | | | Fax: ( ) - | |
| | FRY | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0062 | PETERSEN, ANN B | | | Tele (520)515-2950 | 01/01/2016 to 12/31/2017 |
| | 701 N CARMICHAEL AVE | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10178 | KYLEE ALAINE SACHTLEBEN | | | Tele (520)263-3700 | 09/07/2016 to 09/06/2017 |
| | 5700 AZ-90 | | | Fax: ( ) - | |
| | SIERRA VISTA | AZ | 85635 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County AZ - COCONINO Total = 391

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9678F | CIRCLE OF LIFE, AFC<br>778 CROWN RIDGE ROAD<br>SEDONA AZ 86336 | Tele (928)606-2723<br>Fax: (609)522-0066<br>Capacity : 4 | 03/15/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | AMBULATORY SURGI-CENTER AT FMC, THE<br>1200 NORTH BEAVER STREET, SUITE B<br>FLAGSTAFF AZ 86001 | Tele (928)214-2700<br>Fax: (928)214-3892<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC5616 | BDPEC ASC FLAGSTAFF<br>350 NORTH SWITZER CANYON DRIVE<br>FLAGSTAFF AZ 86001 | Tele (602)955-1000<br>Fax: (602)508-4830<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC5424 | BDPEC ASC SEDONA<br>95 SOLDIER PASS ROAD, SUITE A-2<br>SEDONA AZ 86336 | Tele (602)955-1000<br>Fax: (602)508-4830<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3471 | FOREST CANYON ENDOSCOPY AND SURGERY CENTER, PC<br>560 NORTH SWITZER CANYON DRIVE<br>FLAGSTAFF AZ 86001 | Tele (928)774-3044<br>Fax: (928)774-7107<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | NAES SURGERY CENTER<br>900 NORTH SAN FRANCISCO, SUITE 5<br>FLAGSTAFF AZ 86001 | Tele (928)779-7000<br>Fax: (928)779-0130<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC7083 | NORTHERN ARIZONA HEALTHCARE ORTHOPEDIC SURGERY CENTER<br>1485 NORTH TURQUOISE DRIVE, SUITE 100<br>FLAGSTAFF AZ 86001 | Tele (928)214-3211<br>Fax: (928)214-3235<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0083 | NORTHERN ARIZONA SURGICENTER<br>1020 NORTH SAN FRANCISCO STREET, SUITE 100<br>FLAGSTAFF AZ 86001 | Tele (928)774-3300<br>Fax: (928)214-2137<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7231 | MAGNOLIA HOME HEALTH, LLC<br>6560 HIGHWAY 179, SUITE 208<br>SEDONA AZ 86351 | Tele (602)373-7052<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HHA3443 | NURSES NETWORK, INC.<br>624 NORTH HUMPHREYS, SUITE B<br>FLAGSTAFF AZ 86001 | Tele (928)774-1924<br>Fax: (928)556-0625<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8174C | BEEHIVE HOMES OF PAGE, ELK RD | | | Tele (928)660-0681 | 10/01/2016 to 09/30/2017 |
| | 95 ELK ROAD | | | Fax: (928)300-9276 | |
| | PAGE | AZ | 86040 | Capacity : 16 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4520C | BROOKDALE FLAGSTAFF | | | Tele (928)779-7045 | 09/01/2016 to 08/31/2017 |
| | 2100 SOUTH WOODLANDS VILLAGE BLVD | | | Fax: (928)779-0098 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 74 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9305C | HOPI ASSISTED LIVING FACILITY | | | Tele (928)283-8780 | 06/01/2016 to 05/31/2017 |
| | 21 SENIOR LANE, NE HOPI SUBDIVISION, | | | Fax: (928)283-8787 | |
| | TUBA CITY | AZ | 86045 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2532C | PEAKS, A SENIOR LIVING COMMUNITY, THE | | | Tele (928)774-7106 | 08/01/2016 to 07/31/2017 |
| | 3150 NORTH WINDING BROOK ROAD | | | Fax: (928)213-0831 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3108C | SEDONA WINDS | | | Tele (928)284-9077 | 04/01/2016 to 03/31/2017 |
| | 475 JACKS CANYON ROAD | | | Fax: (928)284-5041 | |
| | SEDONA | AZ | 86351 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

Sub-Type : ASSISTED LIVING HOME-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9848H | CARING HAVEN HOMES, LLC | | | Tele (928)821-8408 | 10/01/2016 to 09/30/2017 |
| | 90 VULTEE ROAD | | | Fax: (928)862-2132 | |
| | SEDONA | AZ | 86351 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8884H | COMFORT CARE ROSE ARBOR HOUSE | | | Tele (520)975-0714 | 09/01/2016 to 08/31/2017 |
| | 3440 SOUTH GILLENWATER | | | Fax: (480)212-0888 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8422H | ELDERCARE SPRINGS | | | Tele (928)635-6750 | 04/01/2016 to 03/31/2017 |
| | 3620 NORTH WALKER STREET | | | Fax: (928)522-9303 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8610H | HERITAGE ASSISTED LIVING LLC | | | Tele (928)526-7966 | 01/01/2017 to 12/31/2017 |
| | 9654 HERITAGE DRIVE | | | Fax: (928)526-3866 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8132H | PINE MEADOWS RANCH | | | Tele (928)522-8622 | 06/01/2016 to 05/31/2017 |
| | 7885 EASY STREET | | | Fax: (928)226-6925 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8133H | PINES, THE | | | Tele (928)635-6750 | 06/01/2016 to 05/31/2017 |
| | 6005 EAST ABINEAU CANYON DRIVE | | | Fax: (928)526-1876 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3300H | THE OLIVIA WHITE HOSPICE HOME | | | Tele (928)226-1915 | 07/01/2016 to 06/30/2017 |
| | 752 NORTH SWITZER CANYON DRIVE | | | Fax: (928)226-1923 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10168H | TJ'S ASSISTED LIVING FACILITY LLC | | | Tele (928)526-1253 | 10/14/2016 to 09/30/2017 |
| | 6915 CHRIS LANE | | | Fax: (928)526-1253 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4066 | ALTERNATIVE TO MEDS CENTER | | | Tele (800)301-3753 | 08/01/2016 to 07/31/2017 |
| | 185 ROADRUNNER DRIVE | | | Fax: (928)282-1219 | |
| | SEDONA | AZ | 86336 | Capacity : 18 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3337 | SEQUELCARE OF ARIZONA | | | Tele (928)777-3280 | 11/01/2016 to 10/31/2017 |
| | 6070 NORTH TREADWAY TRAIL | | | Fax: (928)717-1660 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4490 | SUCCESSFUL JOURNEYS FLAGSTAFF, LLC | | | Tele | (928)226-7350 | 09/01/2016 | to | 08/31/2017 |
| | 1214 EAST JEN DRIVE | | | Fax: | (928)226-7347 | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | 7 | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| BH2956 | THE GUIDANCE CENTER, INC | | | Tele | (928)527-1899 | 08/01/2016 | to | 07/31/2017 |
| | 2697 EAST INDUSTRIAL DRIVE | | | Fax: | (928)714-6480 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 16 | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| BH4886 | THE GUIDANCE CENTER, INC. | | | Tele | (928)527-1899 | 05/24/2016 | to | 04/30/2017 |
| | 2187 NORTH VICKEY STREET | | | Fax: | (928)714-6480 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 12 | Medcaid_Cert: | | Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3895 | RE-CREATION RETREAT | | | Tele | (928)643-6000 | 02/01/2017 | to | 01/31/2018 |
| | 465 SOUTH MAIN | | | Fax: | (928)643-2014 | | | |
| | FREDONIA | AZ | 86022 | Capacity : | 40 | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| BH3195 | SEQUELCARE OF ARIZONA | | | Tele | (928)777-3280 | 11/01/2016 | to | 10/31/2017 |
| | 8800 NORTH MARY'S DRIVE | | | Fax: | (928)717-1660 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 14 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4471 | TSE' NANI' A' HI RESIDENTIAL TREATMENT CENTER<br>1107 GRANDVIEW STREET<br>PAGE AZ 86040 | Tele (928)645-2924<br>Fax: (928)645-4996<br>Capacity : 14 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8740 | ABUNDANT LIFE PRESCHOOL<br>3475 EAST SOLIERE AVENUE<br>FLAGSTAFF AZ 86004 | Tele (928)527-3900<br>Fax: (928)522-0383<br>Capacity : 81 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10743 | ACORN PRESCHOOL<br>290 WEST OAK AVENUE<br>FLAGSTAFF AZ 86001 | Tele (928)779-2505<br>Fax: (928)526-5573<br>Capacity : 45 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16452 | ALPINE ACADEMY PRESCHOOL<br>5200 EAST CORTLAND BOULEVARD SUITE A-22<br>FLAGSTAFF AZ 86004 | Tele (928)526-3200<br>Fax: (928)526-5573<br>Capacity : 33 | 10/26/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15958 | BAMBINI MONTESSORI<br>1617 NORTH SAN FRANCISCO<br>FLAGSTAFF AZ 86001 | Tele (928)214-0295<br>Fax: ( ) -<br>Capacity : 33 | 08/16/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6624 | CHILDTIME CHILDCARE | | | Tele (928)773-1181 | 09/01/2014 to 08/31/2017 |
| | 109 EAST OAK AVENUE | | | Fax: (928)214-9763 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 116 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10923 | FLAGSTAFF COOPERATIVE PRESCHOOL | | | Tele (928)226-1209 | 08/01/2015 to 07/31/2018 |
| | 3401 NORTH 4TH STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8972 | FLAGSTAFF COOPERATIVE PRESCHOOL | | | Tele (928)779-1441 | 08/01/2015 to 07/31/2018 |
| | 850 NORTH BONITA STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 29 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16655 | FLAGSTAFF COOPERATIVE PRESCHOOL AT KILLIP | | | Tele (928)779-1441 | 01/01/2017 to 12/31/2019 |
| | 2600 EAST 6TH AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13687 | FLAGSTAFF COOPERATIVE PRESCHOOL INC | | | Tele (928)774-1441 | 08/01/2016 to 07/31/2019 |
| | 203 EAST BRANNEN AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15151 | FLAGSTAFF FAMILY YMCA, Y KIDZ PRESCHOOL<br>1001 NORTH TURQUOISE DRIVE<br>FLAGSTAFF AZ 86001 | Tele (928)556-9622<br>Fax: ( ) -<br>Capacity : 43 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17221 | FLAGSTAFF GYMNASTICS AND CHEER<br>2366 NORTH STEVES BLVD STE B<br>FLAGSTAFF AZ 86004 | Tele (928)226-0696<br>Fax: (928)527-3721<br>Capacity : 40 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11778 | FLAGSTAFF JUNIOR ACADEMY CHILDREN'S HOUSE<br>306 WEST CEDAR<br>FLAGSTAFF AZ 86001 | Tele (928)774-6007<br>Fax: (928)774-7268<br>Capacity : 59 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-17593 | FLAGSTAFF YMCA - WEITZEL'S PUENTE DE HOZHO BILINGUAL MAGNET SCHOOL<br>3401 NORTH 4TH STREET<br>FLAGSTAFF AZ 86004 | Tele (928)527-6108<br>Fax: ( ) -<br>Capacity : 59 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9460 | FORESIGHT LEARNING CENTER<br>8245 KOCHFIELD ROAD<br>FLAGSTAFF AZ 86004 | Tele (928)527-8337<br>Fax: (928)527-8337<br>Capacity : 49 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16193 | FREDONIA ELEMENTARY SCHOOL | | | Tele (928)643-7386 | 06/01/2015 to 05/31/2018 |
| | 222 NORTH 200 EAST | | | Fax: (928)643-7324 | |
| | FREDONIA | AZ | 86022 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15986 | FREE TO BE ME DAY CARING CENTER | | | Tele (928)203-4063 | 09/09/2014 to 08/31/2017 |
| | 25 WEST SADDLEHORN DRIVE | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14745 | HAVEN MONTESSORI CHILDREN'S HOUSE | | | Tele (928)522-0985 | 02/01/2015 to 01/31/2018 |
| | 621 CLAY AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16857 | HEAD HEART HANDS PRESCHOOL | | | Tele (928)607-5871 | 01/02/2014 to 12/31/2016 |
| | 400 WEST ASPEN AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16662 | HOPE COTTAGE-CHILDREN'S WORLD OF HOPE | | | Tele (928)774-9270 | 10/01/2016 to 09/30/2019 |
| | 2211 EAST JOHNSON AVENUE | | | Fax: (928)774-6882 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16313 | IMMACULATE HEART PRESCHOOL<br>455 SOUTH LAKE POWELL BOULEVARD<br>PAGE AZ 86040 | Tele (928)645-2301<br>Fax: (928)645-2351<br>Capacity : 39 | 08/06/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15687 | KAIBAB EARLY LEARNING CENTER<br>2230 NORTH PIPESPRINGS ROAD #122<br>FREDONIA AZ 86022 | Tele (928)643-6890<br>Fax: (928)643-6892<br>Capacity : 39 | 05/01/2014 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9665 | KAIBAB LEARNING CENTER, INC.<br>1 MOHAVE STREET<br>GRAND CANYON AZ 86023 | Tele (928)638-6333<br>Fax: (928)638-6336<br>Capacity : 159 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17002 | KINGDOM KIDS PRESCHOOL AND PLAYCENTER<br>1806 EAST RT 66<br>FLAGSTAFF AZ 86004 | Tele (928)310-4825<br>Fax: ( ) -<br>Capacity : 88 | 08/29/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16888 | MONTESSORI SCHOOLS OF FLAGSTAFF - SUNNYSIDE<br>2025 NORTH EAST STREET<br>FLAGSTAFF AZ 86004 | Tele (928)779-1212<br>Fax: ( ) -<br>Capacity : 105 | 06/24/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16889 | MONTESSORI SCHOOLS OF FLAGSTAFF - WESTSIDE<br>575 WEST UNIVERSITY AVENUE<br>FLAGSTAFF AZ 86001 | Tele (928)774-9502<br>Fax: ( ) -<br>Capacity : 81 | 06/24/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16891 | MONTESSORI SCHOOLS OF FLAGSTAFF-SWITZER MESA<br>850 NORTH LOCUST STREET<br>FLAGSTAFF AZ 86001 | Tele (928)226-1212<br>Fax: ( ) -<br>Capacity : 59 | 06/24/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9806 | MOUNTAIN SCHOOL ELEMENTARY<br>311 WEST CATTLE DRIVE<br>FLAGSTAFF AZ 86001 | Tele (928)779-2392<br>Fax: ( ) -<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-5175 | MT. CALVARY LUTHERAN PRESCHOOL<br>2605 NORTH FORT VALLEY RD<br>FLAGSTAFF AZ 86001 | Tele (928)779-2352<br>Fax: ( ) -<br>Capacity : 45 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5388 | N.A.C.O.G. - CLARK HOMES HEAD START<br>1000 NORTH CLARK CIRCLE<br>FLAGSTAFF AZ 86001 | Tele (928)774-4021<br>Fax: (928)774-4122<br>Capacity : 46 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0810 | N.A.C.O.G. - COGDILL HEAD START | | | Tele (928)774-5552 | 06/01/2015 to 05/31/2018 |
| | 301 SOUTH PASEO DEL FLAG | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0753 | N.A.C.O.G. - FEDERATED HEAD START | | | Tele (928)779-0233 | 03/01/2016 to 02/28/2019 |
| | 400 WEST ASPEN AVENUE | | | Fax: (928)779-1617 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 18 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16394 | N.A.C.O.G. - FLAGSTAFF EARLY HEAD START | | | Tele (928)214-8461 | 08/28/2015 to 07/31/2018 |
| | 4000 NORTH CUMMINGS STREET | | | Fax: (928)214-8462 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9225 | N.A.C.O.G. - FREDONIA HEAD START | | | Tele (928)643-6255 | 07/01/2016 to 06/30/2019 |
| | 221 EAST HORRT | | | Fax: (928)643-6257 | |
| | FREDONIA | AZ | 86022 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17437 | N.A.C.O.G. - GRAND CANYON HEAD START | | | Tele (928)774-9504 | 11/18/2015 to 10/31/2018 |
| | 1 BOULDER STREET | | | Fax: (928)774-9504 | |
| | GRAND CANYON | AZ | 86023 | Capacity : 22 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5222 | N.A.C.O.G. - PAGE HEAD START | | | Tele (928)645-8080 | 12/01/2015 to 11/30/2018 |
| | 11 CAMERON ROAD | | | Fax: (928)645-8081 | |
| | PAGE | AZ | 86040 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0986 | N.A.C.O.G. - PONDEROSA HEAD START | | | Tele (928)779-3244 | 12/01/2016 to 11/30/2019 |
| | 2500 NORTH 1ST STREET | | | Fax: (928)779-1563 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15508 | N.A.C.O.G. - SEDONA HEAD START | | | Tele (928)204-2776 | 08/01/2016 to 07/31/2019 |
| | 570 POSSE GROUND ROAD | | | Fax: (928)282-1675 | |
| | SEDONA | AZ | 86336 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0886 | N.A.C.O.G. - SILER HEAD START | | | Tele (928)526-1069 | 01/01/2015 to 12/31/2017 |
| | 3581 NORTH FANNING DRIVE | | | Fax: (928)526-1177 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10457 | N.A.C.O.G. - SUNNYSIDE HEAD START | | | Tele (928)773-7970 | 06/01/2015 to 05/31/2018 |
| | 1825 NORTH MAIN | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2056 | N.A.C.O.G. - WILLIAMS HEAD START | | | Tele (928)635-4273 | 09/01/2016 to 08/31/2019 |
| | 310 WEST SHERMAN | | | Fax: (928)635-5388 | |
| | WILLIAMS | AZ | 86046 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17032 | NIMBLE NOGGINS / SUMMIT GYMNASTICS ACADEMY | | | Tele (928)526-0644 | 09/03/2014 to 08/31/2017 |
| | 1926 NORTH 4TH STREET, SUITE 7 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0566 | PEACE LUTHERAN PRE/ KINDER/ EXT | | | Tele (928)526-9256 | 06/01/2015 to 05/31/2018 |
| | 3430 NORTH 4TH STREET | | | Fax: (928)526-0260 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17407 | PINE FOREST CHARTER SCHOOL | | | Tele (928)779-9880 | 09/03/2015 to 08/31/2018 |
| | 2257 EAST CEDAR AVENUE | | | Fax: (928)779-9792 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5800 | PINE FOREST SCHOOL | | | Tele (928)779-9880 | 06/01/2015 to 05/31/2018 |
| | 1120 WEST KAIBAB LANE | | | Fax: (928)779-9792 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 47 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16927 | PINECONE PRESCHOOL LLC | | | Tele (928)526-0072 | 04/14/2014 to 03/31/2017 |
| | 2901 NORTH KING STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9761 | PRECIOUS STONES PRESCHOOL | | | Tele (928)282-4091 | 06/01/2014 to 05/31/2017 |
| | 390 DRY CREEK ROAD | | | Fax: (928)282-5660 | |
| | SEDONA | AZ | 86336 | Capacity : 104 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15944 | RED EARTH WALDORF KINDERGARTEN, INC | | | Tele (323)447-1331 | 09/01/2014 to 08/31/2017 |
| | 480 COFFEE POT DRIVE | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : 15 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15913 | RED ROCK EARLY LEARNING CENTER | | | Tele (480)466-1166 | 08/01/2014 to 07/31/2017 |
| | 570 POSSE GROUND ROAD SUITE 306 A-B | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16901 | ROCKHOUSE PLAYSCHOOL | | | Tele (928)774-1282 | 04/01/2014 to 03/31/2017 |
| | 414 WEST CHERRY AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 138 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17608 | SAN FRANCISCO DE ASIS CATHOLIC SCHOOL | | | Tele (928)779-1341 | 08/10/2016 to 07/31/2019 |
| | 1600 EAST ROUTE 66 | | | Fax: (928)774-1943 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1533 | SEDONA MONTESSORI SCHOOL | | | Tele (928)282-4772 | 09/01/2015 to 08/31/2018 |
| | 90 DEER TRAIL | | | Fax: (928)282-1725 | |
| | SEDONA | AZ | 86336 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1433 | SHEPHERD PRESCHOOL | | | Tele (928)645-9398 | 10/01/2014 to 09/30/2017 |
| | 331 SOUTH LAKE POWELL BLV | | | Fax: ( ) - | |
| | PAGE | AZ | 86040 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16942 | STAR SCHOOL | | | Tele (928)415-4157 | 06/04/2014 to 05/31/2017 |
| | 145 LEUPP ROAD | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9066 | THE ARK EARLY CHILDHOOD LEARNING CENTER | | | Tele (928)714-0667 | 01/01/2016 to 12/31/2018 |
| | 3600 NORTH FOURTH STREET | | | Fax: (928)526-0011 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6424 | F.U.S.D.#1 - CROMER FACTS PROGRAM<br>7150 EAST SILVER SADDLE ROAD<br>FLAGSTAFF AZ 86004 | Tele (928)773-4156<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6423 | F.U.S.D.#1 - DEMIGUEL FACTS<br>3500 SOUTH GILLENWATER<br>FLAGSTAFF AZ 86001 | Tele (928)773-8439<br>Fax: ( ) -<br>Capacity : 145 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6417 | F.U.S.D.#1 - DINE FAMILY LEARNING CENTER/LEUPP<br>40 MILES E OF FLAGSTAFF<br>LEUPP AZ 86035 | Tele (928)686-6266<br>Fax: (928)686-6246<br>Capacity : 59 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6240 | F.U.S.D.#1 - EAGLES CREST CHILD ENRICHMENT CENTER<br>400 WEST ELM AVENUE<br>FLAGSTAFF AZ 86001 | Tele (928)773-8127<br>Fax: (928)773-8146<br>Capacity : 52 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6415 | F.U.S.D.#1 - KILLIP FACTS FAM.LIT. CTR/P<br>2300 EAST 6TH AVENUE<br>FLAGSTAFF AZ 86004 | Tele (928)773-4088<br>Fax: ( ) -<br>Capacity : 150 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6422 | F.U.S.D.#1 - KINSEY FACTS PROGRAM<br>1601 SOUTH LONE TREE<br>FLAGSTAFF AZ 86001 | Tele (928)773-4066<br>Fax: (928)527-6190<br>Capacity : 150 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6421 | F.U.S.D.#1 - KNOLES FACTS PROGRAM<br>4005 EAST BUTLER AVENUE<br>FLAGSTAFF AZ 86004 | Tele (928)527-8941<br>Fax: ( ) -<br>Capacity : 165 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-8397 | F.U.S.D.#1 - LITTLE ROPERS CENTER/PUENTA DE HOZHO<br>3950 EAST BUTLER AVENUE<br>FLAGSTAFF AZ 86004 | Tele (928)527-5526<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6416 | F.U.S.D.#1 - MARSHALL F.A.C.T.S.<br>850 NORTH BONITO<br>FLAGSTAFF AZ 86004 | Tele (928)773-4039<br>Fax: ( ) -<br>Capacity : 65 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6420 | F.U.S.D.#1 - SECHRIST FACTS PROGRAM/INTEGRATED PRE<br>2230 NORTH FORT VALLEY ROAD<br>FLAGSTAFF AZ 86004 | Tele (928)773-4616<br>Fax: ( ) -<br>Capacity : 150 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6418 | F.U.S.D.#1 - THOMAS FACTS PROGRAM | | | Tele | (928)606-2127 | 12/01/2015 | to | 11/30/2018 |
| | 3330 EAST LOCKETT ROAD | | | Fax: | ( ) - | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 300 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6419 | F.U.S.D.#1 - WEITZEL FACTS/PUENTE DE HOZHO | | | Tele | (928)773-4603 | 02/01/2016 | to | 01/31/2019 |
| | 3401 NORTH 4TH STREET | | | Fax: | ( ) - | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16908 | GRAND CANYON SCHOOL | | | Tele | (928)638-2461 | 05/22/2014 | to | 04/30/2017 |
| | 100 BOULDER STREET | | | Fax: | (928)638-2045 | | | |
| | GRAND CANYON | AZ | 86023 | Capacity : | 24 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17583 | MAINE CONSOLIDATED SCHOOL DISTRICT #10 | | | Tele | (928)635-2115 | 05/12/2016 | to | 04/30/2019 |
| | 10 NORTH VALLEY ROAD | | | Fax: | (928)635-5320 | | | |
| | FLAGSTAFF | AZ | 86018 | Capacity : | 21 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16233 | P.U.S.D. - LAKE VIEW ELEMENTARY | | | Tele | (928)608-4200 | 05/01/2015 | to | 04/30/2018 |
| | 1801 NORTH NAVAJO | | | Fax: | (928)645-5059 | | | |
| | PAGE | AZ | 86040 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-7536 | P.U.S.D. -PAGE UNIFIED PRESCHOOL | | | Tele | (928)608-4176 | 03/01/2014 | to | 02/28/2017 |
| | 450 SOUTH NAVAJO DRIVE | | | Fax: | (928)608-4120 | | | |
| | PAGE | AZ | 86040 | Capacity : | 125 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17693 | S.O.C.U.S.D. - SEDONA INTEGRATED PRESCHOOL | | | Tele | (928)204-6560 | 07/29/2016 | to | 06/30/2019 |
| | 25 SADDLEHORN ROAD | | | Fax: | (928)284-9796 | | | |
| | SEDONA | AZ | 86351 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16631 | T.C.U.S.D.#15 - TUBA CITY HIGH SCHOOL CHILD DEVELOPMENT LEARNING CENTER | | | Tele | (928)283-1151 | 08/01/2016 | to | 07/31/2019 |
| | WARRIOR DRIVE | | | Fax: | (928)283-1204 | | | |
| | TUBA CITY | AZ | 86045 | Capacity : | 45 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16232 | W.U.S.D.#2 - WILLIAMS ELEMENTARY-MIDDLE SCHOOL | | | Tele | (928)635-4428 | 06/01/2015 | to | 05/31/2018 |
| | 601 NORTH 7TH STREET | | | Fax: | (928)635-1213 | | | |
| | WILLIAMS | AZ | 86046 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-15685 | GARTENDALE | | | Tele | (928)213-0953 | 03/01/2014 | to | 02/28/2017 |
| | 510 WEST DALE AVENUE | | | Fax: | ( ) - | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : DD GROUP HOME 3 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2531 | ABRIO FAMILY SERVICES & SUPPORT INC / TREADWAY<br>6020 TREADWAY TRAIL<br>FLAGSTAFF AZ 86004 | Tele (928)526-5466<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/15/2015 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1679 | ABRIO FAMILY SERVICES AND SUPPORT, INC/ NABAH'HAA<br>3009 NORTH STEVES BLVD<br>FLAGSTAFF AZ 86004 | Tele (928)526-0065<br>Fax: (928)752-8178<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2062 | ABRIO FAMILY SERVICES & SUPPORTS, INC / CINDER MOUNTAIN<br>3302 NORTH WAYMAN WAY<br>FLAGSTAFF AZ 86004 | Tele (928)522-5820<br>Fax: (928)752-8178<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2186 | ABRIO FAMILY SERVICES / FERNWOOD<br>6030 DEER DRIVE<br>FLAGSTAFF AZ 86004 | Tele (928)526-5273<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1854 | ABRIO FAMILY SERVICES AND SUPPORTS, INC / SUNNY<br>2719 NORTH STEVES BLVD<br>FLAGSTAFF AZ 86004 | Tele (928)527-6871<br>Fax: (928)752-8178<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1318 | ABRIO FAMILY SERVICES AND SUPPORTS, INC / ELDER | | | Tele (928)526-0392 | 07/01/2016 to 06/30/2018 |
| | 5982 MOUNTAINEER DRIVE | | | Fax: (928)752-8178 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1822 | ABRIO FAMILY SERVICES AND SUPPORTS, INC / LOCKETT | | | Tele (928)774-4138 | 07/01/2016 to 06/30/2018 |
| | 2417 EAST LOCKETT RD | | | Fax: (928)752-8178 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDHT163 | ALPINE RESOURCE, INC. / LOMAKI | | | Tele (928)283-4169 | 10/01/2015 to 09/30/2017 |
| | YELLOWMAN'S TRAILER PARK #27 | | | Fax: (928)283-4169 | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDHT164 | ALPINE RESOURCES, INC. | | | Tele (928)283-4170 | 10/01/2015 to 09/30/2017 |
| | TUBA CITY MOBILE HOME PARK #66 | | | Fax: (928)283-4653 | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2160 | CPES / ANYA | | | Tele (925)213-0696 | 11/01/2015 to 10/31/2017 |
| | 2503 WALNUT CREEK | | | Fax: (520)884-0383 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1487 | CPES, INC / AMANI<br>4921 E SNOWSHOE<br>FLAGSTAFF AZ 86004 | Tele (928)526-5425<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1926 | CPES, INC / AVALON<br>5790 N SMOKE RISE DR<br>FLAGSTAFF AZ 86004 | Tele (928)231-0192<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1389 | HOZHONI FOUNDATION INC / ELDER HOUSE<br>3108 N STEVES BLVD<br>FLAGSTAFF AZ 86004 | Tele (928)714-0512<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1529 | HOZHONI FOUNDATION INC / HALFMOON HOME<br>4984 E HALFMOON DRIVE<br>FLAGSTAFF AZ 86004 | Tele (928)526-7944<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2049 | HOZHONI FOUNDATION INC / LOCKETT<br>3013 E LOCKETT AVE<br>FLAGSTAFF AZ 86004 | Tele (928)526-2216<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0927 | HOZHONI FOUNDATION, INC / FOXLAIR<br>3540 EAST FOXLAIR<br>FLAGSTAFF AZ 86004 | Tele (928)526-7944<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH387 | HOZHONI FOUNDATION, INC / JAMISON HOME<br>3030 N JAMISON ST<br>FLAGSTAFF AZ 86004 | Tele (928)526-5032<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH389 | HOZHONI FOUNDATION, INC / JUNIPER<br>105 EAST JUNIPER<br>FLAGSTAFF AZ 86001 | Tele (928)526-7944<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0690 | HOZHONI FOUNDATION, INC / KING HOME<br>3421 N KING ST<br>FLAGSTAFF AZ 86004 | Tele (928)526-1381<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH390 | HOZHONI FOUNDATION, INC / KOCHFIELD HOME<br>8370 KOCHFIELD RD<br>FLAGSTAFF AZ 86004 | Tele (928)526-9022<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1045 | HOZHONI FOUNDATION, INC / MARGARET WAY HOME<br>10930 MARGARET WAY<br>FLAGSTAFF AZ 86004 | Tele (928)527-3396<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH398 | HOZHONI FOUNDATION, INC / MOUNTAINEER HOME<br>6240 N MOUNTAINEER<br>FLAGSTAFF AZ 86004 | Tele (928)527-9464<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH404 | HOZHONI FOUNDATION, INC / SNOWFLAKE<br>6707 NORTH SNOWFLAKE<br>FLAGSTAFF AZ 86004 | Tele (928)526-7944<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1227 | HOZHONI FOUNDATION, INC / STEVES HOME<br>2815 N STEVES BLVD<br>FLAGSTAFF AZ 86004 | Tele (928)527-7544<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0725 | HOZHONI FOUNDATION, INC / TROXLER<br>3084 SOUTH TROXLER CIRCLE<br>FLAGSTAFF AZ 86004 | Tele (928)526-7944<br>Fax: (520)526-5909<br>Capacity : Not Applicable | 07/07/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH396 | HOZHONI FOUNDATION, INC. / MESA HOME<br>1624 NORTH MESA<br>FLAGSTAFF AZ 86001 | Tele (928)774-8031<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2075 | JAM CONSULTING SERVICES / COLONY MOBILE #140<br>5250 NORTH HIGHWAY 89, #140<br>FLAGSTAFF AZ 86004 | Tele (928)773-9724<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2090 | JAM CONSULTING SERVVICES / OAKWOOD VILLAGE #22-290<br>3400 SOUTH KOFA DRIVE #22-290<br>FLAGSTAFF AZ 86001 | Tele (928)913-0386<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2511 | LOU CORPORATION / JH HOUSE<br>5404 CORTLAND BLVD APT #275<br>FLAGSTAFF AZ 86004 | Tele (928)527-7599<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/25/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1448 | LOU CORPORATION / JA HOUSE<br>5404 E CORTLAND BLVD #203<br>FLAGSTAFF AZ 86004 | Tele (928)773-0076<br>Fax: (928)527-8899<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1444 | LOU CORPORATION / JB HOUSE | | | Tele (928)779-3263 | 11/01/2015 to 10/31/2017 |
| | 5404 E CORTLAND BLVD #247 | | | Fax: (928)527-8899 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1435 | LOU CORPORATION / JD HOUSE | | | Tele (928)527-3030 | 11/01/2015 to 10/31/2017 |
| | 5404 E CORTLAND BLVD #266 | | | Fax: (928)527-8899 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1439 | LOU CORPORATION / JF HOUSE | | | Tele (928)226-8202 | 11/01/2015 to 10/31/2017 |
| | 5404 E CORTLAND BLVD #263 | | | Fax: (928)527-8899 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1438 | LOU CORPORATION / JG HOUSE | | | Tele (928)226-8492 | 11/01/2015 to 10/31/2017 |
| | 5404 E CORTLAND BLVD #206 | | | Fax: (928)527-8899 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1434 | LOU CORPORATION / JI HOUSE | | | Tele (928)213-8883 | 11/01/2015 to 10/31/2017 |
| | 5404 E CORTLAND BLVD #274 | | | Fax: (928)526-8899 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2680 | LOU CORPORATION / JK HOUSE | | | Tele (928)773-4773 | | 10/25/2016 | to | 09/30/2018 |
| | 5404 E CORTLAND BLVD #267 | | | Fax: (928)527-8899 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2291 | LOU CORPORATION / JK HOUSE | | | Tele (928)773-4773 | | 11/01/2015 | to | 10/31/2017 |
| | 5404 E CORTLAND BLVD #131 | | | Fax: (928)527-8899 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2512 | LOU CORPORATION / JM HOUSE | | | Tele (928)213-8687 | | 03/25/2015 | to | 03/31/2017 |
| | 5404 EAST CORTLAND BLVD APT # 194 | | | Fax: (928)527-8899 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2337 | QUALITY CONNECTIONS INC / BEACON HOUSE | | | Tele (928)526-5039 | | 12/01/2015 | to | 11/30/2017 |
| | 3660 N WALKER ST | | | Fax: (928)526-5039 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1264 | QUALITY CONNECTIONS INC / FRISCO HOUSE | | | Tele (928)527-8054 | | 11/01/2015 | to | 10/31/2017 |
| | 1710 N SAN FRANCISCO ST | | | Fax: (928)527-8054 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1724 | QUALITY CONNECTIONS INC / MOUNTAIN WAY HOUSE<br>3228 W MOUNTAIN DR<br>FLAGSTAFF AZ 86001 | Tele (928)774-9481<br>Fax: (928)774-9481<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1404 | QUALITY CONNECTIONS INC / PARK HOUSE<br>1188 W LOWER COCONINO RD<br>FLAGSTAFF AZ 86001 | Tele (928)226-0887<br>Fax: (928)226-0887<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1532 | THE HELPING HANDS AGENCY / STONECLIFF HOME<br>491 STONECLIFF<br>PAGE AZ 86040 | Tele (928)660-9404<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0851 | THE HELPING HANDS AGENCY, INC / AERO HOME<br>209 AERO<br>PAGE AZ 86040 | Tele (928)608-6064<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2635 | THE HELPING HANDS AGENCY, INC / APPALOOSA HOME<br>2 14TH AVE<br>PAGE AZ 86040 | Tele (928)645-0047<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2502 | THE HELPING HANDS AGENCY, INC / EAGLE HOME<br>24 MARBLE<br>PAGE AZ 86040 | Tele (928)645-9596<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/05/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1209 | THE HELPING HANDS AGENCY, INC / FALCON BOYS<br>124 FALCON<br>PAGE AZ 86040 | Tele (928)645-0053<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1887 | THE HELPING HANDS AGENCY, INC / FALCON GIRLS<br>128 FALCON ROAD<br>PAGE AZ 86040 | Tele (928)660-9404<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1090 | THE HELPING HANDS AGENCY, INC / PADRE HOME<br>1024 PADRE ESCALANTE<br>PAGE AZ 86040 | Tele (928)645-0037<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1531 | THE HELPING HANDS AGENCY, INC / STONEFIELD<br>462 STONECLIFF<br>PAGE AZ 86040 | Tele (928)645-3100<br>Fax: (928)645-3625<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2535 | THE TUNGLAND CORP / BROKEN BOW<br>4895 E BROKEN BOW<br>FLAGSTAFF AZ 86004 | Tele (928)526-7925<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/22/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2000 | THE TUNGLAND CORPORATION / FOX TAIL<br>3826 EAST FOXTAIL DRIVE<br>FLAGSTAFF AZ 86004 | Tele (928)556-9854<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0860 | THE TUNGLAND CORPORATION / HEIGHTS<br>1665 WEST UNIVERSITY HEIGHTS DRIVE SOUTH<br>FLAGSTAFF AZ 86001 | Tele (928)556-0463<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2533 | THE TUNGLAND CORPORATION / LEISURE<br>4446 BLIZZARD WAY<br>FLAGSTAFF AZ 86004 | Tele (928)527-3287<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/22/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1752 | THE TUNGLAND CORPORATION / MATTERHORN<br>3851 JACAMAR DRIVE<br>FLAGSTAFF AZ 86004 | Tele (928)527-4240<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1904 | THE TUNGLAND CORPORATION / MILLER<br>2608 EAST MILLER DR<br>FLAGSTAFF AZ 86004 | Tele (928)522-5749<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1095 | THE TUNGLAND CORPORATION / MOUNTAIN<br>3601 W MOUNTAIN DR<br>FLAGSTAFF AZ 86004 | Tele (928)779-6144<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1935 | THE TUNGLAND CORPORATION / NORIA<br>2401 NORTH WEST STREET #111<br>FLAGSTAFF AZ 86004 | Tele (928)774-8825<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1684 | THE TUNGLAND CORPORATION / SUMMIT<br>1401 NORTH 4TH STREET #101<br>FLAGSTAFF AZ 86004 | Tele (928)526-5855<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2323 | THE TUNGLAND CORPORATION / THE ARBORS GROUP HOME<br>1385 W UNIVERSITY AVE, 10.276<br>FLAGSTAFF AZ 86001 | Tele (602)224-5052<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1831 | THE TUNGLAND CORPORATION / TOLANI<br>1707 E 6TH AVE<br>FLAGSTAFF AZ 86004 | Tele (928)525-9362<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1610 | THE TUNGLAND CORPORTION / TOHO<br>2826 EAST LEWIS DRIVE<br>FLAGSTAFF AZ 86004 | Tele (928)699-2759<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9472 | BHATT, ISHAN SUNILKUMAR<br>208 E PINE KNOLL DR, P O BOX 15045<br>FLAGSTAFF AZ 86011 | Tele (928)523-8345<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/16/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DA485 | CORNETT, MARGARET B.<br>2876 NORTH CAREFREE CIRCLE<br>FLAGSTAFF AZ 86004 | Tele (928)526-4972<br>Fax: (928)522-0166<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DA1429 | KELLEY, DEBBIE L<br>61 BELL ROCK PLAZA STE B<br>SEDONA AZ 86351 | Tele (928)284-2116<br>Fax: (928)496-2122<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA7005 | KLEIN, TRACY L. | | | Tele (928)774-0655 | | 12/01/2015 | to | 11/30/2017 |
| | 1000 E BUTLER AVE STE 115 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1156 | LOBROVICH, KARON B. LYNN | | | Tele (928)522-0500 | | 01/01/2016 | to | 12/31/2017 |
| | 1330 N RIM DR SUITE B | | | Fax: (855)433-1122 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA0054 | MCMILLAN, PAMELLA M. | | | Tele (928)283-2858 | | 06/01/2016 | to | 05/31/2018 |
| | 167 N MAIN ST | | | Fax: ( ) - | | | | |
| | TUBA CITY | AZ | 86045 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA10001 | O'NEIL WINSTON GUTHRIE | | | Tele (928)523-8142 | | 05/23/2016 | to | 06/30/2018 |
| | NORTHERN ARIZONA UNIVERSITY DEPT CSD BLDG #66 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA6996 | PROW, DIONNA ERIN | | | Tele (928)282-6510 | | 09/01/2016 | to | 08/31/2018 |
| | 2155 W SR 89A #210 | | | Fax: (928)282-6515 | | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1829 | SHERRY L MILLER | | | Tele (928)283-2858 | 10/01/2016 to 09/30/2018 |
| | 167 N MAIN ST PO BOX 600 | | | Fax: ( ) - | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1859 | SKELTON, MICHAEL S. | | | Tele (928)523-8110 | 03/01/2016 to 02/28/2018 |
| | P O BOX 15045 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7951 | SMITH, BENJAMIN J. | | | Tele (928)214-3728 | 08/01/2016 to 07/31/2018 |
| | 1200 N BEAVER ST | | | Fax: (928)214-3700 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1552 | SUTTER, JANE C. | | | Tele (928)527-6000 | 03/01/2016 to 02/28/2018 |
| | 3285 E SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : DUI/DVTX

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DVS0009 | PEAKS COUNSELING SERVICES | | | Tele (928)226-8111 | 01/01/2017 to 12/31/2017 |
| | 2501 NORTH 4TH STREET, SUITE 23 | | | Fax: (928)773-1050 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0637 | BIO-MEDICAL APPLICATIONS OF ARIZONA | | | Tele | (928)527-4990 | 08/01/2016 | to | 07/31/2017 |
| | 5200 EAST CORTLAND BOULEVARD, SUITE A-1 | | | Fax: | (928)527-4986 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | TOTAL RENAL CARE/DAVITA, INC. | | | Tele | (928)283-4525 | | to | |
| | 500 EDGEWATER DRIVE | | | Fax: | (928)283-4801 | | | |
| | TUBA CITY | AZ | 86045 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5263 | U S RENAL CARE FLAGSTAFF DIALYSIS | | | Tele | (928)556-5500 | 12/01/2016 | to | 11/30/2017 |
| | 2268 NORTH WALGREENS STREET | | | Fax: | (928)556-5501 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3854 | CANYONLANDS URGENT CARE | | | Tele | (928)645-1700 | 06/01/2016 | to | 05/31/2017 |
| | 440 NORTH NAVAJO DRIVE | | | Fax: | (928)645-1701 | | | |
| | PAGE | AZ | 86040 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0127 | LAKE POWELL MEDICAL CENTER | | | Tele | (928)645-8123 | 06/01/2016 | to | 05/31/2017 |
| | 467 VISTA AVENUE | | | Fax: | ( ) - | | | |
| | PAGE | AZ | 86040 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | NATIVE AMERICANS FOR COMMUNITY ACTION, INC | Tele (928)526-2968 | to |
| | 2717 NORTH STEVES BOULEVARD, SUITE 11 | Fax: (928)526-0708 | |
| | FLAGSTAFF AZ 86004 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7414 | NORTH COUNTRY HEALTHCARE - FLAGSTAFF WEST | Tele (928)522-9804 | 11/01/2016 to 10/31/2017 |
| | 1120 WEST UNIVERSITY AVENUE, SUITE 101 | Fax: (928)552-9558 | |
| | FLAGSTAFF AZ 86001 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4667 | NORTH COUNTRY HEALTHCARE GUIDANCE CENTER | Tele (928)522-9879 | 07/01/2016 to 06/30/2017 |
| | 2187 NORTH VICKEY STREET, SUITE 2 | Fax: (928)522-9411 | |
| | FLAGSTAFF AZ 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4976 | NORTH COUNTRY HEALTHCARE, INC - WILLIAMS | Tele (928)522-9400 | 01/01/2017 to 12/31/2017 |
| | 301 SOUTH 7TH STREET | Fax: (928)522-9805 | |
| | WILLIAMS AZ 86046 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3823 | NORTH COUNTRY HEALTHCARE, INC. - GRAND CANYON | Tele (928)522-9879 | 06/01/2016 to 05/31/2017 |
| | 1 CLINIC ROAD | Fax: (928)638-2598 | |
| | GRAND CANYON AZ 86023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4306 | NORTH COUNTRY HEALTHCARE-FLAGSTAFF<br>2920 NORTH FOURTH STREET<br>FLAGSTAFF AZ 86004 | Tele (928)522-9400<br>Fax: (928)522-9805<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | NW AZ RHC LAKE POWELL MEDICAL CENTER<br>PO BOX 490, 1-15 EXIT 9<br>GREENEHAVEN AZ 86040 | Tele (520)347-5971<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>350 N SWITZER CANYON DR<br>FLAGSTAFF AZ 86001 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD8784 | CONNECT HEARING, INC.<br>405 BEAVER ST, STE 4<br>FLAGSTAFF AZ 86001 | Tele (928)214-0907<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD8784 | CONNECT HEARING, INC.<br>100 VERDE VALLEY SCHOOL RD, STE 105<br>SEDONA AZ 86351 | Tele (480)305-2033<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9823 | DEBORAH LYNN GUTIERREZ | | | Tele (928)214-0907 | 08/24/2016 to 08/23/2018 |
| | 405 N BEAVER ST STE 4 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1162 | FLAGSTAFF MEDICAL CENTER INC. | | | Tele (928)214-3728 | 02/01/2016 to 01/31/2018 |
| | 1200 NORTH BEAVER STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9596 | HEAR IN ARIZONA LLC | | | Tele (602)290-9711 | 07/17/2015 to 07/31/2017 |
| | 2530 W SR 89A C-2 | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9595 | HEAR IN ARIZONA LLC | | | Tele (928)284-2216 | 07/17/2015 to 07/31/2017 |
| | 61 BELL ROCK PLAZA SUITE B | | | Fax: (928)496-2122 | |
| | SEDONA | AZ | 86351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8684 | HEARING LAB TECHNOLOGY, LLC | | | Tele (928)774-9079 | 01/01/2016 to 12/31/2017 |
| | 1851 E BUTLER AVE | | | Fax: ( ) - | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR8868 | MURPHY, ANDREA | | | Tele (928)214-0907 | | 06/01/2016 | to | 05/31/2018 |
| | 405 NORTH BEAVER ST | | | Fax: (928)396-3742 | | | | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD1917 | NORTHERN ARIZONA UNIVERSITY SPEECH AND HEARING CLINIC | | | Tele (928)523-8110 | | 08/01/2016 | to | 07/31/2018 |
| | 208 WEST PINE KNOLL DRIVE, BLDG 66 | | | Fax: (928)523-0034 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4230 | REBECCA FRANCES HABER | | | Tele (928)214-7114 | | 09/01/2016 | to | 08/31/2018 |
| | 1300 S MILTON RD SUTE #205 | | | Fax: (928)226-1387 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7653 | RED ROCK HEARING, LLC | | | Tele (928)282-6570 | | 02/01/2016 | to | 01/31/2018 |
| | 2155 W SR 89A, #210 | | | Fax: ( ) - | | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4305 | SCHURMAN, SHAINE M. | | | Tele (928)526-6700 | | 09/01/2016 | to | 08/31/2018 |
| | 2700 WOODLANDS VILLAGE BLVD SUITE 320 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD4365 | TOLLEFSON, MITTIE A.<br>100 VERDE VALLEY SCHOOL RD STE 105<br>SEDONA AZ 86351 | Tele (408)466-4922<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3429 | HORIZON HOME HEALTH, LLC<br>32 NORTH 10TH AVENUE, SUITE 204<br>PAGE AZ 86040 | Tele (928)645-9110<br>Fax: (928)645-9410<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA2914 | NNI HOME CARE SERVICES<br>624 NORTH HUMPHREYS, SUITE A<br>FLAGSTAFF AZ 86001 | Tele (928)556-0755<br>Fax: (928)556-0625<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA7679 | NORTHERN ARIZONA HOME HEALTH<br>107 EAST OAK AVENUE, SUITE 102A<br>FLAGSTAFF AZ 86001 | Tele (928)773-2278<br>Fax: (928)773-2291<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA5463 | ZION'S WAY HOME HEALTH<br>47 6TH AVENUE<br>PAGE AZ 86040 | Tele (928)645-0366<br>Fax: (435)688-0715<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC3729 | HOSPICE COMPASSUS - SEDONA/ FLAGSTAFF/ PRESCOTT | | | Tele | (928)284-0180 | 04/01/2016 | to | 03/31/2017 |
| | 70 BELL ROCK PLAZA, SUITE A | | | Fax: | (928)284-9352 | | | |
| | SEDONA | AZ | 86351 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| HSPC0007 | NORTHLAND HOSPICE AND PALLIATIVE CARE, INC | | | Tele | (928)779-1227 | 09/01/2016 | to | 08/31/2017 |
| | 452 NORTH SWITZER CANYON DRIVE | | | Fax: | (928)779-5884 | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| HSPC5462 | ZION'S WAY HOSPICE | | | Tele | (928)645-0366 | 04/01/2016 | to | 03/31/2017 |
| | 47 6TH AVENUE | | | Fax: | (928)645-0372 | | | |
| | PAGE | AZ | 86040 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7726 | ACCORD HOSPICE OF SEDONA VALLEY, LLC | | | Tele | (928)278-4134 | 06/20/2016 | to | 05/31/2017 |
| | 1350 WEST HIGHWAY 89A, SUITE 24 | | | Fax: | ( ) - | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0086 | PAGE HOSPITAL | | | Tele | (928)645-2424 | 05/01/2015 | to | 04/30/2018 |
| | 501 NORTH NAVAJO DRIVE | | | Fax: | (928)645-3549 | | | |
| | PAGE | AZ | 86040 | Capacity : | 25 | Medcaid_Cert: | | Certified |

## Sub-Type : HOSPITAL - PSYCHIATRIC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH1852 | GUIDANCE CENTER, THE<br>2187 NORTH VICKEY STREET<br>FLAGSTAFF AZ 86004 | Tele (928)527-1899<br>Fax: (928)714-6480<br>Capacity : 16 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0169 | FLAGSTAFF MEDICAL CENTER<br>1200 NORTH BEAVER STREET<br>FLAGSTAFF AZ 86001 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : 267 | 02/11/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | TUBA CITY REGIONAL HEALTH CARE CORPORATION<br>PO BOX 600<br>TUBA CITY AZ 86045 | Tele (928)283-2501<br>Fax: (928)283-2828<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SABH6449 | ENCOMPASS HEALTH SERVICES, INC<br>32 NORTH 10TH AVENUE, SUITE 5<br>PAGE AZ 86040 | Tele (928)645-4934<br>Fax: (928)645-3254<br>Capacity : 12 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | 3T MRI<br>1485 NORTH TURQUOISE DRIVE<br>FLAGSTAFF AZ 86001 | Tele (928)213-4900<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OSC | BARIATRIC SURGICAL WEIGHT LOSS CLINIC | | | Tele (928)214-3737 | | | to |
| | 1050 NORTH SAN FRANCISCO STREET, SUITE B | | | Fax: (928)214-3837 | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | CENTER FOR CARE MANAGEMENT | | | Tele (928)773-2249 | | | to |
| | 77 WEST FOREST AVENUE, SUITE 202 | | | Fax: (928)773-2348 | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | ENTIRECARE REHAB AND SPORTS MEDICINE - SEDONA | | | Tele (928)282-6775 | | | to |
| | 35 DRY CREEK ROAD, SUITE 3 | | | Fax: (520)773-2419 | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | ENTIRECARE REHAB AND SPORTS MEDICINE - VILLAGE OF OAK CREEK | | | Tele (928)282-8428 | | | to |
| | 6560 HIGHWAY 179, SUITES 118 & 120 | | | Fax: (928)779-2419 | | | |
| | SEDONA | AZ | 86351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | ENTIRECARE REHAB AND SPORTS MEDICINE-EAST FLAGSTAFF | | | Tele (928)552-8375 | | | to |
| | 7810 NORTH HIGHWAY 89, SUITE 280 | | | Fax: (928)779-2419 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | FIT KIDS OF ARIZONA - FLAGSTAFF<br>1000 NORTH HUMPHREYS STREET, SUITES 210 & 212<br>FLAGSTAFF AZ 86001 | Tele (928)214-3537<br>Fax: (928)773-2430<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| UNC | NORTHERN ARIZONA HEALTHCARE LABORATORY<br>77 WEST FOREST AVENUE, SUITE 103<br>FLAGSTAFF AZ 86001 | Tele (928)773-2378<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PAGE HOSPITAL- PHMAC REHAB SERVICES<br>601 NORTH NAVAJO<br>PAGE AZ 86040 | Tele (928)645-0115<br>Fax: (928)645-3549<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | VERDE VALLEY MEDICAL CENTER - SEDONA CAMPUS<br>3700 WEST HIGHWAY 89A<br>SEDONA AZ 86336 | Tele (928)504-3000<br>Fax: (928)773-2348<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM106 | BECKY Y WEIDINGER<br>2825 W FOREST HILLS DR<br>FLAGSTAFF AZ 86001 | Tele (928)773-1172<br>Fax: (928)213-9924<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM069 | BAUL, MARY ANN | | | Tele (928)779-6064 | | 07/01/2016 | to | 06/30/2018 |
| | 20 EAST CHERRY AVE | | | Fax: (928)773-9694 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM177 | EMILY DALE | | | Tele (928)699-2663 | | 12/01/2016 | to | 11/30/2018 |
| | 20 E CHERRY AVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM179 | KLINE, MARGARET ANN | | | Tele (928)533-2347 | | 12/01/2015 | to | 11/30/2017 |
| | 20 E CHERRY AVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM178 | PAULA MARIE PELLETIER-BUTLER | | | Tele (928)556-0000 | | 12/01/2014 | to | 11/30/2016 |
| | 401 WEST ASPEN AVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM144 | SIERRA DAWN HELTON | | | Tele (928)853-1956 | | 10/01/2016 | to | 09/30/2018 |
| | P O BOX 742 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86002 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : OTC-ABORTION CLINICS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : OTC-ABORTION CLINICS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTCAC5880 | PLANNED PARENTHOOD ARIZONA FLAGSTAFF<br>2500 SOUTH WOODLANDS VILLAGE BOULEVARD, SUITE 12<br>FLAGSTAFF AZ 86001 | Tele (928)774-2951<br>Fax: (928)774-5366<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6051 | ARIZONA'S CHILDRENS ASSOCIATION<br>906 WEST UNIVERSITY AVENUE, SUITE 140 & 150<br>FLAGSTAFF AZ 86001 | Tele (602)234-3733<br>Fax: (602)234-1252<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC5312 | BANNER HEALTH CLINIC<br>601 NORTH NAVAJO DRIVE<br>PAGE AZ 86040 | Tele (928)645-0766<br>Fax: (928)645-0767<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7929 | BEHAVIORAL CONSULTATION SERVICES, INC<br>345 SOUTH RIVER RUN ROAD, SUITE 200<br>FLAGSTAFF AZ 86001 | Tele (520)721-1887<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC7438 | CENTER FOR LIVER & HEPATOLOGY - FLAGSTAFF<br>77 WEST FOREST AVENUE, SUITE 111<br>FLAGSTAFF AZ 86001 | Tele (602)406-5483<br>Fax: (928)773-2548<br>Capacity : Not Applicable | 12/03/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7005 | CHILD & FAMILY SUPPORT SERVICES, INC<br>1515 EAST CEDAR AVENUE, SUITE D-2<br>FLAGSTAFF AZ 86004 | Tele (928)774-0775<br>Fax: (928)774-0856<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC0361 | COCONINO COUNTY PUBLIC HEALTH SERVICES DISTRICT<br>2625 NORTH KING STREET<br>FLAGSTAFF AZ 86004 | Tele (928)679-7222<br>Fax: (928)679-7351<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6650 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC<br>419 NORTH SAN FRANCISCO<br>FLAGSTAFF AZ 86001 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7801 | CONCENTRA MEDICAL CENTERS<br>1110 EAST ROUTE 66<br>FLAGSTAFF AZ 86001 | Tele (717)972-1100<br>Fax: (214)755-4594<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6387 | ENCOMPASS HEALTH SERVICES, INC<br>170 NORTH MAIN STREET<br>FREDONIA AZ 86022 | Tele (928)643-7230<br>Fax: (928)643-7988<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5097 | ENCOMPASS HEALTH SERVICES, INC. | | | Tele | (928)645-5113 | 05/01/2016 | to | 04/30/2017 |
| | 463 SOUTH LAKE POWELL BOULEVARD | | | Fax: | (928)645-3254 | | | |
| | PAGE | AZ | 86040 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5841 | FLAGSTAFF BIRTH AND WOMEN'S CENTER | | | Tele | (928)556-0000 | 10/01/2015 | to | 09/30/2016 |
| | 401 WEST ASPEN AVENUE | | | Fax: | (928)556-0005 | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6139 | GUIDANCE CENTER, INC, THE | | | Tele | (928)527-1988 | 02/01/2016 | to | 01/31/2017 |
| | 220 WEST GRANT AVENUE | | | Fax: | (928)714-6480 | | | |
| | WILLIAMS | AZ | 86046 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6088 | GUIDANCE CENTER, INC., THE | | | Tele | (928)527-1899 | 12/01/2015 | to | 11/30/2016 |
| | 2187 NORTH VICKEY STREET | | | Fax: | (928)714-6480 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | 7 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6726 | GUIDANCE CENTER, INC., THE | | | Tele | (928)527-1899 | 10/01/2016 | to | 09/30/2017 |
| | 2695 EAST INDUSTRIAL DRIVE | | | Fax: | (928)714-6480 | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7650 | JUNIPER RECOVER | | | Tele (425)295-1010 | 04/14/2016 to 03/31/2017 |
| | 1110 EAST ROUTE 66, SUITE 200 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6392 | KACHINA POINT REHABILITATION | | | Tele (928)284-1000 | 05/01/2016 to 04/30/2017 |
| | 505 JACKS CANYON ROAD | | | Fax: (928)284-0626 | |
| | SEDONA | AZ | 86351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0677 | NACA FAMILY HEALTH CENTER | | | Tele (928)773-1245 | 05/01/2016 to 04/30/2017 |
| | 1500 EAST CEDAR AVENUE, SUITE 26 | | | Fax: (928)773-9429 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5149 | NAU CAMPUS HEALTH SERVICES | | | Tele (928)523-6343 | 07/01/2016 to 06/30/2017 |
| | 824 SOUTH SAN FRANCISCO STREET, BUILDING 25 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7732 | NEXTCARE FAMILY CARE - MALPAIS | | | Tele (928)286-8830 | 06/29/2016 to 05/31/2017 |
| | 399 SOUTH MALPAIS LANE, SUITE 100 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7192 | NEXTCARE URGENT CARE - HUMPHREYS<br>1000 NORTH HUMPHREYS STREET, SUITE 104<br>FLAGSTAFF AZ 86001 | Tele (928)779-3844<br>Fax: (928)779-3848<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5638 | NEXTCARE URGENT CARE - SEDONA<br>2530 WEST STATE ROUTE 89A, SUITE A<br>SEDONA AZ 86336 | Tele (928)203-4813<br>Fax: (928)203-0201<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6854 | NORTH COUNTRY HEALTHCARE - PONDEROSA HIGH SCHOOL<br>2384 NORTH STEVES BOULEVARD<br>FLAGSTAFF AZ 86004 | Tele (928)522-9879<br>Fax: (928)213-6163<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5712 | NORTHERN ARIZONA HEALTHCARE MEDICAL GROUP-FLAGSTAFF<br>107 EAST OAK STREET, SUITES 101 & 201<br>FLAGSTAFF AZ 86001 | Tele (928)777-2357<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5162 | PASSPORT HEALTH - FLAGSTAFF<br>1116 EAST ROUTE 66<br>FLAGSTAFF AZ 86001 | Tele (480)345-6800<br>Fax: (480)855-2982<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7275 | RED MOUNTAIN SEDONA | | | Tele (928)284-2690 | | 08/01/2016 | to | 07/31/2017 |
| | 90 BELL ROCK PLAZA, SUITES 100A & 200A | | | Fax: ( ) - | | | | |
| | SEDONA | AZ | 86351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7784 | RED ROCK HEALTHCARE, INC. | | | Tele (435)688-0648 | | 08/15/2016 | to | 07/31/2017 |
| | 43RD SIXTH AVENUE | | | Fax: ( ) - | | | | |
| | PAGE | AZ | 86040 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4809 | SACRED PEAKS HEALTH CENTER | | | Tele (928)863-7333 | | 03/01/2016 | to | 02/28/2017 |
| | 3480 EAST ROUTE 66 | | | Fax: (928)525-0047 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6666 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC.-FLAGSTAFF OUTPATIENT/ORS | | | Tele (928)779-4550 | | 08/01/2016 | to | 07/31/2017 |
| | 1515 EAST CEDAR AVENUE, STE B-2 B-3, B-4, E-1, E-2 | | | Fax: (928)779-4493 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5974 | SPECTRUM HEALTHCARE GROUP, INC | | | Tele (928)634-2236 | | 08/01/2016 | to | 07/31/2017 |
| | 2880 HOPI DRIVE | | | Fax: (928)634-1221 | | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7422 | VERA WHOLE HEALTH, INC<br>1500 EAST CEDAR, SUITE 80<br>FLAGSTAFF AZ 86004 | Tele (206)395-7863<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/12/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5180 | VERDE VALLEY MEDICAL CLINIC - SEDONA<br>3700 WEST HIGHWAY 89A, SUITE B<br>SEDONA AZ 86336 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5055 | VERDE VALLEY MEDICAL CLINIC - VILLAGE OF OAK CREEK<br>61 BELL ROCK PLAZA, SUITE A<br>SEDONA AZ 86351 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : RECOVERY CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RCC7084 | NORTHERN ARIZONA HEALTHCARE ORTHOPEDIC CARE CENTER<br>1485 NORTH TURQUOISE DRIVE, SUITE 110<br>EAST FLAGSTAFF AZ 86001 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : 8 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2662 | HAVEN OF FLAGSTAFF, LLC<br>800 WEST UNIVERSITY AVENUE<br>FLAGSTAFF AZ 86001 | Tele (928)779-6931<br>Fax: (928)779-2180<br>Capacity : 83 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2709 | KACHINA POINT REHABILITATION HOSPITAL, LLC | | | Tele (928)284-1000 | 05/01/2016 to 04/30/2017 |
| | 505 JACKS CANYON ROAD | | | Fax: (714)256-2003 | |
| | SEDONA | AZ | 86351 | Capacity : 112 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2515 | THE PEAKS, A SENIOR LIVING COMMUNITY | | | Tele (928)774-7106 | 04/01/2016 to 03/31/2017 |
| | 3150 NORTH WINDING BROOK ROAD | | | Fax: (928)213-0831 | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : 58 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10316 | CARIN LYNN SCHMELLA | | | Tele (928)779-1679 | 10/18/2016 to 10/17/2018 |
| | 2224 EAST CEDAR AVENUE, SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8171 | CHANTEL LAUREN DELGAI | | | Tele (928)527-1899 | 10/05/2016 to 10/04/2018 |
| | 2187 N VICKY STREET SUITE A | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9836 | COMPTON, LINDSEY ROSE | | | Tele (626)000-0000 | 03/02/2016 to 03/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9173 | DEBORAH ANN KOHAN | | | Tele (928)000-0000 | 11/01/2016 to 10/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SEDONA | AZ | 86351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9987 | DOOLITTLE, JULIA LINDZEE | | | Tele (928)779-3366 | 05/13/2016 to 05/12/2018 |
| | 1200 N BEAVER STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9215 | DUNN, KAREN E. | | | Tele (928)000-0000 | 01/12/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8026 | EMKEIT, AUTUM, L. | | | Tele (928)556-9622 | 11/01/2015 to 10/31/2017 |
| | 1001 NORTH TURQUIOSE DRIVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9301 | FLANAGAN, NICOLE | | | Tele (928)773-4120 | 02/23/2015 to 02/28/2017 |
| | 4005 E BUTLER AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10310 | JOHANNA LOUISE GARNEAU | | | Tele (714)000-0000 | 10/11/2016 to 10/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9735 | KOERPERICH, KYLIE A. | | | Tele (928)523-5840 | 10/30/2015 to 10/31/2017 |
| | P O BOX 6100 NORTH HALL | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8902 | LINDA BOVEY STUMP | | | Tele (806)000-0000 | 10/04/2016 to 10/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10330 | LORRAINE LYNN SWARTZENDRUBER | | | Tele (646)000-0000 | 11/07/2016 to 11/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9440 | MATTINGLEY, STEPHANIE MARIE | | | Tele (928)526-5862 | 06/04/2015 to 06/03/2017 |
| | 2617 E 7TH AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9424 | OELLIG, KYRA B. | | | Tele (541)000-0000 | | 06/01/2015 | to | 05/31/2017 |
| | 113 S SAN FRANCISCO ST | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9367 | PERALTA, CHELSEA L. | | | Tele (602)000-0000 | | 04/28/2015 | to | 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10344 | SHANTEL DENISE CAMERON | | | Tele (602)000-0000 | | 11/09/2016 | to | 11/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9689 | SPEARS, DANNI M. | | | Tele (928)814-4990 | | 09/22/2015 | to | 09/30/2017 |
| | 1863 W SHELLIE DRIVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9626 | WATKIN, SHELBY A. | | | Tele (480)000-0000 | | 08/21/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA8197 | WHITING , MCKENZIE LEE-WILKIN<br>ARIZONA PRACTICE ADDRESS NOT REGISTERED<br>EAST FLAGSTAFF AZ 86001 | Tele (928)000-0000<br>Fax: (928)000-0000<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA9471 | WRIGGHT, LANDON M.<br>PO BOX 1927<br>PAGE AZ 86040 | Tele (435)899-0060<br>Fax: (928)645-2805<br>Capacity : Not Applicable | 06/11/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP5234 | DIANA WHITEFIELD PARAFINIUK<br>1863 W SHELLIE DR<br>FLAGSTAFF AZ 86001 | Tele (928)814-4990<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP0410 | ALLEN, KIMBERLEY B.<br>1200 N BEAVER STREET<br>FLAGSTAFF AZ 86001 | Tele (928)779-3366<br>Fax: (928)773-2419<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP9872 | ALSUP, ALAINA MARIE<br>1808 N IZABEL STREET<br>FLAGSTAFF AZ 86004 | Tele (928)814-4990<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/07/2016 to 03/06/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9402 | ANDERSON, EMILY C. | | | Tele (928)774-7106 | 05/10/2016 to 05/09/2018 |
| | 3150 N WINDING BROOK ROAD | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4251 | ANDERSON, MCKENZYE | | | Tele (928)699-6061 | 03/01/2016 to 02/28/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (928)526-0158 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5469 | BARRERAS, AMY | | | Tele (928)288-8108 | 02/01/2016 to 01/31/2018 |
| | 800 APACHE AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8585 | BASSETT, BRITNEY N | | | Tele (928)778-1679 | 10/01/2016 to 09/30/2018 |
| | 125 E ELM AVE STE 103 | | | Fax: ( ) - | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6667 | BISTLINE, SONDRA J. | | | Tele (928)606-3565 | 05/01/2016 to 04/30/2018 |
| | 45 N 100 EAST | | | Fax: (928)643-6554 | |
| | FREDONIA | AZ | 86022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9133 | BRITTANY LYNN HARRISON | | | Tele (928)608-4100 | 11/01/2016 to 10/31/2018 |
| | 500 S NAVAJO DR | | | Fax: ( ) - | |
| | PAGE | AZ | 86040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9579 | BROOKE ROCHELLE SANTOS | | | Tele (928)779-1679 | 10/06/2016 to 10/05/2018 |
| | 2224 E CEDAR AVE SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5729 | BROWNFIELD, MEGGAN C. | | | Tele (928)779-1679 | 04/01/2016 to 03/31/2018 |
| | 2224 E CEDAR AVE SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8817 | BURHMANN, DORE A. | | | Tele (928)213-6359 | 07/14/2015 to 07/31/2017 |
| | 1200 N BEAVER STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8176 | BUYSKE, MELISSA J. | | | Tele (928)779-1679 | 02/01/2016 to 01/31/2018 |
| | 2224 E CEDAR AVENUE SUITE 1 | | | Fax: (928)773-2822 | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0888 | CENCIOSO, JULIA M. | | | Tele (928)773-4110 | 03/01/2016 to 02/28/2018 |
| | 3285 E SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9058 | CHELSEA CHRISTINE DIMARZIO | | | Tele (298)202-9467 | 09/01/2016 to 08/31/2018 |
| | 1863 W SHELLIE DRIVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4506 | COLE, KRISTIN M. | | | Tele (928)283-1000 | 08/01/2016 to 07/31/2018 |
| | 67 FIR STREET | | | Fax: ( ) - | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4328 | COOK, ANNA R. | | | Tele (928)283-2590 | 08/01/2016 to 07/31/2018 |
| | 167 N MAIN ST PO BOX 600 | | | Fax: ( ) - | |
| | COAL MINE MESA | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1375 | COONS, KRISTINE | | | Tele (928)774-1045 | 12/01/2015 to 11/30/2017 |
| | 1711 S AX HANDLE WAY | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1488 | CULBERTSON, KRISTAN E. | | | Tele (928)523-8619 | | 03/01/2016 | to | 02/28/2018 |
| | PO BOX 15095 | | | Fax: (928)523-1789 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1854 | DONESKI-NICOL, JANIS | | | Tele (928)523-5878 | | 05/01/2016 | to | 04/30/2018 |
| | P O BOX 5630 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0517 | DORMADY, ELIZABETH P. | | | Tele (928)707-3483 | | 03/01/2016 | to | 02/28/2018 |
| | 2224 E CEDAR AVENUE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0445 | DOYEN, CYNTHIA | | | Tele (928)523-7393 | | 01/01/2015 | to | 12/31/2016 |
| | PO BOX 15045 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1722 | ELISE LINDSTEDT | | | Tele (928)523-9591 | | 05/01/2016 | to | 04/30/2018 |
| | 208 E PINE KNOLL DRIVE | | | Fax: (928)523-0034 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5758 | ELLSWORTH, CINTAMANI H. | | | Tele (928)779-3366 | 02/01/2016 to 01/31/2018 |
| | 1215 N BEAVER STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7855 | ERNST, JENNIFER J. | | | Tele (928)527-6000 | 07/01/2016 to 06/30/2018 |
| | 3285 E SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1465 | FARINELLA, KIMBERLY A. | | | Tele (928)523-4699 | 02/01/2016 to 01/31/2018 |
| | PO BOX 15045 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1629 | FARRELL, CYNTHIA FANGMAN | | | Tele (928)523-1275 | 08/01/2016 to 07/31/2018 |
| | 208 EAST PINE KNOLL | | | Fax: (928)523-0034 | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6679 | FIRTH, LYNN B. | | | Tele (928)779-3366 | 02/01/2016 to 01/31/2018 |
| | 1200 N BEAVER ST | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7096 | GALLAGHER, JUNLI HOPKINS | | | Tele (928)773-2054 | | 07/01/2016 | to | 06/30/2018 |
| | 1215 N BEAVER ST | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7007 | GARDNER, CATHERINE M. | | | Tele (928)607-9814 | | 04/01/2016 | to | 03/31/2018 |
| | 906 W UNIVERSITY AVE SUITE 120 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4541 | GEWALD, BECKY | | | Tele (928)779-1679 | | 09/01/2016 | to | 08/31/2018 |
| | 2224 E CEDAR AVENUE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1526 | GIORSETTI, THERESE A. | | | Tele (928)283-2330 | | 08/01/2016 | to | 07/31/2018 |
| | 306 MAIN STREET PO BOX 187 | | | Fax: (928)283-2362 | | | | |
| | TUBA CITY | AZ | 86045 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5651 | GROSS, LAUREN G. | | | Tele (928)575-5094 | | 02/01/2016 | to | 01/31/2018 |
| | 6141 E ABINEAU CANYON DR | | | Fax: (866)685-8963 | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0796 | HAMMOND, STEPHANIE K. | | | Tele (928)773-4150 | 03/01/2016 to 02/28/2018 |
| | 3875 SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1864 | HANSON, LIBERTY A. | | | Tele (928)853-2462 | 04/01/2016 to 03/31/2018 |
| | 1805 WEST HEAVENLY COURT | | | Fax: (928)597-5180 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0818 | HARMON, MARY T. | | | Tele (928)523-2806 | 11/01/2015 to 10/31/2017 |
| | PO BOX 15045 PINE KNOLL DR | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0726 | HELLMAN, LAURIE J MCKINNEY | | | Tele (928)213-6239 | 02/01/2016 to 01/31/2018 |
| | 1200 N BEAVER ST | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1153 | HUGGARD, HEIDI L. | | | Tele (928)527-6000 | 10/01/2016 to 09/30/2018 |
| | 3285 E SPARROW | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4618 | IACONA, LESLEY M. | | | Tele (928)779-1679 | | 06/01/2016 | to | 05/31/2018 |
| | 2224 E CEDAR AVE SUITE #1 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6428 | ISAKI, EMI | | | Tele (928)523-7481 | | 11/01/2016 | to | 10/31/2018 |
| | PO BOX 15045 BLDG 66 | | | Fax: (928)523-0034 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1519 | JACKSON, ELAINE M. | | | Tele (928)274-4820 | | 04/01/2016 | to | 03/31/2018 |
| | PO BOX 1348 | | | Fax: (928)284-2439 | | | | |
| | SEDONA | AZ | 86339 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9611 | JOHNSTON, SALLY J. | | | Tele (928)779-3366 | | 08/20/2015 | to | 08/31/2017 |
| | 1200 N BEAVER STREET | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4529 | JONES, VALERIE J. | | | Tele (928)380-7511 | | 02/01/2016 | to | 01/31/2018 |
| | 4817 EAST MERRIAM DRIVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1284 | JUDITH LYNDA BELL KING | | | Tele (928)523-7436 | 10/01/2016 to 09/30/2018 |
| | P O BOX 15045 | | | Fax: (928)523-0034 | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9517 | JULIEN, CAROL CHOREBABIAN | | | Tele (928)527-6000 | 02/23/2016 to 02/22/2018 |
| | 3285 E SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0337 | KEISLING, KIERA N. | | | Tele (928)608-4100 | 12/01/2015 to 11/30/2017 |
| | PO BOX 1927 | | | Fax: (928)608-4169 | |
| | PAGE | AZ | 86040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2106 | KESSENICH, JAMES M. | | | Tele (928)600-4191 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5603 | KEYSER, SUSAN A. | | | Tele (928)255-7707 | 01/01/2016 to 12/31/2017 |
| | 1145 SHULLENBARGER DRIVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9024 | KREIBICH, ABIGAIL K. | | | Tele (928)779-1679 | | 06/22/2015 | to | 06/30/2017 |
| | 2224 E CEDAR AVE | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8546 | LADONNA LYNN HICKMAN | | | Tele (928)779-1679 | | 11/01/2016 | to | 10/31/2018 |
| | 125 E ELM ST STE 103 | | | Fax: ( ) - | | | | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7979 | LALAN, JACOB J. | | | Tele (928)000-0000 | | 02/01/2016 | to | 01/31/2018 |
| | FLAGSTAFF UNIFIED SCHOOL DISTRICT | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0338 | LEHN, ANN M | | | Tele (928)779-1679 | | 04/01/2016 | to | 03/31/2018 |
| | 2224 E CEDAAR AVE SUITE 1 | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4301 | LIGHTNER, REBECCA S. | | | Tele (928)226-7426 | | 03/01/2016 | to | 02/28/2018 |
| | 1200 NORTH BEAVER STREET | | | Fax: ( ) - | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0802 | MAHOSKY, KATHERINE A. | | | Tele (928)523-3614 | 02/01/2016 to 01/31/2018 |
| | PO BOX 5630 IHD/NAU | | | Fax: (928)523-9127 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1286 | MARTIN, SUSAN C. | | | Tele (928)779-1679 | 10/01/2016 to 09/30/2018 |
| | 2224 E CEDAR AVE SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8997 | MASSEY, KAREN W | | | Tele (928)523-9127 | 08/01/2016 to 07/31/2018 |
| | PO BOX 5630 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0877 | MAX, MARIE ANN | | | Tele (928)673-3418 | 08/01/2016 to 07/31/2018 |
| | PO BOX 1420 E HWY 160/98 | | | Fax: (928)673-3489 | |
| | KAIBITO | AZ | 86053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8461 | MILLICAN, HOLLIE N | | | Tele (928)226-1563 | 01/14/2015 to 01/31/2017 |
| | 1805 W HEAVENLY CT | | | Fax: ( ) - | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2143 | MORRISON, ELIZABETH P. | | | Tele (928)226-1563 | 08/01/2016 to 07/31/2018 |
| | 1805 W HEAVENLY CT | | | Fax: (928)526-0158 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1844 | MORSE, JILL V. | | | Tele (928)773-4060 | 05/01/2016 to 04/30/2018 |
| | 3401 NORTH 4TH STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0327 | MURRAY, FE D. | | | Tele (928)523-8110 | 03/01/2016 to 02/28/2018 |
| | 208 E PINE KNOLL DR | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5648 | NATION, TINA K. | | | Tele (928)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4135 | PALM, ERIKA | | | Tele (928)600-4283 | 10/01/2016 to 09/30/2018 |
| | 27A RIORDAN RANCH RD | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6690 | PELPHREY, VICKY L. | | | Tele (941)376-0560 | 07/01/2016 to 06/30/2018 |
| | 220 BREWER RD | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5473 | PINKSTON, STACY L. | | | Tele (928)779-1679 | 05/01/2016 to 04/30/2018 |
| | 2224 E CEDAR SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5310 | POMEROY-KING, AISLING A | | | Tele (928)779-1679 | 08/01/2016 to 07/31/2018 |
| | 2224 E CEDAR AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9277 | PREWITT, TASHA | | | Tele (626)000-0000 | 02/09/2015 to 02/28/2017 |
| | P O BOX 23583 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86002 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6967 | RAMOS-EDGERLY, YOLANDA A. | | | Tele (928)856-9380 | 07/01/2016 to 06/30/2018 |
| | PO BOX 5630 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6155 | REILLY, TRACY L | | | Tele (928)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | JACK RABBIT ROAD | | | Fax: (781)737-4952 | | | | |
| | SEDONA | AZ | 86336 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1595 | ROCKOW, ANGELA M H | | | Tele (928)773-2125 | | 07/01/2016 | to | 06/30/2018 |
| | FLAGSTAFF MEDICAL CENTER | | | Fax: (928)779-3366 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1473 | RYAN, SANDRA A. | | | Tele (928)773-7570 | | 03/01/2016 | to | 02/28/2018 |
| | 1300 S MILTON SUITE 224 | | | Fax: (928)773-7576 | | | | |
| | FLAGSTAFF | AZ | 86001 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5158 | SAMSEL, JAMES LOGAN | | | Tele (928)523-8617 | | 02/01/2016 | to | 01/31/2018 |
| | P O BOX 5630 | | | Fax: (928)523-4909 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2213 | SASSER, NICOLE L. | | | Tele (928)523-2969 | | 03/01/2016 | to | 02/28/2018 |
| | 208 E PINE KNOLL DRIVE PO BOX 15045 | | | Fax: (928)523-0034 | | | | |
| | FLAGSTAFF | AZ | 86011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4518 | SCHIEBE, AIMEE E | | | Tele (928)607-5214 | 10/01/2015 to 09/30/2017 |
| | SELF EMPLOYED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8832 | SCHMITZ, KRISTEN . | | | Tele (928)226-1563 | 04/07/2016 to 04/06/2018 |
| | 1805 W HEAVENLY CT | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6773 | SMITH, LAURA V. | | | Tele (928)527-6000 | 06/01/2016 to 05/31/2018 |
| | 3285 E SPARROW AVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6527 | SOSA, ANNA VIRGINIA VOGEL | | | Tele (928)523-3845 | 12/01/2015 to 11/30/2017 |
| | 208 E PINE KNOLL DR BOX 15045 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6045 | STEWART, SANDRA L. | | | Tele (928)779-1679 | 03/01/2016 to 02/28/2018 |
| | 125 E ELM AVE STE 103 | | | Fax: (928)779-2822 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5987 | SUESS, BIRGIT G | | | Tele (928)202-9467 | 08/01/2016 to 07/31/2018 |
| | 1863 W SHELLIE DR | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7983 | TABAREZ, JUANIT | | | Tele (928)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (928)000-0000 | |
| | EAST FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0793 | TANNER, JODY M. | | | Tele (928)773-4148 | 04/01/2016 to 03/31/2018 |
| | 3285 E SPARROW | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9523 | TARBELL, RACHEL A. | | | Tele (928)814-4990 | 06/29/2015 to 06/30/2017 |
| | 1863 SHELLIE DRIVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0846 | THOMAS, MICHELLE L. | | | Tele (928)226-1212 | 03/01/2016 to 02/28/2018 |
| | SWITZER MESA CAMPUS | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5559 | VALENCIA, MARY CHRISTINA | | | Tele (928)523-2969 | 01/01/2016 to 12/31/2017 |
| | 208 WEST PINE KNOLL DRIVE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1450 | VALERIE CHRISTINE WEST | | | Tele (928)863-0317 | 09/01/2016 to 08/31/2018 |
| | 3285 E SPARROW | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0293 | WALSH, BOBBIE J. | | | Tele (928)821-1590 | 09/01/2016 to 08/31/2018 |
| | 165 KACHINA DR | | | Fax: ( ) - | |
| | SEDONA | AZ | 86336 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6516 | WALTON, AIMEE M. | | | Tele (928)779-1679 | 11/01/2015 to 10/31/2017 |
| | 2224 E CEDAR AVENUE, STE1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0392 | WENDY MEREDITH LAMB | | | Tele (928)779-5487 | 01/01/2017 to 12/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: (928)779-7895 | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9283 | WILLIAM GREGG PRICE | | | Tele (928)000-0000 | 08/23/2016 to 08/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0116 | WILSON, BETH VAUGHAN | | | Tele (928)773-4011 | 12/01/2015 to 11/30/2017 |
| | 3285 E SPARROW | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1237 | WILSON, LAURA C. | | | Tele (928)779-1679 | 04/01/2016 to 03/31/2018 |
| | 125 EAST ELM | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1841 | YAZZIE, VALERIE | | | Tele (928)283-2659 | 05/01/2016 to 04/30/2018 |
| | 167 N MAIN STREET PO BOX 600 | | | Fax: ( ) - | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2202 | YVONNE YEE HONANIE | | | Tele (928)283-2330 | 09/01/2016 to 08/31/2018 |
| | PO BOX 187 | | | Fax: ( ) - | |
| | TUBA CITY | AZ | 86045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7977 | ZELENSKI, MARGO A | | | Tele (928)699-7853 | 06/01/2016 to 05/31/2018 |
| | 1200 N BEAVER ST | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0599 | SPANGENBERG, LYNN H. | | | Tele (928)527-6217 | 02/01/2016 to 01/31/2018 |
| | 2230 N FORT VALLEY ROAD | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4984 | SUTTER, JANE C. | | | Tele (928)527-6000 | 03/01/2016 to 02/28/2018 |
| | 3285 EAST SPARROW AVENUE | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10189 | BERGSTRAND, GRETCHEN SHAW | | | Tele (928)779-1679 | 08/31/2016 to 08/30/2017 |
| | 2224 E CEDAR AVENUE SUITE 1 | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10234 | HOLLY JUNE FOWLER | | | Tele (928)776-3366 | 08/29/2016 to 08/28/2017 |
| | 1200 N BEAVER STREET | | | Fax: ( ) - | |
| | FLAGSTAFF | AZ | 86001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : UNCLASSIFIED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - COCONINO Total = 391

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7843 | WOMANCARE BIRTH & BREASTFEEDING CENTER<br>20 EAST CHERRY AVENUE<br>FLAGSTAFF AZ 86001 | Tele (928)779-6064<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - GILA Total = 112

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9070C | POWELL PLACE<br>806 WEST LONGHORN ROAD<br>PAYSON AZ 85541 | Tele (928)474-6249<br>Fax: (520)474-9467<br>Capacity : 47 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8314H | FAUBUSH FAMILY HOMES<br>7760 SOUTH SIX SHOOTER CANYON ROAD<br>GLOBE AZ 85501 | Tele (928)961-4828<br>Fax: (928)425-3439<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7910H | FRONTIER HOUSE, THE<br>906 EAST FRONTIER STREET<br>PAYSON AZ 85541 | Tele (928)468-2461<br>Fax: (928)474-2790<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8468H | HOUSTON CREEK ASSISTED LIVING, LLC | | | Tele (928)478-6943 | 08/01/2016 to 07/31/2017 |
| | 210 SOUTH HOUSTON CREEK CIRCLE | | | Fax: (928)478-6687 | |
| | STAR VALLEY | AZ | 85541 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4632H | ORDINARY LIFESTYLES | | | Tele (928)595-2068 | 02/01/2017 to 01/31/2018 |
| | 401 NORTH LAREDO LANE | | | Fax: (888)673-2528 | |
| | PAYSON | AZ | 85541 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9592H | ORDINARY LIFESTYLES II | | | Tele (928)595-2068 | 11/01/2016 to 10/31/2017 |
| | 718 NORTH FOX HILL | | | Fax: (888)673-2528 | |
| | PAYSON | AZ | 85541 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9273H | ORDINARY LIFESTYLES IV | | | Tele (928)595-2068 | 12/01/2016 to 11/30/2017 |
| | 205 WEST BONITA | | | Fax: (888)678-2528 | |
| | PAYSON | AZ | 85541 | Capacity : 8 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9118H | ORDINARY LIFESTYLES, LLC III | | | Tele (928)595-2068 | 07/01/2016 to 06/30/2017 |
| | 207 EAST ZURICH | | | Fax: (888)673-2528 | |
| | PAYSON | AZ | 85541 | Capacity : 10 | Medcaid_Cert: Certified |

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2484 | HORIZON HEALTH & WELLNESS, INC.<br>415 WEST BASELINE SPUR NORTH<br>GLOBE AZ 85501 | Tele (480)474-5586<br>Fax: (480)671-4541<br>Capacity : 12 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH1863 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC.-ROUND VALLEY RESIDENTIAL<br>8985 WEST STAGELINE ROAD<br>PAYSON AZ 85541 | Tele (602)285-4318<br>Fax: (602)265-8533<br>Capacity : 16 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1153 | COMMUNITY PRESBYTERIAN CHILD LEARNING CENTER<br>800 WEST MAIN STREET<br>PAYSON AZ 85541 | Tele (928)474-4637<br>Fax: ( ) -<br>Capacity : 59 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-5196 | GLOBE HEAD START<br>160 EAST MURPHY STREET<br>GLOBE AZ 85501 | Tele (928)425-9610<br>Fax: (928)425-9752<br>Capacity : 25 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13947 | KAREN'S KARE BEARS, L L C<br>103 WEST ROUNDUP ROAD<br>PAYSON AZ 85541 | Tele (928)474-5273<br>Fax: (928)474-5289<br>Capacity : 49 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8844 | MIAMI HEAD START | | | Tele | (928)473-3640 | 09/01/2015 | to | 08/31/2018 |
| | 131 NORTH PLAZA CIRCLE | | | Fax: | (928)473-7829 | | | |
| | MIAMI | AZ | 85539 | Capacity : | 40 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16776 | PAYSON COMMUNITY CHRISTIAN SCHOOL | | | Tele | (928)474-8050 | 10/04/2013 | to | 09/30/2016 |
| | 1000 EAST FRONTIER STREET | | | Fax: | (928)474-3252 | | | |
| | PAYSON | AZ | 85541 | Capacity : | 26 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5124 | PAYSON HEAD START | | | Tele | (928)474-2738 | 10/01/2015 | to | 09/30/2018 |
| | 1008 SOUTH WESTERLY ROAD | | | Fax: | (928)474-4704 | | | |
| | PAYSON | AZ | 85541 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-13926 | SAFE HAVEN CHILD DEVELOPMENT CENTER | | | Tele | (928)468-6924 | 02/01/2017 | to | 01/31/2020 |
| | 200 EAST TYLER PARKWAY | | | Fax: | (928)472-7640 | | | |
| | PAYSON | AZ | 85541 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-13348 | THE ROCK - THE SALVATION ARMY DAYCARE | | | Tele | (928)402-0517 | 05/01/2016 | to | 04/30/2019 |
| | 161 EAST CEDAR STREET | | | Fax: | (928)425-8518 | | | |
| | GLOBE | AZ | 85501 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14056 | G.U.S.D. # 1 - COPPER RIM ELEMENTARY SCHOOL<br>1600 EAST MESQUITE<br>GLOBE AZ 85501 | Tele (928)402-5800<br>Fax: (928)425-8936<br>Capacity : 82 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7069 | H.W.U.S.D.#41 - LOBITOS PRE-SCHOOL<br>824 THORNE AVENUE<br>WINKELMAN AZ 85192 | Tele (520)356-7876<br>Fax: (520)356-7303<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11043 | M.U.S.D.#40 - LITTLE VANDAL PRESCHOOL<br>4739 EAST RAGUS ROAD<br>MIAMI AZ 85539 | Tele (928)425-3271<br>Fax: (928)425-7419<br>Capacity : 78 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6214 | P.S.S.D.#12 - PINE STRAWBERRY PRESCHOOL/EXTENDED DAY<br>RANDALL DRIVE & HWY. 87<br>PINE AZ 85544 | Tele (928)476-3283<br>Fax: ( ) -<br>Capacity : 25 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-9499 | AMY'S DAYCARE SERVICE<br>503 EAST MCKAMEY<br>PAYSON AZ 85541 | Tele (928)468-8797<br>Fax: ( ) -<br>Capacity : 10 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15756 | KIDZ KORNER | | | Tele (928)478-6265 | 05/01/2014 to 04/30/2017 |
| | 1010 WEST BRIDLEPATH LANE | | | Fax: ( ) - | |
| | PAYSON | AZ | 85541 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2141 | ARIZONA MENTOR / HOLLY | | | Tele (928)793-3918 | 09/01/2015 to 08/31/2017 |
| | 320 E OAK ST | | | Fax: ( ) - | |
| | GLOBE | AZ | 85501 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH365 | ARIZONA MENTOR / SUMMIT | | | Tele (928)474-1936 | 04/30/2015 to 04/30/2017 |
| | 309 WEST SUMMIT | | | Fax: (602)200-9444 | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1055 | ARIZONA MENTOR / WHITING | | | Tele (928)474-1936 | 04/30/2015 to 04/30/2017 |
| | 107 SOUTH WHITING DRIVE | | | Fax: (602)277-0803 | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2389 | CPES, INC / HIDALGO | | | Tele (928)474-4224 | 03/01/2016 to 02/28/2018 |
| | 8132 SEPIA ROAD | | | Fax: (520)884-0383 | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1521 | CPES, INC / SHERWOOD | | | Tele (928)468-6676 | 07/01/2016 to 06/30/2018 |
| | 102 W SHERWOOD | | | Fax: (520)884-0383 | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1991 | CPES, INC / SUNFLOWER | | | Tele (928)468-2243 | 03/01/2016 to 02/28/2018 |
| | 8093 SEPIA ROAD | | | Fax: (520)884-0383 | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2145 | PIFER GROUP HOME / PIFER GROUP HOME 1 | | | Tele (928)425-0288 | 09/01/2015 to 08/31/2017 |
| | 1296 EAST BLAZER DRIVE | | | Fax: (928)473-1186 | |
| | GLOBE | AZ | 85501 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2108 | PORTABLE PRACTICAL EDUCATIONAL PREPARATION, INC / MOUNTAIN VIEW | | | Tele (928)425-3626 | 04/30/2015 to 04/30/2017 |
| | 653 NORTH COCHISE STREET | | | Fax: (520)622-0605 | |
| | GLOBE | AZ | 85501 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH468 | PORTABLE PRACTICAL EDUCATIONAL PREPARATION, INC. / COTTONWOOD | | | Tele (928)425-2210 | 04/30/2015 to 04/30/2017 |
| | 375 COTTONWOOD STREET | | | Fax: (928)402-9011 | |
| | GLOBE | AZ | 85501 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1414 | PORTABLE PRACTICAL EDUCATIONAL PREPARATION, INC. / TRINA'S | | | Tele | (928)425-5469 | 04/30/2015 | to | 04/30/2017 |
| | 375 COTTONWOOD STREET B | | | Fax: | (520)622-0605 | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1780 | PPEP, INC / MONTEREY | | | Tele | (928)402-0448 | 07/01/2016 | to | 06/30/2018 |
| | 1390 SOUTH MONTEREY DRIVE | | | Fax: | (928)402-9011 | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2259 | PPEP, INC / PAXTON | | | Tele | (928)961-1819 | 10/01/2016 | to | 09/30/2018 |
| | 708 W PAXTON AVENUE | | | Fax: | ( ) - | | | |
| | MIAMI | AZ | 85539 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2019 | PPEP, INC / PICACHO | | | Tele | (928)961-2159 | 07/01/2016 | to | 06/30/2018 |
| | 790 W PICACHO | | | Fax: | (928)402-9011 | | | |
| | MIAMI | AZ | 85539 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4203 | RENAL CARE GROUP - GLOBE | | | Tele | (928)425-2624 | 11/01/2016 | to | 10/31/2017 |
| | 2250 US HIGHWAY 60, SUITE O-2 | | | Fax: | (928)425-8318 | | | |
| | MIAMI | AZ | 85539 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | RENAL CARE GROUP-SAN CARLOS | | | Tele (928)475-5987 | | | to | |
| | HIGHWAY 70 & 170 SRT | | | Fax: (480)632-3283 | | | | |
| | PERIDOT | AZ | 85542 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4357 | RIM COUNTRY DIALYSIS | | | Tele (928)474-7000 | | 03/01/2016 | to | 02/28/2017 |
| | 809 WEST LONGHORN ROAD | | | Fax: (928)474-9983 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5504 | CANYONLANDS HEALTHCARE GLOBE | | | Tele (928)402-0491 | | 09/01/2016 | to | 08/31/2017 |
| | 5860 SOUTH HOSPITAL DRIVE, SUITE 102 | | | Fax: (928)402-0490 | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6238 | NORTH COUNTRY HEALTHCARE, INC. | | | Tele (928)522-9879 | | 02/01/2016 | to | 01/31/2017 |
| | 708 SOUTH COEUR D'ALENE LANE, SUITE B | | | Fax: (928)522-9805 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD8575 | FRENCH, BRANDON J. | | | Tele (928)302-2532 | | 06/01/2016 | to | 05/31/2018 |
| | 1107 S BEELINE HWY UNIT #3 | | | Fax: ( ) - | | | | |
| | GISELA | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5415 | HOPE, STEPHEN L. | | | Tele (928)425-3359 | | 10/01/2015 | to | 09/30/2017 |
| | 145 S BROAD STREET | | | Fax: ( ) - | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD9728 | NORTHLAND HEARING CENTERS, INC | | | Tele (928)478-8238 | | 10/19/2015 | to | 10/31/2017 |
| | 802 A NORTH BEELINE HWY | | | Fax: ( ) - | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD8322 | NORTHLAND HEARING CENTERS, INC. | | | Tele (928)472-8056 | | 06/01/2016 | to | 05/31/2018 |
| | 215 BEELINE HWY 215 | | | Fax: ( ) - | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5649 | ARIZONA SENIOR HOME CARE, LLC | | | Tele (928)425-4663 | | 02/01/2016 | to | 01/31/2017 |
| | 2123 SUNSET POINT, SUITE A | | | Fax: (928)425-4662 | | | | |
| | MIAMI | AZ | 85539 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7245 | BANNER HOME CARE - PAYSON | | | Tele (928)472-5245 | | 08/01/2016 | to | 07/31/2017 |
| | 708 EAST ROUTE 260, SUITE A1 | | | Fax: (928)472-5250 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6958 | VA HOME HEALTH 3<br>996 NORTH BROAD STREET, SUITE 6A<br>GLOBE AZ 85501 | Tele (844)824-3577<br>Fax: (623)374-6269<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC6544 | AVIANT HOSPICE GILA<br>136 SOUTH BROAD STREET<br>GLOBE AZ 85501 | Tele (480)425-5400<br>Fax: (928)425-5411<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| HSPC3613 | HOSPICE COMPASSUS-PAYSON<br>511 SOUTH MUDSPRING ROAD, SUITE #2<br>PAYSON AZ 85541 | Tele (928)472-6340<br>Fax: (928)468-2120<br>Capacity : 7 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| HSPC0017 | HOSPICE COMPASSUS-PAYSON<br>511 SOUTH MUDSPRING ROAD, SUITE #1<br>PAYSON AZ 85541 | Tele (928)472-6340<br>Fax: (928)468-2120<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| HSPC6536 | HOSPICE OF PAYSON, LLC<br>900 NORTH BEELINE HIGHWAY, SUITE B<br>PAYSON AZ 85541 | Tele (928)474-2415<br>Fax: (928)474-2140<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - OUTOFSTATE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7687 | ARIZONA CARE HOSPICE<br>1100 NORTH BEELINE HIGHWAY, SUITE A<br>PAYSON AZ 85541 | Tele (480)588-8200<br>Fax: (888)432-7480<br>Capacity : Not Applicable | 01/05/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC7336 | THEMA HEALTH SERVICES<br>2123 SUNSET POINTE DRIVE UNIT B3<br>MIAMI AZ 85539 | Tele (928)425-8330<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC6959 | VA HOSPICE 3<br>996 NORTH BROAD STREET, SUITE 6B<br>GLOBE AZ 85501 | Tele (623)374-3587<br>Fax: (623)374-6269<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0126 | COBRE VALLEY REGIONAL MEDICAL CENTER<br>5880 SOUTH HOSPITAL DRIVE<br>GLOBE AZ 85501 | Tele (928)425-3261<br>Fax: (928)425-7903<br>Capacity : 25 | 02/23/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H7250 | BANNER PAYSON MEDICAL CENTER<br>807 SOUTH PONDEROSA DRIVE<br>PAYSON AZ 85541 | Tele (928)474-3222<br>Fax: (928)472-1295<br>Capacity : 44 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | SAN CARLOS APACHE HEALTHCARE CORPORATION<br>103 MEDICINE WAY ROAD<br>PERIDOT AZ 85542 | Tele (928)475-1200<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SABH6754 | COMMUNITY BRIDGES, INC. - PAYSON SRU<br>803 WEST MAIN STREET, SUITE B<br>PAYSON AZ 85541 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 9 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| SABH6693 | GLOBE STABILIZATION AND RECOVERY UNIT<br>5734 EAST HOPE LANE, SUITE 1<br>GLOBE AZ 85501 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 9 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER PAYSON MEDICAL CENTER IMAGING CENTER<br>127 EAST MAIN STREET, SUITE C<br>PAYSON AZ 85541 | Tele (928)472-3450<br>Fax: (928)472-1295<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER PAYSON MEDICAL CENTER REHAB<br>126 EAST MAIN STREET, SUITE C<br>PAYSON AZ 85541 | Tele (928)472-5230<br>Fax: (928)472-3446<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | COBRE VALLEY FAMILY PRACTICE<br>5994 SOUTH HOSPITAL DRIVE<br>GLOBE AZ 85501 | Tele (928)425-3261<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| | COBRE VALLEY ORTHOPEDICS<br>5882 SOUTH HOSPITAL DRIVE, SUITE 1<br>GLOBE AZ 85501 | Tele (928)425-3261<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| OTC | COBRE VALLEY SURGICAL SERVICES<br>5880 SOUTH HOSPITAL DRIVE<br>GLOBE AZ 85501 | Tele (928)425-3261<br>Fax: (928)425-3859<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM097 | WALKER, CATHERINE LYNN<br>454 W STANDAGE DRIVE<br>PAYSON AZ 85541 | Tele (928)478-0040<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5621 | ADVANCED HEART & VASCULAR INSTITUTE AT GLOBE<br>5860 SOUTH HOSPITAL DRIVE, SUITE 103<br>GLOBE AZ 85501 | Tele (602)607-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7243 | BANNER HEALTH CLINIC | | | Tele | (928)472-1222 | 08/01/2016 | to | 07/31/2017 |
| | 803 SOUTH PONDEROSA STREET, SUITE C | | | Fax: | (928)472-1213 | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7248 | BANNER HEALTH CLINIC | | | Tele | (928)474-9744 | 08/01/2016 | to | 07/31/2017 |
| | 120 EAST MAIN STREET, SUITE A | | | Fax: | (928)474-9766 | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7246 | BANNER HEALTH CLINIC | | | Tele | (928)472-3478 | 08/01/2016 | to | 07/31/2017 |
| | 122 EAST MAIN STREET | | | Fax: | (928)468-2062 | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7247 | BANNER HEALTH CLINIC | | | Tele | (928)472-5260 | 08/01/2016 | to | 07/31/2017 |
| | 126 EAST MAIN STREET, SUITE D | | | Fax: | (928)474-3444 | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5369 | BANNER HEALTH CLINIC | | | Tele | (928)474-1714 | 04/01/2016 | to | 03/31/2017 |
| | 117 EAST MAIN STREET, SUITE A100 | | | Fax: | (928)472-8070 | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7451 | BANNER HEALTH CLINIC | | | Tele (928)472-1228 | | 11/30/2015 | to | 10/31/2016 |
| | 6152 HARDSCRABBLE ROAD | | | Fax: (928)472-3480 | | | | |
| | PINE | AZ | 85544 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7343 | CANYONLANDS HEALTHCARE - GLOBE INTEGRATED | | | Tele (928)425-8158 | | 09/01/2016 | to | 08/31/2017 |
| | 111 WEST BLAKE STREET | | | Fax: ( ) - | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6403 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC | | | Tele (520)686-9436 | | 06/01/2016 | to | 05/31/2017 |
| | 600 EAST HIGHWAY 260, SUITES 4 & 5 | | | Fax: (480)278-8448 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0738 | COBRE VALLEY REGIONAL MEDICAL CENTER/ PHYSICAL THERAPY | | | Tele (928)402-1280 | | 01/01/2016 | to | 12/31/2016 |
| | 5880 SOUTH HOSPITAL DRIVE | | | Fax: (928)402-1284 | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6025 | COMMUNITY BRIDGES, INC. - GLOBE OUTPATIENT | | | Tele (480)831-7566 | | 11/01/2016 | to | 10/31/2017 |
| | 5734 EAST HOPE LANE, SUITE 2 | | | Fax: (480)831-7563 | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6017 | COMMUNITY BRIDGES, INC. - PAYSON OUTPATIENT SERVICES CENTER<br>803 WEST MAIN STREET<br>PAYSON AZ 85541 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC3426 | GILA COUNTY DIVISION OF HEALTH & EMERGENCY SERVICES<br>5515 SOUTH APACHE AVENUE, SUITE 100<br>GLOBE AZ 85501 | Tele (928)402-8811<br>Fax: (928)425-0794<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2220 | GILA COUNTY DIVISION OF HEALTH & EMERGENCY SERVICES - PAYSON<br>107 WEST FRONTIER STREET, SUITE A<br>PAYSON AZ 85541 | Tele (928)474-1210<br>Fax: (928)474-7069<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3735 | HERITAGE HEALTH CARE CENTER<br>1300 SOUTH STREET<br>GLOBE AZ 85501 | Tele (928)425-3118<br>Fax: (928)425-0707<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6885 | HORIZON HEALTH AND WELLNESS, INC<br>2250 HIGHWAY 60, SUITE I<br>GLOBE AZ 85501 | Tele (520)836-1688<br>Fax: (520)421-2708<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6680 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (520)836-1688 | | 09/01/2015 | to | 10/31/2016 |
| | 415 WEST BASELINE SPUR, SOUTH | | | Fax: (520)421-2708 | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7183 | NORTHLAND CARES | | | Tele (928)776-4612 | | 06/01/2016 | to | 05/31/2017 |
| | 107 WEST FRONTIER ROAD, SUITE A | | | Fax: ( ) - | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4264 | PAYSON CHRISTIAN CLINIC | | | Tele (928)468-2209 | | 10/01/2016 | to | 09/30/2017 |
| | 701 SOUTH PONDEROSA, SUITE D | | | Fax: (928)468-8034 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7954 | PAYSON OUTPATIENT SERVICE CENTER-2 | | | Tele (480)831-7566 | | 11/18/2016 | to | 10/31/2017 |
| | 803 WEST MAIN STREET | | | Fax: ( ) - | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4278 | PAYSON SLEEP SERVICES, INC. | | | Tele (928)474-5234 | | 11/01/2015 | to | 10/31/2016 |
| | 404 WEST MAIN STREET, SUITE A | | | Fax: (928)474-5235 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4934 | RIM COUNTRY HEALTH | | | Tele (928)474-1120 | | 10/01/2015 | to | 09/30/2016 |
| | 807 WEST LONGHORN ROAD | | | Fax: (928)474-0505 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5970 | RIM GUIDANCE CENTER - AERO LOCATION | | | Tele (602)257-9339 | | 05/01/2016 | to | 04/30/2017 |
| | 404 WEST AERO DRIVE | | | Fax: (602)265-8377 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6475 | SEABHS GLOBE OUTPATIENT TREATMENT CENTER | | | Tele (520)221-0468 | | 05/01/2016 | to | 04/30/2017 |
| | 996 NORTH BROAD STREET, SUITES 9 & 10 | | | Fax: (520)586-6111 | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7347 | SEABHS INTEGRATED CARE CLINIC | | | Tele (520)586-0800 | | 09/01/2016 | to | 08/31/2017 |
| | 111 WEST BLAKE STREET SUITE 11 | | | Fax: ( ) - | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4407 | STATCLINIX-PAYSON | | | Tele (928)478-8905 | | 05/01/2016 | to | 04/30/2017 |
| | 101 EAST HIGHWAY 260, SUITE G | | | Fax: (628)478-8915 | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PLEASANT VALLEY COMMUNITY MEDICAL CENTER | Tele (928)462-3435 | to |
| | 124 NORTH TEWKSBURY BOULEVARD | Fax: (928)462-6644 | |
| | YOUNG AZ 85554 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2668 | RIM COUNTRY HEALTH & RETIREMENT COMMUNITY | Tele (928)474-1120 | 10/01/2016 to 09/30/2017 |
| | 807 WEST LONGHORN ROAD | Fax: (928)474-0505 | |
| | PAYSON AZ 85541 | Capacity : 109 | Medcaid_Cert: Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2720 | HAVEN OF GLOBE | Tele (928)425-5721 | 11/01/2016 to 10/31/2017 |
| | 1100 MONROE STREET | Fax: (928)425-3745 | |
| | GLOBE AZ 85501 | Capacity : 104 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2650 | HERITAGE HEALTH CARE CENTER | Tele (928)425-3118 | 03/01/2016 to 02/28/2017 |
| | 1300 SOUTH STREET | Fax: (928)425-0707 | |
| | GLOBE AZ 85501 | Capacity : 96 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2655 | PAYSON CARE CENTER | Tele (928)474-6896 | 10/01/2016 to 09/30/2017 |
| | 107 EAST LONE PINE DRIVE | Fax: (928)474-6997 | |
| | PAYSON AZ 85541 | Capacity : 163 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8743 | HUISH, SARAH E | | | Tele (928)474-2070 | 03/01/2016 to 02/28/2018 |
| | PO BOX 919 | | | Fax: (928)472-2013 | |
| | GISELA | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10048 | OSIER, TRACIE REBECCA | | | Tele (928)000-0000 | 06/06/2016 to 06/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9293 | SWIFT, TASHINA M. | | | Tele (928)000-0000 | 02/19/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SAN CARLOS | AZ | 85550 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0709 | BEIER, AMY S | | | Tele (928)474-2353 | 02/01/2016 to 01/31/2018 |
| | PO BOX 919 | | | Fax: (928)472-9554 | |
| | PAYSON | AZ | 85547 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0566 | CARPENTER, KATHERINE | | | Tele (928)978-4676 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | PAYSON | AZ | 85541 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4142 | GATEWOOD, JANET M. | | | Tele (928)475-4836 | | 08/01/2016 | to | 07/31/2018 |
| | SAN CARLOS AVENUE | | | Fax: (928)475-5944 | | | | |
| | SAN CARLOS | AZ | 85550 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6642 | JENSEN, VICKI A. | | | Tele (602)359-1337 | | 04/01/2016 | to | 03/31/2018 |
| | 107 E LONE STAR | | | Fax: ( ) - | | | | |
| | GISELA | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0150 | MADARAS, ROBERTA J. F. | | | Tele (928)000-0000 | | 03/01/2016 | to | 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PAYSON | AZ | 85541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5225 | PROCTOR, KATHLEEN Y. | | | Tele (928)425-3118 | | 05/01/2016 | to | 04/30/2018 |
| | 1300 S STREET | | | Fax: ( ) - | | | | |
| | GLOBE | AZ | 85501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8007 | RICHARDSON, ALAN R. | | | Tele (928)475-1336 | | 08/01/2016 | to | 07/31/2018 |
| | 103 MEDICINE WAY RD | | | Fax: (928)475-7368 | | | | |
| | PERIDOT | AZ | 85542 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GILA Total = 112

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP4359 | SHARP, LINDA R.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>PAYSON AZ 85541 | Tele (928)478-6262<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPL0984 | CARPINO, LUANN M.<br>3868 N PINE CREEK DRIVE<br>PINE AZ 85544 | Tele (928)476-3283<br>Fax: (928)476-2506<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPL4877 | CORDOVA, CARMEN O.<br>PO BOX 207 SAN CARLOS AVENUE<br>SAN CARLOS AZ 85550 | Tele (928)475-2315<br>Fax: (928)475-2301<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLPL0633 | ORTLUND, BRENDA M.<br>P O BOX 919<br>PAYSON AZ 85547 | Tele (928)468-2645<br>Fax: (928)472-2047<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - GRAHAM Total = 42

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | BARNET DULANEY SURGERY CENTER- SAFFORD<br>825 20TH AVENUE<br>SAFFORD AZ 85546 | Tele (928)428-6930<br>Fax: (602)508-4744<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| NONE | SOUTHWESTERN EYE SURGICENTER - SAFFORD<br>2242 WEST 16TH STREET<br>SAFFORD AZ 85546 | Tele (928)428-0068<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9332C | BEEHIVE HOMES OF THE GILA VALLEY<br>3150 WEST MAIN STREET<br>THATCHER AZ 85552 | Tele (928)792-2810<br>Fax: (928)792-2815<br>Capacity : 16 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9344 | EASTER SEALS BLAKE FOUNDATION PALOMITA CHILDREN'S CENTER<br>250 WEST 15TH STREET<br>SAFFORD AZ 85546 | Tele (928)428-0363<br>Fax: (928)428-0746<br>Capacity : 83 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-0807 | FIRST UNITED METHODIST PRESCHOOL / DAY CARE CENTER<br>1020 S 10TH AVENUE<br>SAFFORD AZ 85546 | Tele (928)428-1167<br>Fax: (928)428-4810<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17348 | KINDER PREP ACADEMY<br>417 WEST 7TH STREET<br>SAFFORD AZ 85546 | Tele (928)651-8939<br>Fax: ( ) -<br>Capacity : 25 | 03/22/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7274 | PIMA HEAD START<br>310 SOUTH 200 EAST STREET<br>PIMA AZ 85543 | Tele (928)485-3024<br>Fax: (520)622-1927<br>Capacity : 59 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6702 | SIERRA BONITA HEAD START<br>1415 CENTRAL AVENUE<br>SAFFORD AZ 85548 | Tele (928)428-0455<br>Fax: (520)622-1927<br>Capacity : 59 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8292 | S.U.S.D.#1 - BULLDOG BOULEVARD CHILD CARE CENTER<br>1400 WEST 11TH STREET<br>SAFFORD AZ 85546 | Tele (928)348-7064<br>Fax: ( ) -<br>Capacity : 45 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7591 | S.U.S.D.#1 - MOUNT GRAHAM CHILD CARE & GUIDANCE CE<br>300 WEST DISCOVERY PARK BLVD<br>SAFFORD AZ 85546 | Tele (928)348-7087<br>Fax: (928)348-7061<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1590 | ARISE DBA RISE SERVICES, INC / THATCHER<br>2839 WEST CHURCH STREET<br>THATCHER AZ 85552 | Tele (480)225-3933<br>Fax: (520)298-2549<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1449 | CPES / HERITAGE PLACE<br>1210 HERITAGE PLACE<br>SAFFORD AZ 85546 | Tele (928)428-7333<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1378 | EASTER SEALS BLAKE FOUNDATION / WALNUT HOME<br>1816 WALNUT DR<br>SAFFORD AZ 85546 | Tele (928)348-4660<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4039 | RENAL CARE GROUP ARIZONA, LLC<br>1250 SOUTH 20TH AVENUE<br>SAFFORD AZ 85546 | Tele (928)428-1400<br>Fax: (928)428-1478<br>Capacity : 16 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5178 | CANYONLANDS HEALTHCARE - SAFFORD<br>2016 WEST 16TH STREET<br>SAFFORD AZ 85546 | Tele (928)428-1500<br>Fax: (928)428-1555<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC<br>1502 S 1ST AVE #5<br>SAFFORD AZ 85546 | Tele (928)432-8662<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/21/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7638 | LEGACY HOME HEALTH CARE OF SOUTHERN ARIZONA, LLC<br>1491 WEST THATCHER BOULEVARD, SUITE 104<br>SAFFORD AZ 85546 | Tele (520)335-6118<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC0043 | MT GRAHAM REGIONAL MEDICAL CENTER HOSPICE SERVICES<br>1600 SOUTH 20TH AVENUE, BUILDING E<br>SAFFORD AZ 85546 | Tele (928)348-4047<br>Fax: (928)348-3868<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0140 | MT. GRAHAM REGIONAL MEDICAL CENTER<br>1600 SOUTH 20TH AVENUE<br>SAFFORD AZ 85546 | Tele (928)348-4000<br>Fax: (928)348-5701<br>Capacity : 49 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MOUNT GRAHAM REGIONAL MEDICAL CENTER - REHABILITATION SERVICES<br>2290 WEST 16TH STREET<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-4234<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MT GRAHAM REGIONAL MEDICAL CENTER - SLEEP LAB<br>1600 SOUTH 20TH AVENUE<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-5701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MT GRAHAM REGIONAL MEDICAL CENTER- OUTPATIENT LABORATORY<br>1600 SOUTH 20TH AVENUE, BUILDING B<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-5701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MT GRAHAM REGIONAL MEDICAL CENTER- OUTPATIENT VISITING PHYSICIANS<br>2115 WEST 16TH STREET<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-5701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MT GRAHAM REGIONAL MEDICAL CENTER-OUTPATIENT RADIOLOGY<br>1600 SOUTH 20TH AVENUE, BUILDING B<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-5701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | MT. GRAHAM REGIONAL MEDICAL CENTE R- CARDIOLOGY CENTER<br>2241 WEST 16TH STREET<br>SAFFORD AZ 85546 | Tele (928)348-4006<br>Fax: (928)348-5701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7682 | ARIZONA COUNSELING & TREATMENT SERVICES<br>301 EAST 4TH STREET, SUITE A & B<br>SAFFORD AZ 85546 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7466 | CANYONLANDS HEALTHCARE - SAFFORD INTEGRATED<br>1615 SOUTH 1ST AVENUE<br>SAFFORD AZ 85548 | Tele (928)348-1701<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/17/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6210 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC<br>1952 WEST THATCHER BOULEVARD<br>SAFFORD AZ 85546 | Tele (520)686-9436<br>Fax: (520)586-4710<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0144 | GRAHAM COUNTY HEALTH DEPARTMENT<br>826 WEST MAIN STREET<br>SAFFORD AZ 85546 | Tele (928)428-0110<br>Fax: (928)428-8074<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6495 | SEABHS - SAFFORD OUTPATIENT | | | Tele (520)221-0468 | | 07/01/2016 | to | 06/30/2017 |
| | 1615 SOUTH 1ST AVENUE | | | Fax: (520)586-6111 | | | | |
| | SAFFORD | AZ | 85546 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | COPPER MOUNTAIN CLINIC | | | Tele (928)348-4006 | | | to | |
| | 2250 WEST 16TH STREET | | | Fax: (928)348-5701 | | | | |
| | SAFFORD | AZ | 85546 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2653 | HAVEN OF SAFFORD, LLC | | | Tele (928)428-4910 | | 02/01/2015 | to | 01/31/2016 |
| | 1933 PEPPERTREE DRIVE | | | Fax: (928)567-3794 | | | | |
| | SAFFORD | AZ | 85546 | Capacity : | 100 | Medcaid_Cert: | Certified | |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7377 | FERGUSON, EVANNA E. | | | Tele (928)348-7000 | | 03/01/2016 | to | 02/28/2018 |
| | 734 11TH STREET | | | Fax: ( ) - | | | | |
| | SAFFORD | AZ | 85546 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9434 | ULLERY, CALLIE IRENE | | | Tele (928)000-0000 | | 05/29/2015 | to | 05/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | PIMA | AZ | 85543 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9534 | BUMGARDNER, CATHY A. | | | Tele (928)348-4000 | 08/11/2015 to 08/31/2017 |
| | 1600 S 20TH AVE | | | Fax: ( ) - | |
| | SAFFORD | AZ | 85546 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4807 | SANDERS, LONI K. | | | Tele (928)651-5365 | 08/01/2016 to 07/31/2018 |
| | 1600 S 20TH AVE | | | Fax: ( ) - | |
| | SAFFORD | AZ | 85546 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9044 | GILL MARY ANN. | | | Tele (928)485-2759 | 09/01/2016 to 08/31/2018 |
| | GRAHAM COUNTY SPECIAL SERVICES | | | Fax: ( ) - | |
| | PIMA | AZ | 85543 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5291 | HALVERSON, KENDRA M. | | | Tele (928)348-3416 | 11/01/2015 to 10/31/2017 |
| | 734 11 ST 2013 8TH AVE | | | Fax: ( ) - | |
| | SAFFORD | AZ | 85546 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0999 | KUHN, JAMES L. | | | Tele (928)428-7262 | 04/01/2016 to 03/31/2018 |
| | 860 W MOHAWK DRIVE | | | Fax: (928)428-7262 | |
| | SAFFORD | AZ | 85546 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GRAHAM Total = 42

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL4847 | PRITCHARD, ANDREA D. | | | Tele (928)485-2759 | | 10/01/2015 | to | 09/30/2017 |
| | PO BOX 488 | | | Fax: ( ) - | | | | |
| | PIMA | AZ | 85543 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL4804 | SANDRA MARLE HATFIELD | | | Tele (928)322-3521 | | 09/01/2016 | to | 08/31/2018 |
| | PO BOX 488 | | | Fax: (928)485-9422 | | | | |
| | PIMA | AZ | 85543 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL1105 | TERESA ELIZABETH PERU | | | Tele (928)348-7030 | | 11/01/2016 | to | 10/31/2018 |
| | 734 11 ST | | | Fax: ( ) - | | | | |
| | SAFFORD | AZ | 85546 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - GREENLEE Total = 13

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5072 | DUNCAN HEAD START | | | Tele (928)359-2872 | | 10/01/2015 | to | 09/30/2018 |
| | 1 MCGRATH AVENUE | | | Fax: (520)622-1927 | | | | |
| | DUNCAN | AZ | 85534 | Capacity : | 59 | Medcaid_Cert: | Not Ceritified | |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GREENLEE Total = 13

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7806 | M.S.D.#18 - FAIRBANKS LEARNING CONNECTIONS PRESCHO<br>1 FAIRBANKS ROAD<br>MORENCI AZ 85540 | Tele (928)865-7274<br>Fax: (602)664-7998<br>Capacity : 138 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17551 | M.S.D.#18 - WILDKITTEN DEN<br>301 PLAZA DRIVE<br>MORENCI AZ 85540 | Tele (928)865-0632<br>Fax: ( ) -<br>Capacity : 115 | 05/02/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6901 | CANYONLANDS HEALTHCARE - CLIFTON<br>10-A WARD CANYON ROAD<br>CLIFTON AZ 85533 | Tele (928)865-2500<br>Fax: (928)645-2626<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC4096 | CANYONLANDS HEALTHCARE - DUNCAN<br>227 MAIN STREET<br>DUNCAN AZ 85534 | Tele (928)359-1380<br>Fax: (928)359-1381<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7683 | ARIZONA COUNSELING & TREATMENT SERVICES<br>562 NORTH CORONADO BOULEVARD<br>CLIFTON AZ 85533 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GREENLEE Total = 13

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3507 | GILA HEALTH RESOURCES, LLC<br>401 BURRO ALLEY<br>MORENCI AZ 85540 | Tele (928)865-7503<br>Fax: (928)865-7571<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0442 | GREENLEE COUNTY HEALTH DEPARTMENT<br>1684 FAIRGROUNDS ROAD<br>DUNCAN AZ 85534 | Tele (928)359-2866<br>Fax: (928)359-9068<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0267 | GREENLEE COUNTY HEALTH DEPARTMENT<br>5TH & LEONARD STREET<br>CLIFTON AZ 85533 | Tele (928)865-2601<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CSLG6388 | SEABHS CLIFTON OUTPATIENT TREATMENT CENTER<br>430 NORTH CORONADO BOULEVARD<br>CLIFTON AZ 85533 | Tele (520)221-0468<br>Fax: (520)586-6111<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP5697 | ANDERSON, ERIN E.<br>109 IRONWOOD RD<br>MORENCI AZ 85540 | Tele (520)440-7857<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - GREENLEE Total = 13

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6025 | SORENSEN, AMY | | | Tele (928)359-2472 | | 04/01/2016 | to | 03/31/2018 |
| | 208 STADIUM BLVD | | | Fax: ( ) - | | | | |
| | DUNCAN | AZ | 85534 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL1081 | STUBBLEFIELD, LAURIE | | | Tele (928)865-3501 | | 05/01/2016 | to | 04/30/2018 |
| | PO BOX 1060 | | | Fax: ( ) - | | | | |
| | MORENCI | AZ | 85540 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - LA PAZ Total = 29

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15813 | LIL BLESSINGS INC | | | Tele (928)669-9777 | | 06/01/2014 | to | 05/31/2017 |
| | 1013 WEST ARIZONA AVENUE SUITE B | | | Fax: (928)669-9777 | | | | |
| | PARKER | AZ | 85344 | Capacity : | 44 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15214 | MS BUNI'S GINGERBREAD HOUSE PLLC | | | Tele (928)669-8319 | | 12/01/2015 | to | 11/30/2018 |
| | 1005 MOHAVE AVENUE | | | Fax: (928)699-8319 | | | | |
| | PARKER | AZ | 85344 | Capacity : | 56 | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3671 | W.A.C.O.G. - EHRENBERG HEAD START<br>49241 EHRENBERG POSTON HWY<br>EHRENBERG AZ 85334 | Tele (928)923-9866<br>Fax: (520)923-7016<br>Capacity : 25 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16091 | B.E.S.D.#26 - BOUSE ELEMENTARY SCHOOL<br>44936 JOSHUA DRIVE<br>BOUSE AZ 85325 | Tele (928)851-2213<br>Fax: (928)851-2986<br>Capacity : 10 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-16713 | S.C.E.S.D.#30 - SALOME ELEMENTARY SCHOOL<br>38128 SAGUARO & MAIN<br>SALOME AZ 85348 | Tele (928)859-3339<br>Fax: (928)859-3085<br>Capacity : 20 | 08/09/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-8806 | W.E.S.D.#19 - WENDEN ELEMENTARY SCHOOL<br>71001 EAST SANTA FE AVENUE<br>WENDEN AZ 85357 | Tele (928)859-3806<br>Fax: (928)859-3958<br>Capacity : 25 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>12205 KENNEDY DRIVE<br>PARKER AZ 85344 | Tele (928)669-9838<br>Fax: (928)758-7470<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7419 | RIVER VALLEY HOME HEALTH | | | Tele (928)669-0010 | | 08/01/2016 | to | 07/31/2017 |
| | 1713 KOFA AVENUE, SUITE G | | | Fax: ( ) - | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | RIVER VALLEY HOME HEALTH | | | Tele (928)669-0010 | | | to | |
| | 1713 KOFA AVENUE, SUITE G | | | Fax: ( ) - | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7545 | RIVER VALLEY HOSPICE | | | Tele (928)457-0100 | | 12/31/2015 | to | 11/30/2016 |
| | 1713 KOFA AVENUE, SUITE E | | | Fax: (636)444-0307 | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | COLORADO RIVER SERVICE UNIT, INDIAN HEALTH SERVICE | | | Tele (928)669-2137 | | | to | |
| | 12033 AGENCY ROAD | | | Fax: (928)669-5860 | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0138 | LA PAZ REGIONAL HOSPITAL | | | Tele (928)669-9201 | | 08/01/2016 | to | 07/31/2019 |
| | 1200 WEST MOHAVE ROAD | | | Fax: (928)669-7417 | | | | |
| | PARKER | AZ | 85344 | Capacity : | 25 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | LA PAZ REGIONAL HOSPITAL MRI | | | Tele (928)669-7325 | | | to |
| | 1200 WEST MOHAVE ROAD | | | Fax: (928)669-7324 | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | LA PAZ REGIONAL HOSPITAL PHYSICAL THERAPY | | | Tele (928)669-7481 | | | to |
| | 1200 WEST MOHAVE ROAD | | | Fax: (928)669-7482 | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | QUARTZSITE IMAGING | | | Tele (928)927-8747 | | | to |
| | 150 EAST TYSON ROAD | | | Fax: (928)927-8748 | | | |
| | QUARTZSITE | AZ | 85359 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC7692 | ARIZONA COUNSELING & TREATMENT SERVICES | | | Tele (928)376-0220 | | 05/27/2016 to | 04/30/2017 |
| | 1021 KOFA AVENUE | | | Fax: (928)783-9262 | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC7689 | ARIZONA COUNSELING & TREATMENT SERVICES | | | Tele (928)376-0220 | | 05/27/2016 to | 04/30/2017 |
| | 100 EAST MAIN STREET | | | Fax: (928)783-9262 | | | |
| | QUARTZSITE | AZ | 85346 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6799 | COMMUNITY HEALTH ASSOCIATES - PARKER | | | Tele (928)376-0026 | | 09/01/2016 | to | 08/31/2017 |
| | 1516 OCOTILLO AVENUE | | | Fax: (928)782-2298 | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0744 | LA PAZ COUNTY HEALTH DEPARTMENT | | | Tele (928)669-1100 | | 09/01/2016 | to | 08/31/2017 |
| | 1112 JOSHUA AVENUE, SUITE 206 | | | Fax: (928)669-8405 | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6809 | PARKER PODIATRY | | | Tele (928)669-3033 | | | to | |
| | 1713 KOFA AVENUE, SUITE K | | | Fax: (928)669-4416 | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | BOUSE MEDICAL CLINIC | | | Tele (928)851-2177 | | | to | |
| | 44031 EAST PLUMOSA ROAD, BOX 866 | | | Fax: (928)851-1825 | | | | |
| | BOUSE | AZ | 85325 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | LA PAZ REGIONAL HOSPITAL, INC | | | Tele (928)927-8747 | | | to | |
| | 150 EAST TYSON ROAD | | | Fax: (928)927-8748 | | | | |
| | QUARTZSITE | AZ | 85359 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | LA PAZ REGIONAL HOSPITAL, INC | | | Tele (928)669-5550 | | | to |
| | 601 RIVERSIDE DRIVE, SUITES 3 AND 4 | | | Fax: ( ) - | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | PARKER FAMILY PRACTICE | | | Tele (928)669-6299 | | | to |
| | 1713 SOUTH KOFA AVENUE, #A | | | Fax: ( ) - | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | PARKER MEDICAL CENTER, LTD | | | Tele (928)669-2225 | | | to |
| | 905 SOUTH FIESTA AVENUE | | | Fax: (928)669-6751 | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | TRI-VALLEY MEDICAL CENTER | | | Tele (928)859-3460 | | | to |
| | 39726 HARQUAHALA ROAD | | | Fax: (928)669-7417 | | | |
| | SALOME | AZ | 85348 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| SLPA6781 | DOMBROWSKI, KATHLEEN T. | | | Tele (602)403-5220 | | 06/01/2016 | to 05/31/2018 |
| | 11443 EAST VIA LINDA SUITE 2235 | | | Fax: (480)391-1229 | | | |
| | QUARTZSITE | AZ | 85359 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - LA PAZ Total = 29

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8584 | ROCCO, ERIN E | | | Tele (928)669-2431 | | 10/01/2016 | to | 09/30/2018 |
| | PO BOX 1090 | | | Fax: ( ) - | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2114 | HARTNELL, STEFANIE A. | | | Tele (928)669-2431 | | 01/01/2016 | to | 12/31/2017 |
| | 1608 SOUTH LAGUNA AVENUE | | | Fax: ( ) - | | | | |
| | PARKER | AZ | 85344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ABORTION CLINIC

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AC5013 | CAMELBACK FAMILY PLANNING | | | Tele (602)279-2337 | | 02/01/2016 | to | 01/31/2017 |
| | 4141 NORTH 32ND STREET, SUITE 105 | | | Fax: (602)230-9025 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AC5837 | DESERT STAR FAMILY PLANNING, LLC | | | Tele (480)447-8857 | | 09/01/2016 | to | 08/31/2017 |
| | 1526 WEST GLENDALE AVENUE, SUITE 109 | | | Fax: (480)718-8411 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ABORTION CLINIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AC4944 | FAMILY PLANNING ASSOCIATES MEDICAL GROUP<br>1331 NORTH 7TH STREET, SUITE 225 & 215<br>PHOENIX AZ 85006 | Tele (602)553-0440<br>Fax: (602)462-5588<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL0159D | ADULT DAY HEALTH CARE<br>303 EAST EVA STREET<br>PHOENIX AZ 85020 | Tele (602)870-6374<br>Fax: (602)331-5730<br>Capacity : 60 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| AL5180D | ARBOR ROSE ADULT DAY CLUB<br>6063 EAST ARBOR AVENUE<br>MESA AZ 85206 | Tele (480)654-8200<br>Fax: (480)981-9379<br>Capacity : 90 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| AL7567D | BENEVILLA, LUCY ANNE'S PLACE<br>16752 NORTH GREASEWOOD STREET<br>SURPRISE AZ 85374 | Tele (623)584-4999<br>Fax: (623)546-1589<br>Capacity : 35 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| AL2905D | BENEVILLA, MARY'S PLACE ADULT DAY PROGRAM<br>14601 NORTH DEL WEBB BLVD<br>SUN CITY AZ 85351 | Tele (623)815-1031<br>Fax: (623)815-3690<br>Capacity : 40 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1083D | BENEVILLA, PEORIA ADULT DAY PROGRAM | | | Tele (623)979-7126 | 12/01/2016 to 11/30/2017 |
| | 8133 WEST CACTUS ROAD | | | Fax: (623)979-5249 | |
| | PEORIA | AZ | 85381 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0215D | BENEVILLA, SUN CITY ADULT DAY PROGRAM | | | Tele (623)977-8274 | 02/01/2017 to 01/31/2018 |
| | 15800 DEL WEBB BOULEVARD | | | Fax: (623)977-3448 | |
| | SUN CITY | AZ | 85351 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0165D | GLENDALE ADULT DAY HEALTH CARE CENTER | | | Tele (602)285-1800 | 10/01/2016 to 09/30/2017 |
| | 6010 WEST NORTHERN AVENUE | | | Fax: (602)285-1838 | |
| | GLENDALE | AZ | 85311 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0164D | OAKWOOD CREATIVE CARE INC | | | Tele (480)464-1061 | 06/01/2016 to 05/31/2017 |
| | 247 NORTH MAC DONALD STREET | | | Fax: (480)464-1166 | |
| | MESA | AZ | 85201 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2340D | OAKWOOD CREATIVE CARE INC | | | Tele (480)464-1061 | 02/01/2016 to 01/31/2017 |
| | 7550 EAST ADOBE | | | Fax: (480)464-1166 | |
| | MESA | AZ | 85207 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6920D | PHOENIX ADULT DAY SERVICES<br>3620 NORTH 4TH AVENUE<br>PHOENIX AZ 85013 | Tele (602)285-1800<br>Fax: (602)285-1838<br>Capacity : 99 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL5716D | SUNFLOWER ADULT DAY CARE CENTER<br>2814 WEST BELL ROAD, SUITE 1415<br>PHOENIX AZ 85053 | Tele (602)843-8711<br>Fax: (602)843-8964<br>Capacity : 45 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8654D | SUNTREE CENTER-ADULT DAY HEALTH CARE<br>4120 NORTH 20TH STREET<br>PHOENIX AZ 85016 | Tele (602)441-4900<br>Fax: (602)441-5724<br>Capacity : 30 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| AL0168D | TEMPE ADULT DAY HEALTH CARE CENTER<br>2234 EAST MARYLAND DRIVE<br>TEMPE AZ 85281 | Tele (480)285-1800<br>Fax: (602)285-1838<br>Capacity : 49 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL4502D | TEMPE ADULT DAY HEALTH CARE CENTER<br>2303 EAST MARYLAND DRIVE<br>TEMPE AZ 85281 | Tele (602)532-2982<br>Fax: (602)285-1838<br>Capacity : 24 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : ADULT FOSTER CARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7968F | A DIVINE LOVE HOME CARE | | | Tele (602)595-9583 | 07/01/2016 to 06/30/2017 |
| | 3609 WEST RUE DE LAMOUR AVENUE | | | Fax: (602)595-9583 | |
| | PHOENIX | AZ | 85029 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5570F | ADELA LUPEA | | | Tele (623)842-5765 | 10/01/2016 to 09/30/2017 |
| | 7321 NORTH 82ND DRIVE | | | Fax: (623)842-5765 | |
| | GLENDALE | AZ | 85303 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5626F | ADULT CARE BY DAN OLNEY | | | Tele (602)938-9473 | 10/01/2016 to 09/30/2017 |
| | 4547 WEST HEARN ROAD | | | Fax: (602)938-9473 | |
| | GLENDALE | AZ | 85306 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6015F | ADULT FOSTER CARE HOME | | | Tele (602)283-1062 | 07/01/2016 to 06/30/2017 |
| | 3135 WEST ALTA VISTA ROAD | | | Fax: (602)283-1062 | |
| | PHOENIX | AZ | 85041 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5504F | ADULT FOSTER CARE HOME (ED'S) | | | Tele (623)842-3215 | 10/01/2016 to 09/30/2017 |
| | 4130 WEST IRONWOOD DRIVE | | | Fax: (623)842-3215 | |
| | PHOENIX | AZ | 85051 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5624F | ANA'S ADULT FOSTER CARE HOME | | | Tele (602)241-9013 | 10/01/2016 to 09/30/2017 |
| | 1939 WEST AMELIA AVENUE | | | Fax: (602)241-9013 | |
| | PHOENIX | AZ | 85015 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5622F | ANGEL ADULT FOSTER CARE | | | Tele (623)322-0057 | 10/01/2016 to 09/30/2017 |
| | 3103 WEST VIA MONTOYA | | | Fax: (623)322-0057 | |
| | PHOENIX | AZ | 85027 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5472F | ANGELICA PAUL | | | Tele (602)493-4966 | 10/01/2016 to 09/30/2017 |
| | 15820 NORTH 20TH STREET | | | Fax: (602)493-4966 | |
| | PHOENIX | AZ | 85022 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5462F | ANNE ASHWORTH | | | Tele (480)820-0620 | 10/01/2016 to 09/30/2017 |
| | 835 WEST PERALTA AVENUE | | | Fax: (480)718-5624 | |
| | MESA | AZ | 85210 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9459F | CARING HEARTS ASSISTED CARE HOME | | | Tele (602)487-5699 | 08/01/2016 to 07/31/2017 |
| | 4029 EAST PERSHING AVENUE | | | Fax: (952)487-5694 | |
| | PHOENIX | AZ | 85032 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5555F | CARMEN HOSTIUC | | | Tele (623)930-0474 | 10/01/2016 to 09/30/2017 |
| | 4543 WEST ECHO LANE | | | Fax: (623)930-5306 | |
| | GLENDALE | AZ | 85302 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| AL5517F | CAROLINE BAYLON | | | Tele (623)583-7815 | 10/01/2016 to 09/30/2017 |
| | 15607 NORTH 91ST DRIVE | | | Fax: (623)972-4979 | |
| | PEORIA | AZ | 85382 | Capacity : 4 | Medcaid_Cert: Certified |
| AL5505F | DAISY MILLER | | | Tele (623)915-9309 | 10/01/2016 to 09/30/2017 |
| | 8116 NORTH 59TH DRIVE | | | Fax: (623)915-9309 | |
| | GLENDALE | AZ | 85302 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| AL6922F | DANIELA BOHA | | | Tele (602)439-2124 | 01/01/2017 to 12/31/2017 |
| | 4825 WEST CHARLESTON AVENUE | | | Fax: (602)439-2122 | |
| | GLENDALE | AZ | 85308 | Capacity : 3 | Medcaid_Cert: Certified |
| AL5552F | DONEITTA NICKI WERNER | | | Tele (480)970-6401 | 10/01/2016 to 09/30/2017 |
| | 8416 EAST HOLLY | | | Fax: (480)970-6401 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5513F | EVA FUGATT | | | Tele (602)995-5313 | 10/01/2016 to 09/30/2017 |
| | 3145 WEST BUTLER | | | Fax: (602)995-5313 | |
| | PHOENIX | AZ | 85051 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5589F | GIERBA ADULT FOSTER CARE | | | Tele (602)923-3434 | 10/01/2016 to 09/30/2017 |
| | 5210 EAST EVERETT DRIVE | | | Fax: (602)923-3434 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9022F | HAPPY VALLEY ADULT FOSTER CARE | | | Tele (623)581-8213 | 02/01/2016 to 01/31/2017 |
| | 27521 NORTH 33RD AVENUE | | | Fax: (623)581-8213 | |
| | PHOENIX | AZ | 85083 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6436F | HEAVEN ON EARTH | | | Tele (623)848-9834 | 01/01/2017 to 12/31/2017 |
| | 18640 WEST ONYX AVENUE | | | Fax: (623)691-0911 | |
| | WADDELL | AZ | 85355 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5583F | HELENA BARTOSZEK | | | Tele (602)765-9576 | 10/01/2016 to 09/30/2017 |
| | 3031 EAST TOPEKA DRIVE | | | Fax: (623)444-6818 | |
| | PHOENIX | AZ | 85050 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5556F | IRINA HRENIUC | | | Tele (623)486-3235 | 10/01/2016 to 09/30/2017 |
| | 6401 WEST SURREY LANE | | | Fax: (623)486-3235 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5501F | JADWIGA CZERSKI | | | Tele (602)992-4410 | 10/01/2016 to 09/30/2017 |
| | 2427 EAST MARMORA STREET | | | Fax: (602)992-4410 | |
| | PHOENIX | AZ | 85032 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5540F | LILY OF THE VALLEY | | | Tele (602)439-2177 | 10/01/2016 to 09/30/2017 |
| | 5438 WEST VILLA THERESA | | | Fax: (602)439-1186 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5469F | LIVIA BARBAROSIE | | | Tele (623)780-3301 | 10/01/2016 to 09/30/2017 |
| | 5121 WEST FALLEN LEAF LANE | | | Fax: (623)780-3302 | |
| | GLENDALE | AZ | 85310 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5603F | LOUISE HAWTHORNE | | | Tele (480)962-4553 | 10/01/2016 to 09/30/2017 |
| | 510 NORTH OLIVE STREET | | | Fax: (480)962-4553 | |
| | MESA | AZ | 85203 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7396F | MALGORZATA PODPORA-ADULT FOSTER HOME | | | Tele (480)747-1552 | 04/01/2016 to 03/31/2017 |
| | 7502 EAST BAJADA ROAD | | | Fax: (480)513-6482 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5575F | MALLORY'S ADULT FOSTER CARE | | | Tele (623)842-9512 | 10/01/2016 to 09/30/2017 |
| | 5009 NORTH 61ST AVENUE | | | Fax: (623)842-9512 | |
| | GLENDALE | AZ | 85301 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5457F | MARINELA ALAMAN | | | Tele (602)993-9021 | 10/01/2016 to 09/30/2017 |
| | 2227 WEST CHARLESTON | | | Fax: (602)795-4485 | |
| | PHOENIX | AZ | 85023 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5468F | MARY BALA | | | Tele (623)939-3099 | 10/01/2016 to 09/30/2017 |
| | 5248 WEST CARON AVENUE | | | Fax: (623)939-3099 | |
| | GLENDALE | AZ | 85302 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5675F | MEL'S ADULT FOSTER CARE | | | Tele (480)279-1071 | 10/01/2016 to 09/30/2017 |
| | 22831 SOUTH RECKER ROAD | | | Fax: (480)279-1076 | |
| | GILBERT | AZ | 85298 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7057F | MERI PACURAR ADULT FOSTER CARE HOME | | | Tele (623)476-7943 | 04/01/2016 to 03/31/2017 |
| | 1922 WEST BONANZA LANE | | | Fax: (623)476-7943 | |
| | PHOENIX | AZ | 85085 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5632F | MIKE SULLIVAN | | | Tele (602)866-7064 | 10/01/2016 to 09/30/2017 |
| | 2138 WEST COOLBROOK AVE | | | Fax: (602)866-7993 | |
| | PHOENIX | AZ | 85023 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5507F | MYRA DRZEWIECKA ADULT FOSTER CARE HOME | | | Tele (602)789-8666 | 10/01/2016 to 09/30/2017 |
| | 6089 WEST VILLA THERESA | | | Fax: (602)548-6334 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6902F | OUR HOME ADULT CARE | | | Tele (602)863-4885 | 03/01/2017 to 02/28/2018 |
| | 17625 NORTH 48TH DRIVE | | | Fax: (602)863-4885 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5627F | PAULINA ONIGA ADULT FOSTER CARE | | | Tele (602)375-8626 | 10/01/2016 to 09/30/2017 |
| | 4835 WEST PARADISE DRIVE | | | Fax: (602)375-8626 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5594F | RUBY GRAHAM | | | Tele (602)494-0041 | 10/01/2016 to 09/30/2017 |
| | 3815 EAST BECKER | | | Fax: (602)354-7511 | |
| | PHOENIX | AZ | 85028 | Capacity : 2 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5564F | SALLY JOHNSON | | | Tele (602)565-7811 | 10/01/2016 to 09/30/2017 |
| | 4124 WEST AUGUSTA | | | Fax: (623)937-3314 | |
| | PHOENIX | AZ | 85051 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5466F | SANDRA BAKER ADULT FOSTER CARE | | | Tele (602)843-3663 | 10/01/2016 to 09/30/2017 |
| | 6811 WEST VILLA THERESA DRIVE | | | Fax: (602)863-0554 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5487F | SIPOS ANA ADULT FOSTER CARE | | | Tele (602)404-0147 | 10/01/2016 to 09/30/2017 |
| | 4035 EAST SAINT JOHNS ROAD | | | Fax: (602)652-2278 | |
| | PHOENIX | AZ | 85032 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5541F | SOPHIE TROJANEK | | | Tele (602)938-8522 | 10/01/2016 to 09/30/2017 |
| | 4428 WEST CHOLLA | | | Fax: (602)354-3741 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5625F | STANA OLARI | | | Tele (623)581-8800 | 10/01/2016 to 09/30/2017 |
| | 25851 NORTH CENTRAL AVENUE | | | Fax: (623)258-4202 | |
| | PHOENIX | AZ | 85085 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5519F | SULON BEAL | | | Tele (480)898-0104 | 10/01/2016 to 09/30/2017 |
| | 1522 WEST CAROL AVENUE | | | Fax: (480)898-7379 | |
| | MESA | AZ | 85202 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5512F | SUSAN FISHER FOSTER CARE HOME | | | Tele (602)938-6317 | 10/01/2016 to 09/30/2017 |
| | 13037 NORTH 56TH AVENUE | | | Fax: (602)938-6317 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5510F | SWEETWATER HAVEN ADULT FOSTER CARE | | | Tele (623)334-2866 | 03/01/2016 to 02/28/2017 |
| | 6535 WEST SWEETWATER AVENUE | | | Fax: (623)334-3046 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9144F | TABITAS ADULT FOSTER CARE | | | Tele (623)414-3040 | 02/01/2016 to 01/31/2017 |
| | 4407 WEST TOPEKA DRIVE | | | Fax: (623)271-7410 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5465F | TERESA AURITA | | | Tele (602)246-9449 | 10/01/2016 to 09/30/2017 |
| | 5838 NORTH 22ND DRIVE | | | Fax: (602)246-9449 | |
| | PHOENIX | AZ | 85015 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7602F | VIOLETA'S HOME CARE | | | Tele (602)843-2798 | 04/01/2016 to 03/31/2017 |
| | 16257 NORTH 43RD LANE | | | Fax: (602)843-2798 | |
| | GLENDALE | AZ | 85306 | Capacity : 4 | Medcaid_Cert: Certified |

## Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4392 | BRIGITTE GENO | | | Tele (602)419-1332 | 09/01/2016 to 08/31/2017 |
| | 8365 NORTH 56TH DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4025 | CECELIA'S HOME | | | Tele (623)882-3319 | 05/01/2016 to 04/30/2017 |
| | 16235 WEST CORONADO ROAD | | | Fax: (623)882-3664 | |
| | GOODYEAR | AZ | 85395 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3918 | DESIRE RUSINGIZWA | | | Tele (602)214-9544 | 12/01/2016 to 11/30/2017 |
| | 12634 WEST ESTERO LANE | | | Fax: (855)676-3607 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 2 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5025 | JANE KURIA | | | Tele (480)622-8577 | 12/01/2016 to 11/30/2017 |
| | 1138 EAST HEARNE WAY | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5024 | JOHN MUTURI | | | Tele (602)397-4718 | 10/25/2016 to 09/30/2017 |
| | 1410 EAST ELGIN STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : 2 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4949 | NICOLE MICHELLE CHAMBERS | | | Tele (480)438-5338 | 08/19/2016 to 07/31/2017 |
| | 22958 WEST GARDENIA DRIVE | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : 2 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3859 | ODEL BURNES, SR | | | Tele (480)270-0200 | 03/01/2016 to 02/28/2017 |
| | 7104 SOUTH 70TH DRIVE | | | Fax: (602)334-1822 | |
| | LAVEEN | AZ | 85339 | Capacity : 2 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3123 | PATRICIA ANN GARRETT | | | Tele (480)907-5207 | 08/01/2016 to 07/31/2017 |
| | 3140 SOUTH TOBIN CIRCLE | | | Fax: (480)907-5207 | |
| | MESA | AZ | 85212 | Capacity : 3 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4511 | REHEMA HOME CARE | | | Tele (602)441-4017 | | 12/01/2016 | to | 11/30/2017 |
| | 12236 NORTH 49TH DRIVE | | | Fax: (602)441-4838 | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | 3 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4941 | ROSE HOUSE | | | Tele (602)582-0220 | | 07/01/2016 | to | 06/30/2017 |
| | 1511 EAST ROSEMONTE DRIVE | | | Fax: (623)535-8132 | | | | |
| | PHOENIX | AZ | 85024 | Capacity : | 3 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4950 | SUSAN MARITA | | | Tele (602)427-8235 | | 08/12/2016 | to | 07/31/2017 |
| | 7335 EAST JUNE STREET | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85207 | Capacity : | 3 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4913 | VIRGINIA MWAURA | | | Tele (602)300-5221 | | 10/21/2016 | to | 09/30/2017 |
| | 3101 NORTH 64TH STREET | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85215 | Capacity : | 3 | Medcaid_Cert: | | Certified |

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC7184 | ADVANCED SURGERY CENTER OF ARIZONA | | | Tele (480)632-2020 | | 06/01/2016 | to | 05/31/2017 |
| | 3303 EAST BASELINE ROAD, SUITE 104 | | | Fax: (480)632-2121 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| OSC4384 | AHWATUKEE SURGERY CENTER | | | | Tele | (480)747-6240 | | 04/01/2016 | to | 03/31/2017 |
| | 15810 SOUTH 45TH STREET, SUITE 150 | | | | Fax: | (480)747-6238 | | | | |
| | PHOENIX | AZ | 85048 | | Capacity : | Not Applicable | Medcaid_Cert: | Certified | | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| OSC2487 | AKDHC SURGERY CENTER, LLC | | | | Tele | (602)200-8288 | | 05/01/2016 | to | 04/30/2017 |
| | 3320 NORTH 2ND STREET | | | | Fax: | ( ) - | | | | |
| | PHOENIX | AZ | 85012 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| OSC5488 | ARIZONA ADVANCED ENDOSCOPY, LLC | | | | Tele | (480)253-5656 | | 09/01/2016 | to | 08/31/2017 |
| | 2680 SOUTH VAL VISTA DRIVE SUITE #127 | | | | Fax: | (480)253-5680 | | | | |
| | GILBERT | AZ | 85295 | | Capacity : | Not Applicable | Medcaid_Cert: | Certified | | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| OSC3616 | ARIZONA DIGESTIVE CENTER | | | | Tele | (480)419-7500 | | 04/01/2016 | to | 03/31/2017 |
| | 8761 EAST BELL ROAD, SUITE 101 | | | | Fax: | (480)419-2700 | | | | |
| | SCOTTSDALE | AZ | 85260 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| OSC5078 | ARIZONA ENDOSCOPY CENTER | | | | Tele | (615)240-3820 | | 11/01/2016 | to | 10/31/2017 |
| | 1410 EAST MCDOWELL ROAD | | | | Fax: | (615)234-1720 | | | | |
| | PHOENIX | AZ | 85006 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3384 | ARIZONA EYE INSTITUTE & COSMETIC LASER CENTER, INC.<br>19052 NORTH R H JOHNSON BOULEVARD<br>SUN CITY WEST AZ 85375 | Tele (623)975-2020<br>Fax: (623)975-7005<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0082 | ARIZONA OPHTHALMIC OUTPATIENT SURGERY<br>300 EAST OSBORN, SUITE 102<br>PHOENIX AZ 85012 | Tele (615)240-3820<br>Fax: (602)234-8492<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OSC4400 | ARIZONA OUTPATIENT SURGERY CENTER<br>6245 NORTH 16TH STREET<br>PHOENIX AZ 85016 | Tele (602)274-1705<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7244 | ARIZONA SURGICAL SPECIALISTS CENTER WEST PHOENIX<br>9250 WEST THOMAS ROAD, SUITE 220<br>PHOENIX AZ 85037 | Tele (623)742-1570<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OSC6456 | ARIZONA SURGICAL SPECIALISTS CENTER, LLC<br>1984 EAST BASELINE ROAD<br>TEMPE AZ 85283 | Tele (623)742-1572<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC4147 | ARROWHEAD ENDOSCOPY & PAIN MANAGEMENT CENTER LLC<br>18699 NORTH 67TH AVENUE, SUITE 140<br>GLENDALE AZ 85308 | Tele (623)376-8600<br>Fax: (623)321-1166<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC5217 | AZ WEST ENDOSCOPY CENTER, LLC<br>1850 NORTH 95TH AVENUE, SUITE 190<br>PHOENIX AZ 85037 | Tele (623)594-4060<br>Fax: (623)594-8736<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OSC3780 | BANNER DESERT SURGERY CENTER<br>1500 SOUTH DOBSON ROAD, SUITE 101<br>MESA AZ 85202 | Tele (480)512-3590<br>Fax: (480)512-3587<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC5846 | BANNER ESTRELLA SURGERY CENTER<br>ESTRELLA MEDICAL PLAZA I, 9301 WEST THOMAS ROAD<br>PHOENIX AZ 85037 | Tele (623)388-5700<br>Fax: (623)478-7499<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC | BANNER GATEWAY SURGERY CENTER<br>2940 EAST BANNER GATEWAY DRIVE, SUITE 100<br>GILBERT AZ 85234 | Tele (480)641-9292<br>Fax: (480)830-5524<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC3134 | BAYWOOD MEDICAL ASSOCIATES, PLLC | | | Tele (480)344-1630 | 03/01/2016 to 02/28/2017 |
| | 6309 EAST BAYWOOD AVENUE | | | Fax: (480)344-1632 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC5425 | BDPEC ASC MESA | | | Tele (602)955-1000 | 06/01/2016 to 05/31/2017 |
| | 5250 EAST SOUTHERN AVENUE | | | Fax: (602)508-4830 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC5426 | BDPEC ASC PHOENIX | | | Tele (602)955-1000 | 06/01/2016 to 05/31/2017 |
| | 4800 NORTH 22ND STREET | | | Fax: (602)508-4842 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC7831 | BDPEC ASC SUN CITY | | | Tele (602)955-1000 | 09/09/2016 to 08/31/2017 |
| | 14820 NORTH DEL WEBB BOULEVARD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC5550 | BILTMORE SURGICAL CENTER | | | Tele (602)490-3661 | 10/01/2016 to 09/30/2017 |
| | 2222 EAST HIGHLAND AVENUE, SUITE 100 | | | Fax: (602)490-3663 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC2285 | CANYON SURGERY CENTER<br>6036 NORTH 19TH AVENUE, SUITE 100<br>PHOENIX AZ 85015 | Tele (602)589-8000<br>Fax: (602)249-8084<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7893 | CARDIAC SURGERY CENTER OF PHOENIX<br>1910 EAST THOMAS ROAD, SUITE 102<br>PHOENIX AZ 85016 | Tele (713)812-7586<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/26/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7079 | CENTER OF CARDIOVASCULAR RESEARCH & EDUCATION, LLC<br>20565 NORTH 19TH AVENUE, SUITE 100-B<br>PHOENIX AZ 85027 | Tele (602)714-4880<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4093 | CENTRAL ARIZONA ENDOSCOPY, LLC<br>2158 NORTH GILBERT ROAD, BLDG 1, SUITE 103<br>MESA AZ 85203 | Tele (480)751-3002<br>Fax: (480)751-3003<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC5329 | CENTRAL PHOENIX SURGICAL CENTER<br>5133 NORTH CENTRAL AVENUE, SUITE 100<br>PHOENIX AZ 85012 | Tele (602)279-0044<br>Fax: (602)279-0088<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5385 | CHANDLER ENDOSCOPY CENTER | | | Tele (480)292-9795 | | 03/01/2016 | to | 02/28/2017 |
| | 2095 WEST PECOS ROAD, SUITE 1-A | | | Fax: (480)292-9818 | | | | |
| | CHANDLER | AZ | 85224 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5565 | CIGNA MEDICAL GROUP-CIGNA OUTPATIENT SURGERY | | | Tele (623)277-1131 | | 12/01/2015 | to | 11/30/2016 |
| | 3003 NORTH THIRD STREET | | | Fax: (602)906-2789 | | | | |
| | PHOENIX | AZ | 85012 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5442 | DESERT CLIFFS SURGERY CENTER | | | Tele (480)404-6979 | | 06/01/2016 | to | 05/31/2017 |
| | 2250 WEST SOUTHERN AVENUE, SUITE 101 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5083 | DESERT ENDOSCOPY CENTER | | | Tele (480)969-0405 | | 04/01/2016 | to | 03/31/2017 |
| | 610 EAST BASELINE ROAD | | | Fax: (480)969-2280 | | | | |
| | TEMPE | AZ | 85283 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC4415 | DESERT MIRAGE SURGERY CENTER | | | Tele (623)815-5000 | | 07/01/2016 | to | 06/30/2017 |
| | 12361 WEST BOLA DRIVE, SUITE A112 | | | Fax: (623)815-5010 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC4133 | DESERT RIDGE OUTPATIENT SURGERY CENTER<br>20940 NORTH TATUM BOULEVARD, SUITE 100<br>PHOENIX AZ 85050 | Tele (480)502-4000<br>Fax: (480)502-4050<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC3807 | DIGESTIVE HEALTH SPECIALISTS ENDOSCOPY CENTER-AZ<br>8573 EAST PRINCESS DRIVE, SUITE 117<br>SCOTTSDALE AZ 85255 | Tele (480)563-5757<br>Fax: (480)563-5851<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4604 | DOCTORS' OUTPATIENT SURGICAL CENTER, LLC<br>2155 EAST CONFERENCE DRIVE, SUITE 111<br>TEMPE AZ 85284 | Tele (480)839-2020<br>Fax: (480)839-2121<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC5104 | EAST VALLEY ENDOSCOPY , LLC<br>6020 EAST ARBOR AVENUE, SUITE 105<br>MESA AZ 85206 | Tele (615)240-3820<br>Fax: (480)830-2405<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4860 | EAST VALLEY SURGERY CENTER<br>1855 EAST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)829-6100<br>Fax: (480)894-0717<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5073 | EV PAIN SOLUTIONS, LLC<br>18610 EAST RITTENHOUSE, BUILDING A, SUITE 101<br>QUEEN CREEK AZ 85142 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OSC0026 | EYE INSTITUTE AT BOSWELL, THE<br>10541 WEST THUNDERBIRD BOULEVARD<br>SUN CITY AZ 85351 | Tele (623)972-5083<br>Fax: (615)234-1720<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4986 | EYE SURGERY CENTER AT THE BILTMORE<br>2222 EAST HIGHLAND AVENUE, SUITE 101<br>PHOENIX AZ 85016 | Tele (602)279-2434<br>Fax: (602)279-6475<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC4909 | FACILITIES BILLING ASSOCIATES, LLC<br>10025 EAST DYNAMITE BOULEVARD, SUITE B150<br>SCOTTSDALE AZ 85262 | Tele (480)515-1886<br>Fax: (480)515-1892<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OSC3177 | GATEWAY SURGERY CENTER<br>690 NORTH COFCO CENTER COURT, SUITE 150<br>PHOENIX AZ 85008 | Tele (615)240-3820<br>Fax: (615)234-1720<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | GILBERT HEALTHCARE CENTER ENDOSCOPY SUITE<br>4001 EAST BASELINE ROAD, SUITE 102<br>GILBERT AZ 85234 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC4658 | GYNESURGICAL, LLC<br>1008 EAST MCDOWELL ROAD<br>PHOENIX AZ 85006 | Tele (602)254-6369<br>Fax: (602)254-9372<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7074 | HONORHEALTH OUTPATIENT SURGERY CENTER<br>9250 NORTH 3RD STREET, SUITE 1001<br>PHOENIX AZ 85020 | Tele (602)870-6335<br>Fax: (602)997-9325<br>Capacity : Not Applicable | 09/29/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC7778 | INTEGRASURGICAL AMBULATORY CENTERS OF ARIZONA, PLLC<br>6859 EAST REMBRANDT AVENUE #114<br>MESA AZ 85212 | Tele (602)362-0922<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/05/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC6760 | JON R. HILLEGAS SURGERY CENTER, THE<br>13640 NORTH PLAZA DEL RIO BOULEVARD, SUITE 135<br>PEORIA AZ 85381 | Tele (623)583-5280<br>Fax: (623)876-6946<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7561 | LASER SURGERY CENTER - TEMPE<br>2000 EAST SOUTHERN AVENUE, SUITE 106 & 108<br>TEMPE AZ 85282 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/02/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OSC7060 | LASER SURGERY HOLDING COMPANY, LTD<br>10255 NORTH 32ND STREET<br>PHOENIX AZ 85028 | Tele (602)258-7003<br>Fax: (602)682-7459<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OSC0070 | MAYO CLINIC AMBULATORY SURGERY CENTER<br>13400 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85259 | Tele (480)342-4201<br>Fax: (480)301-8367<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | MCDOWELL AMBULATORY SURGERY CENTER, LLC<br>1301 EAST MCDOWELL ROAD, SUITE 100<br>PHOENIX AZ 85006 | Tele (602)265-8800<br>Fax: (602)265-8151<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC6391 | METRO SURGERY CENTER, LLC<br>6790 WEST THUNDERBIRD ROAD<br>PEORIA AZ 85381 | Tele (623)979-1717<br>Fax: (623)979-1707<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC6467 | MINIMALLY INVASIVE SPINE SURGERY CENTER OF PARADISE VALLEY, THE<br>3135A EAST LINCOLN DRIVE<br>PHOENIX AZ 85016 | Tele (623)435-4670<br>Fax: (602)954-5132<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OSC5460 | MOSHARRAFA OUTPATIENT SURGERY CENTER, LLC<br>4611 EAST SHEA BOULEVARD, BUILDING 1, SUITE 100<br>PHOENIX AZ 85028 | Tele (602)996-4713<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OSC6367 | MOUNTAIN VIEW SURGERY CENTER OF GILBERT<br>2450 EAST GUADALUPE ROAD, SUITE 101<br>GILBERT AZ 85234 | Tele (480)398-8456<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OSC6638 | MOUNTAIN VIEW SURGERY CENTER OF GLENDALE<br>18555 NORTH 79TH AVENUE, BUILDING C<br>GLENDALE AZ 85308 | Tele (623)776-2500<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OSC6563 | MOUTAIN VIEW SURGERY CENTER OF PHOENIX<br>3131 WEST PEORIA AVENUE<br>PHOENIX AZ 85029 | Tele (602)375-1083<br>Fax: (480)584-3026<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3647 | NORTH SCOTTSDALE AMBULATORY SURGERY CENTER<br>9439 EAST IRONWOOD SQUARE DRIVE, SUITE 100<br>SCOTTSDALE AZ 85258 | Tele (480)355-3750<br>Fax: (480)355-3753<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4727 | NORTH SCOTTSDALE OUTPATIENT SURGERY CENTER<br>8913 EAST BELL ROAD, SUITE 101<br>SCOTTSDALE AZ 85260 | Tele (480)656-9735<br>Fax: (480)284-4951<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Certified |
| OSC5056 | NORTH VALLEY ENDOSCOPY CENTER<br>15255 NORTH 40TH STREET, BUILDING 8, SUITE 157<br>PHOENIX AZ 85032 | Tele (602)482-1001<br>Fax: (602)482-0024<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC3737 | NORTH VALLEY PLASTIC SURGERY<br>20950 NORTH TATUM BOULEVARD, SUITE 170<br>PHOENIX AZ 85050 | Tele (480)991-6877<br>Fax: (480)991-6615<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC6822 | NORTH VALLEY SURGERY CENTER<br>8901 EAST RAINTREE DRIVE, SUITE 100<br>SCOTTSDALE AZ 85260 | Tele (480)767-2100<br>Fax: (480)767-2117<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | ORTHOPEDIC CLINIC ASSOCIATION AMBULATORY SURGICAL CENTER. THE<br>9377 EAST BELL, SUITE 231<br>SCOTTSDALE AZ 85260 | Tele (602)277-6211<br>Fax: (602)277-1829<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC4036 | ORTHOPEDIC SURGERY CENTER OF ARIZONA, THE<br>2262 EAST ROSE GARDEN LANE<br>PHOENIX AZ 85024 | Tele (615)240-3820<br>Fax: (602)424-4409<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0068 | OUTPATIENT SURGERY CENTER<br>2255 NORTH SCOTTSDALE ROAD<br>SCOTTSDALE AZ 85257 | Tele (480)464-8000<br>Fax: (480)990-2556<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OSC0032 | OUTPATIENT SURGICAL CARE, LTD.<br>1530 WEST GLENDALE AVENUE, SUITE 105<br>PHOENIX AZ 85021 | Tele (602)995-3395<br>Fax: (602)995-1853<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| NONE | PAIN MDS<br>2525 WEST CAREFREE HIGHWAY SUITE 134<br>PHOENIX AZ 85085 | Tele (602)592-4567<br>Fax: (623)580-5249<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC4486 | PAIN MDS AMBULATORY SURGICAL CENTER, LLC<br>16222 NORTH 59TH AVENUE, SUITE A-115<br>GLENDALE AZ 85306 | Tele (623)298-1820<br>Fax: (602)595-0968<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4813 | PAIN SOLUTIONS CENTER<br>15262 NORTH 75TH AVENUE, SUITE 400-B<br>PEORIA AZ 85381 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4950 | PARAMOUNT SURGERY CENTER OF MESA<br>1114 SOUTH HIGLEY ROAD, SUITE 101<br>MESA AZ 85206 | Tele (480)854-7600<br>Fax: (480)807-3633<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC3462 | PHOENIX ENDOSCOPY, LLC<br>349 EAST CORONADO ROAD<br>PHOENIX AZ 85004 | Tele (602)266-5678<br>Fax: (602)264-5646<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0043 | PHYSICIANS SURGERY CENTER OF TEMPE<br>1940 EAST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)820-7101<br>Fax: (480)820-9291<br>Capacity : Not Applicable | 10/07/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| OSC5047 | PREMIER ENDOSCOPY CENTER, LLC | | | | Tele | (480)305-7603 | 03/01/2016 | to | 02/28/2017 |
| | 2563 SOUTH VAL VISTA DRIVE, SUITE 101 | | | | Fax: | (480)305-7609 | | | |
| | GILBERT | AZ | 85295 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| OSC5174 | SANTAN SURGERY CENTER | | | | Tele | (480)656-8600 | 09/01/2016 | to | 08/31/2017 |
| | 1704 EAST BOSTON STREET | | | | Fax: | (480)656-8601 | | | |
| | GILBERT | AZ | 85295 | | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| OSC3051 | SCOTTSDALE ENDOSCOPY CENTER | | | | Tele | (480)657-0889 | 09/01/2016 | to | 08/31/2017 |
| | 9787 NORTH 91ST STREET, SUITE 103 | | | | Fax: | (480)657-9277 | | | |
| | SCOTTSDALE | AZ | 85258 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| OSC3901 | SCOTTSDALE EYE INSTITUTE, PLLC | | | | Tele | (480)981-1345 | 03/01/2016 | to | 02/28/2017 |
| | 215 SOUTH POWER ROAD, SUITE 112 | | | | Fax: | (480)981-3721 | | | |
| | MESA | AZ | 85206 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| OSC0047 | SCOTTSDALE EYE SURGERY CENTER, PC | | | | Tele | (480)949-1208 | 03/01/2016 | to | 02/28/2017 |
| | 3320 NORTH MILLER ROAD | | | | Fax: | (480)994-3316 | | | |
| | SCOTTSDALE | AZ | 85251 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC5831 | SCOTTSDALE SURGERY CENTER<br>8900 EAST RAINTREE DRIVE, SUITE 100<br>SCOTTSDALE AZ 85260 | Tele (480)300-4489<br>Fax: (480)331-5886<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | SONORAN VEIN AND ENDOVASCULAR<br>9192 WEST UNION HILLS DRIVE<br>PEORIA AZ 85382 | Tele (602)374-4101<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| OSC4443 | SOUTHEAST VALLEY ENDOSCOPY CENTER, LLC<br>875 SOUTH DOBSON ROAD<br>CHANDLER AZ 85224 | Tele (480)855-2039<br>Fax: (480)855-2024<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OSC4836 | SOUTHWEST ENDOSCOPY & SURGICENTER, LLC<br>2223 EAST BASELINE ROAD, SUITE B<br>GILBERT AZ 85234 | Tele (480)289-5266<br>Fax: (480)289-5271<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7254 | SOUTHWESTERN EYE CENTER - BELL ROAD<br>4921 EAST BELL ROAD, SUITE 102<br>SCOTTSDALE AZ 85254 | Tele (480)892-8400<br>Fax: (480)833-6246<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC0039 | SOUTHWESTERN EYE CENTER, LTD - STAPLEY | | | Tele (480)892-8400 | 03/01/2016 to 02/28/2017 |
| | 1055 SOUTH STAPLEY DRIVE | | | Fax: (480)833-6000 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC3151 | SOUTHWESTERN EYE CENTER, LTD. - SUN CITY | | | Tele (480)892-8400 | 03/01/2016 to 02/28/2017 |
| | 10615 WEST THUNDERBIRD, SUITE A-100 | | | Fax: (480)833-6248 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC2726 | SPECTRA EYE INSTITUTE, LLC | | | Tele (623)583-2020 | 04/01/2016 to 03/31/2017 |
| | 9849 WEST THUNDERBIRD ROAD | | | Fax: (623)583-2075 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC1965 | SQUAW PEAK SURGICAL FACILITY, INC | | | Tele (602)944-5656 | 11/01/2015 to 10/31/2016 |
| | 1635 EAST MYRTLE, SUITE 100 | | | Fax: (602)944-2727 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC3456 | ST. JOSEPH'S OUTPATIENT SURGERY CENTER, LLC | | | Tele (602)406-3552 | 11/01/2015 to 10/31/2016 |
| | 240 WEST THOMAS ROAD, SUITE A | | | Fax: (602)296-0332 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC6154 | SUN CITY ENDOSCOPY CENTER<br>13640 NORTH 99TH AVENUE, SUITE 700<br>SUN CITY AZ 85351 | Tele (615)240-3820<br>Fax: (615)234-1720<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC6762 | SUN CITY WEST AMBULATORY SURGERY CENTER<br>14416 WEST MEEKER BOULEVARD, SUITE 103<br>SUN CITY WEST AZ 85375 | Tele (623)583-5280<br>Fax: (623)583-5277<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC5647 | SURGCENTER AT PIMA CROSSING<br>8415 NORTH PIMA ROAD, SUITE 190<br>SCOTTSDALE AZ 85258 | Tele (480)800-3200<br>Fax: (480)800-3219<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OSC6900 | SURGCENTER CAMELBACK, LLC<br>6245 NORTH 24TH PARKWAY, SUITE 112<br>PHOENIX AZ 85016 | Tele (602)682-7005<br>Fax: (602)297-6997<br>Capacity : 10 | 09/02/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OSC6078 | SURGCENTER GILBERT<br>3345 SOUTH VAL VISTA DRIVE, SUITES 107-110<br>GILBERT AZ 85297 | Tele (480)725-9777<br>Fax: (480)726-2294<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC5828 | SURGCENTER OF DEER VALLEY, LLC | | | Tele (602)904-7039 | 09/01/2016 to 08/31/2017 |
| | 19820 NORTH 7TH STREET, SUITE 190 | | | Fax: (623)594-6945 | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC7026 | SURGCENTER OF GREATER PHOENIX, LLC | | | Tele (480)423-4705 | 02/01/2016 to 01/31/2017 |
| | 7231 EAST PRINCESS BOULEVARD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC5433 | SURGERY CENTER OF GILBERT, LLC | | | Tele (480)641-6500 | 06/01/2016 to 05/31/2017 |
| | 6003 EAST BASELINE ROAD | | | Fax: (480)641-6550 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC0016 | SURGERY CENTER OF PEORIA, LLC | | | Tele (623)933-2900 | 07/01/2016 to 06/30/2017 |
| | 13260 NORTH 94TH DRIVE, SUITE 200 | | | Fax: (623)933-0017 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC2894 | SURGERY CENTER OF SCOTTSDALE, LLC | | | Tele (480)661-5232 | 04/01/2016 to 03/31/2017 |
| | 8962 EAST DESERT COVE AVENUE | | | Fax: (480)907-2245 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5701 | SURGICAL CENTERS OF ARIZONA, LLC | | | Tele (623)298-1821 | | 04/01/2016 | to | 03/31/2017 |
| | 2629 NORTH SCOTTSDALE ROAD, SUITE 100 | | | Fax: (480)361-5969 | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC6287 | SURGICAL ELITE OF AVONDALE, LLC | | | Tele (623)433-0110 | | 03/01/2016 | to | 02/28/2017 |
| | 10815 WEST MCDOWELL ROAD, SUITE 101 | | | Fax: (623)433-0111 | | | | |
| | AVONDALE | AZ | 85392 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC3782 | SURGICENTER | | | Tele (602)258-1521 | | 10/01/2016 | to | 09/30/2017 |
| | 1040 EAST MCDOWELL ROAD | | | Fax: (602)340-0889 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | SURGI-TECH CENTERS | | | Tele (480)994-5977 | | | to | |
| | 7301 EAST 2ND STREET SUITE 202 | | | Fax: (480)990-9397 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC0063 | SWAGEL WOOTTON EYE CENTER | | | Tele (480)641-3937 | | 12/01/2015 | to | 11/30/2016 |
| | 220 SOUTH 63RD STREET | | | Fax: (480)641-7433 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5189 | THE CENTER FOR PAIN RELIEF, LLC<br>668 NORTH 44TH STREET, SUITE 101W<br>PHOENIX AZ 85008 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4352 | THUNDERBIRD ENDOSCOPY CENTER<br>5823 WEST EUGIE AVENUE, SUITE B<br>GLENDALE AZ 85304 | Tele (615)240-3820<br>Fax: (615)234-1720<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4116 | TROON PAIN MANAGEMENT, LLC<br>1076 WEST CHANDLER BOULEVARD, SUITE 109<br>CHANDLER AZ 85224 | Tele (480)786-4644<br>Fax: (480)732-9948<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OSC7469 | UNION HILLS PAIN PARTNERS, LLC<br>4727 EAST UNION HILLS DRIVE, SUITE 300<br>PHOENIX AZ 85050 | Tele (602)293-3382<br>Fax: (602)466-1169<br>Capacity : Not Applicable | 12/31/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OSC | UNION HILLS SURGERY CENTER LP<br>18301 NORTH 79TH AVENUE, SUITE E150<br>GLENDALE AZ 85308 | Tele (623)487-7500<br>Fax: (623)776-8800<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC0034 | VALLEY OUTPATIENT SURGERY CENTER<br>160 WEST UNIVERSITY DRIVE, SUITE 1<br>MESA AZ 85201 | Tele (480)835-7373<br>Fax: (480)969-7981<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7241 | VALLEY PAIN CENTERS, LLC<br>4045 EAST BELL ROAD, SUITE 147<br>PHOENIX AZ 85032 | Tele (602)795-0207<br>Fax: (602)493-0761<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7841 | VALLEY PAIN CENTERS, LLC<br>9242 WEST UNION HILLS DRIVE, UNIT 101<br>PEORIA AZ 85382 | Tele (602)795-0207<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/14/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7497 | VERVE SURGICAL INSTITUTE, INC<br>6424 EAST BROADWAY ROAD, #102<br>MESA AZ 85206 | Tele (602)527-0791<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/05/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC0041 | WARNER PARK SURGERY CENTER, LP<br>604 WEST WARNER ROAD, BUILDING A<br>CHANDLER AZ 85225 | Tele (480)899-2571<br>Fax: (480)899-4263<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5716 | ABBACARE HOME HEALTH SERVICES | | | Tele (602)358-7544 | | 05/01/2016 | to | 04/30/2017 |
| | 5336 NORTH 19TH AVENUE, SUITE B | | | Fax: (602)358-7649 | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5105 | ADVISACARE HEALTHCARE SOLUTIONS, INC | | | Tele (602)242-3800 | | 05/01/2016 | to | 04/30/2017 |
| | 8024 NORTH 24TH AVENUE, SUITE E | | | Fax: (602)995-6778 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7649 | ARCH HOME HEALTH CARE, LLC | | | Tele (623)256-8098 | | 04/14/2016 | to | 03/31/2017 |
| | 7385 EAST 6TH AVENUE, SUITE 2 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5672 | BRIGHTSTAR CARE OF PHOENIX | | | Tele (480)897-1166 | | 03/01/2016 | to | 02/28/2017 |
| | 4515 S MCCLINTOCK DRIVE, SUITE 203 | | | Fax: (480)897-1188 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4501 | BRIGHTSTAR HEALTHCARE MESA | | | Tele (480)898-0880 | | 11/01/2016 | to | 10/31/2017 |
| | 1223 SOUTH CLEARVIEW AVENUE, SUITE 110 | | | Fax: (480)898-0990 | | | | |
| | MESA | AZ | 85209 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5617 | BRIGHTSTAR OF GREATER SCOTTSDALE<br>8436 EAST SHEA BOULEVARD, SUITE #101<br>SCOTTSDALE AZ 85260 | Tele (480)302-5139<br>Fax: (480)302-5156<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA7710 | CARE MINDERS HOME CARE<br>10240 WEST BELL ROAD, SUITE F<br>SUN CITY AZ 85351 | Tele (623)977-1002<br>Fax: (623)977-3726<br>Capacity : Not Applicable | 06/09/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| HHA7002 | CARECORP HOME HEALTH PDN<br>1830 SOUTH ALMA SCHOOL ROAD, EXECUTIVE SUITE 104,<br>MESA AZ 85210 | Tele (480)264-5961<br>Fax: (480)264-5759<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA6950 | COMMUNITY FIRST HOME HEALTH CARE, LLC<br>472 EAST WICKENBURG WAY, SUITE 103<br>WICKENBURG AZ 85390 | Tele (928)684-4984<br>Fax: (866)609-9778<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| HHA4524 | DIVINE TOUCH HEALTH SERVICES, INC<br>3442 WEST PARADISE DRIVE<br>PHOENIX AZ 85029 | Tele (602)864-5040<br>Fax: (602)863-7789<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7407 | DOVES AT HOME SENIOR CARE | | | Tele (480)268-2685 | 11/01/2016 to 10/31/2017 |
| | 1840 EAST UNIVERSITY DRIVE, SUITE 3B | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7724 | ILITCHI HOME CARE, LLC | | | Tele (480)580-3379 | 06/22/2016 to 05/31/2017 |
| | 1345 EAST MAIN STREET, SUITE 111 | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7178 | MASTERCARE HOMECARE, INC. | | | Tele (623)242-1140 | 06/01/2016 to 05/31/2017 |
| | 12851 WEST BELL ROAD, SUITE 118 | | | Fax: (623)581-4476 | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5102 | NURSESTAFFING AT HOME | | | Tele (602)248-9027 | 03/01/2016 to 02/28/2017 |
| | 401 WEST BASELINE ROAD, SUITE 200 | | | Fax: (602)248-9331 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA6783 | NURSING RESOURCES | | | Tele (480)838-8008 | 08/01/2016 to 07/31/2017 |
| | 1500 SOUTH DOBSON, SUITE 100 | | | Fax: (480)838-4141 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4951 | PREFERRED HEALTH INC | | | Tele (602)368-3000 | | 10/01/2015 | to | 09/30/2016 |
| | 1811 S ALMA SCHOOL RD, UNIT 146 | | | Fax: (602)368-3575 | | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4912 | STARCATCHER HEALTHCARE, LLC | | | Tele (623)850-0020 | | 09/01/2016 | to | 08/31/2017 |
| | 615 WEST DEER VALLEY ROAD, SUITE 123 | | | Fax: (623)850-0021 | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5386 | SYNERGY HOMECARE | | | Tele (480)377-6770 | | 04/01/2016 | to | 03/31/2017 |
| | 1855 WEST BASELINE ROAD, SUITE 202 | | | Fax: (480)377-6763 | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7533 | VALLEY WIDE HOME HEALTH CARE | | | Tele (480)588-7771 | | 01/25/2016 | to | 12/31/2016 |
| | 1862 NORTH HIGLEY ROAD, SUITE 101 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85205 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA1383 | WESTMINSTER VILLAGE HOME HEALTH SERVICES | | | Tele (480)451-2024 | | 01/01/2016 | to | 12/31/2016 |
| | 12000 NORTH 90TH STREET | | | Fax: (480)451-2202 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8176C | ACACIA HEALTH CENTER | | | Tele (480)384-5600 | 03/01/2016 to 02/28/2017 |
| | 4555 EAST MAYO BOULEVARD | | | Fax: (480)458-2161 | |
| | PHOENIX | AZ | 85050 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10047C | ALMOND CARE CONCEPTS AT AMERICAN ORCHARD | | | Tele (480)332-3099 | 08/22/2016 to 07/31/2017 |
| | 765 NORTH LINDSAY, SAPWOOD BUILDING 2 | | | Fax: (480)427-2787 | |
| | GILBERT | AZ | 85234 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9784C | AMBER CREEK MEMORY CARE COMMUNITY | | | Tele (480)471-8265 | 11/01/2016 to 10/31/2017 |
| | 11250 NORTH 92ND STREET | | | Fax: (480)471-8266 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 65 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7482C | AMETHYST ARBOR ASSISTED LIVING | | | Tele (623)974-2255 | 01/01/2017 to 12/31/2017 |
| | 9257 WEST UNION HILLS DRIVE | | | Fax: (623)972-2288 | |
| | PEORIA | AZ | 85382 | Capacity : 130 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7481C | AMETHYST GARDENS | | | Tele (623)974-5848 | 01/01/2017 to 12/31/2017 |
| | 18170 NORTH 91ST AVENUE | | | Fax: (623)972-7763 | |
| | PEORIA | AZ | 85382 | Capacity : 259 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2589C | ARBOR ROSE SENIOR CARE | | | Tele (480)654-8200 | 01/01/2017 to 12/31/2017 |
| | 6063 EAST ARBOR AVE | | | Fax: (480)981-9379 | |
| | MESA | AZ | 85206 | Capacity : 89 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7509C | ARIZONA DESERT FALLS | | | Tele (480)307-6161 | 08/01/2016 to 07/31/2017 |
| | 2802 EAST JUNIPER AVENUE | | | Fax: (480)307-6162 | |
| | PHOENIX | AZ | 85032 | Capacity : 30 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6473C | ARIZONA HARMONY - AUTUMN YEARS CARE CENTER | | | Tele (480)899-5306 | 01/01/2017 to 12/31/2017 |
| | 217 NORTH WASHINGTON STREET | | | Fax: (480)855-5193 | |
| | CHANDLER | AZ | 85225 | Capacity : 23 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9474C | ATRIA PARK OF SIERRA POINTE | | | Tele (480)767-9800 | 07/01/2016 to 06/30/2017 |
| | 14500 NORTH FRANK LLOYD WRIGHT BOULEVARD | | | Fax: (480)699-7909 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 250 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8638C | AVISTA SENIOR LIVING NORTH MOUNTAIN | | | Tele (602)997-6224 | 01/01/2017 to 12/31/2017 |
| | 350 EAST EVA STREET | | | Fax: (602)944-4199 | |
| | PHOENIX | AZ | 85020 | Capacity : 149 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5292C | BARTON HOUSE | | | Tele (480)991-9912 | 05/01/2016 to 04/30/2017 |
| | 7007 EAST MOUNTAIN VIEW ROAD | | | Fax: (480)991-0057 | |
| | SCOTTSDALE | AZ | 85253 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7404C | BARTON HOUSE II | | | Tele (480)991-9912 | 01/01/2017 to 12/31/2017 |
| | 7001 EAST MOUNTAIN VIEW ROAD | | | Fax: (480)991-0057 | |
| | SCOTTSDALE | AZ | 85253 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1527C | BEATITUDES CAMPUS OF CARE | | | Tele (602)995-2611 | 06/01/2016 to 05/31/2017 |
| | 1616 AND 1712 WEST GLENDALE AVENUE | | | Fax: (602)335-8479 | |
| | PHOENIX | AZ | 85021 | Capacity : 129 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10063C | BELMONT VILLAGE SCOTTSDALE | | | Tele (480)945-3600 | 06/10/2016 to 05/31/2017 |
| | 13850 NORTH FRANK LLOYD WRIGHT BLVD | | | Fax: (480)945-3676 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 178 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2432C | BETHESDA GARDENS | | | Tele (602)765-4000 | 04/01/2016 to 03/31/2017 |
| | 13825 NORTH CAVE CREEK ROAD | | | Fax: (602)765-4005 | |
| | PHOENIX | AZ | 85022 | Capacity : 130 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3332C | BROOKDALE ARROWHEAD RANCH | | | Tele (602)938-7166 | 10/01/2016 to 09/30/2017 |
| | 5861 WEST BEVERLY LANE | | | Fax: (602)938-7164 | |
| | GLENDALE | AZ | 85306 | Capacity : 112 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8325C | BROOKDALE BAYWOOD | | | Tele (480)985-5778 | 02/01/2016 to 01/31/2017 |
| | 310 SOUTH 63RD STREET | | | Fax: (480)854-4610 | |
| | MESA | AZ | 85206 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9165C | BROOKDALE BROADWAY MESA | | | Tele (480)807-4700 | 09/01/2016 to 08/31/2017 |
| | 7231 EAST BROADWAY ROAD | | | Fax: (480)807-0076 | |
| | MESA | AZ | 85208 | Capacity : 127 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2003C | BROOKDALE CAMINO DEL SOL | | | Tele (623)975-4000 | 05/01/2016 to 04/30/2017 |
| | 14001 WEST MEEKER BOULEVARD | | | Fax: (623)975-0000 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3331C | BROOKDALE CENTRAL CHANDLER | | | Tele (480)855-6500 | 10/01/2016 to 09/30/2017 |
| | 1919 WEST CARLA VISTA DRIVE | | | Fax: (480)726-3690 | |
| | CHANDLER | AZ | 85224 | Capacity : 112 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1885C | BROOKDALE CHANDLER RAY ROAD | | | Tele (480)855-7100 | 10/01/2016 to 09/30/2017 |
| | 2800 WEST RAY ROAD | | | Fax: (480)855-0471 | |
| | CHANDLER | AZ | 85224 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9101C | BROOKDALE CHANDLER REGIONAL | | | Tele (480)814-8298 | 10/01/2016 to 09/30/2017 |
| | 750 SOUTH PENNINGTON DRIVE | | | Fax: (480)814-8860 | |
| | CHANDLER | AZ | 85224 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2086C | BROOKDALE EAST ARBOR | | | Tele (480)807-6600 | 10/01/2016 to 09/30/2017 |
| | 6060 EAST ARBOR AVENUE | | | Fax: (480)807-2734 | |
| | MESA | AZ | 85206 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6354C | BROOKDALE EAST MESA | | | Tele (480)832-1300 | 10/01/2016 to 09/30/2017 |
| | 6145 EAST ARBOR AVENUE | | | Fax: (480)832-1370 | |
| | MESA | AZ | 85206 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9693C | BROOKDALE NORTH CHANDLER | | | Tele (480)345-7171 | 03/01/2017 to 02/28/2018 |
| | 2555 NORTH PRICE ROAD | | | Fax: (480)897-7019 | |
| | CHANDLER | AZ | 85224 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7864C | BROOKDALE NORTH GILBERT | | | Tele (480)539-0801 | 01/01/2017 to 12/31/2017 |
| | 845 NORTH EL DORADO DRIVE | | | Fax: (480)539-9692 | |
| | GILBERT | AZ | 85233 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7863C | BROOKDALE NORTH GLENDALE | | | Tele (623)572-7400 | 01/01/2017 to 12/31/2017 |
| | 6735 WEST HILLCREST BOULEVARD | | | Fax: (623)572-7900 | |
| | GLENDALE | AZ | 85310 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3333C | BROOKDALE NORTH MESA | | | Tele (480)964-8788 | 10/01/2016 to 09/30/2017 |
| | 2122 EAST BROWN | | | Fax: (480)964-8780 | |
| | MESA | AZ | 85213 | Capacity : 103 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7714C | BROOKDALE NORTH SCOTTSDALE | | | Tele (480)948-6950 | 06/01/2016 to 05/31/2017 |
| | 15436 NORTH 64TH STREET | | | Fax: (480)948-6930 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 200 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2054C | BROOKDALE PEORIA | | | Tele (623)583-1704 | 10/01/2016 to 09/30/2017 |
| | 8989 WEST GREENBRIAN DRIVE | | | Fax: (623)583-7903 | |
| | PEORIA | AZ | 85382 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8900C | BROOKDALE SUN CITY WEST SANDRIDGE | | | Tele (419)247-2800 | 11/01/2016 to 10/31/2017 |
| | 13810 WEST SANDRIDGE DRIVE | | | Fax: (419)247-2826 | |
| | SUN CITY | AZ | 85375 | Capacity : 109 | Medcaid_Cert: Not Ceritified |
| AL1489C | BROOKDALE TEMPE | | | Tele (480)777-9334 | 01/01/2017 to 12/31/2017 |
| | 1610 EAST GUADALUPE ROAD | | | Fax: (480)777-7658 | |
| | TEMPE | AZ | 85283 | Capacity : 52 | Medcaid_Cert: Not Ceritified |
| AL6361C | BROOKDALE TRAIL RIDGE | | | Tele (623)546-3650 | 11/01/2016 to 10/31/2017 |
| | 21739 NORTH 151ST AVENUE | | | Fax: (623)546-3740 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 56 | Medcaid_Cert: Certified |
| AL6356C | BROOKDALE UNION HILLS | | | Tele (623)362-2700 | 11/01/2016 to 10/31/2017 |
| | 9296 WEST UNION HILLS DRIVE | | | Fax: (623)362-2990 | |
| | PEORIA | AZ | 85382 | Capacity : 56 | Medcaid_Cert: Not Ceritified |
| AL9383C | CHANDLER MEMORY CARE | | | Tele (480)718-9055 | 07/01/2016 to 06/30/2017 |
| | 850 SOUTH PENNINGTON DRIVE | | | Fax: (480)718-9037 | |
| | CHANDLER | AZ | 85224 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4226C | CHAPARRAL WINDS ASSISTED LIVING | | | Tele (623)975-0880 | 03/01/2016 to 02/28/2017 |
| | 16623 NORTH WEST POINT PARKWAY | | | Fax: (623)975-6031 | |
| | SURPRISE | AZ | 85374 | Capacity : 96 | Medcaid_Cert: Certified |
| AL1493C | CHRISTIAN CARE ASSISTED LIVING, INC | | | Tele (602)443-5464 | 03/01/2016 to 02/28/2017 |
| | 11818 NORTH 19TH AVENUE | | | Fax: (602)443-5489 | |
| | PHOENIX | AZ | 85029 | Capacity : 55 | Medcaid_Cert: Certified |
| AL6958C | CHRISTIAN CARE MANOR II, INC | | | Tele (602)443-5475 | 11/01/2016 to 10/31/2017 |
| | 11802 NORTH 19TH AVENUE | | | Fax: (602)443-5450 | |
| | PHOENIX | AZ | 85029 | Capacity : 46 | Medcaid_Cert: Certified |
| AL9770C | CITADEL ASSISTED LIVING FACILITY, THE | | | Tele (480)832-7600 | 07/01/2016 to 06/30/2017 |
| | 520 SOUTH HIGLEY ROAD | | | Fax: (480)832-3860 | |
| | MESA | AZ | 85206 | Capacity : 150 | Medcaid_Cert: Not Ceritified |
| AL8609C | COPPER CREEK INN MEMORY CARE COMMUNITY | | | Tele (480)634-4191 | 12/01/2016 to 11/30/2017 |
| | 2200 WEST FAIRVIEW STREET | | | Fax: (480)634-4192 | |
| | CHANDLER | AZ | 85224 | Capacity : 67 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6603C | COPPER HEIGHTS ASSISTED LIVING | | | Tele (480)985-0680 | 03/01/2016 to 02/28/2017 |
| | 152 NORTH 56TH STREET | | | Fax: (480)396-6231 | |
| | MESA | AZ | 85205 | Capacity : 31 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5962C | COPPER VILLAGE ASSISTED LIVING | | | Tele (480)924-4073 | 04/01/2016 to 03/31/2017 |
| | 5037 EAST BROADWAY ROAD | | | Fax: (480)396-0191 | |
| | MESA | AZ | 85206 | Capacity : 90 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9746C | COURTYARD TOWERS | | | Tele (480)649-3000 | 06/01/2016 to 05/31/2017 |
| | 22 NORTH ROBSON | | | Fax: (480)898-7034 | |
| | MESA | AZ | 85201 | Capacity : 175 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8757C | DESERT FLOWER | | | Tele (480)657-9000 | 07/01/2016 to 06/30/2017 |
| | 9185 EAST DESERT COVE | | | Fax: (480)767-6584 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 118 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3229C | DESERT SKY ASSISTED LIVING | | | Tele (623)915-5720 | 04/01/2016 to 03/31/2017 |
| | 5125 NORTH 58TH AVENUE | | | Fax: (623)931-8776 | |
| | GLENDALE | AZ | 85301 | Capacity : 103 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2539C | DESERT WINDS ASSISTED LIVING | | | Tele (623)322-0600 | 11/01/2016 to 10/31/2017 |
| | 20545 NORTH LAKE PLEASANT ROAD | | | Fax: (623)322-0610 | |
| | PEORIA | AZ | 85382 | Capacity : 88 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7537C | DOCTOR'S CHOICE ASSISTED LIVING | | | Tele (480)830-3892 | 03/01/2016 to 02/28/2017 |
| | 9101 EAST BROWN ROAD, SUITE 107 | | | Fax: (480)830-6646 | |
| | MESA | AZ | 85207 | Capacity : 19 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8520C | ELMCROFT OF TEMPE | | | Tele (480)777-8466 | 11/01/2016 to 10/31/2017 |
| | 1875 EAST GUADALUPE ROAD | | | Fax: (480)777-8460 | |
| | TEMPE | AZ | 85283 | Capacity : 115 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7648C | EMERALD GROVES CENTRAL | | | Tele (480)325-4555 | 06/01/2016 to 05/31/2017 |
| | 2759 NORTH VAL VISTA DRIVE | | | Fax: (480)654-1045 | |
| | MESA | AZ | 85213 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8830C | ENCANTO PALMS ASSISTED LIVING | | | Tele (602)352-0000 | 12/01/2016 to 11/30/2017 |
| | 3901 WEST ENCANTO BOULEVARD | | | Fax: (602)272-6533 | |
| | PHOENIX | AZ | 85009 | Capacity : 97 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4344C | FELLOWSHIP SQUARE HISTORIC MESA | | | Tele | (480)834-0600 | 06/01/2016 | to | 05/31/2017 |
| | 22 WEST 9TH PLACE | | | Fax: | (480)290-7963 | | | |
| | MESA | AZ | 85201 | Capacity : | 106 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1492C | FELLOWSHIP SQUARE-MESA | | | Tele | (480)654-1800 | 03/01/2016 | to | 02/28/2017 |
| | 6945 EAST MAIN STREET | | | Fax: | (480)218-2617 | | | |
| | MESA | AZ | 85207 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL5936C | FOUNTAIN VIEW VILLAGE | | | Tele | (480)836-5080 | 02/01/2016 | to | 01/31/2017 |
| | 16455 EAST AVENUE OF THE FOUNTAINS, BLDG C & E | | | Fax: | (480)836-5061 | | | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : | 125 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9641C | FRIENDSHIP HOUSE | | | Tele | (623)815-4184 | 04/01/2016 | to | 03/31/2017 |
| | 9925 WEST ROYAL OAK ROAD | | | Fax: | (623)815-4121 | | | |
| | SUN CITY | AZ | 85351 | Capacity : | 56 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9681C | GARDENS AT OCOTILLO SENIOR LIVING | | | Tele | (480)917-0094 | 08/01/2016 | to | 07/31/2017 |
| | 1601 WEST QUEEN CREEK ROAD | | | Fax: | (480)917-0091 | | | |
| | CHANDLER | AZ | 85248 | Capacity : | 90 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8808C | GARDENS OF SCOTTSDALE, THE | | | Tele (480)941-2222 | 09/01/2016 to 08/31/2017 |
| | 6001 EAST THOMAS ROAD | | | Fax: (480)941-2741 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8809C | GARDENS OF SUN CITY, THE | | | Tele (623)933-2222 | 09/01/2016 to 08/31/2017 |
| | 17225 NORTH BOSWELL BOULEVARD | | | Fax: (623)972-3767 | |
| | SUN CITY | AZ | 85373 | Capacity : 83 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9431C | GENERATIONS AT AGRITOPIA | | | Tele (480)822-1400 | 08/01/2016 to 07/31/2017 |
| | 2811 & 2807 EAST AGRITOPIA LOOP S | | | Fax: (480)355-1301 | |
| | GILBERT | AZ | 85296 | Capacity : 138 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7350C | GOOD SAMARITAN SOCIETY-MESA GOOD SHEPHERD ASSISTED LIVING | | | Tele (480)981-0098 | 10/01/2016 to 09/30/2017 |
| | 5848 EAST UNIVERSITY DRIVE (MILLER BLDG) | | | Fax: (480)396-3023 | |
| | MESA | AZ | 85205 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4168C | GRAND COURT OF MESA | | | Tele (480)844-7336 | 02/01/2017 to 01/31/2018 |
| | 262 EAST BROWN ROAD | | | Fax: (480)844-7045 | |
| | MESA | AZ | 85201 | Capacity : 140 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9369C | HAWTHORN COURT | | | Tele (480)598-1224 | 04/01/2016 to 03/31/2017 |
| | 13822 SOUTH 46TH PLACE | | | Fax: (480)598-9407 | |
| | PHOENIX | AZ | 85044 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9505C | HERITAGE AT CAREFREE SENIOR LIVING | | | Tele (480)488-1622 | 08/01/2016 to 07/31/2017 |
| | 36590 NORTH PIMA ROAD #3481 | | | Fax: (480)437-9092 | |
| | CAREFREE | AZ | 85377 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10099C | HERITAGE VILLAGE 2, LLC | | | Tele (480)686-8540 | 08/11/2016 to 07/31/2017 |
| | 8035 EAST BROWN ROAD | | | Fax: (480)686-8022 | |
| | MESA | AZ | 85207 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9838C | HERITAGE VILLAGE 3, LLC | | | Tele (480)686-8540 | 11/12/2015 to 10/31/2016 |
| | 8035 EAST BROWN ROAD (BLDG #3) | | | Fax: (480)686-8023 | |
| | MESA | AZ | 85207 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9267C | HERITAGE VILLAGE 5, LLC | | | Tele (480)686-8540 | 12/01/2015 to 11/30/2016 |
| | 8035 EAST BROWN ROAD (BLDG #5) | | | Fax: (480)664-9819 | |
| | MESA | AZ | 85207 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9268C | HERITAGE VILLAGE 6, LLC | | | Tele (480)686-8540 | 04/01/2016 to 03/31/2017 |
| | 8035 EAST BROWN ROAD (BLDG #6) | | | Fax: (480)686-8022 | |
| | MESA | AZ | 85207 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0227C | HUGER MERCY LIVING CENTER | | | Tele (602)406-5600 | 06/01/2016 to 05/31/2017 |
| | 2345 WEST ORANGEWOOD AVE | | | Fax: (602)406-5620 | |
| | PHOENIX | AZ | 85021 | Capacity : 48 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0976C | IMMANUEL CAMPUS OF CARE | | | Tele (623)876-6100 | 04/01/2016 to 03/31/2017 |
| | 11295 NORTH 99TH AVENUE | | | Fax: (623)876-6133 | |
| | PEORIA | AZ | 85345 | Capacity : 210 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7483C | INN AT THE AMETHYST ASSISTED LIVING | | | Tele (623)974-5847 | 01/01/2017 to 12/31/2017 |
| | 18172 NORTH 91ST AVENUE | | | Fax: (623)974-0679 | |
| | PEORIA | AZ | 85382 | Capacity : 88 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6929C | JUNE AND FRANK SACKTON ASSISTED LIVING APARTMENTS AT WESTMINSTER VILLAGE | | | Tele (480)451-2000 | 05/01/2016 to 04/30/2017 |
| | 12000 NORTH 90TH STREET | | | Fax: (480)451-2057 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9069C | KINGSWOOD PLACE | | | Tele | (623)214-6109 | 07/01/2016 | to | 06/30/2017 |
| | 15155 WEST MONDELL ROAD | | | Fax: | (623)214-4912 | | | |
| | SURPRISE | AZ | 85374 | Capacity : | 62 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL5986C | KIVEL MANOR ASSISTED LIVING CENTER | | | Tele | (602)443-8014 | 07/01/2016 | to | 06/30/2017 |
| | 3040 NORTH 36TH STREET | | | Fax: | (602)956-6589 | | | |
| | PHOENIX | AZ | 85018 | Capacity : | 53 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7495C | LEGACY RETIREMENT RESIDENCE | | | Tele | (480)985-0300 | 03/01/2016 | to | 02/28/2017 |
| | 5625 EAST MCKELLIPS | | | Fax: | (480)958-0302 | | | |
| | MESA | AZ | 85215 | Capacity : | 170 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9740C | LIFESTREAM COMPLETE SENIOR LIVING AT COOK HEALTH CARE ASSISTED LIVING | | | Tele | (623)933-3333 | 10/01/2016 | to | 09/30/2017 |
| | 11527 WEST PEORIA AVENUE, SUITE 500 | | | Fax: | (623)972-7320 | | | |
| | YOUNGTOWN | AZ | 85363 | Capacity : | 24 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1205C | MANORS AT GLENCROFT, THE | | | Tele | (623)847-3008 | 03/01/2016 | to | 02/28/2017 |
| | 8611 NORTH 67TH AVENUE | | | Fax: | (623)847-3051 | | | |
| | GLENDALE | AZ | 85302 | Capacity : | 61 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8636C | MARAVILLA SCOTTSDALE | | | Tele (480)538-5600 | 05/01/2016 to 04/30/2017 |
| | 7375 EAST PRINCESS BOULEVARD | | | Fax: (480)538-5154 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8829C | MARYLAND GARDENS CARE CENTER | | | Tele (602)265-7484 | 12/01/2016 to 11/30/2017 |
| | 31 WEST MARYLAND AVENUE | | | Fax: (602)279-6030 | |
| | PHOENIX | AZ | 85013 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4769C | MEMORY CARE ASSISTED LIVING AT FRIENDSHIP VILLAGE TEMPE | | | Tele (480)756-5800 | 06/01/2016 to 05/31/2017 |
| | 2525 EAST SOUTHERN AVENUE | | | Fax: (480)756-5860 | |
| | TEMPE | AZ | 85282 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7168C | MESA CHRISTIAN RESIDENTIAL CARE CENTER | | | Tele (480)668-6118 | 05/01/2016 to 04/30/2017 |
| | 215 WEST BROWN ROAD | | | Fax: (480)461-1552 | |
| | MESA | AZ | 85201 | Capacity : 60 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8850C | MIMOSA SPRINGS | | | Tele (480)874-5300 | 11/01/2016 to 10/31/2017 |
| | 8435 EAST MCDOWELL ROAD | | | Fax: (480)874-5385 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 42 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9167C | MORNINGSTAR AT ARCADIA | | | Tele (480)300-4700 | 02/01/2016 to 01/31/2017 |
| | 3200 EAST GLENROSA | | | Fax: (602)955-0982 | |
| | PHOENIX | AZ | 85018 | Capacity : 135 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10027C | MORNINGSTAR AT ARROWHEAD | | | Tele (623)321-5150 | 05/18/2016 to 04/30/2017 |
| | 21432 NORTH 75TH AVENUE | | | Fax: (623)748-0488 | |
| | GLENDALE | AZ | 85308 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10085C | MORNINGSTAR OF FOUNTAIN HILLS | | | Tele (480)327-6797 | 11/01/2016 to 10/31/2017 |
| | 16800 EAST PAUL NORDIN PARKWAY | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 91 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8704C | MOUNTAIN PARK SENIOR LIVING | | | Tele (480)893-1200 | 04/01/2016 to 03/31/2017 |
| | 4475 EAST KNOX ROAD | | | Fax: (480)705-0229 | |
| | PHOENIX | AZ | 85044 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1133C | MY FATHER'S RETIREMENT RANCH | | | Tele (928)684-5925 | 01/01/2017 to 12/31/2017 |
| | 400 NORTH JEFFERSON STREET | | | Fax: (928)684-3247 | |
| | WICKENBURG | AZ | 85390 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1874C | NUNNENKAMP CENTER FRIENDSHIP VILLAGE TEMPE | | | Tele (480)831-3265 | 07/01/2016 to 06/30/2017 |
| | 2635 EAST SOUTHERN AVENUE | | | Fax: (480)831-3196 | |
| | TEMPE | AZ | 85282 | Capacity : 72 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9164C | OLIVE GROVE REAL ESTATE, LLC | | | Tele (602)957-7021 | 02/01/2017 to 01/31/2018 |
| | 3014 EAST INDIAN SCHOOL ROAD | | | Fax: (602)957-0830 | |
| | PHOENIX | AZ | 85016 | Capacity : 115 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8984C | ORCHARD POINTE ASSISTED LIVING & MEMORY SUPPORT | | | Tele (623)505-7800 | 06/01/2016 to 05/31/2017 |
| | 15086 WEST YOUNG STREET BLDG (A) | | | Fax: (623)302-7399 | |
| | SURPRISE | AZ | 85374 | Capacity : 130 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6981C | PACIFICA SENIOR LIVING PARADISE VALLEY | | | Tele (602)787-0800 | 03/01/2016 to 02/28/2017 |
| | 16621 NORTH 38TH STREET | | | Fax: (602)787-0531 | |
| | PHOENIX | AZ | 85032 | Capacity : 84 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9322C | PACIFICA SENIOR LIVING PEORIA | | | Tele (623)876-8300 | 02/01/2016 to 01/31/2017 |
| | 9045 WEST ATHENS STREET | | | Fax: (623)876-9850 | |
| | PEORIA | AZ | 85382 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8268C | PALOS VERDES SENIOR LIVING | | | Tele (623)878-0087 | 01/01/2017 to 12/31/2017 |
| | 18441 NORTH 87TH AVENUE | | | Fax: (623)878-5553 | |
| | PEORIA | AZ | 85382 | Capacity : 80 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4752C | PARK AT 7TH AVENUE ASSISTED LIVING CENTER, THE | | | Tele (602)371-0767 | 01/01/2017 to 12/31/2017 |
| | 10234 NORTH 7TH AVENUE | | | Fax: (602)944-2871 | |
| | PHOENIX | AZ | 85021 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9926C | PASEO VILLAGE | | | Tele (623)878-5115 | 02/01/2017 to 01/31/2018 |
| | 10420 NORTH 89TH AVENUE | | | Fax: (623)878-1604 | |
| | PEORIA | AZ | 85345 | Capacity : 115 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10048C | PECAN CARE CONCEPTS AT AMERICAN ORCHARDS | | | Tele (480)332-3099 | 08/01/2016 to 07/31/2017 |
| | 765 NORTH LINDSAY ROAD, SAPWOOD BUILDING 1 | | | Fax: (480)427-2787 | |
| | GILBERT | AZ | 85234 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2778C | PENNINGTON GARDENS | | | Tele (480)814-9046 | 02/01/2017 to 01/31/2018 |
| | 977 SOUTH PENNINGTON DRIVE | | | Fax: (480)814-9058 | |
| | CHANDLER | AZ | 85224 | Capacity : 90 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9865C | REFLECTIONS AT FELLOWSHIP SQUARE MESA | | | Tele (480)654-1800 | 10/01/2016 to 09/30/2017 |
| | 159 SOUTH POWER ROAD | | | Fax: (480)218-2617 | |
| | MESA | AZ | 85206 | Capacity : 32 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9867C | RENAISSANCE LUXURY RETIREMENT LIVING | | | Tele (480)883-2700 | 11/01/2016 to 10/31/2017 |
| | 9504 AND 9508 EAST RIGGS ROAD | | | Fax: (480)883-2750 | |
| | SUN LAKES | AZ | 85248 | Capacity : 262 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8440C | ROCK CREEK ALZHEIMER'S SPECIAL CARE CENTER | | | Tele (623)214-0100 | 08/01/2016 to 07/31/2017 |
| | 14552 WEST PARKWOOD DRIVE | | | Fax: (623)214-2120 | |
| | SURPRISE | AZ | 85374 | Capacity : 66 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8634C | ROSE COURT SENIOR LIVING | | | Tele (602)265-9813 | 01/01/2017 to 12/31/2017 |
| | 2935 NORTH 18TH PLACE | | | Fax: (602)277-9779 | |
| | PHOENIX | AZ | 85016 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4590C | ROYAL OAKS ASSISTED LIVING CENTER | | | Tele (623)815-4102 | 11/01/2016 to 10/31/2017 |
| | 9965 WEST ROYAL OAK ROAD | | | Fax: (623)815-4138 | |
| | SUN CITY | AZ | 85351 | Capacity : 67 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8862C | SARAH'S PLACE AT GLENCROFT | | | Tele | (623)847-3011 | 09/01/2016 | to | 08/31/2017 |
| | 6670 WEST BUTLER DRIVE | | | Fax: | (623)937-9130 | | | |
| | GLENDALE | AZ | 85302 | Capacity : | 26 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8856C | SCOTTSDALE MEMORY CARE | | | Tele | (480)656-4084 | 09/01/2016 | to | 08/31/2017 |
| | 9450 EAST MOUNTAIN VIEW ROAD | | | Fax: | (480)656-4278 | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | 86 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL0469C | SCOTTSDALE VILLAGE SQUARE | | | Tele | (480)946-6571 | 07/01/2016 | to | 06/30/2017 |
| | 2620 NORTH 68TH STREET | | | Fax: | (480)946-0082 | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | 140 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8814C | SILVER CREEK INN MEMORY CARE COMMUNITY | | | Tele | (480)636-1222 | 08/01/2016 | to | 07/31/2017 |
| | 6345 EAST BASELINE ROAD | | | Fax: | (480)636-1330 | | | |
| | MESA | AZ | 85206 | Capacity : | 67 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8384C | SILVERADO SENIOR LIVING - SCOTTSDALE | | | Tele | (480)614-9100 | 01/01/2017 | to | 12/31/2017 |
| | 9410 EAST THUNDERBIRD ROAD | | | Fax: | (480)550-0641 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | 80 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9107C | SILVERADO SENIOR LIVING- PEORIA | | | Tele (623)977-1431 | 06/01/2016 to 05/31/2017 |
| | 13391 NORTH 94TH DRIVE | | | Fax: (623)777-5675 | |
| | PEORIA | AZ | 85381 | Capacity : 90 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7016C | SOLTERRA SENIOR LIVING | | | Tele (480)214-6700 | 06/01/2016 to 05/31/2017 |
| | 350 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)214-6711 | |
| | CHANDLER | AZ | 85224 | Capacity : 110 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9579C | STRATFORD, THE | | | Tele (602)841-2500 | 12/01/2016 to 11/30/2017 |
| | 1739 WEST MYRTLE AVENUE | | | Fax: (602)841-4474 | |
| | PHOENIX | AZ | 85021 | Capacity : 170 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8944C | SUMMIT AT SUNLAND SPRINGS, THE | | | Tele (480)907-5588 | 01/01/2017 to 12/31/2017 |
| | 2415 SOUTH SIGNAL BUTTE ROAD | | | Fax: (480)656-6353 | |
| | MESA | AZ | 85209 | Capacity : 51 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9462C | SUN HEALTH GRANDVIEW ASSISTED LIVING SERVICES | | | Tele (623)975-8100 | 12/01/2016 to 11/30/2017 |
| | 14505 WEST GRANITE VALLEY DRIVE | | | Fax: (623)975-8192 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 46 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8754C | SUNRISE OF CHANDLER | | | Tele (480)786-4998 | 05/01/2016 to 04/30/2017 |
| | 5757 WEST CHANDLER BOULEVARD | | | Fax: (480)786-4974 | |
| | CHANDLER | AZ | 85226 | Capacity : 100 | Medcaid_Cert: Not Ceritified |
| AL7113C | SUNRISE OF GILBERT | | | Tele (480)632-9400 | 10/01/2016 to 09/30/2017 |
| | 580 SOUTH GILBERT ROAD | | | Fax: (480)632-9401 | |
| | GILBERT | AZ | 85296 | Capacity : 102 | Medcaid_Cert: Not Ceritified |
| AL6287C | SUNRISE OF SCOTTSDALE | | | Tele (480)609-5115 | 03/01/2016 to 02/28/2017 |
| | 7370 EAST GOLD DUST AVENUE | | | Fax: (480)609-5744 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 110 | Medcaid_Cert: Not Ceritified |
| AL9046C | SUNSHINE VILLAGE | | | Tele (602)765-7400 | 05/01/2016 to 04/30/2017 |
| | 2606 EAST GREENWAY PARKWAY | | | Fax: (602)765-0599 | |
| | PHOENIX | AZ | 85032 | Capacity : 84 | Medcaid_Cert: Certified |
| AL9995C | SURPRISE MEMORY CARE, LLP | | | Tele (623)266-4999 | 05/27/2016 to 04/30/2017 |
| | 16465 NORTH PARKVIEW PLACE | | | Fax: (480)451-8205 | |
| | SURPRISE | AZ | 85374 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9958C | THE CARE CENTER AT ROYAL OAKS | | | Tele (623)815-4149 | 05/20/2016 to 04/30/2017 |
| | 10025 WEST ROYAL OAK ROAD | | | Fax: (623)815-4118 | |
| | SUN CITY | AZ | 85351 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10080C | THE GROVES | | | Tele (623)208-5655 | 06/27/2016 to 05/31/2017 |
| | 2655 NORTH PEBBLECREEK PARKWAY | | | Fax: (623)935-4586 | |
| | GOODYEAR | AZ | 85395 | Capacity : 142 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6516C | THE HERITAGE LEGACY | | | Tele (623)298-6717 | 02/01/2016 to 01/31/2017 |
| | 13813 WEST WOODSIDE DRIVE | | | Fax: (623)544-8272 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0021C | THE LODGE AT 14TH STREET | | | Tele (602)279-1033 | 05/01/2016 to 04/30/2017 |
| | 2941 NORTH 14TH STREET | | | Fax: (602)277-5367 | |
| | PHOENIX | AZ | 85014 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10081C | THE OAKS | | | Tele (480)734-2017 | 06/27/2016 to 05/31/2017 |
| | 3675 SOUTH ROME STREET | | | Fax: (480)899-1389 | |
| | GILBERT | AZ | 85297 | Capacity : 142 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10014C | THE PALAZZO | | | Tele (310)337-1929 | 05/01/2016 to 04/30/2017 |
| | 6246 NORTH 19TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : 62 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5218C | THE TERRACES ASSISTED LIVING | | | Tele (602)371-4100 | 08/01/2016 to 07/31/2017 |
| | 7550 NORTH 16TH STREET | | | Fax: (602)371-4107 | |
| | PHOENIX | AZ | 85020 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8153C | VENTANA WINDS LLC | | | Tele (623)583-2460 | 01/01/2017 to 12/31/2017 |
| | 12322 NORTH 113TH AVENUE | | | Fax: (623)583-4677 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 140 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2627C | VI AT GRAYHAWK, A VI AND PLAZA COMPANIES COMMUNITY | | | Tele (480)361-3200 | 08/01/2016 to 07/31/2017 |
| | 7501 EAST THOMPSON PEAK PARKWAY | | | Fax: (480)659-5110 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8222C | VI AT SILVERSTONE, A VI & PLAZA COMPANIES COMMUNITY | | | Tele (480)478-6200 | 11/01/2016 to 10/31/2017 |
| | 22605 NORTH 74TH STREET | | | Fax: (480)478-6297 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8926C | VILLA AT BELLA VISTA, THE | | | Tele (480)964-0410 | 12/01/2016 to 11/30/2017 |
| | 1825 WEST EMELITA AVENUE | | | Fax: (480)964-3178 | |
| | MESA | AZ | 85202 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9221C | VILLA OCOTILLO MANAGEMENT CO, LLC | | | Tele (480)946-7111 | 11/01/2016 to 10/31/2017 |
| | 3327 NORTH CIVIC CENTER PLAZA | | | Fax: (480)945-2344 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9368C | VILLAGE AT OCOTILLO, THE | | | Tele (480)630-3428 | 04/01/2016 to 03/31/2017 |
| | 990 WEST OCOTILLO ROAD | | | Fax: (480)940-4394 | |
| | CHANDLER | AZ | 85248 | Capacity : 152 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10068C | VISIONS SENIOR LIVING AT MESA 1 | | | Tele (480)247-9880 | 05/26/2016 to 04/30/2017 |
| | 537 SOUTH HIGHLEY ROAD, BLDG 1 | | | Fax: (480)659-6441 | |
| | MESA | AZ | 85206 | Capacity : 15 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10067C | VISIONS SENIOR LIVING AT MESA 2 | | | Tele (480)247-2797 | 05/26/2016 to 04/30/2017 |
| | 537 SOUTH HIGLEY ROAD, BLDG 2 | | | Fax: (480)427-2787 | |
| | MESA | AZ | 85206 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2541C | WESTCHESTER GARDEN COURT | | | Tele | (480)831-8660 | 10/01/2016 | to | 09/30/2017 |
| | 601 EAST WESTCHESTER DRIVE | | | Fax: | (480)222-6053 | | | |
| | TEMPE | AZ | 85283 | Capacity : | 64 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9475C | WOODMARK AT SUN CITY, THE | | | Tele | (623)583-7600 | 07/01/2016 | to | 06/30/2017 |
| | 17207 NORTH BOSWELL BOULEVARD | | | Fax: | (623)585-7433 | | | |
| | SUN CITY | AZ | 85373 | Capacity : | 138 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9105C | ANDARA | | | Tele | (480)862-8704 | 06/01/2016 | to | 05/31/2017 |
| | 11415 NORTH 114TH STREET | | | Fax: | (480)862-8883 | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8507C | AVISTA SENIOR LIVING, HISTORIC DOWNTOWN MESA | | | Tele | (480)827-2222 | 07/01/2016 | to | 06/30/2017 |
| | 248 NORTH MACDONALD | | | Fax: | (480)422-4272 | | | |
| | MESA | AZ | 85201 | Capacity : | 91 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL6708C | BROOKDALE CENTRAL PARADISE VALLEY | | | Tele | (602)953-3600 | 06/01/2016 | to | 05/31/2017 |
| | 13240 NORTH TATUM BLVD | | | Fax: | (602)953-3952 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | 135 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4519C | BROOKDALE DESERT RIDGE | | | Tele (602)996-6268 | 09/01/2016 to 08/31/2017 |
| | 4050 EAST BLUEFIELD AVENUE | | | Fax: (602)996-2814 | |
| | PHOENIX | AZ | 85032 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8469C | BROOKDALE HERITAGE PALMERAS | | | Tele (623)977-2777 | 09/01/2016 to 08/31/2017 |
| | 17233 NORTH BOSWELL BOULEVARD | | | Fax: (623)977-1556 | |
| | SUN CITY | AZ | 85373 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5078C | BROOKDALE SPRINGS MESA | | | Tele (480)985-8900 | 10/01/2016 to 09/30/2017 |
| | 6220 EAST BROADWAY ROAD | | | Fax: (480)981-2058 | |
| | MESA | AZ | 85206 | Capacity : 90 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0335C | BURKESHIRE RETIREMENT HOTEL | | | Tele (602)258-7488 | 06/01/2016 to 05/31/2017 |
| | 1310 EAST MC DOWELL ROAD | | | Fax: (602)258-9983 | |
| | PHOENIX | AZ | 85006 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1735C | CHRISTIAN CARE MANOR IV | | | Tele (480)654-1800 | 04/01/2016 to 03/31/2017 |
| | 118 SOUTH 70TH STREET | | | Fax: (480)218-2617 | |
| | MESA | AZ | 85208 | Capacity : 65 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3296C | FORUM AT DESERT HARBOR, THE | | | Tele (623)972-0995 | 04/01/2016 to 03/31/2017 |
| | 13840 NORTH DESERT HARBOR DRIVE | | | Fax: (623)977-5271 | |
| | PEORIA | AZ | 85381 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3297C | FORUM AT DESERT HARBOR, THE | | | Tele (623)972-0995 | 06/01/2016 to 05/31/2017 |
| | 13836 NORTH DESERT HARBOR DRIVE | | | Fax: (623)977-5271 | |
| | PEORIA | AZ | 85381 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3357C | FORUM PUEBLO NORTE ASSISTED LIVING | | | Tele (480)443-5193 | 07/01/2016 to 06/30/2017 |
| | 7108 EAST MESCAL STREET | | | Fax: (480)951-7244 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 33 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7717C | HERITAGE LANE BEHAVIORAL - EAST | | | Tele (480)307-8809 | 06/01/2016 to 05/31/2017 |
| | 1041 SOUTH LEBARON | | | Fax: (888)972-7050 | |
| | MESA | AZ | 85210 | Capacity : 22 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7718C | HERITAGE LANE BEHAVIORAL - WEST | | | Tele (480)307-8809 | 06/01/2016 to 05/31/2017 |
| | 1040 SOUTH LEBARON | | | Fax: (888)972-7050 | |
| | MESA | AZ | 85210 | Capacity : 44 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2925C | INN AT FREEDOM PLAZA, THE | | | Tele (623)815-6160 | 01/01/2017 to 12/31/2017 |
| | 13725 NORTH 93RD AVENUE | | | Fax: (623)815-6186 | |
| | PEORIA | AZ | 85381 | Capacity : 102 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9370C | LA SIENA | | | Tele (602)870-5500 | 04/01/2016 to 03/31/2017 |
| | 909 EAST NORTHERN AVENUE | | | Fax: (602)870-5501 | |
| | PHOENIX | AZ | 85020 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0028C | LIFESTREAM AT THUNDERBIRD | | | Tele (602)938-5500 | 03/01/2017 to 02/28/2018 |
| | 13617 NORTH 55TH AVENUE | | | Fax: (602)843-9530 | |
| | GLENDALE | AZ | 85304 | Capacity : 60 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0015C | LIFESTREAM AT YOUNGTOWN | | | Tele (623)933-4683 | 08/01/2016 to 07/31/2017 |
| | 11315 WEST PEORIA AVENUE | | | Fax: (623)972-7320 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 24 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9732C | LIFESTYLES OF GLENDALE | | | Tele (623)463-6270 | 07/01/2016 to 06/30/2017 |
| | 7971 NORTH 53RD AVENUE | | | Fax: (623)463-7935 | |
| | GLENDALE | AZ | 85301 | Capacity : 15 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7944C | MCDOWELL VILLAGE | | | Tele (480)970-6400 | 10/01/2016 to 09/30/2017 |
| | 8300 EAST MCDOWELL ROAD | | | Fax: (480)970-6406 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 68 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9308C | MONTECITO ASSISTED LIVING | | | Tele (623)972-1400 | 02/01/2017 to 01/31/2018 |
| | 17271 NORTH 87TH AVENUE | | | Fax: (623)972-7470 | |
| | PEORIA | AZ | 85382 | Capacity : 124 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9095C | PARK WOOD ASSISTED LIVING | | | Tele (623)566-8026 | 12/01/2015 to 11/30/2016 |
| | 14581 WEST PARKWOOD DRIVE | | | Fax: (623)566-8028 | |
| | SURPRISE | AZ | 85374 | Capacity : 113 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7412C | SPRINGDALE VILLAGE | | | Tele (480)981-8844 | 01/01/2017 to 12/31/2017 |
| | 7255 EAST BROADWAY ROAD | | | Fax: (480)854-9144 | |
| | MESA | AZ | 85208 | Capacity : 82 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6092C | SPRINGS OF SCOTTSDALE, THE | | | Tele (480)941-9026 | 10/01/2016 to 09/30/2017 |
| | 3212 NORTH MILLER ROAD | | | Fax: (480)970-1255 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9281C | SUN HEALTH LA LOMA ASSISTED LIVING | | | Tele (623)537-7516 | 03/01/2016 to 02/28/2017 |
| | 14260 DENNY BLVD | | | Fax: (623)537-7460 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 15 | Medcaid_Cert: Not Ceritified |
| AL4866C | SUN VALLEY LODGE | | | Tele (623)933-0137 | 08/01/2016 to 07/31/2017 |
| | 12415 NORTH 103RD AVENUE | | | Fax: (623)972-5036 | |
| | SUN CITY | AZ | 85351 | Capacity : 73 | Medcaid_Cert: Not Ceritified |
| AL9701C | THE CARILLONS, LLC | | | Tele (623)977-8385 | 04/30/2016 to 03/31/2017 |
| | 10045 WEST ROYAL OAK ROAD | | | Fax: (623)977-8393 | |
| | SUN CITY | AZ | 85351 | Capacity : 45 | Medcaid_Cert: Not Ceritified |
| AL9650C | THE MANOR VILLAGE AT SCOTTSDALE | | | Tele (480)767-7646 | 04/01/2016 to 03/31/2017 |
| | 9160 EAST DESERT COVE AVENUE | | | Fax: (480)767-7641 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 137 | Medcaid_Cert: Not Ceritified |
| AL9539C | THUNDERBIRD SENIOR LIVING | | | Tele (602)938-0414 | 12/01/2016 to 11/30/2017 |
| | 5401 WEST DAILEY STREET | | | Fax: (602)938-5296 | |
| | GLENDALE | AZ | 85306 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6605C | TOWERS AT GLENCROFT, THE<br>8620 NORTH 65TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)939-9475<br>Fax: (623)937-9130<br>Capacity : 26 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-SUPERVISORY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8329C | ATRIA CHANDLER VILLAS<br>101 SOUTH YUCCA STREET<br>CHANDLER AZ 85224 | Tele (480)899-7650<br>Fax: (480)899-4485<br>Capacity : 164 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9320C | COUNTRY MANOR ASSISTED LIVING CENTER, LLC<br>2815 NORTH 48TH STREET<br>PHOENIX AZ 85008 | Tele (602)684-1965<br>Fax: (602)680-5773<br>Capacity : 37 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| AL6673C | EAST WHITTON MANOR CARE CENTER<br>1106 EAST WHITTON AVENUE<br>PHOENIX AZ 85014 | Tele (602)277-8570<br>Fax: (602)277-1910<br>Capacity : 29 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| AL0076C | JOYCE RIDGE CIVITAN HOUSE<br>5038 NORTH 17TH AVENUE<br>PHOENIX AZ 85015 | Tele (602)443-4789<br>Fax: (602)795-5759<br>Capacity : 26 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ASSISTED LIVING CENTER-SUPERVISORY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10013C | THE PALAZZO | | | Tele | (310)337-1929 | 05/01/2016 | to | 04/30/2017 |
| | 6250 NORTH 19TH AVENUE | | | Fax: | (602)433-6458 | | | |
| | PHOENIX | AZ | 85015 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10097H | 24 HR HOME LLC | | | Tele | (623)738-5766 | 07/20/2016 | to | 06/30/2017 |
| | 5447 EAST BECK LANE | | | Fax: | (877)812-7761 | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7858H | A & A FAMILY CARE FOR THE ELDERLY | | | Tele | (623)478-2577 | 02/01/2016 | to | 01/31/2017 |
| | 4144 WEST FRIER DRIVE | | | Fax: | (623)455-9802 | | | |
| | PHOENIX | AZ | 85051 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4936H | A & I ADULT CARE HOME | | | Tele | (602)574-4369 | 11/01/2016 | to | 10/31/2017 |
| | 5241 EAST ANDERSON DRIVE | | | Fax: | (602)971-7395 | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2100H | A & I ADULT CARE HOME | | | Tele | (602)574-4369 | 02/01/2016 | to | 01/31/2017 |
| | 5327 EAST ANDERSON DRIVE | | | Fax: | (602)971-7395 | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8220H | A & M ASSISTED LIVING OF SCOTTSDALE, LLC | | | Tele (480)202-4402 | 12/01/2016 to 11/30/2017 |
| | 7512 EAST LARKSPUR DRIVE | | | Fax: (480)588-5459 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0355H | A CARING MANOR | | | Tele (480)888-2284 | 11/01/2016 to 10/31/2017 |
| | 18642 EAST CLOUD ROAD | | | Fax: (480)361-2122 | |
| | QUEEN CREEK | AZ | 85242 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8046H | A CARING MANOR I | | | Tele (480)245-6363 | 07/01/2016 to 06/30/2017 |
| | 20338 EAST VIA DEL ORO | | | Fax: (480)361-4000 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8265H | A DISTINGUISHED TOUCH ADULT CARE LLC | | | Tele (623)249-7706 | 03/01/2016 to 02/28/2017 |
| | 6758 WEST BLACKSTONE LANE | | | Fax: (623)742-3796 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9861H | A FAMILY AFFAIR ALH LLC | | | Tele (602)493-0605 | 09/01/2016 to 08/31/2017 |
| | 15825 NORTH 19TH PLACE | | | Fax: (602)493-0605 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9876H | A FAMILY AFFAIR ALH LLC | | | Tele (602)493-0605 | 10/01/2016 to 09/30/2017 |
| | 15801 NORTH 19TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5757H | A HAPPY PLACE ADULT CARE HOME, INC. | | | Tele (602)996-7750 | 10/01/2016 to 09/30/2017 |
| | 4918 EAST KAREN DRIVE | | | Fax: (602)996-1333 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9090H | A HOME AWAY FROM HOME ASSISTED LIVING HOME | | | Tele (602)573-1243 | 06/01/2016 to 05/31/2017 |
| | 11618 EAST FLINTLOCK COURT | | | Fax: (480)248-7311 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9703H | A HOME FOR CARE LLC | | | Tele (623)236-3959 | 05/01/2016 to 04/30/2017 |
| | 25548 WEST DUNLAP ROAD | | | Fax: (623)223-9563 | |
| | BUCKEYE | AZ | 85326 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10083H | A HOME FOR COMFORT CARE LLC | | | Tele (602)441-5971 | 06/10/2016 to 05/31/2017 |
| | 5330 WEST EUCLID AVENUE | | | Fax: (602)441-0817 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2508H | A LANE ADULT CARE HOME | | | Tele (602)793-9444 | 05/01/2016 to 04/30/2017 |
| | 3729 WEST LANE AVENUE | | | Fax: (602)249-7003 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8323H | A LOVING HEART ASSISTED LIVING | | | Tele (623)322-6250 | 04/01/2016 to 03/31/2017 |
| | 11318 NORTH 145TH LANE | | | Fax: (623)256-6318 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10123H | A PARADISE FOR PARENT'S SENIOR LIVING LLC | | | Tele (623)594-6244 | 07/18/2016 to 06/30/2017 |
| | 15292 WEST CAMPBELL AVENUE | | | Fax: (623)594-6245 | |
| | GOODYEAR | AZ | 85395 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10124H | A PARENT'S PARADISE AND CARE LLC | | | Tele (623)476-2493 | 07/14/2016 to 06/30/2017 |
| | 18175 WEST BANFF LANE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10120H | A PARENT'S PARADISE LLC | | | Tele (623)556-2060 | 07/18/2016 to 06/30/2017 |
| | 15922 NORTH 164TH LANE | | | Fax: (623)584-9898 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9730H | A PLACE CALLED HOME | | | Tele (480)544-1206 | 06/01/2016 to 05/31/2017 |
| | 2086 EAST ALOE PLACE | | | Fax: (480)946-0909 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7872H | A PLACE FOR MOM AND DAD | | | Tele (623)234-3597 | 01/01/2016 to 12/31/2016 |
| | 18817 NORTH 49TH DRIVE | | | Fax: (623)826-2523 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5436H | A PLACE IN THE SUN | | | Tele (602)380-2855 | 04/01/2016 to 03/31/2017 |
| | 6879 EAST VERNON AVENUE | | | Fax: (480)947-0263 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4977H | A R D C SCOTTSDALE HOME | | | Tele (480)237-7372 | 08/01/2016 to 07/31/2017 |
| | 8632 EAST PECOS LANE | | | Fax: (480)752-3261 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9718H | A TENDER TOUCH ASSISTED LIVING HOME | | | Tele (602)677-5824 | 03/01/2016 to 02/28/2017 |
| | 2859 EAST VOLTAIRE AVENUE | | | Fax: (602)404-7200 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4739H | A TO Z ASSISTED LIVING CARE | | | Tele (602)296-5456 | 03/01/2016 to 02/28/2017 |
| | 17601 NORTH 6TH PLACE | | | Fax: (602)296-5456 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3019H | A TOUCH OF DESERT CLASS | | | Tele (623)742-7473 | 09/01/2016 to 08/31/2017 |
| | 38718 NORTH 29TH AVENUE | | | Fax: (623)465-2676 | |
| | PHOENIX | AZ | 85086 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6670H | A TOUCH OF ELEGANCE CARE HOME, LLC | | | Tele (623)412-0948 | 06/01/2016 to 05/31/2017 |
| | 7983 WEST MARTHA WAY | | | Fax: (623)486-8428 | |
| | PEORIA | AZ | 85381 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7837H | A TOUCH OF EXCEILENCE, LLC | | | Tele (623)412-1536 | 01/01/2017 to 12/31/2017 |
| | 7763 WEST LUDLOW DRIVE | | | Fax: (623)776-0214 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9083H | A VIP ASSISTED LIVING HOME CARE | | | Tele (623)551-2632 | 06/01/2016 to 05/31/2017 |
| | 41309 NORTH YORKTOWN TRL | | | Fax: (623)551-2632 | |
| | ANTHEM | AZ | 85086 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9586H | AA LOVE CARE HOME, LLC | | | Tele (623)476-5674 | 10/01/2016 to 09/30/2017 |
| | 13401 WEST SAGUARO LANE | | | Fax: (623)476-5674 | |
| | SURPRISE | AZ | 85374 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9929H | ABERDEEN HOME, LLC | | | Tele (602)625-5808 | 12/01/2016 to 11/30/2017 |
| | 10639 NORTH ABERDEEN ROAD | | | Fax: (480)664-9171 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5769H | ABOUNDING HOME CARE LLC | | | Tele (480)830-0376 | 10/01/2016 to 09/30/2017 |
| | 5421 EAST CAROL AVENUE | | | Fax: (480)840-1204 | |
| | MESA | AZ | 85206 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9458H | ABOUT SENIORS ASSISTED LIVING HOME, LLC | | | Tele (623)546-5751 | 08/01/2016 to 07/31/2017 |
| | 17343 WEST BAJADA DRIVE | | | Fax: (623)399-6561 | |
| | SURPRISE | AZ | 85387 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9773H | ABOVE & BEYOND ASSISTED LIVING | | | Tele (602)569-5170 | 06/01/2016 to 05/31/2017 |
| | 5119 EAST CALAVAR DRIVE | | | Fax: (602)569-5170 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9856H | ABOVE AND BEYOND SENIOR CARE | | | Tele (623)933-6605 | 11/01/2016 to 10/31/2017 |
| | 11211 NORTH 127TH AVENUE | | | Fax: (623)972-1513 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6974H | ABOVE CARE ASSISTED LIVING HOME | | | Tele (480)558-7778 | 05/01/2016 to 04/30/2017 |
| | 680 WEST HARVARD AVENUE | | | Fax: (480)558-7778 | |
| | GILBERT | AZ | 85233 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8842H | ABRACADABRA ASSISTED LIVING | | | Tele (623)332-3739 | 08/01/2016 to 07/31/2017 |
| | 5762 WEST SHAW BUTTE DRIVE | | | Fax: (623)466-7751 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8771H | ABRACADABRA ASSISTED LIVING #2 | | | Tele (623)332-3739 | 09/01/2016 to 08/31/2017 |
| | 3501 WEST WOOD DRIVE | | | Fax: (623)466-7751 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5684H | ABSOLUTE ASSISTED LIVING ADULT CARE HOME | | | Tele (480)854-2853 | 03/01/2016 to 02/28/2017 |
| | 3557 EAST CABALLERO STREET | | | Fax: (480)854-2853 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8588H | ABSOLUTE BEST CARE GROUP HOME | | | Tele (602)518-8885 | 09/01/2016 to 08/31/2017 |
| | 8504 WEST AUDREY LANE | | | Fax: (602)564-2959 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9349H | ABUNDANT LIFE ASSISTED LIVING | | | Tele (480)234-1572 | 04/01/2016 to 03/31/2017 |
| | 31821 NORTH 19TH LANE | | | Fax: (623)748-3122 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4210H | AC ADULT CARE HOME | | | Tele (623)980-9693 | 03/01/2016 to 02/28/2017 |
| | 10312 NORTH 58TH LANE | | | Fax: (623)847-5885 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8768H | ACACIA COVE ASSISTED LIVING | | | Tele (602)938-9794 | 06/01/2016 to 05/31/2017 |
| | 5964 WEST BLUEFIELD AVENUE | | | Fax: (602)938-7262 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9411H | ACE BEST MEDICAL AND NURSING CARE LLC | | | Tele (602)388-4145 | 09/01/2016 to 08/31/2017 |
| | 2902 WEST CACTUS ROAD | | | Fax: (602)441-4747 | |
| | PHOENIX | AZ | 85029 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8546H | ACOMA ASSISTED LIVING | | | Tele (602)292-7579 | 11/01/2016 to 10/31/2017 |
| | 3142 EAST ACOMA DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7757H | ACOMA ASSISTED LIVING HOME | | | Tele (602)298-0525 | 10/01/2016 to 09/30/2017 |
| | 3437 WEST ACOMA DRIVE | | | Fax: (602)843-3497 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10028H | ACQUAINTED SENIOR CARE HOME | | | Tele (623)396-7016 | 06/09/2016 to 05/31/2017 |
| | 15233 NORTH 66TH LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9818H | ACTIVE CARE HOME II LLC | | | Tele (480)236-5646 | 08/01/2016 to 07/31/2017 |
| | 5711 EAST AIRE LIBRE AVENUE | | | Fax: (602)314-4862 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10008H | ACTIVE CARE HOME III LLC | | | Tele (480)236-5646 | 03/15/2016 to 02/28/2017 |
| | 17826 NORTH 56TH STREET | | | Fax: (602)314-4862 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9745H | ACTIVE CARE HOMES, LLC | | | Tele (480)236-5646 | 05/01/2016 to 04/30/2017 |
| | 16212 NORTH 55TH PLACE | | | Fax: (602)314-4862 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5327H | ACTIVE LIFESTYLE HOME CARE | | | Tele (602)321-5177 | 05/01/2016 to 04/30/2017 |
| | 4101 WEST HARTFORD AVENUE | | | Fax: (602)795-6383 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9761H | ACUNA AT MESQUITE GROVE | | | Tele (602)432-7818 | 10/01/2016 to 09/30/2017 |
| | 5940 SOUTH MESQUITE GROVE WAY | | | Fax: (480)625-3156 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9058H | ADAGIO GARDENS | | | Tele (602)430-5382 | 05/01/2016 to 04/30/2017 |
| | 3429 EAST CHOLLA STREET | | | Fax: (602)795-5850 | |
| | PHOENIX | AZ | 85028 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9442H | ADAGIO GARDENS CENTRAL LLC | | | Tele (602)430-5382 | 07/01/2016 to 06/30/2017 |
| | 50 EAST PIERSON STREET | | | Fax: (602)795-5850 | |
| | PHOENIX | AZ | 85012 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9427H | ADAGIO HOUSE I | | | Tele (602)486-6231 | 05/01/2016 to 04/30/2017 |
| | 4839 EAST CHARLESTON AVENUE | | | Fax: (602)485-3958 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9927H | ADAGIO HOUSE II LLC | | | Tele (602)486-6231 | 02/10/2016 to 01/31/2017 |
| | 5328 EAST ANDERSON DRIVE | | | Fax: (602)485-3958 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9937H | ADAGIO HOUSE III LLC | | | Tele (602)486-6231 | 02/23/2016 to 01/31/2017 |
| | 17814 NORTH 56TH STREET | | | Fax: (602)485-3958 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2199H | ADAMS HOUSE | | | Tele (623)580-8388 | 11/01/2016 to 10/31/2017 |
| | 20625 NORTH 8TH STREET | | | Fax: (928)772-8308 | |
| | PHOENIX | AZ | 85024 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1414H | ADAMS HOUSE WICKIEUP | | | Tele (602)765-9364 | 05/01/2016 to 04/30/2017 |
| | 3449 E WICKIEUP LANE | | | Fax: (928)772-8308 | |
| | PHOENIX | AZ | 85050 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9049H | ADELINA CARE HOME | | | Tele (623)308-7041 | 06/01/2016 to 05/31/2017 |
| | 17543 WEST COLUMBINE DRIVE | | | Fax: (623)215-8247 | |
| | SURPRISE | AZ | 85388 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9780H | ADINA ADULT CARE HOME | | | Tele (602)525-3328 | 08/01/2016 to 07/31/2017 |
| | 1402 WEST VILLA MARIA DRIVE | | | Fax: (602)773-0308 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9781H | ADINA ADULT CARE HOME #2 | | | Tele (602)525-3328 | 08/01/2016 to 07/31/2017 |
| | 1403 WEST BLUEFIELD AVENUE | | | Fax: (480)773-0308 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9974H | ADOBE COUNTRY GABLES | | | Tele (623)204-9051 | 07/07/2016 to 06/30/2017 |
| | 14962 NORTH 78TH AVENUE | | | Fax: (623)979-0367 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8935H | ADRIAN ASSISTED LIVING | | | Tele (602)687-3804 | 02/01/2017 to 01/31/2018 |
| | 607 WEST VILLA RITA DRIVE | | | Fax: (602)595-0604 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5285H | ADRIANA'S ROUND-THE-CLOCK, LLC | | | Tele (602)896-4040 | 04/01/2016 to 03/31/2017 |
| | 7630 WEST JOHN CABOT | | | Fax: (480)304-3100 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7076H | ADRIEL CARE HOME | | | Tele (623)256-6410 | 05/01/2016 to 04/30/2017 |
| | 11550 NORTH 150TH LANE | | | Fax: (623)748-9361 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL1598H | ADULT TRANSITIONS | | | Tele (480)730-9110 | 12/01/2016 to 11/30/2017 |
| | 8650 SOUTH LOS FELIZ DRIVE | | | Fax: (480)775-7713 | |
| | TEMPE | AZ | 85284 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8765H | ADVANCE ASSISTED LIVING HOME LLC | | | Tele (623)224-3130 | 07/01/2016 to 06/30/2017 |
| | 23221 NORTH 121 DRIVE | | | Fax: (623)328-9105 | |
| | SUN CITY | AZ | 85373 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9209H | ADVANTAGE ADULT HEALTHCARE LLC | | | Tele (623)236-3477 | 09/01/2016 to 08/31/2017 |
| | 12415 NORTH 149TH DRIVE | | | Fax: (623)236-3477 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7346H | ADVANTAGE HOME CARE LLC | | | Tele (623)243-5664 | 02/01/2017 to 01/31/2018 |
| | 11510 WEST LANGFORD COURT | | | Fax: (888)345-6916 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10029H | AEGIS AT FAIRVIEW ASSISTED LIVING HOME | | | Tele (480)907-8304 | 05/01/2016 to 04/30/2017 |
| | 2371 EAST FAIRVIEW STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10161H | AEGIS AT REDWOOD ASSISTED LIVING HOME | | | Tele (480)907-8304 | 09/26/2016 to 08/31/2017 |
| | 4332 EAST REDWOOD LANE | | | Fax: (480)383-6744 | |
| | PHOENIX | AZ | 85048 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7728H | AFFORDABLE LUXURY CARE, LLC | | | Tele (480)278-5238 | 09/01/2016 to 08/31/2017 |
| | 4149 EAST GREENWAY CIRCLE | | | Fax: (480)985-9225 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9234H | AGAPE CARE HOME OF SCOTTSDALE | | | Tele (480)388-5565 | 02/01/2016 to 01/31/2017 |
| | 5920 EAST LUDLOW DRIVE | | | Fax: (602)795-8973 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8734H | AGAPE SENIOR LIVING OF SCOTTSDALE, LLC | | | Tele (480)388-5565 | 05/01/2016 to 04/30/2017 |
| | 8611 EAST CHOLLA STREET | | | Fax: (480)664-7224 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7245H | AGAVE ASSISTED LIVING HOME II | | | Tele (602)818-9909 | 09/01/2016 to 08/31/2017 |
| | 8854 WEST IRMA LANE | | | Fax: (623)388-4473 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8066H | AGAVE MANOR | | | Tele (480)368-7444 | 06/01/2016 to 05/31/2017 |
| | 5937 EAST CACTUS ROAD | | | Fax: (480)368-9777 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9805H | AGELESS ANGELS ASSISTED LIVING HOME 2 | | | Tele (480)238-3188 | 08/01/2016 to 07/31/2017 |
| | 2664 SOUTH FOUR PEAKS WAY | | | Fax: (480)436-6900 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7763H | AGELESS ANGELS ASSISTED LIVING HOME, LLC | | | Tele (480)471-8886 | 09/01/2016 to 08/31/2017 |
| | 733 EAST GEMINI PLACE | | | Fax: (480)436-6900 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9893H | AGING GRACEFULLY | | | Tele (623)547-5840 | 01/01/2017 to 12/31/2017 |
| | 4105 WEST VILLA LINDA DRIVE | | | Fax: (623)500-3808 | |
| | GLENDALE | AZ | 85310 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8895H | AGING WITH DIGNITY | | | Tele (480)355-4245 | 12/01/2015 to 11/30/2016 |
| | 1529 EAST LAREDO STREET | | | Fax: (480)389-6101 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6903H | AGING WITH DIGNITY | | | Tele (623)243-5152 | 12/01/2016 to 11/30/2017 |
| | 15298 WEST VENTURA STREET | | | Fax: (623)337-4397 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7206H | AHWATUKEE ADULT CARE II | | | Tele (623)332-8338 | 05/01/2016 to 04/30/2017 |
| | 4819 EAST LA PUENTE | | | Fax: (602)224-1357 | |
| | PHOENIX | AZ | 85044 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7207H | AHWATUKEE ADULT CARE III | | | Tele (602)277-8721 | 07/01/2016 to 06/30/2017 |
| | 5135 EAST HALF MOON DRIVE | | | Fax: (602)224-1357 | |
| | PHOENIX | AZ | 85044 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10156H | AHWATUKEE COMFORT CARE, LLC | | | Tele (480)213-7656 | 09/16/2016 to 08/31/2017 |
| | 12813 SOUTH 40TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8241H | ALEGRE ADULT CARE HOME LLC | | | Tele (602)466-3575 | 09/01/2016 to 08/31/2017 |
| | 4232 WEST WALTANN LANE | | | Fax: (602)466-1882 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9924H | ALEXANDRIA | | | Tele (480)532-9706 | 01/01/2017 to 12/31/2017 |
| | 18610 NORTH 30TH PLACE | | | Fax: (480)550-8486 | |
| | PHOENIX | AZ | 85050 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8315H | ALJ ASSISTED LIVING HOME I | | | Tele (623)792-7336 | 01/01/2017 to 12/31/2017 |
| | 3407 WEST KRISTAL WAY | | | Fax: (623)792-7431 | |
| | PHOENIX | AZ | 85027 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10011H | ALJ PEORIA | | | Tele (623)977-2917 | 03/01/2016 to 02/28/2017 |
| | 16124 NORTH 87TH DRIVE | | | Fax: (623)977-2917 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9845H | ALL CARE ASSISTED | | | Tele (602)696-6062 | 11/01/2016 to 10/31/2017 |
| | 18224 NORTH 168TH AVENUE | | | Fax: (623)594-0944 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4019H | ALL SEASONS ADULT CARE | | | Tele (480)577-6777 | 09/01/2016 to 08/31/2017 |
| | 7208 EAST SOLANO DRIVE | | | Fax: (480)998-2902 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9666H | ALL STARS ASSISTED LIVING | | | Tele (623)544-7358 | 03/01/2016 to 02/28/2017 |
| | 16477 WEST YUCATAN DRIVE | | | Fax: (623)544-7358 | |
| | SURPRISE | AZ | 85388 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9201H | ALL VALLEY ASSISTED LIVING HOME, LLC | | | Tele (623)242-8856 | 09/01/2016 to 08/31/2017 |
| | 10305 WEST EDGEMONT DRIVE | | | Fax: (623)218-6520 | |
| | AVONDALE | AZ | 85392 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9908H | ALL VALLEY HOME CARE | | | Tele (623)398-6345 | 12/01/2016 to 11/30/2017 |
| | 1846 SOUTH 162ND LANE | | | Fax: (623)398-7131 | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7032H | ALLEGIANCE ASSISTED LIVING LLC | | | Tele (480)330-9018 | 01/01/2016 to 12/31/2016 |
| | 2243 SOUTH GAUCHO | | | Fax: (480)247-6103 | |
| | MESA | AZ | 85202 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2780H | ALL-YOURS ASSISTED LIVING | | | Tele (602)996-9517 | 08/01/2016 to 07/31/2017 |
| | 16008 NORTH 60TH STREET | | | Fax: (602)996-9517 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9792H | ALOE HAVEN ASSISTED LIVING HOME | | | Tele (480)664-7249 | 07/01/2016 to 06/30/2017 |
| | 2585 EAST HONEYSUCKLE PLACE | | | Fax: (480)664-7249 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6548H | ALOTT OF CARE, LLC | | | Tele (480)659-4056 | 03/01/2017 to 02/28/2018 |
| | 2237 NORTH AVOCA STREET | | | Fax: (480)659-4057 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8933H | ALTERCARE ASSISTED LIVING HOME | | | Tele (480)280-0137 | 12/01/2016 to 11/30/2017 |
| | 11104 EAST SOMBRA AVENUE | | | Fax: (480)400-1067 | |
| | MESA | AZ | 85212 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7905H | ALTERNATIVE LIVING FOR YOU | | | Tele (602)993-5521 | 02/01/2016 to 01/31/2017 |
| | 5328 WEST TIERRA BUENA LANE | | | Fax: (602)993-5521 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9824H | AM HOME ASSISTED LIVING, LLC | | | Tele (480)625-3491 | 10/01/2016 to 09/30/2017 |
| | 1386 EAST BUFFALO STREET | | | Fax: (480)625-3491 | |
| | GILBERT | AZ | 85295 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4057H | AMANDA'S CARE HOME | | | Tele (480)373-8437 | 12/01/2016 to 11/30/2017 |
| | 8647 EAST PAMPA AVENUE | | | Fax: (480)373-8438 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6569H | AMANDA'S CARE HOME II | | | Tele (480)373-8437 | 04/01/2016 to 03/31/2017 |
| | 708 SOUTH SABRINA | | | Fax: (480)373-8438 | |
| | MESA | AZ | 85208 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9670H | AMANI ADULT CARE HOME 2 | | | Tele (623)249-3772 | 03/01/2016 to 02/28/2017 |
| | 12217 WEST WINSLOW AVENUE | | | Fax: (623)772-8406 | |
| | TOLLESON | AZ | 85353 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4420H | AMAZING CARE | | | Tele (623)882-0090 | 11/01/2016 to 10/31/2017 |
| | 16345 WEST ROOSEVELT STREET | | | Fax: (623)399-8311 | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8553H | AMAZING CARE HOME | | | Tele (623)466-6273 | 12/01/2016 to 11/30/2017 |
| | 14449 WEST BOCA RATON ROAD | | | Fax: (623)466-6273 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8236H | AMBER 2 ADULT CARE HOME | | | Tele (602)770-9679 | 04/01/2016 to 03/31/2017 |
| | 1437 EAST HATCHER ROAD | | | Fax: (602)795-8162 | |
| | PHOENIX | AZ | 85020 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8860H | AMBER ASSISTED LIVING HOME | | | Tele (602)578-8870 | 10/01/2016 to 09/30/2017 |
| | 1438 EAST HATCHER ROAD | | | Fax: (602)795-8162 | |
| | PHOENIX | AZ | 85020 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9891H | AMBER HILLS ASSISTED LIVING HOME LLC | | | Tele (773)851-0561 | 01/01/2017 to 12/31/2017 |
| | 34226 NORTH 26TH AVENUE | | | Fax: (602)388-8571 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9406H | AMBIANCE AL | | | Tele (602)368-4484 | 07/01/2016 to 06/30/2017 |
| | 2101 EAST EVERETT DRIVE | | | Fax: (602)368-4484 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9668H | AMBIENCE CARE HOME | | | Tele (602)639-2764 | 02/01/2016 to 01/31/2017 |
| | 8262 WEST ADAM AVENUE | | | Fax: (623)537-0109 | |
| | PEORIA | AZ | 85382 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9907H | AMBIENCE CARE HOME 2 | | | Tele (602)639-2764 | 01/01/2017 to 12/31/2017 |
| | 9022 WEST ALICE AVENUE | | | Fax: (623)537-0109 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9498H | AMERICAN ASSISTED LIVING HOME | | | Tele (623)218-8932 | 09/30/2017 to 08/31/2016 |
| | 23430 NORTH 89TH AVENUE | | | Fax: (623)234-4909 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8599H | AMERICAN DREAM RETIREMENT | | | Tele (602)283-5987 | 12/01/2016 to 11/30/2017 |
| | 702 EAST ORANGEWOOD AVENUE | | | Fax: (602)296-5590 | |
| | PHOENIX | AZ | 85020 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9614H | AMORE COURTYARD ASSISTED LIVING HOME, LLC | | | Tele (480)219-1498 | 12/01/2016 to 11/30/2017 |
| | 643 EAST LA COSTA DRIVE | | | Fax: (480)219-1498 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9317H | AMY'S ASSISTED LIVING LLC | | | Tele (602)793-9450 | 01/01/2017 to 12/31/2017 |
| | 6511 WEST STRAIGHT ARROW LANE | | | Fax: (623)748-9088 | |
| | PHOENIX | AZ | 85083 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9098H | AMY'S SENIOR LIVING LLC | | | Tele (602)793-9450 | 07/01/2016 to 06/30/2017 |
| | 6528 WEST BROOKHART WAY | | | Fax: (623)518-4324 | |
| | PHOENIX | AZ | 85083 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6985H | AN ENCHANTED ASSISTED LIVING LLC | | | Tele (623)556-2516 | 12/01/2016 to 11/30/2017 |
| | 15924 WEST MAUNA LOA LANE | | | Fax: (623)214-3473 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10113H | ANA AND DAVID ASSISTED LIVING LLC | | | Tele (602)708-7465 | 07/01/2016 to 06/30/2017 |
| | 9632 WEST RUNION DRIVE | | | Fax: (623)533-6730 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9503H | ANABELL ASSISTED LIVING | | | Tele (602)843-1739 | 08/01/2016 to 07/31/2017 |
| | 5025 WEST PHELPS ROAD | | | Fax: (602)588-7822 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10112H | ANA'S ASSISTED LIVING HOME LLC | | | Tele (602)502-4173 | 07/07/2016 to 06/30/2017 |
| | 13238 NORTH 35TH STREET | | | Fax: (602)354-7221 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5398H | ANA'S HAVEN ADULT HOME CARE II | | | Tele (480)862-3401 | 08/01/2016 to 07/31/2017 |
| | 872 SOUTH APACHE DRIVE | | | Fax: (480)219-8497 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6878H | ANA'S HAVEN ADULT HOMECARE | | | Tele (480)862-3401 | 02/01/2016 to 01/31/2017 |
| | 870 SOUTH MEADOWS DRIVE | | | Fax: (480)219-8497 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7882H | ANA'S HAVEN AT CEDAR | | | Tele (480)699-8516 | 01/01/2017 to 12/31/2017 |
| | 143 WEST CEDAR DRIVE | | | Fax: (480)219-8497 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7224H | ANA'S HAVEN AT ELMWOOD | | | Tele (480)219-7749 | 07/01/2016 to 06/30/2017 |
| | 263 WEST ELMWOOD PLACE | | | Fax: (480)219-8497 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10163H | ANC ASSISTED LIVING HOMES I | | | Tele (623)214-2679 | 10/11/2016 to 09/30/2017 |
| | 18429 WEST CARIBBEAN LANE | | | Fax: (623)214-2679 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10164H | ANC ASSISTED LIVING HOMES II | | | Tele (623)455-9510 | 10/11/2016 to 09/30/2017 |
| | 25968 NORTH SANDSTONE WAY | | | Fax: (623)455-9510 | |
| | SURPRISE | AZ | 85387 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5729H | ANDERSEN SPRINGS CARE HOME LLC | | | Tele (480)323-0420 | 11/01/2016 to 10/31/2017 |
| | 1541 WEST CORONA DRIVE | | | Fax: (480)659-2766 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8820H | ANDERSON SPRINGS CARE HOME, LLC | | | Tele (480)323-0420 | 09/01/2016 to 08/31/2017 |
| | 1764 WEST SAN TAN STREET | | | Fax: (480)306-4726 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10211H | ANGEL ARMS YOUNG ADULT RESIDENCE | | | Tele (623)792-5553 | 11/02/2016 to 10/31/2017 |
| | 2509 NORTH 87TH AVENUE | | | Fax: (623)332-8221 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL5951H | ANGEL CARE HOME | | | Tele (602)244-1218 | 06/01/2016 to 05/31/2017 |
| | 2231 NORTH 38TH STREET | | | Fax: (602)275-0085 | |
| | PHOENIX | AZ | 85008 | Capacity : 10 | Medcaid_Cert: Certified |
| AL10042 | ANGEL CARE SENIOR HOME LLC | | | Tele (603)988-9946 | 05/12/2016 to 04/30/2017 |
| | 16631 NORTH 46TH LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9400H | ANGEL'S ADULT GROUP HOME, LLC | | | Tele (480)634-0907 | 06/01/2016 to 05/31/2017 |
| | 15462 SOUTH 47TH PLACE | | | Fax: (888)869-7082 | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9605H | ANGELS ASSISTED LIVNIG HOME | | | Tele (480)802-0379 | 01/01/2017 to 12/31/2017 |
| | 4496 EAST LA COSTA DRIVE | | | Fax: (480)802-0349 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9176H | ANGELS PARADISE CARE HOME, LLC | | | Tele (602)570-1502 | 06/01/2016 to 05/31/2017 |
| | 18330 WEST MARCONI AVENUE | | | Fax: (623)755-8061 | |
| | SURPRISE | AZ | 85388 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5338H | ANGEL'S REAL HOME CARE | | | Tele (623)214-7174 | 05/01/2016 to 04/30/2017 |
| | 15952 NORTH ULRICH WAY | | | Fax: (623)214-5635 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9883H | ANGEL'S SENIOR CARE LLC | | | Tele (480)634-0907 | 12/01/2016 to 11/30/2017 |
| | 4403 EAST GOLD POPPY WAY | | | Fax: (888)869-7082 | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2227H | ANGEL'S WORKING ADULT CARE HOME | | | Tele (623)487-9270 | 12/01/2016 to 11/30/2017 |
| | 7648 WEST MARY JANE LANE | | | Fax: (623)487-9270 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10086H | ANNA'S ANGELS ASSISTED LIVING HOME | | | Tele (602)717-8034 | 06/09/2016 to 05/31/2017 |
| | 4670 WEST AIRE LIBRE AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8461H | ANNIE'S CARE HOME | | | Tele (623)388-1802 | 06/01/2016 to 05/31/2017 |
| | 6008 WEST JUNIPER AVENUE | | | Fax: (623)547-5517 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9597H | ANTHEM SENIOR LIVING | | | Tele (602)909-9550 | 11/01/2016 to 10/31/2017 |
| | 40401 NORTH COPPER BASIN TRAIL | | | Fax: (623)321-8797 | |
| | ANTHEM | AZ | 85086 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9172H | ANTHEM SENIOR RETREAT | | | Tele (602)909-9550 | 09/01/2016 to 08/31/2017 |
| | 38704 NORTH NATIONAL TRAIL | | | Fax: (623)321-8797 | |
| | ANTHEM | AZ | 85086 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5866H | ANTIGUA CARE HOME | | | Tele (623)533-5696 | 04/01/2016 to 03/31/2017 |
| | 11433 WEST PHILLIP JACOB DRIVE | | | Fax: (623)376-8411 | |
| | SURPRISE | AZ | 85374 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9918H | APOLLO RESIDENTIAL ASSISTED LIVING | | | Tele (623)238-2285 | 03/22/2016 to 02/28/2017 |
| | 4719 WEST HARMONT DRIVE | | | Fax: (623)930-1233 | |
| | GLENDALE | AZ | 85302 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9454H | APPROVED FACILITY | | | Tele (602)666-6040 | 08/01/2016 to 07/31/2017 |
| | 2301 EAST LONE CACTUS DRIVE | | | Fax: (602)374-3197 | |
| | PHOENIX | AZ | 85024 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10155H | AQUA GARDEN CARE | | | Tele (480)251-8931 | 09/14/2016 to 08/31/2017 |
| | 2020 EAST INDIGO DRIVE | | | Fax: (480)718-8111 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6683H | ARABIAN VIEWS ASSISTED LIVING ONE | | | Tele (602)763-9796 | 05/01/2016 to 04/30/2017 |
| | 5501 EAST WOODRIDGE DRIVE | | | Fax: (602)466-2489 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8891H | ARCADIA ASSISTED CARE | | | Tele (602)441-3513 | 10/01/2016 to 09/30/2017 |
| | 4912 NORTH 45TH PLACE | | | Fax: (602)954-0639 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8888H | ARCADIA ASSISTED CARE CAMELHEAD | | | Tele (602)441-3513 | 10/01/2016 to 09/30/2017 |
| | 4117 EAST ST JOSEPH WAY | | | Fax: (602)954-0639 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8889H | ARCADIA ASSISTED CARE VILLA | | | Tele (602)388-4945 | 01/01/2017 to 12/31/2017 |
| | 4132 EAST CAMELBACK ROAD | | | Fax: (602)954-0639 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2886H | ARCADIA ESTATE ASSISTED LIVING | | | Tele (480)949-7979 | 08/01/2016 to 07/31/2017 |
| | 5825 EAST INDIAN SCHOOL ROAD | | | Fax: (480)949-7980 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8342H | ARCADIA HOME CARE, LLC | | | Tele (480)231-9273 | 03/01/2016 to 02/28/2017 |
| | 3112 NORTH 34TH STREET | | | Fax: (602)714-6510 | |
| | PHOENIX | AZ | 85016 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9648H | ARCHANGEL ASSISTED LIVING INC | | | Tele (480)773-6317 | 01/01/2017 to 12/31/2017 |
| | 932 SOUTH BRENTWOOD PLACE | | | Fax: (480)773-6317 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9568H | ARIZONA ADULT CARE HOME | | | Tele (602)300-5854 | 11/01/2016 to 10/31/2017 |
| | 15268 WEST BOCA RATON ROAD | | | Fax: (623)777-0917 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9321H | ARIZONA ANGELS CARE HOME, LLC<br>15227 WEST COUNTRY GABLES DRIVE<br>SURPRISE AZ 85379 | Tele (480)246-0838<br>Fax: (623)374-2311<br>Capacity : 6 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| AL9264H | ARIZONA BRIGHT MORNING STAR ASSISTED LIVING<br>10928 WEST LAWRENCE LANE<br>PEORIA AZ 85345 | Tele (623)374-4447<br>Fax: (623)243-5528<br>Capacity : 10 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL7655H | ARIZONA BUTTES ASSISTED LIVING HOME LLC<br>23194 NORTH 106TH AVENUE<br>PEORIA AZ 85383 | Tele (623)362-0597<br>Fax: (623)328-7042<br>Capacity : 10 | 03/01/2017 to 02/28/2018<br>Medcaid_Cert: Certified |
| AL9229H | ARIZONA CARE, LLC<br>14451 NORTH 155TH DRIVE<br>SURPRISE AZ 85379 | Tele (888)202-2555<br>Fax: (888)202-9020<br>Capacity : 7 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8632H | ARIZONA COMFORT CARE<br>17917 WEST PORT AU PRINCE LANE<br>SURPRISE AZ 85388 | Tele (623)755-5359<br>Fax: (623)271-9455<br>Capacity : 6 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8569H | ARIZONA ELDERLY CARE ALH | | | Tele (602)466-1384 | 11/01/2016 to 10/31/2017 |
| | 7848 NORTH 4TH PLACE | | | Fax: (602)466-1384 | |
| | PHOENIX | AZ | 85020 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6521H | ARIZONA HARMONY CARE HOME-FOUNTAIN | | | Tele (480)621-5575 | 01/01/2017 to 12/31/2017 |
| | 8129 EAST FOUNTAIN STREET | | | Fax: (480)621-5575 | |
| | MESA | AZ | 85207 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9900H | ARIZONA LOVE AND CARE | | | Tele (623)777-1110 | 12/01/2016 to 11/30/2017 |
| | 15250 WEST PIERSON STREET | | | Fax: (623)777-1110 | |
| | GOODYEAR | AZ | 85395 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9047H | ARIZONA PREMIER ADULT CARE II, LLC | | | Tele (480)373-9689 | 06/01/2016 to 05/31/2017 |
| | 9716 EAST PAMPA AVENUE | | | Fax: (480)354-0425 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10053H | ARIZONA PREMIER AT IRONWOOD | | | Tele (480)268-7470 | 05/06/2016 to 04/30/2017 |
| | 3230 WEST IRONWOOD DRIVE | | | Fax: (480)268-7470 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8593H | ARIZONA ROYAL CARE HOME, LLC | | | Tele (480)264-2668 | 12/01/2016 to 11/30/2017 |
| | 9823 EAST JENAN DRIVE | | | Fax: (480)393-3056 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8514H | ARIZONA ROYAL RANCH ALH | | | Tele (602)300-5854 | 09/01/2016 to 08/31/2017 |
| | 14350 WEST CROCUS DRIVE | | | Fax: (623)242-7290 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9820H | ARIZONA SENIOR LIVING HOME 1 | | | Tele (602)404-8686 | 10/01/2016 to 09/30/2017 |
| | 15207 NORTH 55TH WAY | | | Fax: (602)404-8688 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9821H | ARIZONA SENIOR LIVING HOME 2 | | | Tele (602)923-1262 | 10/01/2016 to 09/30/2017 |
| | 15213 NORTH 55TH WAY | | | Fax: (602)404-8688 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9822H | ARIZONA SENIOR LIVING HOME 3 | | | Tele (602)441-3664 | 10/01/2016 to 09/30/2017 |
| | 15219 NORTH 55TH WAY | | | Fax: (602)404-8688 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8049H | ARIZONA SHINING STAR ASSISTED LIVING HOME | | | Tele (480)215-5335 | 05/01/2016 to 04/30/2017 |
| | 5402 EAST VERDE LANE | | | Fax: (602)368-3708 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4928H | ARIZONA'S BEST ASSISTED LIVING HOME | | | Tele (623)376-6525 | 07/01/2016 to 06/30/2017 |
| | 8113 WEST LOUISE DRIVE | | | Fax: (623)825-5415 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7053H | ARIZONA'S GOLDEN HEART | | | Tele (602)978-0596 | 05/01/2016 to 04/30/2017 |
| | 7016 WEST VILLA THERESA DRIVE | | | Fax: (602)903-5608 | |
| | GLENDALE | AZ | 85308 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8355H | ARIZONA'S GOLDEN HEART I | | | Tele (602)502-8524 | 04/01/2016 to 03/31/2017 |
| | 6523 WEST VIA DEL SOL | | | Fax: (602)903-5552 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7789H | ARK OF ANGEL ASSISTED LIVING | | | Tele (480)354-3783 | 11/01/2016 to 10/31/2017 |
| | 3841 EAST ISABELLA AVENUE | | | Fax: (480)656-6374 | |
| | MESA | AZ | 85206 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5759H | ARK OF LIFE, INC | | | Tele (480)236-7372 | 10/01/2016 to 09/30/2017 |
| | 1707 EAST CITATION LANE | | | Fax: (480)752-3261 | |
| | TEMPE | AZ | 85284 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9739H | ARMADA CARE HOMES | | | Tele (661)805-3254 | 06/01/2016 to 05/31/2017 |
| | 1612 EAST KNOLL CIRCLE | | | Fax: (480)656-8990 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6127H | ARNOLDS PLACE | | | Tele (623)979-4717 | 10/01/2016 to 09/30/2017 |
| | 10214 NORTH 89TH AVENUE | | | Fax: (623)979-4465 | |
| | PEORIA | AZ | 85345 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6125H | ARNOLDS PLACE TOO | | | Tele (623)979-4717 | 10/01/2016 to 09/30/2017 |
| | 10214 NORTH 89TH AVENUE | | | Fax: (623)979-4465 | |
| | PEORIA | AZ | 85345 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2558H | ARROWHEAD ADULT CARE HOME | | | Tele (623)572-5541 | 10/01/2016 to 09/30/2017 |
| | 6999 WEST AURORA DRIVE | | | Fax: (623)572-5541 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2405H | ARROWHEAD LAKES ADULT HOME CARE<br>21428 NORTH 55TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)825-3353<br>Fax: (623)825-3353<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL10052H | ARROWHEAD SENIOR LIVING<br>7886 WEST PIUTE AVENUE<br>GLENDALE AZ 85308 | Tele (602)818-2310<br>Fax: (623)388-6704<br>Capacity : 10 | 05/20/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8098H | ARROWHEAD SENIOR LIVING II<br>6958 WEST KRISTAL WAY<br>GLENDALE AZ 85308 | Tele (623)203-9703<br>Fax: (623)773-9433<br>Capacity : 5 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9104H | ARROWHEAD SYMPHONY ASSISTED LIVING HOME, LLC<br>6121 WEST FOOTHILL DRIVE<br>GLENDALE AZ 85310 | Tele (623)341-7643<br>Fax: (623)266-9819<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7687H | ARROWHEAD VALLEY ASSISTED LIVING INC<br>17915 NORTH 65TH DRIVE<br>GLENDALE AZ 85308 | Tele (623)889-5484<br>Fax: (602)773-6705<br>Capacity : 5 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2442H | ARTEMIS ADULT CARE HOME | | | Tele (602)863-1811 | 04/01/2016 to 03/31/2017 |
| | 3426 WEST ANGELA DRIVE | | | Fax: (602)439-2874 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5187H | ARTEMIS II ADULT CARE HOME | | | Tele (602)863-1811 | 02/01/2016 to 01/31/2017 |
| | 3420 WEST ANGELA DRIVE | | | Fax: (602)439-2874 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10045H | ASELA'S CARE HOME | | | Tele (480)695-5943 | 05/20/2016 to 04/30/2017 |
| | 1848 EAST OXFORD DRIVE | | | Fax: (480)699-8702 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9915H | ASHLEE CARE | | | Tele (701)306-5587 | 01/01/2017 to 12/31/2017 |
| | 4902 WEST BEVERLY LANE | | | Fax: (602)978-1563 | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8284H | ASHTON GARDENS ASSISTED LIVING LLC | | | Tele (480)830-6522 | 02/01/2016 to 01/31/2017 |
| | 4525 EAST DECATUR STREET | | | Fax: (480)218-2264 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9707H | ASHTON RANCH ASSISTED LIVING | | | Tele (602)350-7380 | 05/01/2016 to 04/30/2017 |
| | 13844 NORTH 150TH DRIVE | | | Fax: (623)444-8435 | |
| | SURPRISE | AZ | 85379 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| AL4808H | ASSISTED LIVING AT BLOOMFIELD MANOR, INC | | | Tele (602)923-3515 | 05/01/2016 to 04/30/2017 |
| | 5815 EAST AIRE LIBRE AVENUE | | | Fax: (888)395-0419 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL8602H | ASSISTED LIVING AT MOUNTAIN VISTA | | | Tele (480)823-9292 | 11/01/2016 to 10/31/2017 |
| | 12823 NORTH 65TH PLACE | | | Fax: (866)237-2361 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Certified |
| AL6581H | ASSISTED LIVING AT MOUNTAIN VISTA 1, INC | | | Tele (480)580-1650 | 06/01/2016 to 05/31/2017 |
| | 7568 NORTH MOCKINGBIRD LANE | | | Fax: (888)395-0419 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL8649H | ASSISTED LIVING AT THE PHOENICIAN | | | Tele (480)823-9292 | 01/01/2017 to 12/31/2017 |
| | 5915 EAST ST JOHN ROAD | | | Fax: (866)237-2361 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4974H | ASSISTED LIVING AT THE WOODRIDGE, INC | | | Tele (602)923-3631 | 08/01/2016 to 07/31/2017 |
| | 5717 EAST WOODRIDGE DRIVE | | | Fax: (888)395-0419 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL4937H | ASSISTED LIVING BY SHOLT | | | Tele (480)705-9124 | 06/01/2016 to 05/31/2017 |
| | 660 NORTH BECK AVENUE | | | Fax: (480)961-2086 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Certified |
| AL8865H | ASSISTED LIVING CARE, LLC | | | Tele (877)466-6323 | 10/01/2016 to 09/30/2017 |
| | 15358 WEST POST CIRCLE | | | Fax: (888)202-9020 | |
| | SURPRISE | AZ | 85374 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| AL6989H | ASSISTED LIVING OF ARIZONA | | | Tele (623)556-9009 | 05/01/2016 to 04/30/2017 |
| | 14384 WEST MAUI LANE | | | Fax: (623)556-1355 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Certified |
| AL9687H | ASSISTED LIVING OF MESA | | | Tele (480)834-9898 | 08/01/2016 to 07/31/2017 |
| | 949 NORTH STAPLEY DRIVE | | | Fax: (307)460-4687 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5797H | ASSISTED LIVING OF PARADISE VALLEY | | | Tele (480)695-6890 | 01/01/2017 to 12/31/2017 |
| | 6146 EAST VIA ESTRELLA | | | Fax: (480)443-9159 | |
| | SCOTTSDALE | AZ | 85253 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8308H | ASSISTED LIVING OF PARADISE VALLEY II | | | Tele (480)695-6890 | 01/01/2017 to 12/31/2017 |
| | 6129 EAST VIA ESTRELLA | | | Fax: (480)443-9159 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2868H | ASSISTED LIVING OF SCOTTSDALE | | | Tele (480)998-0988 | 03/01/2016 to 02/28/2017 |
| | 6819 EAST SHEA BOULEVARD | | | Fax: (480)219-6494 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8727H | ASSISTED LIVING OF SCOTTSDALE II | | | Tele (480)306-4095 | 05/01/2016 to 04/30/2017 |
| | 5431 EAST SHEA BOULEVARD | | | Fax: (480)219-6494 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9197H | ASSISTED LIVING OF SURPRISE | | | Tele (602)904-9624 | 01/01/2017 to 12/31/2017 |
| | 14364 WEST DESERT HILLS DRIVE | | | Fax: (623)249-5140 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9021H | ASSURED CARE ASSISTED LIVING | | | Tele (480)294-9990 | 04/01/2016 to 03/31/2017 |
| | 5239 EAST HARTFORD AVENUE | | | Fax: (480)767-2561 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10135H | ASTER RETREAT LLC | | | Tele (718)551-5962 | 09/07/2016 to 08/31/2017 |
| | 15364 WEST ASTER DRIVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9212H | AT PARKRIDGE ASSISTED LIVING II | | | Tele (602)399-2566 | 09/01/2016 to 08/31/2017 |
| | 9635 WEST CIELO GRANDE | | | Fax: (623)986-1760 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9343H | AT PARKRIDGE ASSISTED LIVING, LLC | | | Tele (602)399-2566 | 02/01/2016 to 01/31/2017 |
| | 20978 NORTH 99TH DRIVE | | | Fax: (623)444-8484 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8686H | ATC BEST OF CARE, LLC | | | Tele (602)863-3397 | 03/01/2016 to 02/28/2017 |
| | 1819 WEST MANDALAY LANE | | | Fax: (602)368-5078 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6526H | ATLANTIS II ASSISTED LIVING | | | Tele (623)764-8087 | 10/01/2016 to 09/30/2017 |
| | 16195 WEST GLENROSA AVENUE | | | Fax: (623)518-9102 | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2198H | AUDREYS ADULT CARE HOME | | | Tele (602)214-5238 | 11/01/2016 to 10/31/2017 |
| | 1898 EAST ELLIS | | | Fax: (480)413-0605 | |
| | TEMPE | AZ | 85282 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4650H | AUDREY'S ADULT CARE HOME I | | | Tele (623)486-4734 | 03/01/2016 to 02/28/2017 |
| | 4031 EAST FAWN DRIVE | | | Fax: (623)486-4734 | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9571H | AUTUMN GLEN ELDERLY CARE LLC | | | Tele (623)332-9486 | 09/01/2016 to 08/31/2017 |
| | 3135 WEST KIMBERLY WAY | | | Fax: (623)242-1175 | |
| | PHOENIX | AZ | 85027 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9720H | AVALON ASSISTED LIVING HOME | | | Tele (602)625-9605 | 08/01/2016 to 07/31/2017 |
| | 6982 WEST VILLA LINDO DRIVE | | | Fax: (925)364-2930 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9434H | AVALON ASSISTED LIVING HOME LLC | | | Tele (623)433-9854 | 06/01/2016 to 05/31/2017 |
| | 8223 WEST MONTE LINDO LANE | | | Fax: (925)364-2930 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8640H | AVANT ONE ASSISTED LIVING LLC | | | Tele (480)607-9977 | 03/01/2016 to 02/28/2017 |
| | 12201 NORTH 61ST STREET | | | Fax: (480)607-7857 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10153H | AVONDALE A L H | | | Tele (623)466-7776 | 09/01/2016 to 08/31/2017 |
| | 13514 WEST MONTEREY WAY | | | Fax: (623)249-5099 | |
| | AVONDALE | AZ | 85392 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9543H | A-Z ASSISTED LIVING HOMES, INC. | | | Tele (480)634-4120 | 09/01/2016 to 08/31/2017 |
| | 2556 EAST LOWELL COURT | | | Fax: (480)350-7321 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9036H | AZ LIFE ASSISTED LIVING HOME LLC | | | Tele (623)986-1740 | 07/01/2016 to 06/30/2017 |
| | 9574 WEST ALBERT LANE | | | Fax: (623)321-6464 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9516H | AZ LOTUS VALLEY ASSISTED LIVING HOME, INC. | | | Tele (480)625-4102 | 09/01/2016 to 08/31/2017 |
| | 6120 SOUTH KIMBERLEE WAY | | | Fax: (480)625-4102 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10090H | AZ SERENITY ASSISTED LIVING | | | Tele (602)550-4141 | 08/12/2016 to 07/31/2017 |
| | 4350 EAST ST JOHN ROAD | | | Fax: (480)454-2815 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9529H | AZ TENDER LOVING CARE HOME, LLC | | | Tele (602)930-1814 | 08/01/2016 to 07/31/2017 |
| | 13217 WEST RIMROCK STREET | | | Fax: (623)556-2977 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9553H | AZD BEST ASSISTED LIVING | | | Tele (623)476-9942 | 02/01/2016 to 01/31/2017 |
| | 7910 WEST MELINDA LANE | | | Fax: (623)362-4016 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2273H | B & H ADULT CARE HOME | | | Tele (480)897-1308 | 10/01/2016 to 09/30/2017 |
| | 7623 SOUTH KENWOOD LANE | | | Fax: (480)897-1308 | |
| | TEMPE | AZ | 85284 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1080H | B AND H ADULT CARE HOME | | | Tele (480)777-7291 | 02/01/2017 to 01/31/2018 |
| | 1884 EAST GREENWAY DRIVE | | | Fax: (480)777-7291 | |
| | TEMPE | AZ | 85282 | Capacity : 10 | Medcaid_Cert: Certified |
| AL6945H | B S D HOME CARE LLC | | | Tele (602)336-0882 | 10/01/2016 to 09/30/2017 |
| | 1413 WEST SAN MIGUEL AVENUE | | | Fax: (602)336-4534 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL4560H | BALTIMORE ST. CARE HOME | | | Tele (480)361-9007 | 11/01/2016 to 10/31/2017 |
| | 5402 EAST BALTIMORE STREET | | | Fax: (480)247-7281 | |
| | MESA | AZ | 85205 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| AL9100H | BARAKA AT PARKWOOD RANCH | | | Tele (480)264-2534 | 04/01/2016 to 03/31/2017 |
| | 1031 SOUTH CANFIELD | | | Fax: (480)264-2534 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9800H | BEAUTIFUL ASSISTED LIVING 2 | | | Tele (602)410-5894 | 07/01/2016 to 06/30/2017 |
| | 5612 WEST EUCLID AVENUE | | | Fax: (602)626-5187 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8474H | BEAUTIFUL BEGINNINGS ASSISTED LIVING HOME, LLC | | | Tele (623)418-8313 | 07/01/2016 to 06/30/2017 |
| | 2819 SOUTH 73RD DRIVE | | | Fax: (623)322-9255 | |
| | PHOENIX | AZ | 85043 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7467H | BECAUSE WE CARE, LLC | | | Tele (623)878-5550 | 02/01/2017 to 01/31/2018 |
| | 8802 WEST PUGET AVENUE | | | Fax: (623)486-2342 | |
| | PEORIA | AZ | 85345 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8616H | BEEBES ASSISTED LIVING LLC | | | Tele (602)978-8005 | 03/01/2016 to 02/28/2017 |
| | 13242 NORTH 34TH DRIVE | | | Fax: (602)795-5665 | |
| | PHOENIX | AZ | 85029 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8955H | BELINDA'S ASSISTED LIVING INC | | | Tele (480)264-8640 | 11/01/2016 to 10/31/2017 |
| | 5610 EAST ELMWOOD STREET | | | Fax: (480)264-1532 | |
| | MESA | AZ | 85205 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2181H | BELL ADULT CARE HOME | | | Tele (602)867-7983 | 12/01/2016 to 11/30/2017 |
| | 5343 EAST WOODRIDGE DRIVE | | | Fax: (602)867-7983 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8189H | BELLA VISTA ASSISTED LIVING HOME, LLC | | | Tele (480)209-1685 | 12/01/2016 to 11/30/2017 |
| | 7244 EAST FAIRVIEW AVENUE | | | Fax: (480)248-7431 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL6538H | BELLAGIO VILLA HOME CARE | | | Tele (480)375-0600 | 04/01/2016 to 03/31/2017 |
| | 8607 EAST OSBORN | | | Fax: (480)970-1410 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9766H | BELLA'S CARE HOME, LLC | | | Tele (602)358-6798 | 10/01/2016 to 09/30/2017 |
| | 6805 NORTH 14TH PLACE | | | Fax: (602)812-7470 | |
| | PHOENIX | AZ | 85014 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9219H | BENT TREE ASSISTED LIVING HOME | | | Tele (602)432-0424 | 11/01/2016 to 10/31/2017 |
| | 9534 WEST BENT TREE DRIVE | | | Fax: (623)505-9755 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6421H | BEREAN LOVING HOME CARE | | | Tele (480)621-6787 | 01/01/2017 to 12/31/2017 |
| | 2332 EAST JADE COURT | | | Fax: (480)626-0175 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9366H | BEST ASSISTED LIVING OF SURPRISE | | | Tele (623)628-3381 | 06/01/2016 to 05/31/2017 |
| | 13846 WEST CROCUS DRIVE | | | Fax: (623)537-7841 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| AL7439H | BEST CARE ASSISTED LIVING | | | Tele (623)466-0857 | 10/01/2016 to 09/30/2017 |
| | 18431 WEST PORT ROYALE LANE | | | Fax: (623)466-0859 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Certified |
| AL7865H | BEST CARE HOME OF MOON VALLEY, LLC | | | Tele (602)548-1082 | 02/01/2016 to 01/31/2017 |
| | 15826 NORTH 10TH STREET | | | Fax: (602)595-7779 | |
| | PHOENIX | AZ | 85022 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL7751H | BEST CARE HOME OF MOON VALLEY, LLC | | | Tele (602)872-7261 | 10/01/2016 to 09/30/2017 |
| | 1021 EAST PARADISE LANE | | | Fax: (602)872-7262 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7893H | BEST CARE HOME OF MOON VALLEY, LLC | | | Tele (602)546-6687 | 03/01/2016 to 02/28/2017 |
| | 44 WEST MOON VALLEY DRIVE | | | Fax: (602)595-7779 | |
| | PHOENIX | AZ | 85023 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5181H | BEST CHOICE ASSISTED LIVING HOME | | | Tele (480)275-6461 | 03/01/2016 to 02/28/2017 |
| | 690 NORTH CORDOBA AVENUE | | | Fax: (480)219-6331 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9465H | BEST HOME CARE OF SURPRISE LLC | | | Tele (623)628-3381 | 06/01/2016 to 05/31/2017 |
| | 14405 NORTH 151ST DRIVE | | | Fax: (623)537-7841 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6547H | BETHANY ADULT HOME CARE | | | Tele (480)203-2835 | 06/01/2016 to 05/31/2017 |
| | 12847 EAST BECKER LANE | | | Fax: (480)203-2835 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4970H | BETHANY ASSISTED LIVING HOME | | | Tele (623)566-3697 | 08/01/2016 to 07/31/2017 |
| | 10846 WEST DEANNA DRIVE | | | Fax: (623)566-0129 | |
| | PEORIA | AZ | 85373 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10035H | BETHANY GARDENS | | | Tele (602)682-7023 | 06/10/2016 to 05/31/2017 |
| | 1033 EAST BETHANY HOME ROAD | | | Fax: (602)865-8030 | |
| | PHOENIX | AZ | 85014 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7088H | BETHESDA AT MARAVILLA II | | | Tele (480)773-6523 | 03/01/2016 to 02/28/2017 |
| | 6008 EAST HARTFORD AVENUE | | | Fax: (480)773-7039 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10000H | BETTER LIFE ASSISTED LIVING LLC | | | Tele (480)664-0937 | 04/18/2016 to 03/31/2017 |
| | 4086 SOUTH BIRCH STREET | | | Fax: (480)664-0937 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8327H | BETTER LIVING CAREHOME, LLC | | | Tele (480)205-3595 | 03/01/2016 to 02/28/2017 |
| | 9321 EAST CARMEL AVENUE | | | Fax: (888)271-6126 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6493H | BEVERLY ASSISTED LIVING HOME | | | Tele (602)993-1667 | 01/01/2017 to 12/31/2017 |
| | 6219 WEST BEVERLY LANE | | | Fax: (602)993-5564 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4843H | BIG HEART ANGEL ASSISTED LIVING HOME | | | Tele (480)782-9082 | 05/01/2016 to 04/30/2017 |
| | 3703 WEST MEGAN STREET | | | Fax: (480)219-6331 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9881H | BIG HEART ASSISTED LIVING, LLC | | | Tele (602)760-9677 | 12/01/2016 to 11/30/2017 |
| | 15421 NORTH 177TH DRIVE | | | Fax: (623)215-2016 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8666H | BILTMORE ASSISTED LIVING LLC | | | Tele (602)814-9575 | 02/01/2016 to 01/31/2017 |
| | 5100 NORTH 24TH STREET | | | Fax: (602)956-2207 | |
| | PHOENIX | AZ | 85016 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8303H | BILTMORE CARE HOME, LLC | | | Tele (480)231-9273 | 03/01/2016 to 02/28/2017 |
| | 3532 EAST CAMELBACK ROAD | | | Fax: (602)714-6510 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9487H | BIRD OF PARADISE ASSISTED LIVING, LLC | | | Tele (602)708-7465 | 09/01/2016 to 08/31/2017 |
| | 1741 WEST ORAIBI DRIVE | | | Fax: (623)444-8987 | |
| | PHOENIX | AZ | 85027 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7282H | BLAYLOCK SENIOR CARE | | | Tele (602)380-4600 | 11/01/2016 to 10/31/2017 |
| | 2254 WEST BLAYLOCK DRIVE | | | Fax: (623)505-7554 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL9050H | BLESSINGS OF JOY ADULT CARE HOME II, LLC | | | | Tele | (480)773-6578 | 06/01/2016 | to | 05/31/2017 |
| | 841 EAST SAN ANGELO AVENUE | | | | Fax: | (480)773-6578 | | | |
| | GILBERT | AZ | 85234 | | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL8781H | BLESSINGS OF JOY ADULT CARE HOME, LLC | | | | Tele | (480)219-8400 | 09/01/2016 | to | 08/31/2017 |
| | 2532 EAST HUNTINGTON DRIVE | | | | Fax: | (480)696-7677 | | | |
| | TEMPE | AZ | 85282 | | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL6060H | BLOOMFIELD HOUSE | | | | Tele | (480)661-0091 | 05/01/2016 | to | 04/30/2017 |
| | 9409 EAST BLOOMFIELD | | | | Fax: | (866)661-5623 | | | |
| | SCOTTSDALE | AZ | 85260 | | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL8279H | BLOOMING MEADOWS | | | | Tele | (480)825-7827 | 11/01/2016 | to | 10/31/2017 |
| | 2432 WEST PORTOBELLO AVENUE | | | | Fax: | (480)825-7827 | | | |
| | MESA | AZ | 85202 | | Capacity : | 6 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL9985H | BLOOMING ROSE CARE HOME LLC | | | | Tele | (623)707-7588 | 03/01/2017 | to | 02/28/2018 |
| | 14885 WEST CAMERON DRIVE | | | | Fax: | (623)444-4742 | | | |
| | SURPRISE | AZ | 85379 | | Capacity : | 8 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9511H | BLUE HORIZONS ASSISTED LIVING HOME LLC | | | Tele (623)556-1234 | 09/01/2016 to 08/31/2017 |
| | 16942 WEST BRISTOL LANE | | | Fax: (623)556-1234 | |
| | SURPRISE | AZ | 85374 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL10022H | BLUE LAKES ASSISTED LIVING LLC | | | Tele (602)686-9619 | 07/01/2016 to 06/30/2017 |
| | 9815 NORTH 96TH PLACE | | | Fax: (480)404-9158 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9352H | BLUE SKY MANOR, INC | | | Tele (651)278-6160 | 03/01/2016 to 02/28/2017 |
| | 1510 WEST 5TH PLACE | | | Fax: (952)300-9501 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9613H | BRIDGE ROYAL HOMECARE | | | Tele (480)221-5931 | 02/01/2017 to 01/31/2018 |
| | 8425 EAST CACTUS ROAD | | | Fax: (623)321-5626 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9917 | BRIGHT VALLEY GROUPHOME, LLC | | | Tele (623)332-6907 | 01/01/2017 to 12/31/2017 |
| | 9452 EAST JACOB AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8171H | BRIGHTEST LIGHT SENIOR LIVING | | | Tele (602)354-7076 | 09/01/2016 to 08/31/2017 |
| | 5415 WEST SAINT JOHN ROAD | | | Fax: (602)374-7505 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL5807H | BURZ'S ARROWHEAD HOME CARE | | | Tele (623)487-3962 | 12/01/2016 to 11/30/2017 |
| | 8249 WEST CROCUS DRIVE | | | Fax: (623)266-2746 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL10019H | BUTTERFLIES ARE FREE CARE HOME, PLLC | | | Tele (480)338-0881 | 04/19/2016 to 03/31/2017 |
| | 16467 NORTH 161 DRIVE | | | Fax: (623)975-2197 | |
| | SURPRISE | AZ | 85374 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| AL1181H | CACTUS GLEN CARE HOME | | | Tele (602)494-0395 | 03/01/2016 to 02/28/2017 |
| | 5647 EAST WALTANN LANE | | | Fax: (602)494-9556 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 9 | Medcaid_Cert: Certified |
| AL9987H | CACTUS SENIOR VILLA | | | Tele (480)330-6131 | 07/07/2016 to 06/30/2017 |
| | 11992 NORTH 93RD WAY | | | Fax: (480)634-1466 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9123H | CACTUS-STAR ASSISTED LIVING LLC | | | Tele (480)329-6085 | 09/01/2016 to 08/31/2017 |
| | 2929 EAST CACTUS ROAD | | | Fax: (602)812-3629 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8849H | CAISSA ASSISTED LIVING HOME INC | | | Tele (480)659-4410 | 09/01/2016 to 08/31/2017 |
| | 2567 EAST DONATO DRIVE | | | Fax: (480)664-0068 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6993H | CAISSA ASSISTED LIVING HOME INC | | | Tele (480)247-6803 | 02/01/2016 to 01/31/2017 |
| | 975 EAST LODGEPOLE DRIVE | | | Fax: (480)664-0068 | |
| | GILBERT | AZ | 85298 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| AL7487H | CAISSA ASSISTED LIVING HOME, INC | | | Tele (480)203-2199 | 02/01/2016 to 01/31/2017 |
| | 460 EAST PHELPS STREET | | | Fax: (480)664-0068 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Certified |
| AL6035H | CAISSA ASSISTED LIVING HOME, INC | | | Tele (480)219-2025 | 07/01/2016 to 06/30/2017 |
| | 561 EAST VERMONT DRIVE | | | Fax: (480)664-0068 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6732H | CALAVAR ASSISTED LIVING HOME | | | Tele (480)563-2638 | 07/01/2016 to 06/30/2017 |
| | 23402 NORTH 84TH STREET | | | Fax: (480)563-2638 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1529H | CALINI'S ADULT CARE HOME | | | Tele (480)242-8742 | 09/01/2016 to 08/31/2017 |
| | 8736 EAST JOSHUA TREE LANE | | | Fax: (480)607-7365 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9084H | CALINI'S ALOS II | | | Tele (480)217-0703 | 06/01/2016 to 05/31/2017 |
| | 10610 NORTH 84TH STREET | | | Fax: (480)284-8668 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4853H | CALINI'S ASSISTED LIVING OF SCOTTSDALE | | | Tele (480)219-9442 | 08/01/2016 to 07/31/2017 |
| | 11030 NORTH 84TH PLACE | | | Fax: (480)699-7384 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6949H | CALLINI'S ASSISTED LIVING | | | Tele (480)242-8742 | 04/01/2016 to 03/31/2017 |
| | 8139 EAST CHOLLA STREET | | | Fax: (480)656-4989 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7776H | CAM ASSISTED LIVING HOME, LLC | | | Tele (480)284-7179 | 10/01/2016 to 09/30/2017 |
| | 3351 WEST ROSS DRIVE | | | Fax: (480)857-8517 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7778H | CAMELBACK MANOR HOUSE | | | Tele (602)595-3328 | 10/01/2016 to 09/30/2017 |
| | 6031 NORTH 52ND PLACE | | | Fax: (866)519-5365 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9835H | CAMINA PLATA | | | Tele (480)246-9055 | 03/01/2016 to 02/28/2017 |
| | 1782 EAST CAMINA PLATA COURT | | | Fax: (480)917-6791 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8811H | CANYON OAKS ASSISTED LIVING LLC | | | Tele (480)696-4158 | 08/01/2016 to 07/31/2017 |
| | 1890 EAST WOODSMAN PLACE | | | Fax: (480)925-3156 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4792H | CARE FIRST | | | Tele (602)367-6491 | 06/01/2016 to 05/31/2017 |
| | 12502 WEST REDFIELD ROAD | | | Fax: (623)582-8178 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9334H | CARE INCLUDED | | | Tele (602)814-9738 | 09/01/2016 to 08/31/2017 |
| | 5418 NORTH 192ND DRIVE | | | Fax: (602)246-9701 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9545H | CARE MORE ASSISTED LIVING | | | Tele (602)570-4504 | 10/01/2016 to 09/30/2017 |
| | 2532 WEST LARKSPUR DRIVE | | | Fax: (602)626-8250 | |
| | PHOENIX | AZ | 85029 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1349H | CARE WITH LOVE | | | Tele (602)618-6445 | 05/01/2016 to 04/30/2017 |
| | 813 EAST BELMONT AVENUE | | | Fax: (602)863-1185 | |
| | PHOENIX | AZ | 85020 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2612H | CARE WITH LOVE INC | | | Tele (602)618-6445 | 01/01/2017 to 12/31/2017 |
| | 7022 NORTH 10TH PLACE | | | Fax: (602)863-1185 | |
| | PHOENIX | AZ | 85020 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9890H | CAREFREE ASSISTED LIVING HOME | | | Tele (480)502-7959 | 12/01/2016 to 11/30/2017 |
| | 8038 EAST HAPPY VALLEY ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9783H | CAREFREE HEIGHTS | | | Tele (623)518-2720 | 07/01/2016 to 06/30/2017 |
| | 35720 NORTH 34TH DRIVE | | | Fax: (623)518-2780 | |
| | PHOENIX | AZ | 85086 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9257H | CAREFREE MANOR ASSISTED LIVING, LLC | | | Tele (480)595-5800 | 10/01/2016 to 09/30/2017 |
| | 7886 EAST BREATHLESS DRIVE | | | Fax: (480)437-9300 | |
| | CAREFREE | AZ | 85377 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8379H | CAREMERIDIAN - LUDLOW | | | Tele (480)699-3731 | 04/01/2016 to 03/31/2017 |
| | 6512 EAST LUDLOW DRIVE | | | Fax: (480)699-6796 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6859H | CARING ANGELS ASSISTED LIVING HOME | | | Tele (623)388-2578 | 01/01/2017 to 12/31/2017 |
| | 28428 NORTH RAMBLING ROCK COURT | | | Fax: (602)626-3671 | |
| | WITTMANN | AZ | 85361 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6303H | CARING FOR LOVED ONES ASSISTED LIVING | | | Tele (602)795-2662 | 09/01/2016 to 08/31/2017 |
| | 5718 EAST SHARON DRIVE | | | Fax: (602)792-0066 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6919H | CARING FOR LOVED ONES II | | | Tele (602)788-6594 | 06/01/2016 to 05/31/2017 |
| | 14810 NORTH 52ND STREET | | | Fax: (602)792-0066 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10142H | CARING HANDS SENIOR LIVING LLC | | | Tele (480)993-9223 | 10/25/2016 to 09/30/2017 |
| | 449 NORTH 100TH PLACE | | | Fax: (480)939-3025 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7272H | CARING HEART TERRACE LLC | | | Tele (480)444-6977 | 07/01/2016 to 06/30/2017 |
| | 2705 EAST EMELITA AVENUE | | | Fax: (480)813-5945 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8959H | CARING HEARTS ASSISTED LIVING LLC | | | Tele (480)370-9842 | 07/01/2016 to 06/30/2017 |
| | 2370 WEST MEGAN STREET | | | Fax: (480)685-5968 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6478H | CARING HEARTS SENIOR CARE | | | Tele (704)726-5938 | 11/01/2015 to 10/31/2016 |
| | 15363 WEST MEMORY LANE | | | Fax: (623)214-7021 | |
| | SURPRISE | AZ | 85374 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8747H | CARMEN'S SENIOR CARE HOME | | | Tele (623)202-4335 | 05/01/2016 to 04/30/2017 |
| | 14072 WEST ASTER DRIVE | | | Fax: (623)533-4097 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10004H | CASA APLAYA #2 | | | Tele (480)246-5734 | 08/03/2016 to 07/31/2017 |
| | 981 NORTH DANYELL DRIVE | | | Fax: (480)361-9222 | |
| | CHANDLER | AZ | 85225 | Capacity : 2 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9699H | CASA APLAYA #4 | | | Tele (480)246-5734 | 04/01/2016 to 03/31/2017 |
| | 1091 EAST KENT PLACE | | | Fax: (480)361-9222 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4812H | CASA BUENAVANTE | | | Tele (480)483-4747 | 07/01/2016 to 06/30/2017 |
| | 7741 EAST CHARTER OAK ROAD | | | Fax: (480)483-6845 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9130H | CASA DEL REY ASSISTED LIVING CARE HOME | | | Tele (602)446-8139 | 06/01/2016 to 05/31/2017 |
| | 22284 NORTH 102ND LANE | | | Fax: (623)271-8235 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9438H | CASA DEL SOL ASSISTED LIVING, LLC | | | Tele (602)795-5599 | 06/01/2016 to 05/31/2017 |
| | 12414 NORTH 38TH STREET | | | Fax: (602)795-5599 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL10044H | CASA MAIA | | | Tele (480)216-4801 | 06/06/2016 to 05/31/2017 |
| | 3554 EAST TONTO PLACE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL10043H | CASADORA MANOR | | | Tele (480)216-4801 | 06/06/2016 to 05/31/2017 |
| | 2371 EAST BELLERIVE DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL8802H | CASTLE CANYON ASSISTED LIVING II | | | Tele (480)264-5427 | 09/01/2016 to 08/31/2017 |
| | 2834 EAST COBALT STREET | | | Fax: (480)264-5427 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL8675H | CASTLE CANYON ASSISTED LIVING INC | | | Tele (480)963-7394 | 04/01/2016 to 03/31/2017 |
| | 3291 WEST HARRISON STREET | | | Fax: (480)963-7394 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6482H | CATARINA'S CARE HOME | | | Tele (480)332-5449 | 05/01/2016 to 04/30/2017 |
| | 2449 SOUTH CATARINA | | | Fax: (800)576-9832 | |
| | MESA | AZ | 85202 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8799H | CAVEO ASSISTED LIVING | | | Tele (602)758-1245 | 08/01/2016 to 07/31/2017 |
| | 8160 EAST MCDOWELL ROAD | | | Fax: (480)558-8197 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8680H | CC'S ADULT CARE 3 INC | | | Tele (623)466-6975 | 02/01/2016 to 01/31/2017 |
| | 15946 NORTH NAEGEL DRIVE | | | Fax: (623)556-4944 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2603H | CC'S ADULT CARE INC | | | Tele (623)544-7229 | 12/01/2016 to 11/30/2017 |
| | 13425 WEST RIMROCK ROAD | | | Fax: (623)556-4944 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8548H | CC'S ADULT CARE TWO, INC | | | Tele (623)544-7231 | 12/01/2016 to 11/30/2017 |
| | 13417 WEST RIMROCK STREET | | | Fax: (623)243-5269 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8449H | CEDAR CARE, LLC | | | Tele (480)248-8281 | 07/01/2016 to 06/30/2017 |
| | 163 WEST CEDAR DRIVE | | | Fax: (480)248-8281 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7517H | CEDAR PASTURES | | | Tele (480)718-5818 | 01/01/2016 to 12/31/2016 |
| | 607 NORTH BULLMOOSE DRIVE | | | Fax: (480)899-6122 | |
| | CHANDLER | AZ | 85224 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8504H | CENTRAL ASSISTED LIVING | | | Tele (623)516-0631 | 08/01/2016 to 07/31/2017 |
| | 25914 NORTH CENTRAL AVENUE | | | Fax: (623)581-5765 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9467H | CENTRAL SCOTTSDALE ASSISTED LIVING, LLC | | | Tele (480)620-0748 | 08/01/2016 to 07/31/2017 |
| | 10571 NORTH 96TH PLACE | | | Fax: (480)907-7713 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9744H | CESCA ADULT CARE HOME | | | Tele (602)486-3001 | 06/01/2016 to 05/31/2017 |
| | 12034 NORTH 46TH LANE | | | Fax: (602)296-0300 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7756H | CHANDLER ADULT CARE HOME 1<br>1781 EAST FOLLEY COURT<br>CHANDLER AZ 85225 | Tele (480)247-3709<br>Fax: (480)584-6974<br>Capacity : 5 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| AL7691H | CHANDLER ADULT CARE HOME 2<br>912 NORTH JOHN WAY<br>CHANDLER AZ 85225 | Tele (480)786-6008<br>Fax: (480)584-6974<br>Capacity : 4 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| AL9625H | CHANDLER HARMONY ADULT CARE HOME<br>4986 EAST THUNDERBIRD DRIVE<br>CHANDLER AZ 85249 | Tele (480)883-6688<br>Fax: (480)883-0271<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL10105H | CHANDLER HARMONY ADULT CARE HOME II<br>2841 EAST TYSON STREET<br>CHANDLER AZ 85225 | Tele (480)316-4297<br>Fax: (480)883-0271<br>Capacity : 5 | 07/22/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9361H | CHANDLER SENIOR ASSISTED LIVING HOME LLC<br>3374 WEST CONSTITUTION DRIVE<br>CHANDLER AZ 85226 | Tele (480)857-4567<br>Fax: (480)857-4567<br>Capacity : 4 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7139H | CHAPARRAL HOME CARE LLC | | | Tele (480)675-0281 | 03/01/2016 to 02/28/2017 |
| | 5132 NORTH 86TH PLACE | | | Fax: (480)675-7643 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5728H | CHARLESTON CORNER ADULT CARE HOME, LLC | | | Tele (602)595-5627 | 10/01/2016 to 09/30/2017 |
| | 18006 NORTH 6TH DRIVE | | | Fax: (602)795-7187 | |
| | PHOENIX | AZ | 85023 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9887H | CHARLESTON MANOR, LLC | | | Tele (602)672-1309 | 02/25/2016 to 01/31/2017 |
| | 1610 WEST CHARLESTON AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9868H | CHEERFUL LIVING HOME LLC | | | Tele (480)275-7957 | 10/01/2016 to 09/30/2017 |
| | 1342 WEST PARK AVENUE | | | Fax: (480)275-7957 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8426H | CHEKELA TURNER'S PLACE | | | Tele (480)785-7583 | 05/01/2016 to 04/30/2017 |
| | 5222 EAST TUNDER STREET | | | Fax: (480)558-1611 | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9013H | CHEKELA TURNERS PLACE III | | | Tele (602)296-5927 | 04/01/2016 to 03/31/2017 |
| | 2136 WEST MALDONADO | | | Fax: (602)286-5927 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1096H | CHRISTIAN ADULT CARE HOME | | | Tele (480)890-0597 | 03/01/2016 to 02/28/2017 |
| | 908 NORTH WINTHROP CIRCLE | | | Fax: (480)361-3982 | |
| | MESA | AZ | 85213 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6534H | CHRISTINE'S ROSE GARDEN HOME CARE, LLC | | | Tele (602)561-9161 | 04/01/2016 to 03/31/2017 |
| | 12422 NORTH 88TH DRIVE | | | Fax: (623)979-5187 | |
| | PEORIA | AZ | 85381 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7878H | CITRUS MANOR | | | Tele (480)733-4330 | 05/01/2016 to 04/30/2017 |
| | 1816 EAST BROWN ROAD | | | Fax: (480)733-4099 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9901H | CITRUS VILLA MESA ASSISTED LIVING LLC | | | Tele (480)832-0149 | 12/01/2016 to 11/30/2017 |
| | 6848 EAST MINTON STREET | | | Fax: (480)832-0149 | |
| | MESA | AZ | 85207 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7293H | CLASS ACT | | | Tele (480)703-7228 | 08/01/2016 to 07/31/2017 |
| | 2156 EAST GLENCOVE STREET | | | Fax: (480)464-0789 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7685H | CLASS ACT ASSISTED LIVING HOMES | | | Tele (480)703-7228 | 02/01/2016 to 01/31/2017 |
| | 3529 EAST DOWNING CIRCLE | | | Fax: (480)664-0656 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8080H | CLASS ACT ASSISTED LIVING HOMES | | | Tele (480)710-1154 | 06/01/2016 to 05/31/2017 |
| | 1249 NORTH LOS ALAMOS | | | Fax: (480)664-0656 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4700H | CLASSIC ASSISTED LIVING | | | Tele (623)330-0102 | 04/01/2016 to 03/31/2017 |
| | 14002 NORTH 64TH STREET | | | Fax: (480)993-3626 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8909H | COCO'S ASSISTED LIVING HOME | | | Tele (602)212-0809 | 12/01/2016 to 11/30/2017 |
| | 3231 WEST THUNDERBIRD ROAD | | | Fax: (602)761-2069 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4956H | COLDSPRING ASSISTED LIVING HOME | | | Tele (480)755-8104 | 07/01/2016 to 06/30/2017 |
| | 502 EAST TERRACE ROAD | | | Fax: (480)892-0958 | |
| | GILBERT | AZ | 85234 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9193H | COMFORT ASSISTED LIVING HOME, LLC | | | Tele (623)444-7140 | 07/01/2016 to 06/30/2017 |
| | 9003 WEST CHARLESTON AVENUE | | | Fax: (623)444-7140 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9825H | COMFORT CARE, LLC | | | Tele (480)221-5212 | 10/01/2016 to 09/30/2017 |
| | 16670 NORTH 173RD AVENUE | | | Fax: (623)214-5102 | |
| | SURPRISE | AZ | 85388 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0603H | COMFORT GIVERS ASSISTED LIVING, INCORPORATED | | | Tele (480)495-2145 | 07/01/2016 to 06/30/2017 |
| | 12802 NORTH 57TH STREET | | | Fax: (480)922-8564 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8313H | COMFORT GIVERS II ASSISTED LIVING, LLC | | | Tele (480)495-2145 | 03/01/2016 to 02/28/2017 |
| | 13809 NORTH 57TH STREET | | | Fax: (480)922-8564 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4623H | COMFORT HAVEN OF MESA | | | Tele (480)461-8272 | 03/01/2016 to 02/28/2017 |
| | 758 SOUTH TOLTEC ROAD | | | Fax: (480)461-4682 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9528H | COMFORT HOME ASSISTED LIVING FACILITY | | | Tele (480)580-8244 | 10/01/2016 to 09/30/2017 |
| | 5420 EAST KAREN DRIVE | | | Fax: (602)441-3035 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9195H | COMFORT HOME CARE | | | Tele (480)980-1711 | 07/01/2016 to 06/30/2017 |
| | 20506 NORTH 80TH LANE | | | Fax: (623)255-7187 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9310H | COMFORT LIVING HOME CARE | | | Tele (480)284-7236 | 05/01/2016 to 04/30/2017 |
| | 3304 NORTH LOS ALTOS DRIVE | | | Fax: (480)284-7252 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6373H | COMING HOME ASSISTED LIVING HOME | | | Tele (480)292-9480 | 01/01/2017 to 12/31/2017 |
| | 3325 EAST CARMEL AVENUE | | | Fax: (480)292-9480 | |
| | MESA | AZ | 85204 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9307H | COMMUNITY OF DIGNITY, LLC | | | Tele (480)987-5077 | 02/01/2016 to 01/31/2017 |
| | 20428 EAST APPALOOSA DRIVE | | | Fax: (480)987-5077 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5228H | COMPASS ROSE ASSISTED LIVING HOME | | | Tele (602)488-1155 | 02/01/2017 to 01/31/2018 |
| | 6835 EAST PERSHING AVENUE | | | Fax: (480)699-5141 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8490H | CONSTANT CARE ASSISTED LIVING | | | Tele (602)803-5642 | 08/01/2016 to 07/31/2017 |
| | 830 WEST AMELIA | | | Fax: (602)281-6321 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9519H | CONSTANT CARE ASSISTED LIVING NORTH CENTRAL | | | Tele (602)803-5642 | 10/01/2016 to 09/30/2017 |
| | 5247 NORTH 6TH STREET | | | Fax: (602)358-7512 | |
| | PHOENIX | AZ | 85012 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9186 | CONSTANT CARE ASSISTED LIVING OF ARCADIA | | | Tele (602)803-5642 | 10/01/2016 to 09/30/2017 |
| | 6646 EAST MONTEROSA | | | Fax: (480)907-6375 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7703H | CONTEMPORARY ADULT CARE HOME | | | Tele (602)237-6468 | 07/01/2016 to 06/30/2017 |
| | 17849 NORTH 34TH DRIVE | | | Fax: (636)754-1591 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10206H | CORINA'S LOVE AND CARE | | | Tele (602)564-0507 | 11/01/2016 to 10/31/2017 |
| | 5929 WEST GREENBRIAR DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7424H | CORINTHIAN ASSISTED LIVING HOME | | | Tele (480)361-9926 | 01/01/2017 to 12/31/2017 |
| | 1119 WEST MISSION DRIVE | | | Fax: (480)361-9926 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9138H | CORNERSTONE ASSISTED LIVING HOME | | | Tele (602)309-2456 | 05/01/2016 to 04/30/2017 |
| | 2123 WEST MAYA WAY | | | Fax: (623)321-8499 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9782H | CORONADO RANCH ACH | | | Tele (480)207-0355 | 06/01/2016 to 05/31/2017 |
| | 3230 EAST FRUITVALE COURT | | | Fax: (480)699-2414 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9491H | CORRINE ASSISTED LIVING | | | Tele (602)730-8247 | 07/01/2016 to 06/30/2017 |
| | 2501 WEST CORRINE DRIVE | | | Fax: (602)730-8247 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9217H | COUNTRY CLUB ASSISTED LIVING CARE HOME | | | Tele (623)466-9652 | 12/01/2016 to 11/30/2017 |
| | 41607 NORTH CLUB POINTE DRIVE | | | Fax: (623)466-9852 | |
| | ANTHEM | AZ | 85086 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8436H | COUNTRY ESTATES ASSISTED LIVING HOMES I | | | Tele (480)518-6123 | 07/01/2016 to 06/30/2017 |
| | 2042 NORTH 76TH STREET | | | Fax: (480)218-4427 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9125H | COUNTRY GROVE LLC | | | Tele (480)361-9188 | 11/01/2016 to 10/31/2017 |
| | 140 WEST UNIVERSITY DRIVE | | | Fax: (480)361-9188 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10055H | COUNTRY OAKS LLC | | | Tele (480)659-1150 | 05/06/2016 to 04/30/2017 |
| | 544 WEST NIDO AVENUE | | | Fax: (480)656-7676 | |
| | MESA | AZ | 85210 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1070H | COUNTRY VIEW ESTATES | | | Tele (623)979-2576 | 04/01/2016 to 03/31/2017 |
| | 5515 WEST CACTUS ROAD | | | Fax: (623)979-2576 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8942H | COUNTY VILLA, LLC | | | Tele (480)833-7671 | 09/01/2016 to 08/31/2017 |
| | 802 WEST 4TH PLACE | | | Fax: (480)833-7671 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8762H | COZY HOME CARE LLC | | | Tele (623)322-0044 | 07/01/2016 to 06/30/2017 |
| | 18508 WEST POST DRIVE | | | Fax: (623)322-0044 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1920H | COZY VILLA | | | Tele (480)483-2150 | 04/01/2016 to 03/31/2017 |
| | 8108 EAST MONTEBELLO AVENUE | | | Fax: (480)368-5531 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7347H | CRISMON PEAKS ASSISTED LIVING LLC | | | Tele (480)354-1006 | 01/01/2017 to 12/31/2017 |
| | 10027 EAST HILLVIEW STREET | | | Fax: (480)380-3095 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2704H | CRYSTAL COVE HOME CARE II | | | Tele (480)633-7122 | 11/01/2016 to 10/31/2017 |
| | 4492 EAST LAUREL AVENUE | | | Fax: (480)248-6114 | |
| | GILBERT | AZ | 85236 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6609H | CRYSTAL CREEK ASSISTED LIVING HOME | | | Tele (623)385-9005 | 05/01/2016 to 04/30/2017 |
| | 5225 WEST TOPEKA DRIVE | | | Fax: (623)271-9567 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9758H | CRYSTAL JOY CARE HOME | | | Tele (623)388-3514 | 07/01/2016 to 06/30/2017 |
| | 6088 NORTH 85TH AVENUE | | | Fax: (623)398-7617 | |
| | GLENDALE | AZ | 85305 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7337H | CRYSTAL ROSE | | | Tele (602)628-0417 | 11/01/2016 to 10/31/2017 |
| | 13750 WEST CROCUS DRIVE | | | Fax: (623)225-7394 | |
| | SURPRISE | AZ | 85379 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1990H | D & I ADULT CARE HOME | | | Tele (602)978-1698 | 04/01/2016 to 03/31/2017 |
| | 6207 WEST BEVERLY LANE | | | Fax: (602)978-1698 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7753H | D & L ADULT CARE HOME LLC | | | Tele (602)448-9777 | 09/01/2016 to 08/31/2017 |
| | 14952 NORTH 78TH AVENUE | | | Fax: (623)334-3595 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4515H | D & M ASSISTED LIVING HOME | | | Tele (602)368-6829 | 09/01/2016 to 08/31/2017 |
| | 12202 NORTH 47TH AVENUE | | | Fax: (602)354-7221 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9959H | D' PROVIDENCE CARE HOME | | | Tele (602)283-5016 | 04/22/2016 to 03/31/2017 |
| | 4523 WEST HEARN ROAD | | | Fax: (602)900-4897 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6302H | D' VINTAGE PLACE ASSISTED LIVING HOME | | | Tele (480)247-7346 | 11/01/2016 to 10/31/2017 |
| | 1611 WEST BOISE PLACE | | | Fax: (480)404-9058 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8883H | DAHLIA CARE LLC | | | Tele (602)373-6160 | 12/01/2016 to 11/30/2017 |
| | 14941 WEST DAHLIA DRIVE | | | Fax: (623)251-3626 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6181H | DALLAS SPECIALIZED CARE | | | Tele (602)793-6265 | 07/01/2016 to 06/30/2017 |
| | 5131 EAST DALLAS STREET | | | Fax: (480)621-5842 | |
| | MESA | AZ | 85205 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8836H | DAMARIS ASSISTED LIVING HOME, LLC | | | Tele (623)214-5342 | 09/01/2016 to 08/31/2017 |
| | 15243 WEST POST DRIVE | | | Fax: (623)546-5904 | |
| | SURPRISE | AZ | 85374 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7102H | DANBURY ADULT CARE HOME | | | Tele (602)923-3961 | 08/01/2016 to 07/31/2017 |
| | 4526 EAST CAMPO BELLO DRIVE | | | Fax: (602)923-7172 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5368H | DANIELA'S ASSISTED LIVING | | | Tele (602)326-3321 | 08/01/2016 to 07/31/2017 |
| | 20830 NORTH 39TH DRIVE | | | Fax: (602)374-4514 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2118H | DANIELLA'S LOVING CARE HOME | | | Tele (623)334-4216 | 11/01/2016 to 10/31/2017 |
| | 12210 NORTH 62ND DRIVE | | | Fax: (623)334-5021 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7348H | DANILA'S ASSISTED LIVING | | | Tele (602)628-3129 | 02/01/2016 to 01/31/2017 |
| | 4215 EAST WESCOTT DRIVE | | | Fax: (602)374-7676 | |
| | PHOENIX | AZ | 85050 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10003H | DANINA'S CARE HOME, L.L.C. | | | Tele (623)466-9353 | 06/15/2016 to 05/31/2017 |
| | 2406 WEST SIENNA BOUQUET PLACE | | | Fax: (623)444-7952 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9182H | D'ARCY MANOR ASSISTED LIVING HOME, LLC | | | Tele (480)427-4585 | 09/01/2016 to 08/31/2017 |
| | 3191 WEST GENOA WAY | | | Fax: (480)857-8517 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7594H | DAYSTER ASSISTED LIVING HOME | | | Tele (623)878-1899 | 06/01/2016 to 05/31/2017 |
| | 10247 WEST MISSOURI AVENUE | | | Fax: (480)499-5677 | |
| | GLENDALE | AZ | 85307 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9012H | DEANNE ASSISTED LIVING | | | Tele (602)432-0424 | 04/01/2016 to 03/31/2017 |
| | 15838 WEST DEANNE COURT | | | Fax: (623)505-9755 | |
| | WADDELL | AZ | 85355 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9675H | DEER VALLEY CARE HOME | | | Tele (623)628-2658 | 02/01/2016 to 01/31/2017 |
| | 3415 WEST CREST LANE | | | Fax: (623)414-3449 | |
| | PHOENIX | AZ | 85027 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6173H | DES MOINES SPECIALIZED CARE | | | Tele (602)793-6265 | 07/01/2016 to 06/30/2017 |
| | 3207 EAST DES MOINES STREET | | | Fax: (480)621-5842 | |
| | MESA | AZ | 85213 | Capacity : 6 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4973H | DESERT BLOOM ADULT CARE HOME #1 | | | Tele (623)412-0308 | 08/01/2016 to 07/31/2017 |
| | 13921 NORTH 69TH DRIVE | | | Fax: (623)412-0119 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7943H | DESERT BLOOM ADULT CARE HOME #2 | | | Tele (623)412-5860 | 04/01/2016 to 03/31/2017 |
| | 13909 NORTH 69TH DRIVE | | | Fax: (623)412-0119 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL0876H | DESERT BLOSSOM ASSISTED LIVING | | | Tele (623)878-5980 | 04/01/2016 to 03/31/2017 |
| | 11220 NORTH 78TH DRIVE | | | Fax: (623)334-0224 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7270H | DESERT BREEZE ASSISTED LIVING HOME, INC | | | Tele (480)785-9888 | 05/01/2016 to 04/30/2017 |
| | 4124 WEST BART DRIVE | | | Fax: (480)907-5690 | |
| | CHANDLER | AZ | 85226 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| AL3402H | DESERT BREEZE CARE HOME | | | Tele (623)298-9896 | 08/01/2016 to 07/31/2017 |
| | 3414 WEST LOS GATOS DRIVE | | | Fax: (623)444-4200 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL8780H | DESERT BREEZE OF CHANDLER | | | Tele (480)785-9888 | 02/01/2017 to 01/31/2018 |
| | 1080 SOUTH AMBER STREET | | | Fax: (480)284-6449 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9896H | DESERT BREEZE OF KEMPTON CROSSING | | | Tele (480)785-9888 | 12/01/2016 to 11/30/2017 |
| | 823 SOUTH MARIE DRIVE | | | Fax: (480)404-9593 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7048H | DESERT COMFORT ASSISTED LIVING HOME | | | Tele (602)626-7722 | 04/01/2016 to 03/31/2017 |
| | 15873 NORTH 18TH STREET | | | Fax: (602)354-4344 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9112H | DESERT COVE ASSISTED LIVING | | | Tele (480)451-5389 | 07/01/2016 to 06/30/2017 |
| | 10405 EAST DESERT COVE AVENUE | | | Fax: (480)656-1294 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5950H | DESERT GARDEN ASSISTED LIVING II | | | Tele (480)329-4834 | 06/01/2016 to 05/31/2017 |
| | 4305 EAST BRIARWOOD TERRACE | | | Fax: (480)704-0970 | |
| | PHOENIX | AZ | 85048 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7014H | DESERT GARDEN ASSISTED LIVING III | | | Tele (480)759-2425 | 03/01/2016 to 02/28/2017 |
| | 4233 EAST BRIARWOOD TERRACE | | | Fax: (480)704-0970 | |
| | PHOENIX | AZ | 85048 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4740H | DESERT GARDEN ASSISTED LIVING, INC | | | Tele (480)759-2424 | 04/01/2016 to 03/31/2017 |
| | 16414 SOUTH 43RD STREET | | | Fax: (480)704-0970 | |
| | PHOENIX | AZ | 85048 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9753H | DESERT HARBOR ADULT CARE HOME | | | Tele (623)977-9399 | 07/01/2016 to 06/30/2017 |
| | 9140 WEST HEARN ROAD | | | Fax: (623)875-4731 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL4841H | DESERT HAVEN | | | | Tele | (623)742-7483 | 07/01/2016 | to | 06/30/2017 |
| | 2427 WEST DESERT HILLS ESTATES DRIVE | | | | Fax: | (623)742-7411 | | | |
| | PHOENIX | AZ | 85086 | | Capacity : | 10 | Medcaid_Cert: | | Certified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL6428H | DESERT HAVEN ASSISTED LIVING HOME | | | | Tele | (623)570-4750 | 12/01/2016 | to | 11/30/2017 |
| | 8002 WEST GRANT STREET | | | | Fax: | (623)792-5454 | | | |
| | PEORIA | AZ | 85345 | | Capacity : | 8 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL10165H | DESERT HAVEN HOME CARE | | | | Tele | (602)321-3616 | 10/11/2016 | to | 09/30/2017 |
| | 4123 NORTH 21ST STREET | | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85016 | | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL8372H | DESERT HILLS ADULT CARE HOME | | | | Tele | (623)465-7203 | 06/01/2016 | to | 05/31/2017 |
| | 38414 NORTH 12TH STREET | | | | Fax: | (623)465-9640 | | | |
| | PHOENIX | AZ | 85086 | | Capacity : | 10 | Medcaid_Cert: | | Certified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL9211H | DESERT HILLS ASSISTED LIVING, LLC | | | | Tele | (480)576-1927 | 08/01/2016 | to | 07/31/2017 |
| | 14228 WEST DESERT HILLS DRIVE | | | | Fax: | (623)518-4244 | | | |
| | SURPRISE | AZ | 85379 | | Capacity : | 6 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8542H | DESERT JEWEL AT ORANGE TREE | | | Tele (602)625-5808 | 09/01/2016 to 08/31/2017 |
| | 5640 EAST SHEA BOULEVARD | | | Fax: (480)664-9171 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7589H | DESERT JOY ASSISTED LIVING | | | Tele (623)297-2350 | 06/01/2016 to 05/31/2017 |
| | 23615 NORTH 105TH DRIVE | | | Fax: (623)518-6026 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6059H | DESERT OASIS | | | Tele (602)793-6265 | 05/01/2016 to 04/30/2017 |
| | 13827 NORTH 41ST PLACE | | | Fax: (480)621-5842 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7354H | DESERT OASIS ASSISTED LIVING | | | Tele (480)802-4196 | 04/01/2016 to 03/31/2017 |
| | 3670 SOUTH TOWER AVENUE | | | Fax: (480)426-2892 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8188H | DESERT OASIS AT COUNTRYSIDE ESTATES ASSISTED LIVING | | | Tele (480)286-4748 | 12/01/2016 to 11/30/2017 |
| | 2221 EAST HORSESHOE PLACE | | | Fax: (480)584-3288 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8819H | DESERT OASIS AT PAMPA ASSISTED LIVING | | | Tele (480)286-4748 | 08/01/2016 to 07/31/2017 |
| | 9909 EAST PAMPA AVENUE | | | Fax: (480)584-3288 | |
| | MESA | AZ | 85212 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7675H | DESERT OASIS AT SUPERSTITION | | | Tele (480)286-4748 | 05/01/2016 to 04/30/2017 |
| | 2228 SOUTH SARANAC | | | Fax: (480)584-3288 | |
| | MESA | AZ | 85209 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2195H | DESERT PALACE ASSISTED LIVING | | | Tele (480)330-4995 | 12/01/2016 to 11/30/2017 |
| | 480 SOUTH JAY STREET | | | Fax: (480)659-6785 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4572H | DESERT PALACE ASSISTED LIVING I | | | Tele (480)330-4995 | 05/01/2016 to 04/30/2017 |
| | 651 SOUTH VINE STREET | | | Fax: (480)659-6785 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10201H | DESERT PALM 1 | | | Tele (480)251-8931 | 10/20/2016 to 09/30/2017 |
| | 1302 SOUTH TUMBLEWEED COURT | | | Fax: (480)718-8111 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9743H | DESERT PALM 2 | | | Tele | (480)251-8931 | 07/01/2016 | to | 06/30/2017 |
| | 6541 SOUTH SALT CEDAR PLACE | | | Fax: | (480)427-2527 | | | |
| | CHANDLER | AZ | 85249 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9934H | DESERT PALM 4 ASSISTED LIVNG HOME | | | Tele | (480)219-1889 | 01/01/2016 | to | 12/31/2016 |
| | 6567 SOUTH GARNET WAY | | | Fax: | (480)219-1889 | | | |
| | CHANDLER | AZ | 85249 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9801H | DESERT PALM 5 | | | Tele | (480)653-9273 | 09/10/2016 | to | 08/31/2017 |
| | 3210 SOUTH JOJOBA WAY | | | Fax: | (480)718-8111 | | | |
| | CHANDLER | AZ | 85248 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9483H | DESERT PALM ADULT CARE | | | Tele | (602)943-4842 | 07/01/2016 | to | 06/30/2017 |
| | 1214 EAST PALMAIRE AVENUE | | | Fax: | (800)978-2046 | | | |
| | PHOENIX | AZ | 85020 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10092H | DESERT PALMS ADULT CARE HOME | | | Tele | (623)594-2294 | 06/10/2016 | to | 05/31/2017 |
| | 13535 WEST CANYON CREEK DRIVE | | | Fax: | (623)328-7031 | | | |
| | SURPRISE | AZ | 85374 | Capacity : | 6 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7798H | DESERT PARADISE ASSISTED LIVING | | | Tele (602)423-6959 | 10/01/2016 to 09/30/2017 |
| | 5705 EAST AIRE LIBRE AVENUE | | | Fax: (602)943-9885 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2268H | DESERT PARADISE ASSISTED LIVING HOME, L.L.C. | | | Tele (480)836-0982 | 01/01/2016 to 12/31/2016 |
| | 17409 EAST SAN MARCUS DRIVE | | | Fax: (480)836-0980 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10223H | DESERT POND ASSISTED LIVING | | | Tele (480)465-1383 | 11/01/2016 to 10/31/2017 |
| | 6361 WEST POST ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8531H | DESERT RANCH ASSISTED LIVING HOME, LLC | | | Tele (480)275-5771 | 09/01/2016 to 08/31/2017 |
| | 11055 EAST GROVE STREET | | | Fax: (480)275-5399 | |
| | MESA | AZ | 85208 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9633H | DESERT RIDGE ASSISTED LIVING | | | Tele (602)595-7787 | 12/01/2015 to 11/30/2016 |
| | 4352 EAST ANGELA DRIVE | | | Fax: (602)595-7197 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5725H | DESERT SPRING ADULT CARE HOME | | | Tele (480)272-6362 | 02/01/2016 to 01/31/2017 |
| | 1641 EAST YELLOWSTONE PLACE | | | Fax: (480)963-5527 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8786H | DESERT SPRING CARE HOME, LLC | | | Tele (602)439-2734 | 08/01/2016 to 07/31/2017 |
| | 3445 WEST ACOMA DRIVE | | | Fax: (602)843-1475 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9470H | DESERT SPRINGS ASSISTED LIVING, LLC | | | Tele (480)307-9114 | 07/01/2016 to 06/30/2017 |
| | 474 WEST REMINGTON DRIVE | | | Fax: (888)729-1722 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5077H | DESERT SPRINGS COMMUNITES | | | Tele (480)784-7118 | 11/01/2016 to 10/31/2017 |
| | 6662 EAST DELMON DRIVE | | | Fax: (480)396-9524 | |
| | MESA | AZ | 85215 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5970H | DESERT SPRINGS- ESCONDIDO | | | Tele (480)784-7118 | 03/01/2016 to 02/28/2017 |
| | 5338 EAST ESCONDIDO CIRCLE | | | Fax: (480)985-5015 | |
| | MESA | AZ | 85206 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9482H | DESERT SPRINGS SCOTTSDALE SOUTH | | | Tele (602)546-7553 | 09/01/2016 to 08/31/2017 |
| | 5529 EAST BLOOMFIELD ROAD | | | Fax: (602)419-3098 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9716H | DESERT STAR ASSISTED LIVING | | | Tele (623)205-9083 | 04/21/2016 to 03/31/2017 |
| | 21388 NORTH 106TH LANE | | | Fax: (623)376-0329 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8466H | DESERT STREAM ASSISTED LIVING HOME | | | Tele (602)315-4979 | 06/01/2016 to 05/31/2017 |
| | 1065 WEST AMANDA LANE | | | Fax: (480)940-5288 | |
| | TEMPE | AZ | 85284 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9567H | DESERT STREAM ASSISTED LIVING HOME 2 | | | Tele (602)315-4979 | 11/01/2016 to 10/31/2017 |
| | 5700 WEST PARK AVE | | | Fax: (480)284-8548 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4958H | DESERT SUNSHINE ASSISTED LIVING | | | Tele (480)883-1923 | 09/01/2016 to 08/31/2017 |
| | 2020 EAST RUN AWAY BAY PLACE | | | Fax: (480)855-7941 | |
| | CHANDLER | AZ | 85249 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7247H | DESERT SUNSHINE II ASSISTED LIVING | | | Tele (480)659-6570 | 11/01/2016 to 10/31/2017 |
| | 1812 SOUTH PENNINGTON DRIVE | | | Fax: (480)855-7941 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9909H | DESERT VIEW ADULT CARE HOME | | | Tele (602)841-7669 | 03/04/2016 to 02/28/2017 |
| | 9407 NORTH 36TH AVENUE | | | Fax: (602)595-3296 | |
| | PHOENIX | AZ | 85051 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| AL9754H | DESERT VIEW ASSISTED LIVING HOME | | | Tele (602)841-7669 | 08/01/2016 to 07/31/2017 |
| | 9401 NORTH 36TH AVENUE | | | Fax: (602)841-7669 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9260H | DESERT WILLOW ASSISTED LIVING | | | Tele (480)748-4960 | 10/01/2016 to 09/30/2017 |
| | 5006 EAST JUSTICA STREET | | | Fax: (480)878-5121 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL7502H | DESERT WINDS I ALH, INC | | | Tele (480)396-5408 | 01/01/2017 to 12/31/2017 |
| | 2733 EAST NORA STREET | | | Fax: (480)733-5933 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10075H | DEVONSHIRE ALH LLC | | | Tele (602)502-5685 | 05/20/2016 to 04/30/2017 |
| | 4715 WEST LAUREL LANE | | | Fax: (602)227-5097 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10031H | DEVOTED HEARTS ASSISTED LIVING LLC | | | Tele (480)663-3288 | 04/26/2016 to 03/31/2017 |
| | 1621 WEST CORONA DRIVE | | | Fax: (480)926-1709 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7047H | DIAMOND MANOR ADULT CARE | | | Tele (480)703-7396 | 05/01/2016 to 04/30/2017 |
| | 7330 WEST GETTY DRIVE | | | Fax: (623)271-9993 | |
| | PHOENIX | AZ | 85043 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5443H | DIAMOND QUALITY ASSISTED LIVING CARE HOME | | | Tele (480)991-2276 | 08/01/2016 to 07/31/2017 |
| | 6177 EAST BLANCHE DRIVE | | | Fax: (480)948-3145 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9790H | DIGNIFIED ASSISTED LIVING LLC | | | Tele (480)699-3654 | 09/01/2016 to 08/31/2017 |
| | 4949 WEST ERIE STREET | | | Fax: (480)699-3654 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9791H | DIGNIFIED ASSISTED LIVING, LLC | | | Tele (480)659-2001 | 09/01/2016 to 08/31/2017 |
| | 1040 NORTH VILLAS LANE | | | Fax: (480)659-2001 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9911H | DIGNIFIED ASSISTED LIVING, LLC | | | Tele (480)286-8102 | 04/13/2016 to 03/31/2017 |
| | 11818 WEST WASHINGTON STREET | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9988H | DIGNITY 1ST HOME CARE SOLUTIONS LLC | | | Tele (480)275-7372 | 07/15/2016 to 06/30/2017 |
| | 2509 EAST ENROSE STREET | | | Fax: (480)284-4676 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8368H | DINA'S ASSISTED LIVING HOME | | | Tele (623)547-6611 | 05/01/2016 to 04/30/2017 |
| | 13174 NORTH 82ND DRIVE | | | Fax: (623)547-6611 | |
| | PEORIA | AZ | 85381 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9646H | DIVINE GRACE ADULT CARE | | | Tele (480)709-5760 | 03/01/2016 to 02/28/2017 |
| | 6711 EAST AKRON STREET | | | Fax: (480)553-7651 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9266H | DIVINE GRACE ASSISTED LIVING HOME | | | Tele (480)709-4760 | 12/01/2015 to 11/30/2016 |
| | 2122 SOUTH 106TH PLACE | | | Fax: (480)553-7651 | |
| | MESA | AZ | 85209 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5900H | DIVINE GRACE ASSISTED LIVING HOME | | | Tele (480)217-2286 | 05/01/2016 to 04/30/2017 |
| | 1002 EAST BLUEBELL LANE | | | Fax: (480)553-7651 | |
| | TEMPE | AZ | 85281 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10143H | DIVINE MERCY ADULT CARE | | | Tele (928)862-0123 | 08/17/2016 to 07/31/2017 |
| | 6208 SOUTH PARKSIDE DRIVE | | | Fax: (480)838-9668 | |
| | TEMPE | AZ | 85283 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5726H | DIXILETA ADULT CARE HOME II | | | Tele (480)577-0174 | 12/01/2016 to 11/30/2017 |
| | 29914 NORTH 78TH STREET | | | Fax: (480)393-3096 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6190H | DMW ADULT CARE HOME | | | Tele (602)441-5002 | 09/01/2016 to 08/31/2017 |
| | 1837 EAST AIRE LIBRE AVENUE | | | Fax: (602)404-5459 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6398H | DMW ADULT CARE HOME LLC | | | Tele (602)293-3277 | 03/01/2016 to 02/28/2017 |
| | 1308 EAST GRANDVIEW ROAD | | | Fax: (602)404-5459 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8763H | DOCTOR'S FIRST CHOICE CARE HOME | | | Tele (602)368-3060 | 06/01/2016 to 05/31/2017 |
| | 3933 WEST BLOOMFIELD ROAD | | | Fax: (623)328-9940 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6494H | DOLCE VITA | | | Tele (623)214-9262 | 01/01/2017 to 12/31/2017 |
| | 15664 NORTH 164TH LANE | | | Fax: (623)544-3385 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9725H | DORA ADULT CARE | | | Tele (623)516-2974 | 07/01/2016 to 06/30/2017 |
| | 9102 WEST WHITE FEATHER LANE | | | Fax: (623)266-3574 | |
| | PEORIA | AZ | 85383 | Capacity : 2 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8750H | DOUBLETREE RANCHOS ASSISTED LIVING | | | Tele (602)369-0874 | 06/01/2016 to 05/31/2017 |
| | 5706 EAST HORSESHOE ROAD | | | Fax: (602)867-0539 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6765H | DOVE VALLEY ASSISTED LIVING HOME, LLC | | | Tele (623)792-8264 | 07/01/2016 to 06/30/2017 |
| | 26808 NORTH 24TH AVENUE | | | Fax: (623)399-9656 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2440H | DREAM CATCHER ASSISTED LIVING HOME | | | Tele (602)410-6671 | 01/01/2017 to 12/31/2017 |
| | 5449 EAST CROCUS DRIVE | | | Fax: (302)331-1505 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9560H | DREAM STREET CARE LLC | | | Tele (480)788-6484 | 10/01/2016 to 09/30/2017 |
| | 37412 NORTH DREAM STREET | | | Fax: (480)699-0876 | |
| | CAREFREE | AZ | 85377 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9585H | DT CARE 2 | | | Tele (623)249-7175 | 02/01/2017 to 01/31/2018 |
| | 16422 WEST SANDRA LANE | | | Fax: (623)249-7175 | |
| | SURPRISE | AZ | 85388 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8960H | DT CARE, LLC | | | Tele (623)518-9690 | 01/01/2017 to 12/31/2017 |
| | 16407 WEST RIMROCK STREET | | | Fax: (623)518-9691 | |
| | SURPRISE | AZ | 85388 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9721H | E M V ASSISTED LIVING LLC | | | Tele (623)516-8801 | 05/01/2016 to 04/30/2017 |
| | 4460 WEST YORKSHIRE DRIVE | | | Fax: (623)518-4431 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9922H | EAGLE RIDGE HOUSE | | | Tele (623)362-1502 | 04/15/2016 to 03/31/2017 |
| | 6607 WEST PRICKLY PEAR TRAIL | | | Fax: (623)825-1841 | |
| | PHOENIX | AZ | 85083 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6348H | EAST SHEA ASSISTED LIVING | | | Tele (480)621-8423 | 03/01/2016 to 02/28/2017 |
| | 12705 EAST SAHUARO DRIVE | | | Fax: (480)621-8356 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4761H | EAST VILLA CARE HOME | | | Tele (480)307-8358 | 07/01/2016 to 06/30/2017 |
| | 9642 EAST JACOB CIRCLE | | | Fax: (480)307-8358 | |
| | MESA | AZ | 85208 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1624H | EDEN ADULT CARE FACILITY INC | | | Tele (480)813-6843 | 07/01/2016 to 06/30/2017 |
| | 210 SOUTH 98TH WAY | | | Fax: (480)813-6924 | |
| | MESA | AZ | 85208 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2458H | EDEN ADULT CARE FACILITY, INC | | | Tele (480)813-6483 | 01/01/2017 to 12/31/2017 |
| | 216 SOUTH 98TH WAY | | | Fax: (480)813-6924 | |
| | MESA | AZ | 85208 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7805H | EDEN ADULT CARE FACILITY, INC | | | Tele (480)813-6483 | 07/01/2016 to 06/30/2017 |
| | 1625 NORTH 72ND STREET | | | Fax: (480)813-6924 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7899H | EDEN ADULT CARE FACILITY, INC | | | Tele (480)813-6483 | 07/01/2016 to 06/30/2017 |
| | 249 SOUTH LINDSAY ROAD | | | Fax: (480)813-6924 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9884H | EDEN ESTATES, LLC | | | Tele (480)396-6270 | 11/01/2016 to 10/31/2017 |
| | 21721 SOUTH 158TH STREET | | | Fax: (480)988-6567 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5711H | EFFECTIVE CARE FOR ELDERLY LIVING | | | Tele (623)873-4602 | 04/01/2016 to 03/31/2017 |
| | 8524 WEST WELDON AVENUE | | | Fax: (623)500-5327 | |
| | PHOENIX | AZ | 85037 | Capacity : 2 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5344H | EL MIRAGE-GROUP HOME | | | Tele (602)367-6491 | 06/01/2016 to 05/31/2017 |
| | 13045 WEST PORT ROYALE LANE | | | Fax: (623)582-8178 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8691H | EL PUEBLO ASSISTED LIVING | | | Tele (480)710-2357 | 05/01/2016 to 04/30/2017 |
| | 14030 NORTH EL PUEBLO BOULEVARD | | | Fax: (480)219-2363 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3123H | ELDERCARE AT SANTA ANNA | | | Tele (480)444-9000 | 03/01/2016 to 02/28/2017 |
| | 921 NORTH SANTA ANNA PLACE | | | Fax: (480)699-8873 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0917H | ELDERCARE AT SIESTA | | | Tele (480)444-9000 | 08/01/2016 to 07/31/2017 |
| | 2604 SOUTH SIESTA DRIVE | | | Fax: (480)699-8873 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7110H | ELDERCARE AT WESTERN SUNRISE ADULT CARE | | | Tele (480)593-5018 | 05/01/2016 to 04/30/2017 |
| | 2004 WEST WESTERN DRIVE | | | Fax: (480)389-6101 | |
| | CHANDLER | AZ | 85224 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9473H | ELDERCARE HOME OF TEMPE, LLC, THE | | | Tele (480)544-1206 | 08/01/2016 to 07/31/2017 |
| | 1958 EAST DUKE DRIVE | | | Fax: (480)248-6554 | |
| | TEMPE | AZ | 85283 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3081H | ELDERS RANCH | | | Tele (602)882-2416 | 02/01/2016 to 01/31/2017 |
| | 16802 NORTH 43RD STREET | | | Fax: (602)494-5209 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8978H | ELEGANT CARE II | | | Tele (480)456-3230 | 02/01/2016 to 01/31/2017 |
| | 6052 WEST VICTORIA PLACE | | | Fax: (480)471-8789 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7889H | ELEGANT CARE LLC | | | Tele (480)471-8312 | 01/01/2017 to 12/31/2017 |
| | 442 EAST SUNBURST LANE | | | Fax: (480)471-8789 | |
| | TEMPE | AZ | 85284 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8411H | ELENA'S ASSISTED LIVING HOME | | | Tele (623)776-7460 | 07/01/2016 to 06/30/2017 |
| | 16134 NORTH 72ND LANE | | | Fax: (623)776-7460 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8356H | ELITE ASSISTED LIVING HOME II | | | Tele (602)743-9924 | 07/01/2016 to 06/30/2017 |
| | 15928 WEST IRONWOOD DRIVE | | | Fax: (623)505-9755 | |
| | WADDELL | AZ | 85355 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9594H | ELITE ASSISTED LIVING HOME LLC | | | Tele (623)584-5580 | 11/01/2016 to 10/31/2017 |
| | 15755 WEST SHANGRI LA ROAD | | | Fax: (623)399-6561 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6061H | ELITE LOVING CARE HOME | | | Tele (602)793-6265 | 05/01/2016 to 04/30/2017 |
| | 6722 EAST JEAN DRIVE | | | Fax: (480)621-5842 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0217H | ELITE QUALITY HOME CARE | | | Tele (480)991-7717 | 01/01/2017 to 12/31/2017 |
| | 10420 NORTH 57TH STREET | | | Fax: (480)922-0166 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8902H | ELSIE'S HOUSE LLC | | | Tele (602)633-1238 | 02/01/2016 to 01/31/2017 |
| | 4201 WEST PARADISE LANE | | | Fax: (602)633-1397 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10115H | ELYSIUM A.L.H. | | | Tele (623)326-0585 | 08/15/2016 to 07/31/2017 |
| | 16818 NORTH 66TH STREET | | | Fax: (480)699-1105 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8357H | EMBER CARE ASSISTED LIVING | | | Tele (623)444-4538 | 04/01/2016 to 03/31/2017 |
| | 14571 WEST DESERT HILLS DRIVE | | | Fax: (623)444-4538 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8669H | EMERALD GROVES NORTH | | | Tele (480)985-1101 | 02/01/2016 to 01/31/2017 |
| | 2920 NORTH VAL VISTA DRIVE | | | Fax: (480)985-1113 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8312H | EMERALD GROVES SOUTH | | | Tele (480)654-0880 | 03/01/2016 to 02/28/2017 |
| | 3714 EAST MCLELLAN ROAD | | | Fax: (480)654-1045 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8275H | EMERALD HOME CARE 2 | | | Tele (602)427-8602 | 10/01/2016 to 09/30/2017 |
| | 6622 NORTH 7TH AVENUE | | | Fax: (602)341-6948 | |
| | PHOENIX | AZ | 85013 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10012H | EMERSON ASSISTED LIVING HOME LLC | | | Tele (480)284-8764 | 05/04/2016 to 04/30/2017 |
| | 2016 SOUTH EMERSON | | | Fax: (480)820-5562 | |
| | MESA | AZ | 85210 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6612H | EMMA ASSISTED LIVING | | | Tele (623)466-0349 | 05/01/2016 to 04/30/2017 |
| | 10267 WEST CASHMAN DRIVE | | | Fax: (623)215-7620 | |
| | PEORIA | AZ | 85383 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6382H | EMMANUEL ASSISTED LIVING HOME | | | Tele (623)875-3437 | 01/01/2017 to 12/31/2017 |
| | 15453 WEST STATLER CIRCLE | | | Fax: (623)414-3565 | |
| | SURPRISE | AZ | 85374 | Capacity : 6 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9360H | EMPATHY VILLA, LLC | | | Tele (480)570-3566 | 03/01/2016 to 02/28/2017 |
| | 6551 EAST MENLO STREET | | | Fax: (480)361-9276 | |
| | MESA | AZ | 85215 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4052H | ETERNITY ALH | | | Tele (623)326-0585 | 10/01/2016 to 09/30/2017 |
| | 16810 NORTH 66TH STREET | | | Fax: (480)699-1105 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3388H | EVERGREEN ASSISTED LIVING | | | Tele (480)609-1175 | 08/01/2016 to 07/31/2017 |
| | 11635 NORTH 56TH STREET | | | Fax: (480)609-1178 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8707H | EVERLASTING SERVICES AT AHWATUKEE | | | Tele (602)388-1749 | 08/01/2016 to 07/31/2017 |
| | 9859 SOUTH 46TH STREET | | | Fax: (602)340-1777 | |
| | PHOENIX | AZ | 85044 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10057H | EVERLASTING SERVICES AT BILTMORE 10 | | | Tele (602)388-1749 | 05/12/2016 to 04/30/2017 |
| | 2524 EAST HEATHERBRAE DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9813H | EVERLASTING SERVICES AT BILTMORE 5 | | | Tele (602)388-1749 | 10/01/2016 to 09/30/2017 |
| | 2536 EAST HEATHERBRAE DRIVE | | | Fax: (602)340-1777 | |
| | PHOENIX | AZ | 85016 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6704H | EVERLASTING SERVICES AT CAMELBACK | | | Tele (602)388-1749 | 10/01/2016 to 09/30/2017 |
| | 6417 WEST CAMELBACK ROAD | | | Fax: (602)340-1777 | |
| | PHOENIX | AZ | 85033 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7840H | EVERLASTING SERVICES AT CORONADO | | | Tele (602)388-1749 | 03/01/2016 to 02/28/2017 |
| | 1830 NORTH 12TH STREET | | | Fax: (602)340-1777 | |
| | PHOENIX | AZ | 85006 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9940H | EVERLASTING SERVICES AT GLENDALE | | | Tele (602)388-1749 | 03/01/2016 to 02/28/2017 |
| | 5724 WEST CANNON DRIVE | | | Fax: (602)340-1777 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10087H | EVERLASTING SERVICES AT HATCHER | | | Tele (602)388-1749 | 08/09/2016 to 07/31/2017 |
| | 4733 WEST HATCHER ROAD | | | Fax: (602)340-1777 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9509H | EVERLASTING SERVICES AT LAVEEN | | | Tele (602)388-1749 | 10/01/2016 to 09/30/2017 |
| | 7804 SOUTH 71ST AVENUE | | | Fax: (602)340-1777 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9925H | EVERLASTING SERVICES AT MESA | | | Tele (602)388-1749 | 03/28/2016 to 02/28/2017 |
| | 628 EAST KNOLL STREET | | | Fax: (602)340-1777 | |
| | MESA | AZ | 85203 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9847H | EVERLASTING SERVICES AT PHILLIPS | | | Tele (602)388-1749 | 10/01/2016 to 09/30/2017 |
| | 2535 EAST HEATHERBRAE DRIVE | | | Fax: (602)340-1777 | |
| | PHOENIX | AZ | 85016 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1250H | EXTENDED FAMILY HOME | | | Tele (480)833-6328 | 01/01/2017 to 12/31/2017 |
| | 2556 EAST HERMOSA VISTA DRIVE | | | Fax: (480)827-9178 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4343H | EXTENDED FAMILY II ALH | | | Tele (480)833-6328 | 06/01/2016 to 05/31/2017 |
| | 2303 EAST HERMOSA VISTA DRIVE | | | Fax: (480)835-0525 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5876H | FAIRBROOK GROVE INC | | | Tele (480)215-2940 | 02/01/2016 to 01/31/2017 |
| | 3916 EAST FAIRBROOK CIRCLE | | | Fax: (480)659-6489 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7379H | FAMILY CARE ASSISTED LIVING HOME | | | Tele (623)533-5131 | 10/01/2016 to 09/30/2017 |
| | 4327 WEST WAHALLA LANE | | | Fax: (623)565-8040 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1676H | FAMILY CARE HOMES INC - ENCANTO HOUSE | | | Tele (480)827-1575 | 12/01/2016 to 11/30/2017 |
| | 2962 EAST ENCANTO STREET | | | Fax: (480)890-9092 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0223H | FAMILY CARE HOMES-GILBERT HOUSE | | | Tele (480)827-1575 | 09/01/2016 to 08/31/2017 |
| | 1511 NORTH GILBERT ROAD | | | Fax: (480)890-9092 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0435H | FAMILY CARE HOMES-IVY HOUSE | | | Tele (480)827-1575 | 08/01/2016 to 07/31/2017 |
| | 434 EAST IVY STREET | | | Fax: (480)890-9092 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0892H | FAMILY CARE HOMES-JENSEN HOUSE | | | Tele (480)827-1575 | 01/01/2017 to 12/31/2017 |
| | 2222 EAST JENSEN | | | Fax: (480)890-9092 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7557H | FAMILY ELDER CARE | | | Tele (602)788-9013 | 07/01/2016 to 06/30/2017 |
| | 2850 EAST CANNON DRIVE | | | Fax: (602)569-0537 | |
| | PHOENIX | AZ | 85028 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0927H | FAMILY HOME CARE HOUSE OF TREASURES | | | Tele (602)938-1358 | 03/01/2016 to 02/28/2017 |
| | 4301 WEST ACOMA | | | Fax: (602)938-7868 | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9331H | FAMILY MATTERS CARE | | | Tele (602)327-9669 | 06/01/2016 to 05/31/2017 |
| | 7138 WEST SADDLEHORN ROAD | | | Fax: (623)572-2590 | |
| | PEORIA | AZ | 85383 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7084H | FAMILY MATTERS II | | | Tele (623)572-2590 | 06/01/2016 to 05/31/2017 |
| | 7242 WEST BRILES ROAD | | | Fax: (623)572-2590 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8800H | FAMILY TOUCH | | | Tele (480)284-8181 | 05/01/2016 to 04/30/2017 |
| | 2345 EAST LEONORA STREET | | | Fax: (480)588-6528 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8695H | FEELS LIKE HOME ASSISTED LIVING, LLC | | | Tele (602)439-2734 | 04/01/2016 to 03/31/2017 |
| | 18003 WEST MAUNA LOA LANE | | | Fax: (602)893-1475 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10054H | FELICITY CARE HOME | | | Tele (623)463-8219 | 05/06/2016 to 04/30/2017 |
| | 5412 WEST CINNABAR AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7201H | FIREBIRD ASSISTED LIVING | | | Tele (623)606-5847 | 05/01/2016 to 04/30/2017 |
| | 7179 WEST FIREBIRD DRIVE | | | Fax: (623)322-6200 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10098H | FIREBIRD ASSISTED LIVING #2 | | | Tele (623)243-7654 | 10/25/2016 to 09/30/2017 |
| | 7186 WEST FIREBIRD DRIVE | | | Fax: (623)243-7654 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0792H | FISHER FAMILY HOME | | | Tele (602)548-1410 | 01/01/2017 to 12/31/2017 |
| | 2927 WEST REDFIELD | | | Fax: (602)942-6530 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4909H | FIVE ROSES ADULT CARE HOME III | | | Tele (602)740-1084 | 09/01/2016 to 08/31/2017 |
| | 18202 NORTH 67TH AVENUE | | | Fax: (602)866-7676 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4495H | FIVE STAR ASSISTED LIVING | | | Tele (480)831-7331 | 10/01/2016 to 09/30/2017 |
| | 1932 EAST JEANINE DRIVE | | | Fax: (480)831-7331 | |
| | TEMPE | AZ | 85284 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8173H | FLETCHER FARMS ASSISTED LIVING, LLC | | | Tele (623)362-0616 | 08/01/2016 to 07/31/2017 |
| | 7753 WEST LONE CACTUS DRIVE | | | Fax: (623)533-6858 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL4192H | FLETCHER HEIGHTS ASSISTED LIVING LLC | | | Tele (623)362-9258 | 05/01/2016 to 04/30/2017 |
| | 22131 NORTH 79TH AVENUE | | | Fax: (623)362-0374 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Certified |
| AL1859H | FLOMARIE LOVE & CARE HOME #2 | | | Tele (480)668-8324 | 10/01/2016 to 09/30/2017 |
| | 2102 NORTH CHESTNUT CIRCLE | | | Fax: (480)668-8328 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Certified |
| AL4859H | FOOTSTEPS ASSISTED LIVING CARE HOME | | | Tele (602)992-6274 | 06/01/2016 to 05/31/2017 |
| | 3135 EAST LARKSPUR DRIVE | | | Fax: (602)992-6274 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9921H | FOUNTAIN HILLS MANOR LLC<br>14280 NORTH FOUNTAIN HILLS BOULEVARD<br>FOUNTAIN HILLS AZ 85268 | Tele (480)275-5800<br>Fax: (480)275-5800<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6556H | FOUNTAIN VIEW MANOR ASSISTED LIVING FACILITY<br>16602 EAST PALISADES BLVD<br>FOUNTAIN HILLS AZ 85268 | Tele (480)816-9267<br>Fax: (480)247-2715<br>Capacity : 10 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL5223H | FOUNTAINVIEW ASSISTED LIVING FACILITY<br>16328 EAST MONTROSE DRIVE<br>FOUNTAIN HILLS AZ 85268 | Tele (480)836-9839<br>Fax: (480)836-9899<br>Capacity : 10 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| AL4729H | FOUNTAINVIEW ASSISTED LIVING HOME<br>15663 EAST RICHWOOD AVENUE<br>FOUNTAIN HILLS AZ 85268 | Tele (480)836-9839<br>Fax: (480)836-9899<br>Capacity : 10 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL0796H | G & G COMFORTABLE CARE HOME<br>15247 N 63RD DRIVE<br>GLENDALE AZ 85306 | Tele (623)412-7965<br>Fax: (623)878-7280<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2574H | G & I ADULT CARE HOME | | | Tele (623)910-7724 | 12/01/2016 to 11/30/2017 |
| | 4749 WEST PIUTE | | | Fax: (623)434-8916 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5333H | G & J PERSONAL CARE II | | | Tele (623)937-8844 | 05/01/2016 to 04/30/2017 |
| | 6826 WEST SWEETWATER | | | Fax: (623)846-4585 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9256H | GABRIEL'S HOME CARE LLC | | | Tele (623)907-3941 | 02/01/2016 to 01/31/2017 |
| | 10107 WEST PARKWAY DRIVE | | | Fax: (623)792-8025 | |
| | TOLLESON | AZ | 85353 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9981H | GARCIA'S ASSISTED LIVING HOME LLC | | | Tele (480)612-2569 | 03/18/2016 to 02/28/2017 |
| | 2742 EAST PUEBLO AVENUE | | | Fax: (602)687-9118 | |
| | PHOENIX | AZ | 85040 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8388H | GARDEN VILLAGE ASSISTED LIVING 4 | | | Tele (480)307-8882 | 07/01/2016 to 06/30/2017 |
| | 6841 SOUTH JUSTIN WAY | | | Fax: (480)625-4675 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6326H | GARDEN VILLAGE ASSISTED LIVING HOME | | | Tele (480)895-7138 | 11/01/2016 to 10/31/2017 |
| | 102 WEST ELMWOOD PLACE | | | Fax: (480)625-4675 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9249H | GARDEN VILLAGE ASSISTED LIVING V | | | Tele (480)895-3237 | 12/01/2016 to 11/30/2017 |
| | 2125 EAST COUNTY DOWN DRIVE | | | Fax: (480)625-4675 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7520H | GARDEN'S WELL ASSISTED LIVING, THE | | | Tele (480)592-0785 | 02/01/2016 to 01/31/2017 |
| | 5372 WEST GERONIMO STREET | | | Fax: (480)899-6122 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7867H | GATEWAY RANCH ASSISTED LIVING | | | Tele (480)507-2823 | 03/01/2016 to 02/28/2017 |
| | 2165 SOUTH STUART AVENUE | | | Fax: (480)668-3225 | |
| | GILBERT | AZ | 85295 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7243H | GATEWAY RANCH ASSISTED LIVING II, LLC | | | Tele (480)507-2823 | 10/01/2016 to 09/30/2017 |
| | 4723 EAST BUCKBOARD COURT | | | Fax: (480)668-3225 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6067H | GAYLE'S MANOR EAST LLC | | | Tele (602)374-4681 | 05/01/2016 to 04/30/2017 |
| | 4812 EAST OSBORN ROAD | | | Fax: (602)374-4681 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8069H | GEM HOUSE SENIOR CARE | | | Tele (623)848-8432 | 05/01/2016 to 04/30/2017 |
| | 7432 WEST GLENROSA AVENUE | | | Fax: (623)873-2442 | |
| | PHOENIX | AZ | 85033 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8563H | GENEVA ASSISTED LIVING HOME | | | Tele (480)659-8040 | 01/01/2017 to 12/31/2017 |
| | 2107 EAST GENEVA DRIVE | | | Fax: (480)855-7675 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9626H | GENTLE CARE HOME | | | Tele (623)266-4139 | 12/01/2015 to 11/30/2016 |
| | 15240 WEST DOLL LANE | | | Fax: (623)266-4139 | |
| | SURPRISE | AZ | 85374 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9892H | GENUINE HOME IN CHANDLER | | | Tele (480)696-4874 | 12/01/2016 to 11/30/2017 |
| | 2406 SOUTH PECAN DRIVE | | | Fax: (480)699-0583 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10158H | GENUINE HOME IN CHANDLER II | | | Tele (480)840-1833 | 09/16/2016 to 08/31/2017 |
| | 1572 WEST HOMESTEAD DRIVE | | | Fax: (480)993-3169 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10200H | GIFT OF LOVE ASSISTED LIVING LLC | | | Tele (480)699-4571 | 11/01/2016 to 10/31/2017 |
| | 4644 EAST LAVENDER LANE | | | Fax: (480)699-4571 | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10058H | GIFTS OF GRACE ASSISTED LIVING HOMES | | | Tele (682)459-7779 | 05/06/2016 to 04/30/2017 |
| | 2866 EAST COTTON COURT | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9817H | GILBERT ASSISTED LIVING LLC | | | Tele (480)279-0123 | 09/01/2016 to 08/31/2017 |
| | 4354 EAST CAROLINE LANE | | | Fax: (480)699-6598 | |
| | GILBERT | AZ | 85296 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2734H | GLORIANNE ADULT CARE HOME | | | Tele (623)847-6070 | 01/01/2017 to 12/31/2017 |
| | 5231 WEST KALER CIRCLE | | | Fax: (623)937-0201 | |
| | GLENDALE | AZ | 85301 | Capacity : 7 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8592H | GLYNNIS PLACE | | | Tele (623)398-8548 | 11/01/2016 to 10/31/2017 |
| | 4216 NORTH 100TH AVENUE | | | Fax: (636)754-1591 | |
| | PHOENIX | AZ | 85037 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2952H | GOLDEN AGE | | | Tele (623)205-9083 | 11/01/2016 to 10/31/2017 |
| | 23157 NORTH 103RD LANE | | | Fax: (623)376-0329 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8600H | GOLDEN AGE ADULT CARE HOME | | | Tele (602)439-7307 | 02/01/2016 to 01/31/2017 |
| | 6134 WEST BEVERLY LANE | | | Fax: (602)419-2110 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9246H | GOLDEN AGE ALH II | | | Tele (408)623-8754 | 12/01/2016 to 11/30/2017 |
| | 17176 WEST WATKINS STREET | | | Fax: (623)925-9953 | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8540H | GOLDEN AGE ASSISTED LIVING II | | | Tele (602)439-7307 | 10/01/2016 to 09/30/2017 |
| | 6008 WEST PARADISE LANE | | | Fax: (602)419-2110 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4145H | GOLDEN AGE CARE HOMES, INC | | | Tele (480)813-5741 | 10/01/2016 to 09/30/2017 |
| | 3123 EAST FAIRBROOK | | | Fax: (480)832-0313 | |
| | MESA | AZ | 85213 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8016H | GOLDEN AUTUMN ADULT CARE HOME LLC | | | Tele (623)975-2171 | 05/01/2016 to 04/30/2017 |
| | 13420 WEST PARADISE LANE | | | Fax: (623)322-1348 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8989H | GOLDEN CARE | | | Tele (480)823-6067 | 01/01/2016 to 12/31/2016 |
| | 5857 EAST BETTY ELYSE LANE | | | Fax: (602)788-0500 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9983H | GOLDEN CARE | | | Tele (623)755-5359 | 04/13/2016 to 03/31/2017 |
| | 15724 NORTH 168TH LANE | | | Fax: (623)322-1968 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8670H | GOLDEN CROWN ASSISTED LIVING HOME | | | Tele (602)843-0327 | 02/01/2016 to 01/31/2017 |
| | 17818 NORTH 54TH LANE | | | Fax: (602)419-2110 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9991H | GOLDEN EAGLE ASSISTED LIVING | | | Tele (480)274-9914 | 06/15/2016 to 05/31/2017 |
| | 11051 NORTH 44TH COURT | | | Fax: (602)396-2901 | |
| | PHOENIX | AZ | 85028 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7413H | GOLDEN EXPERIENCE ASSISTED LIVING-JJAC | | | Tele (623)451-7556 | 12/01/2016 to 11/30/2017 |
| | 15111 NORTH 172ND DRIVE | | | Fax: (623)518-6940 | |
| | SURPRISE | AZ | 85388 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9173H | GOLDEN GENERATION/TIMES ADULT CARE HOME | | | Tele (623)544-5792 | 06/01/2016 to 05/31/2017 |
| | 13393 WEST RIMROCK STREET | | | Fax: (623)544-5792 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8464H | GOLDEN HERITAGE ASSISTED LIVING HOME | | | Tele (480)329-6869 | 12/01/2016 to 11/30/2017 |
| | 17015 NORTH 58TH WAY | | | Fax: (480)323-2192 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9416H | GOLDEN HORIZONS | | | Tele (480)703-7243 | 12/01/2015 to 11/30/2016 |
| | 4016 WEST WAGON WHEEL DRIVE | | | Fax: (623)533-4654 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9523H | GOLDEN JOY SENIOR CARE | | | Tele (623)466-6155 | 10/01/2016 to 09/30/2017 |
| | 17898 NORTH BELL POINTE BLVD | | | Fax: (602)926-0271 | |
| | SURPRISE | AZ | 85374 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL10171H | GOLDEN LEGACY ASSISTED LIVING | | | Tele (480)427-9307 | 09/16/2016 to 08/31/2017 |
| | 1659 EAST HALE STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL5673H | GOLDEN PLACE AT PEORIA, LLC, THE | | | Tele (623)748-8990 | 09/01/2016 to 08/31/2017 |
| | 7828 WEST PORT AU PRINCE LANE | | | Fax: (623)748-8990 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Certified |
| AL9723H | GOLDEN SENIOR LIVING LLC | | | Tele (602)317-5005 | 05/01/2016 to 04/30/2017 |
| | 13701 NORTH 151ST DRIVE | | | Fax: (602)296-0174 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9389H | GOLDEN SPRINGS SENIOR LIVING, LLC | | | Tele (623)584-5049 | 05/01/2016 to 04/30/2017 |
| | 13535 WEST REDFIELD ROAD | | | Fax: (623)399-6561 | |
| | SURPRISE | AZ | 85379 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5178H | GOLDEN SWAN MANOR | | | Tele (480)991-0066 | 01/01/2017 to 12/31/2017 |
| | 9828 NORTH 57TH STREET | | | Fax: (480)922-0166 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2591H | GOLDEN TIMES | | | Tele (623)544-1823 | 06/01/2016 to 05/31/2017 |
| | 13387 WEST FARGO DRIVE | | | Fax: (623)546-5810 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9243H | GOLDEN TIMES ASSISTED LIVING HOME | | | Tele (602)679-7000 | 02/01/2016 to 01/31/2017 |
| | 6857 NORTH 12TH WAY | | | Fax: (480)779-1239 | |
| | PHOENIX | AZ | 85014 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7149H | GOLDEN TOUCH ASSISTED LIVING HOME AT ANDERSEN | | | Tele (480)474-4766 | 06/01/2016 to 05/31/2017 |
| | 1725 WEST SAN TAN STREET | | | Fax: (480)474-4766 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9786H | GOLDEN TOUCH CARE HOMES | | | Tele (480)664-9040 | 07/01/2016 to 06/30/2017 |
| | 1926 WEST HIGHLAND STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9142H | GOLDEN TOUCH ONE ADULT CARE HOME AT MCQUEEN | | | Tele (480)359-8850 | 03/01/2016 to 02/28/2017 |
| | 1551 WEST CHILTON AVENUE | | | Fax: (480)588-7122 | |
| | GILBERT | AZ | 85233 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8676H | GOLDEN YEARS ASSISTED LIVING | | | Tele (602)518-8885 | 01/01/2017 to 12/31/2017 |
| | 5934 WEST VILLA THERESA DRIVE | | | Fax: (602)564-2959 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7590H | GOLDEN YEARS ASSISTED LIVING 2 | | | Tele (602)568-0057 | 06/01/2016 to 05/31/2017 |
| | 6083 WEST IRMA LANE | | | Fax: (623)234-9033 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9194H | GOLDEN YEARS CARE HOME LLC | | | Tele (480)404-9487 | 10/01/2016 to 09/30/2017 |
| | 5632 EAST FAIRBROOK STREET | | | Fax: (877)927-1787 | |
| | MESA | AZ | 85205 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4247H | GOLDEN YEARS CARE HOME, LLC | | | Tele (480)396-4490 | 06/01/2016 to 05/31/2017 |
| | 7312 EAST JASMINE STREET | | | Fax: (877)927-1787 | |
| | MESA | AZ | 85207 | Capacity : 6 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8943H | GOLDWATER ASSISTED LIVING 1, LLC | | | Tele (623)330-1969 | 02/01/2016 to 01/31/2017 |
| | 24215 NORTH 55TH AVENUE | | | Fax: (623)580-9464 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9797H | GOLDWATER ASSISTED LIVING II, L L C | | | Tele (623)330-1969 | 07/01/2016 to 06/30/2017 |
| | 6640 WEST PINNACLE PEAK ROAD | | | Fax: (623)580-9464 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7174H | GOOD CARE | | | Tele (480)377-0174 | 08/01/2016 to 07/31/2017 |
| | 3417 SOUTH CUTLER DRIVE | | | Fax: (480)377-0174 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8674H | GOOD HANDS ADULT HOME CARE LLC | | | Tele (602)626-7859 | 04/01/2016 to 03/31/2017 |
| | 3618 WEST WAGONER ROAD | | | Fax: (602)626-7859 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10182H | GOOD HART ASSISTED LIVING | | | Tele (623)324-9628 | 11/18/2016 to 10/31/2017 |
| | 5559 NORTH 62ND DRIVE | | | Fax: (800)683-5314 | |
| | GLENDALE | AZ | 85301 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4944H | GOOD SAMARITAN ASSISTED LIVING HOME I, THE | | | Tele (602)564-1104 | 08/01/2016 to 07/31/2017 |
| | 16250 NORTH 40TH LANE | | | Fax: (602)926-2493 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5917H | GOOD SAMARITAN HOME CARE | | | Tele (480)733-7070 | 03/01/2016 to 02/28/2017 |
| | 2440 EAST WHITTEN STREET | | | Fax: (480)963-4367 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5795H | GOOD SHEPHERD ASSISTED LIVING, LLC | | | Tele (480)325-6982 | 12/01/2016 to 11/30/2017 |
| | 6464 EAST NORWOOD CIRCLE | | | Fax: (480)656-3442 | |
| | MESA | AZ | 85215 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8716H | GOODYEAR ASSISTED LIVING HOME, LLC | | | Tele (602)725-0268 | 04/01/2016 to 03/31/2017 |
| | 14808 WEST AMELIA AVENUE | | | Fax: (623)255-7996 | |
| | GOODYEAR | AZ | 85395 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8535H | GRACE & MERCY ASSISTED LIVING | | | Tele (623)340-9139 | 11/01/2016 to 10/31/2017 |
| | 322 EAST RIMROCK DRIVE | | | Fax: (602)535-3840 | |
| | PHOENIX | AZ | 85024 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8827H | GRACE HILL RANCH LLC | | | Tele (623)465-4650 | 08/01/2016 to 07/31/2017 |
| | 37509 NORTH 16TH STREET | | | Fax: (623)691-8106 | |
| | PHOENIX | AZ | 85086 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9513H | GRACE HILL SPECIAL CARE, LLC | | | Tele (623)734-5905 | 09/01/2016 to 08/31/2017 |
| | 2866 WEST MURIEL DRIVE | | | Fax: (623)691-8106 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8826H | GRACE MANOR | | | Tele (480)855-0169 | 08/01/2016 to 07/31/2017 |
| | 1330 EAST IVANHOE STREET | | | Fax: (480)726-2201 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4155H | GRACE MANOR OF ARIZONA II | | | Tele (480)361-1133 | 03/01/2016 to 02/28/2017 |
| | 314 WEST CROFTON STREET | | | Fax: (480)726-2201 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9898H | GRACEFUL HANDS HOME CARE | | | Tele (602)761-5917 | 01/28/2016 to 12/31/2016 |
| | 5241 SOUTH 3RD STREET | | | Fax: (602)761-5917 | |
| | PHOENIX | AZ | 85040 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5665H | GRACEVILLE ESTATE | | | Tele (480)247-8541 | 11/01/2016 to 10/31/2017 |
| | 619 WEST CITRUS WAY | | | Fax: (480)247-8541 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7896H | GRANDVIEW ASSISTED LIVING, LLC | | | Tele (602)354-7618 | 11/01/2016 to 10/31/2017 |
| | 5938 EAST GRANDVIEW ROAD | | | Fax: (602)354-8043 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10224H | GREEN ACRES ASSISTED LIVING HOME LLC | | | Tele (480)636-8284 | 11/21/2016 to 10/31/2017 |
| | 2821 EAST IRIS DRIVE | | | Fax: (480)686-8284 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9728H | GREEN DESERT CARE HOME | | | Tele (623)322-9624 | 05/01/2016 to 04/30/2017 |
| | 15621 NORTH 57TH AVENUE | | | Fax: (602)441-4420 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7262H | GREENFIELD ASSISTED LIVING 2 | | | Tele (480)634-6156 | 06/01/2016 to 05/31/2017 |
| | 4023 EAST HARRISON STREET | | | Fax: (480)361-8581 | |
| | GILBERT | AZ | 85295 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7261H | GREENFIELD ASSISTED LIVING I | | | Tele (480)507-0802 | 05/01/2016 to 04/30/2017 |
| | 2481 EAST SIERRA MADRE AVENUE | | | Fax: (480)361-8581 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8347H | GREENHAVEN ASSISTED LIVING | | | Tele (602)821-6299 | 05/01/2016 to 04/30/2017 |
| | 9417 NORTH 17TH PLACE | | | Fax: (602)374-4162 | |
| | PHOENIX | AZ | 85020 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9677H | GREENWAY HOME CARE | | | Tele (602)296-7514 | 06/01/2016 to 05/31/2017 |
| | 5801 EAST BECK LANE | | | Fax: (602)790-1748 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6405H | GREENWAY MANOR II, THE | | | Tele (480)612-2307 | 01/01/2017 to 12/31/2017 |
| | 6144 EAST ANDERSON DRIVE | | | Fax: (602)626-7084 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9608H | GREGORIA MANOR | | | Tele (602)448-1498 | 02/01/2016 to 01/31/2017 |
| | 1007 WEST MOHAWK LANE | | | Fax: (480)999-4574 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9161H | GROVE AT PEORIA ASSISTED LIVING LLC, THE | | | Tele (602)810-4280 | 08/01/2016 to 07/31/2017 |
| | 22834 NORTH 90TH DRIVE | | | Fax: (888)959-6034 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4796H | GROVERS TERRACE ALH | | | Tele (602)368-9242 | 05/01/2016 to 04/30/2017 |
| | 7230 WEST GROVERS AVENUE | | | Fax: (602)368-9242 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7209H | GUARDIAN ANGEL ASSISTED LIVING HOME, THE | | | Tele (602)788-6259 | 10/01/2016 to 09/30/2017 |
| | 4302 EAST SAINT JOHN ROAD | | | Fax: (602)788-1719 | |
| | PHOENIX | AZ | 85032 | Capacity : 8 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9315H | GUARDIAN CARE ASSISTED LIVING | | | Tele (480)369-0743 | 03/01/2016 to 02/28/2017 |
| | 9071 NORTH 97TH DRIVE | | | Fax: (623)312-2730 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9270H | GUIDING ANGELS ASSISTED LIVING, LLC | | | Tele (480)474-4591 | 04/01/2016 to 03/31/2017 |
| | 3678 EAST THORNTON AVENUE | | | Fax: (480)474-4591 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9913H | H & A FAMILY CARE HOME | | | Tele (480)273-8875 | 02/01/2017 to 01/31/2018 |
| | 1812 SOUTH RACINE LANE | | | Fax: (480)273-8875 | |
| | GILBERT | AZ | 85295 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9580H | HACIENDA DEL REY 1 | | | Tele (623)498-8682 | 03/01/2016 to 02/28/2017 |
| | 12917 WEST LAS CRUCES DRIVE | | | Fax: (623)512-4812 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9581H | HACIENDA DEL REY 2 | | | Tele (623)498-8682 | 03/01/2016 to 02/28/2017 |
| | 12917 WEST LAS CRUCES DRIVE | | | Fax: (623)512-4812 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9582H | HACIENDA DEL REY 3 | | | Tele (623)498-8682 | 03/01/2016 to 02/28/2017 |
| | 12917 WEST LAS CRUCES DRIVE | | | Fax: (623)512-4812 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9583H | HACIENDA DEL REY 9 | | | Tele (623)498-8682 | 03/01/2016 to 02/28/2017 |
| | 12917 WEST LAS CRUCES DRIVE | | | Fax: (623)512-4812 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5670H | HACIENDA GRANADA | | | Tele (602)952-1582 | 09/01/2016 to 08/31/2017 |
| | 4040 EAST HIGHLAND AVENUE | | | Fax: (602)633-6334 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9810H | HALLMARK ASSISTED LIVING AT PACEY | | | Tele (602)695-4156 | 12/01/2016 to 11/30/2017 |
| | 2022 NORTH PACEY ROAD | | | Fax: (480)656-2503 | |
| | PHOENIX | AZ | 85037 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9843H | HALLMARK ASSISTED LIVING AT WAGONER | | | Tele (480)204-2434 | 11/01/2016 to 10/31/2017 |
| | 6127 WEST WAGONER ROAD | | | Fax: (480)760-2324 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6433H | HALYNA'S CARE | | | Tele (602)561-9959 | 07/01/2016 to 06/30/2017 |
| | 2107 WEST ORANGEWOOD AVENUE | | | Fax: (602)249-9023 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9627H | HANDS OF CARE | | | Tele (480)264-6044 | 03/01/2016 to 02/28/2017 |
| | 11444 NORTH 88TH PLACE | | | Fax: (480)264-4785 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9056H | HAPPY FAMILY HOME CARE | | | Tele (480)821-1746 | 04/01/2016 to 03/31/2017 |
| | 1450 WEST MULBERRY DRIVE | | | Fax: (480)821-1746 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8550H | HAPPY FOSTER FAMILY ADULT CARE HOME LLC | | | Tele (480)307-6033 | 01/01/2017 to 12/31/2017 |
| | 2421 EAST CAIRO DRIVE | | | Fax: (480)307-6033 | |
| | TEMPE | AZ | 85282 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8682H | HAPPY HAVEN OF MESA | | | Tele (480)512-9449 | 04/01/2016 to 03/31/2017 |
| | 7320 EAST CAROL AVENUE | | | Fax: (480)686-8095 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9706H | HAPPY HAVEN ROYAL PALMS | | | Tele (480)512-9449 | 06/01/2016 to 05/31/2017 |
| | 1859 EAST CORNELL DRIVE | | | Fax: (480)686-8095 | |
| | TEMPE | AZ | 85283 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7266H | HAPPY HEARTS | | | Tele (602)475-8718 | 07/01/2016 to 06/30/2017 |
| | 8331 WEST WILLOWBROOK DRIVE | | | Fax: (623)328-9660 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9175H | HAPPY HOMES ASSISTED LIVING, LLC | | | Tele (480)855-7675 | 09/01/2016 to 08/31/2017 |
| | 2120 WEST SHANNON STREET | | | Fax: (480)855-7675 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9391H | HAPPY LIVING CARE HOME, LLC | | | Tele (623)334-3587 | 06/01/2016 to 05/31/2017 |
| | 6403 WEST SANDRA TERRACE | | | Fax: (623)537-4010 | |
| | GLENDALE | AZ | 85306 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10102H | HAPPY TOGETHER ASSISTED LIVING, LLC | | | Tele (480)809-2877 | 09/01/2016 to 08/31/2017 |
| | 371 EAST TORREY PINES PLACE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5263H | HAPPY VALLEY ASSISTED LIVING HOME | | | Tele (623)322-0317 | 05/01/2016 to 04/30/2017 |
| | 4935 WEST BUCKSKIN TRAIL | | | Fax: (623)322-0327 | |
| | PHOENIX | AZ | 85083 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7561H | HAPPY VALLEY CARE HOME, LLC | | | Tele (480)200-1090 | 12/01/2016 to 11/30/2017 |
| | 4618 WEST VILLA LINDA DRIVE | | | Fax: (623)434-1127 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10157H | HARMONI CARE ASSISTED LIVING | | | Tele (623)777-9031 | 10/21/2016 to 09/30/2017 |
| | 16006 WEST BARTLETT AVENUE | | | Fax: (480)717-6993 | |
| | GOODYEAR | AZ | 85338 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7895H | HARMONY ASSISTED LIVING | | | Tele (602)703-3675 | 01/01/2016 to 12/31/2016 |
| | 3921 EAST LEO PLACE | | | Fax: (480)907-0025 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |
| AL10093H | HARMONY GARDENS LLC | | | Tele (480)233-6481 | 06/10/2016 to 05/31/2017 |
| | 6301 WEST EARLL DRIVE | | | Fax: (623)398-8909 | |
| | PHOENIX | AZ | 85033 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6729H | HARMONY PALM CARE HOME | | | Tele (480)926-2262 | 07/01/2016 to 06/30/2017 |
| | 1214 NORTH PALM STREET | | | Fax: (480)926-2262 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL7399H | HARTS HOME, EXCEPTIONAL ELDER CARE | | | Tele (480)596-5700 | 02/01/2016 to 01/31/2017 |
| | 8438 EAST WELSH TRAIL | | | Fax: (480)483-8686 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10139H | HARVARD HOUSE OF CARE, LLC | | | Tele (623)518-3259 | 09/06/2016 to 08/31/2017 |
| | 14628 WEST HARVARD STREET | | | Fax: (623)328-9800 | |
| | GOODYEAR | AZ | 85395 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4776H | HARVARD VILLA ASSISTED LIVING HOME | | | Tele (480)545-9018 | 03/01/2016 to 02/28/2017 |
| | 306 EAST HARVARD AVENUE | | | Fax: (480)545-9018 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9531H | HAVEN CARE HOME | | | Tele (623)556-7617 | 03/01/2016 to 02/28/2017 |
| | 902 EAST ROSEMONTE DRIVE | | | Fax: (623)476-5158 | |
| | PHOENIX | AZ | 85024 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10089H | HAYDEN VILLA | | | Tele (480)459-8206 | 06/01/2016 to 05/31/2017 |
| | 7917 EAST CACTUS ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9841H | HAZELWOOD MANOR ASSISTED LIVING | | | Tele (480)656-0614 | 09/01/2016 to 08/31/2017 |
| | 8319 EAST HAZELWOOD | | | Fax: (480)656-0654 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10196H | HEALING GARDENS ASSISTED LIVING CARE HOME | | | Tele (602)579-1577 | 10/07/2016 to 09/30/2017 |
| | 4638 SOUTH PARKSIDE DRIVE | | | Fax: (480)459-5961 | |
| | TEMPE | AZ | 85282 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| AL9880H | HEALING GARDENS ASSISTED LIVING CARE HOME, LLC | | | Tele (602)633-2610 | 12/01/2016 to 11/30/2017 |
| | 12034 NORTH 29TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL1532H | HEART PRINTS ELDERLY CARE | | | Tele (480)981-5724 | 05/01/2016 to 04/30/2017 |
| | 4221 EAST HOLMES CIRCLE | | | Fax: (480)981-1208 | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Certified |
| AL7235H | HEART TO HEART ACH | | | Tele (623)444-7406 | 05/01/2016 to 04/30/2017 |
| | 14801 N B STREET | | | Fax: (623)444-7548 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9371H | HEAVEN CAN WAIT | | | Tele (602)541-7858 | 05/01/2016 to 04/30/2017 |
| | 4205 WEST SIOUX STREET | | | Fax: (602)237-8301 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8269H | HEAVEN ON EARTH ASSISTED LIVING HOME | | | Tele (602)237-6913 | 11/01/2016 to 10/31/2017 |
| | 3843 WEST BERYL AVENUE | | | Fax: (602)588-7039 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1266H | HELLENS ADULT CARE HOME | | | Tele (602)439-7057 | 10/01/2016 to 09/30/2017 |
| | 6245 WEST KINGS AVENUE | | | Fax: (602)439-7057 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9696H | HELPING HAND GROUP HOME LLC | | | Tele (623)218-3389 | 05/01/2016 to 04/30/2017 |
| | 17043 WEST WINDERMERE WAY | | | Fax: (623)544-6334 | |
| | SURPRISE | AZ | 85374 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10007H | HELPING HANDS ACH | | | Tele (623)466-0176 | 04/01/2016 to 03/31/2017 |
| | 27215 NORTH 23RD LANE | | | Fax: (623)476-5856 | |
| | PHOENIX | AZ | 85085 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9527H | HELPING HANDS ASSISTED CARE HOME | | | Tele (480)802-0347 | 09/01/2016 to 08/31/2017 |
| | 25504 SOUTH 116TH STREET | | | Fax: (480)802-0347 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7909H | HELPING HANDS ASSISTED LIVING HOME | | | Tele (602)803-7590 | 03/01/2016 to 02/28/2017 |
| | 1620 WEST JASPER DRIVE | | | Fax: (480)686-8365 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10078H | HELPING HANDS ASSISTED LIVING, LLC | | | Tele (646)427-2493 | 08/18/2016 to 07/31/2017 |
| | 16626 NORTH 177TH DRIVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9297H | HELPING HANDS, ACH | | | Tele (623)466-0176 | 03/01/2016 to 02/28/2017 |
| | 2330 WEST QUAIL TRACK DRIVE | | | Fax: (623)476-5856 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7752H | HERITAGE CARE HOME, LLC | | | Tele (602)298-7497 | 12/01/2016 to 11/30/2017 |
| | 2707 WEST CHARLESTON AVENUE | | | Fax: (602)938-3353 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9573H | HERITAGE MANOR ASSISTED LIVING LLC | | | Tele (480)907-7735 | 10/01/2016 to 09/30/2017 |
| | 1271 NORTH KINGSTON STREET | | | Fax: (480)907-7603 | |
| | GILBERT | AZ | 85233 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10040H | HERMAN & NOVELLA CLANCY ASSISTED LIVING HOME | | | Tele | (623)434-5057 | 05/01/2016 | to | 04/30/2017 |
| | 4617 WEST MOON BLOSSUM LANE | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85083 | Capacity : | 9 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8103H | HH HOME PLATE ASSISTED LIVING LLC | | | Tele | (480)964-3508 | 06/01/2016 | to | 05/31/2017 |
| | 23211 SOUTH 154TH PLACE | | | Fax: | (480)899-2345 | | | |
| | GILBERT | AZ | 85298 | Capacity : | 9 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7636H | HIGHLAND LAKES CARE HOME | | | Tele | (602)410-2512 | 09/01/2016 | to | 08/31/2017 |
| | 6076 WEST PIUTE AVENUE | | | Fax: | (623)566-4964 | | | |
| | GLENDALE | AZ | 85308 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4988H | HIGHLAND LUXURY HOME, INC | | | Tele | (480)471-8473 | 09/01/2016 | to | 08/31/2017 |
| | 825 WEST HIGHLAND STREET | | | Fax: | (480)471-8473 | | | |
| | CHANDLER | AZ | 85225 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4738H | HIGHLAND PARK ASSISTED LIVING HOME | | | Tele | (623)362-3545 | 06/01/2016 | to | 05/31/2017 |
| | 19512 NORTH 66TH AVENUE | | | Fax: | (623)362-3545 | | | |
| | GLENDALE | AZ | 85308 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8875H | HIGLEY HOUSE CARE HOME, LLC | | | Tele (480)832-8032 | 09/01/2016 to 08/31/2017 |
| | 885 NORTH LOS GATOS LANE | | | Fax: (480)832-8022 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9935H | HILDA'S HAVEN #1 | | | Tele (480)207-0355 | 01/01/2017 to 12/31/2017 |
| | 1970 EAST ROSS DRIVE | | | Fax: (480)699-2414 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9629H | HILLCREST ALF | | | Tele (602)362-2103 | 12/01/2016 to 11/30/2017 |
| | 6741 WEST CREST LANE | | | Fax: (602)298-4352 | |
| | GLENDALE | AZ | 85310 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9140H | HILLCREST ASSISTED LIVING LLC | | | Tele (623)570-2500 | 09/01/2016 to 08/31/2017 |
| | 7254 WEST WILLIAMS DRIVE | | | Fax: (623)236-3860 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9698H | HILLSIDE SENIOR LIVING | | | Tele (602)758-5230 | 04/01/2016 to 03/31/2017 |
| | 1546 EAST EL CAMINO DRIVE | | | Fax: (602)687-8598 | |
| | PHOENIX | AZ | 85020 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4679H | HOLY CROSS CARE HOME | | | Tele (623)463-2490 | 06/01/2016 to 05/31/2017 |
| | 5772 WEST PUGET AVENUE | | | Fax: (623)463-2490 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8324H | HOLY NAME ASSISTED LIVING | | | Tele (480)656-6513 | 03/01/2016 to 02/28/2017 |
| | 368 WEST FAIRWAY PLACE | | | Fax: (480)656-6516 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9971H | HOLY NAME ASSISTED LIVING | | | Tele (480)656-6513 | 03/14/2016 to 02/28/2017 |
| | 112 SOUTH NEBRASKA STREET | | | Fax: (480)656-6516 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9137H | HOME AWAY FROM HOME ASSISTED LIVING HOME CARE | | | Tele (480)249-4118 | 08/01/2016 to 07/31/2017 |
| | 8525 EAST PASADENA AVENUE | | | Fax: (480)970-7878 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9382H | HOME AWAY FROM HOME SENIOR ASSISTED LIVING, LLC | | | Tele (623)243-5781 | 08/01/2016 to 07/31/2017 |
| | 7413 NORTH 75TH DRIVE | | | Fax: (866)703-1877 | |
| | GLENDALE | AZ | 85303 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9128H | HOME CARE AT MARLEY PARK, INC | | | Tele (602)317-5005 | 09/01/2016 to 08/31/2017 |
| | 13024 NORTH 154TH LANE | | | Fax: (602)296-0174 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7579H | HOME CARE CHOICE, LLC | | | Tele (602)314-6266 | 06/01/2016 to 05/31/2017 |
| | 119 WEST BECK LANE | | | Fax: (602)374-5871 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9348H | HOME OF HELPING HANDS ASSISTED LIVING, LLC | | | Tele (623)536-7170 | 04/01/2016 to 03/31/2017 |
| | 4429 NORTH 156TH DRIVE | | | Fax: (623)536-7170 | |
| | GOODYEAR | AZ | 85395 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5294H | HOME SWEET HOME | | | Tele (480)239-6199 | 04/01/2016 to 03/31/2017 |
| | 6814 EAST MIRABEL AVENUE | | | Fax: (480)924-5624 | |
| | MESA | AZ | 85208 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6265H | HOME SWEET HOME ON CHEERY LYNN | | | Tele (480)675-0101 | 09/01/2016 to 08/31/2017 |
| | 8701 EAST CHEERY LYNN ROAD | | | Fax: (510)217-4036 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6174H | HOME SWEET HOME ON FLORIAN | | | Tele (480)654-1005 | 07/01/2016 to 06/30/2017 |
| | 3942 EAST FLORIAN AVENUE | | | Fax: (510)217-4036 | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9035H | HOME SWEET HOME ON LELAND | | | Tele (480)891-8171 | 07/01/2016 to 06/30/2017 |
| | 4034 EAST LELAND STREET | | | Fax: (510)217-4036 | |
| | MESA | AZ | 85215 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9045H | HOPE ASSISTED LIVING HOME, LLC | | | Tele (623)337-5895 | 06/01/2016 to 05/31/2017 |
| | 5634 NORTH 48TH LANE | | | Fax: (623)322-1109 | |
| | GLENDALE | AZ | 85301 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9587H | HOPEFAITH ASSISTED LIVING | | | Tele (602)314-5908 | 12/01/2016 to 11/30/2017 |
| | 1545 EAST VILLA THERESA DRIVE | | | Fax: (602)314-6420 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8104H | HORIZON ASSISTED LIVING HOME LLC | | | Tele (602)527-3199 | 07/01/2016 to 06/30/2017 |
| | 19728 NORTH 79TH AVENUE | | | Fax: (623)825-0943 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6549H | HORIZON ASSISTED LIVING II | | | Tele (602)527-3199 | 04/01/2016 to 03/31/2017 |
| | 7198 WEST CAMINO DE ORO | | | Fax: (623)825-0943 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9486H | HORIZON HEALTH AND WELLNESS INC | | | Tele (480)491-1679 | 10/01/2016 to 09/30/2017 |
| | 453 WEST SUNSET CIRCLE | | | Fax: (480)839-1580 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8718H | HORIZON MANOR 2 | | | Tele (480)823-8848 | 06/01/2016 to 05/31/2017 |
| | 5645 EAST NISBET ROAD | | | Fax: (480)398-4778 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9661H | HORIZON MANOR I | | | Tele (480)295-6786 | 03/01/2016 to 02/28/2017 |
| | 13614 NORTH 89TH STREET | | | Fax: (480)588-7138 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8441H | HOUSE OF COMFORT | | | Tele (480)214-3062 | 05/01/2016 to 04/30/2017 |
| | 2325 SOUTH GRANITE STREET | | | Fax: (480)247-2522 | |
| | GILBERT | AZ | 85295 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9451H | HOUSE RIGHT LLC ASSISTED LIVING HOME | | | Tele (602)710-7166 | 08/01/2016 to 07/31/2017 |
| | 18621 WEST DENTON AVENUE | | | Fax: (623)518-6284 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL7006H | HUMMINGBIRD GARDENS | | | Tele (602)485-1500 | 02/01/2016 to 01/31/2017 |
| | 16024 NORTH 17TH WAY | | | Fax: (602)485-1510 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Certified |
| AL5896H | IBRANSIE LOVING CARE HOME | | | Tele (480)529-7471 | 10/01/2016 to 09/30/2017 |
| | 1103 WEST MENDOZA AVENUE | | | Fax: (480)964-1935 | |
| | MESA | AZ | 85210 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL2547H | IMPALA HOME CARE | | | Tele (480)354-8251 | 06/01/2016 to 05/31/2017 |
| | 9515 EAST IMPALA AVE | | | Fax: (480)354-8251 | |
| | MESA | AZ | 85208 | Capacity : 7 | Medcaid_Cert: Certified |
| AL9859H | IN ANGEL ARMS, LLC. | | | Tele (623)327-9983 | 11/01/2016 to 10/31/2017 |
| | 22868 WEST HOPI | | | Fax: (623)327-9952 | |
| | BUCKEYE | AZ | 85326 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10172H | INFINITE LUV HOME CARE LLC | | | Tele (480)518-5970 | 10/07/2016 to 09/30/2017 |
| | 1870 EAST RAWHIDE STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0411H | INSIGHT GUEST HOME | | | Tele (602)494-2575 | 06/01/2016 to 05/31/2017 |
| | 15433 NORTH 45TH STREET | | | Fax: (602)494-2575 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5800H | INTEGRITY ADULT CARE HOME | | | Tele (602)716-1189 | 11/01/2016 to 10/31/2017 |
| | 20493 NORTH 91ST DRIVE | | | Fax: (888)855-5677 | |
| | PEORIA | AZ | 85382 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8745H | INTEGRITY ADULT CARE HOME 1 | | | Tele (602)716-1189 | 07/01/2016 to 06/30/2017 |
| | 8952 WEST MELINDA LANE | | | Fax: (888)885-5567 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9964H | INTEGRITY ASSISTED LIVING HOME, LLC | | | Tele (480)823-7636 | 05/11/2016 to 04/30/2017 |
| | 23255 NORTH 38TH PLACE | | | Fax: (480)659-0862 | |
| | PHOENIX | AZ | 85050 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8072H | INTOUCH ASSISTED LIVING HOME | | | Tele (623)486-3629 | 07/01/2016 to 06/30/2017 |
| | 7233 WEST PARADISE LANE | | | Fax: (623)486-3629 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9826H | INTOUCH ELDER CARE | | | Tele (623)337-5387 | 10/01/2016 to 09/30/2017 |
| | 19918 NORTH 65TH AVENUE | | | Fax: (623)337-5387 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9031H | IOCAM ASSISTED LIVING HOME | | | Tele (623)266-7929 | 05/01/2016 to 04/30/2017 |
| | 6128 WEST GAMBIT TRAIL | | | Fax: (623)266-7929 | |
| | PHOENIX | AZ | 85083 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7531H | IRIS HOUSE ASSISTED LIVING, LLC | | | Tele (602)434-2612 | 04/01/2016 to 03/31/2017 |
| | 819 WEST SAN MIGUEL | | | Fax: (602)956-5358 | |
| | PHOENIX | AZ | 85013 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6616H | ISABELLA HOME CARE | | | Tele (480)838-1624 | 04/01/2016 to 03/31/2017 |
| | 922 WEST ISABELLA AVENUE | | | Fax: (480)838-1624 | |
| | MESA | AZ | 85210 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4334H | J & B ASSISTED LIVING III | | | Tele (623)825-2880 | 05/01/2016 to 04/30/2017 |
| | 7331 WEST SWEETWATER AVENUE | | | Fax: (623)572-9926 | |
| | PEORIA | AZ | 85381 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2929H | J & B ASSISTED LIVING INC II | | | Tele (623)572-9926 | 03/01/2016 to 02/28/2017 |
| | 6613 WEST PERSHING AVENUE | | | Fax: (623)572-9926 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0475H | J M J ADULT CARE HOME | | | Tele (602)841-9186 | 01/01/2017 to 12/31/2017 |
| | 7754 NORTH 33RD AVENUE | | | Fax: (602)841-9186 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10070H | JADE ROYALE CARE HOME LLC, ON PARADISE LANE | | | Tele (480)300-9037 | 07/25/2016 to 06/30/2017 |
| | 5837 EAST PARADISE LANE | | | Fax: (602)441-5893 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8626H | JADE ROYALE CARE HOME, LLC | | | Tele (602)441-5893 | 12/01/2016 to 11/30/2017 |
| | 15640 NORTH 54TH WAY | | | Fax: (623)441-5893 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8349H | JAL ASSISTED LIVING FACILITY, LLC | | | Tele (480)857-8292 | 03/01/2016 to 02/28/2017 |
| | 3332 WEST VENICE WAY | | | Fax: (480)857-8517 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8927H | JANET'S ASSISTED LIVING HOME | | | Tele (480)361-9970 | 10/01/2016 to 09/30/2017 |
| | 232 SOUTH 89TH STREET | | | Fax: (480)361-9999 | |
| | MESA | AZ | 85208 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6313H | JIM & PATTI JONES II | | | Tele (480)969-9449 | 11/01/2016 to 10/31/2017 |
| | 2308 NORTH KACHINA | | | Fax: (480)649-8237 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2406H | JIM AND PATTI JONES | | | Tele (480)969-9449 | 12/01/2016 to 11/30/2017 |
| | 1644 EAST MENLO | | | Fax: (480)649-8237 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0666H | JO-LEX AT OBISPO | | | Tele (480)444-9000 | 05/01/2016 to 04/30/2017 |
| | 2216 WEST OBISPO AVENUE | | | Fax: (480)699-8873 | |
| | MESA | AZ | 85202 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8229H | JOLLEY FAMILY ASSISTED LIVING LLC | | | Tele (623)327-0995 | 12/01/2016 to 11/30/2017 |
| | 20106 WEST BROADWAY ROAD | | | Fax: (623)327-0996 | |
| | BUCKEYE | AZ | 85326 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8243H | JOLLEY FAMILY ASSISTED LIVING, LLC | | | Tele (623)327-9573 | 01/01/2017 to 12/31/2017 |
| | 20104 WEST BROADWAY ROAD | | | Fax: (623)327-9586 | |
| | BUCKEYE | AZ | 85326 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8017H | JONES FAMILY CARE HOME | | | Tele (480)584-5666 | 02/01/2016 to 01/31/2017 |
| | 412 SOUTH 30TH STREET | | | Fax: (480)588-5460 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8615H | JULIAN'S ASSISTED LIVING HOME | | | Tele (480)907-7576 | 02/01/2016 to 01/31/2017 |
| | 10304 EAST JAN AVENUE | | | Fax: (480)907-7576 | |
| | MESA | AZ | 85209 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6887H | JUST A TOUCH OF TENDER AIDE | | | Tele (480)361-5753 | 07/01/2016 to 06/30/2017 |
| | 3570 SOUTH BARBERRY PLACE | | | Fax: (480)361-5753 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7898H | K & R ASSISTED LIVING HOME | | | Tele (480)659-0069 | 02/01/2017 to 01/31/2018 |
| | 519 EAST MCKELLIPS ROAD | | | Fax: (480)659-0069 | |
| | TEMPE | AZ | 85281 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8118H | KATIE'S CARE HOME | | | Tele (602)996-2520 | 12/01/2016 to 11/30/2017 |
| | 5402 EAST MARILYN ROAD | | | Fax: (602)996-2520 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9440H | KAUR ASHRAM ASSISTED LIVING LLC | | | Tele (248)310-6052 | 01/01/2017 to 12/31/2017 |
| | 4538 NORTH 183RD AVENUE | | | Fax: (623)399-9665 | |
| | GOODYEAR | AZ | 85395 | Capacity : 3 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9330H | KAY ADULT CARE HOME | | | Tele (480)704-3099 | 04/01/2016 to 03/31/2017 |
| | 12105 EAST SHANGRI-LA ROAD | | | Fax: (480)376-0461 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL0804H | KELLYS ADULT CARE HOME | | | Tele (602)867-2732 | 03/01/2016 to 02/28/2017 |
| | 3802 EAST BECK LANE | | | Fax: (602)867-7384 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10177H | KEN REED INVESTMENTS LLC | | | Tele (602)999-7576 | 10/05/2016 to 09/30/2017 |
| | 3134 WEST ADOBE DAM ROAD | | | Fax: (623)428-0374 | |
| | PHOENIX | AZ | 85027 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7273H | KIERLAND ASSISTED LIVING HOME | | | Tele (480)459-5529 | 11/01/2016 to 10/31/2017 |
| | 16433 NORTH 68TH PLACE | | | Fax: (480)659-5503 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9443H | KING ASSISTED LIVING | | | Tele (602)820-9498 | 12/01/2016 to 11/30/2017 |
| | 3424 EAST MONTE CRISTO AVENUE | | | Fax: (602)274-5695 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9250H | KIRAN MANOR | | | Tele (480)696-3287 | 04/01/2016 to 03/31/2017 |
| | 2150 EAST FLINTOCK WAY | | | Fax: (480)699-9878 | |
| | CHANDLER | AZ | 85286 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9620H | KISSLING MANOR A L H | | | Tele (623)518-4649 | 02/01/2017 to 01/31/2018 |
| | 15456 WEST MORNING GLORY STREET | | | Fax: (623)518-6716 | |
| | GOODYEAR | AZ | 85338 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10170H | KIT'S HOUSE | | | Tele (480)565-1848 | 10/13/2016 to 09/30/2017 |
| | 8111 EAST CHARTER OAK DRIVE | | | Fax: (480)565-1849 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2059H | KLARA'S ADULT CARE HOME | | | Tele (480)703-0547 | 09/01/2016 to 08/31/2017 |
| | 1934 EAST SMOKE TREE ROAD | | | Fax: (480)539-0642 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7819H | KLARA'S II ADULT CARE HOME | | | Tele (480)703-0547 | 12/01/2016 to 11/30/2017 |
| | 2974 EAST PONY COURT | | | Fax: (480)539-0642 | |
| | GILBERT | AZ | 85295 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8373H | KOALA CARE ASSISTED LIVING | | | Tele (480)668-3954 | 04/01/2016 to 03/31/2017 |
| | 1411 NORTH PASADENA STREET | | | Fax: (480)668-3479 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8433H | KOPPER CREST MANOR ON HARRIS, LLC | | | Tele (480)313-2636 | 05/01/2016 to 04/30/2017 |
| | 851 NORTH HARRIS DRIVE | | | Fax: (480)383-6768 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2975H | KRISTAL BELL ASSISTED HOME | | | Tele (602)588-7822 | 07/01/2016 to 06/30/2017 |
| | 4950 WEST PHELPS ROAD | | | Fax: (602)588-7822 | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7430H | KRISTAL BELL CARE HOME GLENDALE | | | Tele (602)375-3923 | 01/01/2017 to 12/31/2017 |
| | 5748 WEST MARCONI AVENUE | | | Fax: (602)866-0714 | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9127H | LA BELLA VITA ASSISTED LIVING HOME | | | Tele (480)668-3992 | 08/01/2016 to 07/31/2017 |
| | 7515 EAST FARMDALE AVENUE | | | Fax: (480)307-8104 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9554H | LA MARCH ASSISTED LIVING | | | Tele (602)652-2260 | 10/01/2016 to 09/30/2017 |
| | 1615 EAST LE MARCHE AVENUE | | | Fax: (602)346-0515 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2318H | LA NINA ASSISTED LIVING | | | Tele (480)838-9554 | 10/01/2016 to 09/30/2017 |
| | 843 EAST DIVOT DRIVE | | | Fax: (480)839-0779 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7221H | LAKE VIEW RETIREMENT VILLA | | | Tele (602)570-4504 | 10/01/2016 to 09/30/2017 |
| | 2902 WEST CHOLLA STREET | | | Fax: (602)466-1489 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8496H | LAKESHORE CREST, LLC | | | Tele (623)376-6469 | 07/01/2016 to 06/30/2017 |
| | 19535 NORTH 55TH DRIVE | | | Fax: (623)376-6470 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7285H | LAKEVIEW ASSISTED LIVING | | | Tele (623)977-5777 | 10/01/2016 to 09/30/2017 |
| | 20044 NORTH 68TH DRIVE | | | Fax: (623)977-5777 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9124H | LAKEVIEW ASSISTED LIVING HOME LLC | | | Tele (480)332-5100 | 12/01/2016 to 11/30/2017 |
| | 10048 EAST LAKEVIEW AVENUE | | | Fax: (480)820-5562 | |
| | MESA | AZ | 85209 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9191H | LARISA SWEET HOME 1, LLC | | | Tele (602)301-3505 | 11/01/2016 to 10/31/2017 |
| | 8517 WEST NICOLET AVENUE | | | Fax: (623)322-4116 | |
| | GLENDALE | AZ | 85305 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8878H | LARISA SWEET HOME 2 LLC | | | Tele (602)301-3505 | 11/01/2016 to 10/31/2017 |
| | 8402 WEST BELMONT AVE | | | Fax: (623)466-6320 | |
| | GLENDALE | AZ | 85305 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8013H | LAS FUENTES ASSISTED LIVING | | | Tele (480)656-2129 | 01/01/2017 to 12/31/2017 |
| | 7340 EAST SWEETWATER AVENUE | | | Fax: (480)207-6945 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9059H | LAS FUENTES ASSISTED LIVING II | | | Tele (480)696-2159 | 10/01/2016 to 09/30/2017 |
| | 8617 EAST SWEETWATER AVENUE | | | Fax: (480)207-6945 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7526H | LAS FUENTES ASSISTED LIVING III | | | Tele (480)607-9219 | 05/01/2016 to 04/30/2017 |
| | 7191 EAST MONTGOMERY ROAD | | | Fax: (480)607-9723 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9593H | LAS FUENTES ASSISTED LIVING IV | | | Tele (480)656-2129 | 03/01/2016 to 02/28/2017 |
| | 7247 EAST TAILFEATHER DRIVE | | | Fax: (480)207-6945 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8078H | LATIN'S HOME | | | Tele (480)598-1003 | 08/01/2016 to 07/31/2017 |
| | 10601 SOUTH 42ND STREET | | | Fax: (480)598-1003 | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9967H | LAUREL ASSISTED LIVING HOME LLC | | | Tele (602)374-6707 | 02/01/2016 to 01/31/2017 |
| | 2201 WEST LAUREL LANE | | | Fax: (602)374-8066 | |
| | PHOENIX | AZ | 85029 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8603H | LEGACY ASSISTED LIVING HOME | | | Tele (623)693-3759 | 12/01/2016 to 11/30/2017 |
| | 13464 WEST COTTONWOOD STREET | | | Fax: (623)243-7993 | |
| | SURPRISE | AZ | 85374 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2738H | LEGACY MANOR ASSISTED LIVING | | | Tele (623)376-7198 | 04/01/2016 to 03/31/2017 |
| | 23636 NORTH 79TH AVENUE | | | Fax: (623)376-7198 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4626H | LEGENDS SENIOR LIVING | | | Tele (623)910-1043 | 01/01/2017 to 12/31/2017 |
| | 20371 NORTH 65TH DRIVE | | | Fax: (623)239-0887 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6106H | LEGENDS SENIOR LIVING | | | Tele (623)910-1043 | 10/01/2016 to 09/30/2017 |
| | 20424 NORTH 98TH LANE | | | Fax: (623)239-7886 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2244H | LEGENDS SENIOR LIVING | | | Tele (623)910-1043 | 08/01/2016 to 07/31/2017 |
| | 6207 WEST COMET AVENUE | | | Fax: (623)239-0887 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9793H | LEISURE GARDENS | | | Tele (480)332-1221 | 09/01/2016 to 08/31/2017 |
| | 3704 EAST VAUGHN AVENUE | | | Fax: (520)488-0762 | |
| | GILBERT | AZ | 85234 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9202H | LEISURE LIVING | | | Tele (480)664-9127 | 09/01/2016 to 08/31/2017 |
| | 507 NORTH NANTUCKET COURT | | | Fax: (480)664-4803 | |
| | CHANDLER | AZ | 85225 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9390H | LEISURE LIVING COTTAGES IN MESA | | | Tele (480)275-8625 | 06/01/2016 to 05/31/2017 |
| | 3530 EAST PUEBLO AVENUE | | | Fax: (480)664-9232 | |
| | MESA | AZ | 85204 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5022H | LEISURE TIME HOME | | | Tele (623)215-2816 | 03/01/2016 to 02/28/2017 |
| | 11678 WEST YUCCA COURT | | | Fax: (623)215-2816 | |
| | SURPRISE | AZ | 85378 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9344H | LENDING HAND ASSISTED LIVING | | | Tele (480)388-7499 | 06/01/2016 to 05/31/2017 |
| | 1029 NORTH SERICIN | | | Fax: (480)452-1379 | |
| | MESA | AZ | 85205 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9997H | LENDING HAND SCOTTSDALE A L | | | Tele (480)388-7499 | 03/15/2016 to 02/28/2017 |
| | 7746 EAST LATHAM STREET | | | Fax: (480)452-1379 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1145H | LIANN'S HOMES | | | Tele (480)596-0579 | 01/01/2017 to 12/31/2017 |
| | 1985 EAST PEBBLE BEACH DRIVE | | | Fax: (480)607-9583 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1004H | LIANN'S HOMES | | | Tele (480)596-0579 | 08/01/2016 to 07/31/2017 |
| | 7021 NORTH 79TH PLACE | | | Fax: (480)607-9583 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1248H | LIANN'S HOMES | | | Tele (480)596-0579 | 10/01/2016 to 09/30/2017 |
| | 1835 EAST LA JOLLA DRIVE | | | Fax: (480)607-9583 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2346H | LIANN'S HOMES | | | Tele (480)596-0579 | 02/01/2017 to 01/31/2018 |
| | 9693 EAST DAVENPORT DRIVE | | | Fax: (480)607-9583 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2348H | LIANN'S HOMES | | | Tele (480)596-0579 | 01/01/2017 to 12/31/2017 |
| | 8411 EAST VIA DE JARDIN | | | Fax: (480)607-9583 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4014H | LIBERTY CARE HOME II | | | Tele (480)926-6588 | 09/01/2016 to 08/31/2017 |
| | 1178 WEST LAREDO AVENUE | | | Fax: (480)926-6588 | |
| | GILBERT | AZ | 85233 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4705H | LIBERTY MANOR RESIDENCY | | | Tele (602)843-1330 | 02/01/2016 to 01/31/2017 |
| | 17632 NORTH 5TH PLACE | | | Fax: (888)395-0419 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5240H | LIBERTY MANOR RESIDENCY II | | | Tele (602)626-5314 | 05/01/2016 to 04/30/2017 |
| | 13039 NORTH 34TH DRIVE | | | Fax: (888)395-0419 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7559H | LIDIA'S CARE HOME | | | Tele (480)287-4243 | 04/01/2016 to 03/31/2017 |
| | 6559 WEST PINNACLE PEAK ROAD | | | Fax: (623)376-6134 | |
| | GLENDALE | AZ | 85310 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7804H | LIFE'S BLESSINGS ASSISTED LIVING HOME | | | Tele (602)466-3005 | 10/01/2016 to 09/30/2017 |
| | 16009 NORTH 6TH PLACE | | | Fax: (480)247-5016 | |
| | PHOENIX | AZ | 85022 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9488H | LIFESTREAM AT NORTHEAST PHOENIX GREEN HOUSE #86 | | | Tele (623)933-3333 | 12/01/2016 to 11/30/2017 |
| | 20802 NORTH CAVE CREEK ROAD (BLDG 86) | | | Fax: (623)972-7320 | |
| | PHOENIX | AZ | 85024 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7695H | LIFESTREAM AT NORTHEAST PHOENIX GREEN HOUSE 84 | | | Tele (623)933-3333 | 11/01/2016 to 10/31/2017 |
| | 20802 NORTH CAVE CREEK ROAD, BUILDING 84 | | | Fax: (623)972-7320 | |
| | PHOENIX | AZ | 85024 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7622H | LIFESTREAM AT NORTHEAST PHOENIX GREEN HOUSE 85<br>20802 NORTH CAVE CREEK ROAD, BUILDING #85<br>PHOENIX AZ 85024 | Tele (623)933-3333<br>Fax: (623)972-7320<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6479H | LIFESTREAM AT YOUNGTOWN GREEN HOUSE 3<br>11521 WEST PEORIA AVENUE<br>YOUNGTOWN AZ 85363 | Tele (623)512-4554<br>Fax: (623)512-4555<br>Capacity : 10 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6477H | LIFESTREAM AT YOUNGTOWN GREEN HOUSE 2<br>11523 WEST PEORIA AVENUE<br>YOUNGTOWN AZ 85363 | Tele (623)512-4552<br>Fax: (623)512-4553<br>Capacity : 10 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL10237H | LIGHT HOUSE MANOR<br>5980 WEST ORCHID LANE<br>CHANDLER AZ 85226 | Tele (480)883-7636<br>Fax: (480)883-7636<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6346H | LIIA ADULT CARE HOME<br>5940 WEST VILLA THERESA DRIVE<br>GLENDALE AZ 85308 | Tele (602)358-8887<br>Fax: (602)795-8884<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10036H | LINDSAY MANOR LLC | | | Tele (480)654-8196 | 07/01/2016 to 06/30/2017 |
| | 2955 EAST MALLORY STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6140H | LITCHFIELD COUNTRYSIDE HOME CARE | | | Tele (623)330-3644 | 04/01/2016 to 03/31/2017 |
| | 3333 NORTH 188TH AVENUE | | | Fax: (623)255-6554 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8182H | LITCHFIELD JOY SENIOR LIVING LLC | | | Tele (623)242-9124 | 11/01/2016 to 10/31/2017 |
| | 13576 WEST BANFF LANE | | | Fax: (623)249-4034 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6291H | LITCHFIELD PARK ASSISTED LIVING HOME | | | Tele (602)725-0268 | 09/01/2016 to 08/31/2017 |
| | 5515 NORTH 132ND DRIVE | | | Fax: (623)535-0087 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9232H | LITSAS ORTIZ DBA SUNNYSIDE ASSISTED LIVING I | | | Tele (623)293-7024 | 01/01/2016 to 12/31/2016 |
| | 8632 WEST VIA MONTOYA DRIVE | | | Fax: (623)322-2633 | |
| | PEORIA | AZ | 85383 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1610H | LITTLE TOUCH OF EUROPE | | | Tele (623)334-1129 | 11/01/2016 to 10/31/2017 |
| | 7717 WEST BERYL AVENUE | | | Fax: (623)334-4616 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9132H | LIVING LEGACY SENIOR CARE EAST | | | Tele (480)463-0110 | 07/01/2016 to 06/30/2017 |
| | 8241 EAST QUARTERLINE ROAD | | | Fax: (480)247-9197 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6076H | LIVING WATERS CARE HOME | | | Tele (623)486-8360 | 06/01/2016 to 05/31/2017 |
| | 5601 WEST WINNWOOD AVENUE | | | Fax: (623)486-8360 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7595H | LONGMORE MC ASSISTED LIVING FACILITY | | | Tele (480)659-5446 | 05/01/2016 to 04/30/2017 |
| | 704 SOUTH LONGMORE STREET | | | Fax: (480)659-1774 | |
| | CHANDLER | AZ | 85224 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8320H | LOOKOUT MOUNTAIN ASSISTED LIVING HOME | | | Tele (602)410-9102 | 02/01/2017 to 01/31/2018 |
| | 1924 EAST SHARON DRIVE | | | Fax: (602)652-8400 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6027H | LOOKOUT MOUNTAIN ASSISTED LIVING HOME | | | Tele (602)652-8400 | 11/01/2016 to 10/31/2017 |
| | 15014 NORTH 20TH STREET | | | Fax: (602)652-8401 | |
| | PHOENIX | AZ | 85022 | Capacity : 6 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8782H | LORA CARE HOME ASSISTED LIVING | | | Tele (623)707-9133 | 07/01/2016 to 06/30/2017 |
| | 11625 NORTH 165TH AVENUE | | | Fax: (623)236-8103 | |
| | SURPRISE | AZ | 85388 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7503H | LOTUS ASSISTED LIVING HOME CARE | | | Tele (480)272-6227 | 03/01/2017 to 02/28/2018 |
| | 2741 EAST DENNISPORT AVENUE | | | Fax: (602)926-8682 | |
| | GILBERT | AZ | 85295 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8526H | LOVE AND CARE ASSISTED LIVING, LLC | | | Tele (623)234-8003 | 09/01/2016 to 08/31/2017 |
| | 18530 WEST PORT AU PRINCE LANE | | | Fax: (623)399-6561 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10001H | LOVE LIVING LIFE | | | Tele (602)781-3020 | 04/18/2016 to 03/31/2017 |
| | 2626 WEST FAWN DRIVE | | | Fax: (602)466-3152 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5038H | LOVIN MANOR | | | Tele (480)828-0232 | 11/01/2016 to 10/31/2017 |
| | 29192 NORTH 76TH STREET | | | Fax: (480)367-7970 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6295H | LOVIN MANOR TOO | | | Tele (602)828-0232 | 12/01/2016 to 11/30/2017 |
| | 8434 EAST LA JUNTA | | | Fax: (480)367-7970 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9772H | LOVING CARE ASSISTED LIVING | | | Tele (480)247-2379 | 06/01/2016 to 05/31/2017 |
| | 5133 WEST FAWN DRIVE | | | Fax: (602)374-7727 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4297H | LOVING HEART ASSISTED LIVING SERVICE | | | Tele (602)410-2569 | 05/01/2016 to 04/30/2017 |
| | 13001 NORTH 22ND PLACE | | | Fax: (602)595-3013 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9764H | LOVING HEARTS ASSISTED LIVING, LLC | | | Tele (480)233-6763 | 08/01/2016 to 07/31/2017 |
| | 1714 SOUTH LINDA | | | Fax: (480)264-5457 | |
| | MESA | AZ | 85204 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8906H | LOVING KIND CARE HOME, THE | | | Tele | (602)595-3629 | 10/01/2016 | to | 09/30/2017 |
| | 14602 NORTH 47TH STREET | | | Fax: | (602)441-5693 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8907H | LOVING KIND CARE HOME, TOO, THE | | | Tele | (623)714-6513 | 10/01/2016 | to | 09/30/2017 |
| | 14414 NORTH 29TH STREET | | | Fax: | (602)237-5149 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10059H | LOYAL CARE ASSISTED LIVING LLC | | | Tele | (480)200-2232 | 06/01/2016 | to | 05/31/2017 |
| | 1338 WEST LOBO AVENUE | | | Fax: | (480)491-1558 | | | |
| | MESA | AZ | 85202 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8807H | LOYALE ASSISTED LIVING | | | Tele | (480)252-2704 | 09/01/2016 | to | 08/31/2017 |
| | 5971 WEST LONE CACTUS DRIVE | | | Fax: | (623)322-7178 | | | |
| | GLENDALE | AZ | 85308 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL6305H | LUXURY COMFORT HOME | | | Tele | (623)910-3861 | 09/01/2016 | to | 08/31/2017 |
| | 5452 WEST TOPEKA DRIVE | | | Fax: | (623)374-7902 | | | |
| | GLENDALE | AZ | 85308 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4653H | LYDIA'S ADULT CARE HOME | | | Tele (602)439-2487 | 03/01/2016 to 02/28/2017 |
| | 6208 WEST CARIBE LANE | | | Fax: (602)439-2487 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4456H | LYNETTE'S CARE CENTER | | | Tele (602)942-3507 | 12/01/2016 to 11/30/2017 |
| | 3142 WEST GREENWAY ROAD | | | Fax: (602)795-0888 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7936H | LYNETTE'S CARE CENTER II | | | Tele (602)373-2090 | 10/01/2016 to 09/30/2017 |
| | 15415 NORTH 30TH AVENUE | | | Fax: (602)626-7873 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8722H | LYNNE'S ASSISTED LIVING, LLC | | | Tele (623)266-1003 | 03/01/2016 to 02/28/2017 |
| | 17628 WEST PERSHING STREET | | | Fax: (623)518-2149 | |
| | SURPRISE | AZ | 85388 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9388H | M & K ASSISTED LIVING CHANDLER | | | Tele (602)769-1710 | 05/01/2016 to 04/30/2017 |
| | 6992 SOUTH SHARON COURT | | | Fax: (480)659-6879 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0281H | M D QUALITY CARE HOME | | | Tele (602)841-9766 | 06/01/2016 to 05/31/2017 |
| | 5736 NORTH 33RD AVENUE | | | Fax: (602)841-9766 | |
| | PHOENIX | AZ | 85017 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7530H | MAC ASSISTED LIVING | | | Tele (480)456-0564 | 01/01/2016 to 12/31/2016 |
| | 2070 WEST MULBERRY DRIVE | | | Fax: (480)899-6122 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6474H | MADEIRA VILLA ASSISTED LIVING, LLC | | | Tele (480)782-0259 | 03/01/2016 to 02/28/2017 |
| | 3370 WEST IRONWOOD DRIVE | | | Fax: (480)855-7365 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5031H | MADERA ASSISTED LIVING HOME | | | Tele (480)663-3652 | 10/01/2016 to 09/30/2017 |
| | 707 WEST PALO VERDE STREET | | | Fax: (480)539-2797 | |
| | GILBERT | AZ | 85233 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6416H | MAGDA'S FAMILY HOME CARE II | | | Tele (602)330-3762 | 04/01/2016 to 03/31/2017 |
| | 3802 WEST BROWN STREET | | | Fax: (602)547-7912 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7658H | MAGDA'S FAMILY HOME CARE LLC | | | Tele (602)547-2273 | 08/01/2016 to 07/31/2017 |
| | 11433 NORTH 33RD AVENUE | | | Fax: (602)547-7912 | |
| | PHOENIX | AZ | 85029 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8980H | MAGGIE'S HOUSE ASSISTED LIVING HOME | | | Tele (623)792-8955 | 04/01/2016 to 03/31/2017 |
| | 9510 WEST MINNEZONA AVENUE | | | Fax: (623)374-2775 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4935H | MAGIC TOUCH ADULT CARE | | | Tele (480)361-4458 | 09/01/2016 to 08/31/2017 |
| | 2148 EAST WINCHESTER WAY | | | Fax: (480)361-4448 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8719H | MAGNIFICENT CEDAR | | | Tele (480)722-0247 | 06/01/2016 to 05/31/2017 |
| | 3190 WEST DRAKE STREET | | | Fax: (480)855-1033 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8362H | MAJESTIC ROSE | | | Tele (480)248-7523 | 04/01/2016 to 03/31/2017 |
| | 2461 EAST BLUE SPRUCE LANE | | | Fax: (480)248-9405 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3159H | MAJESTIC VILLA | | | Tele (623)435-1427 | 03/01/2016 to 02/28/2017 |
| | 8236 NORTH 57TH DRIVE | | | Fax: (623)242-8778 | |
| | GLENDALE | AZ | 85302 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8223H | MAJESTIC VILLA ASSISTED LIVING II | | | Tele (623)242-8778 | 12/01/2016 to 11/30/2017 |
| | 7786 NORTH 88TH LANE | | | Fax: (623)242-8778 | |
| | GLENDALE | AZ | 85305 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9252H | MAMA CARE ASSISTED LIVING | | | Tele (480)264-7516 | 02/01/2016 to 01/31/2017 |
| | 10427 EAST IDAHO CIRCLE | | | Fax: (480)718-7509 | |
| | MESA | AZ | 85209 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL3371H | MAMA MARY ASSISTED LIVING | | | Tele (623)776-2942 | 09/01/2016 to 08/31/2017 |
| | 8207 WEST CACTUS ROAD | | | Fax: (623)776-2889 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7320H | MARANATHA ASSISTED LIVING | | | Tele (602)803-8256 | 11/01/2016 to 10/31/2017 |
| | 3820 EAST EXPEDITION WAY | | | Fax: (480)773-6532 | |
| | PHOENIX | AZ | 85050 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3291H | MARCOS AND SECILIA RAMON HOME CARE | | | Tele (480)827-8160 | 11/01/2016 to 10/31/2017 |
| | 521 WEST PEPPER PLACE | | | Fax: (480)655-9248 | |
| | MESA | AZ | 85201 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4602H | MARDON ASSISTED LIVING HOMES I | | | Tele (602)758-5230 | 03/01/2016 to 02/28/2017 |
| | 6846 NORTH 4TH AVENUE | | | Fax: (602)604-8370 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9436H | MARHABA HOME CARE | | | Tele (623)398-6059 | 06/01/2016 to 05/31/2017 |
| | 15244 WEST WATSON LANE | | | Fax: (623)398-8081 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8806H | MARIAN ADULT CARE HOME | | | Tele (602)433-9102 | 09/01/2016 to 08/31/2017 |
| | 1002 WEST ROSE LANE | | | Fax: (602)433-9102 | |
| | PHOENIX | AZ | 85013 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7046H | MARIA'S ADULT CARE HOME | | | Tele (623)266-3574 | 06/01/2016 to 05/31/2017 |
| | 26892 NORTH 89TH DRIVE | | | Fax: (623)266-3574 | |
| | PEORIA | AZ | 85383 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8694H | MARIA'S ADULT CARE HOME | | | Tele (623)533-7648 | 05/01/2016 to 04/30/2017 |
| | 7866 WEST BROWN | | | Fax: (623)773-9433 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2189H | MARIA'S AND RALUCA'S ADULT CARE HOME | | | Tele (623)486-4734 | 04/01/2016 to 03/31/2017 |
| | 6799 WEST ANGELA DRIVE | | | Fax: (623)486-4734 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8908H | MARIA'S GARDEN CARE HOME, LLC | | | Tele (480)823-9292 | 11/01/2016 to 10/31/2017 |
| | 3646 WEST DUNLAP AVENUE | | | Fax: (888)237-2361 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10091H | MARIE SILVER ASSISTED LIVING FACILITY LLC | | | Tele (480)842-6868 | 07/11/2016 to 06/30/2017 |
| | 15956 WEST CORTEZ STREET | | | Fax: (623)234-9963 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9283H | MARIES BOARD AND CARE II | | | Tele (602)790-4121 | 04/01/2016 to 03/31/2017 |
| | 16211 NORTH 40TH STREET | | | Fax: (602)314-6462 | |
| | PHOENIX | AZ | 85032 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9015H | MARILYN MANOR ALH | | | Tele (480)272-8413 | 03/01/2016 to 02/28/2017 |
| | 6327 EAST MARILYN | | | Fax: (480)603-1815 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6830H | MARINO MANOR II LLC | | | Tele (623)846-5023 | 09/01/2016 to 08/31/2017 |
| | 5011 NORTH 64TH DRIVE | | | Fax: (623)873-2925 | |
| | GLENDALE | AZ | 85301 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8650H | MARIPOSA MC ASSISTED LIVING FACILITY | | | Tele (480)634-6167 | 04/01/2016 to 03/31/2017 |
| | 1653 WEST MORELOS STREET | | | Fax: (480)659-1774 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9657H | MARKESH ASSISTED LIVING | | | Tele (623)670-8407 | 01/01/2017 to 12/31/2017 |
| | 985 EAST VIRGO PLACE | | | Fax: (480)219-4632 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9860H | MARLEY ADULT HEALTHCARE, LLC | | | Tele (602)228-7320 | 10/01/2016 to 09/30/2017 |
| | 14798 WEST GEORGIA DRIVE | | | Fax: (602)606-2356 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9748H | MARTHA ANN'S RAINBOW HOUSE | | | Tele (480)968-6008 | 08/01/2016 to 07/31/2017 |
| | 2638 SOUTH HOLBROOK LANE | | | Fax: (480)902-0291 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9563H | MARYBELA'S LOYAL CARE, LLC | | | Tele (623)533-4948 | 11/01/2016 to 10/31/2017 |
| | 17575 WEST EVANS DRIVE | | | Fax: (623)223-7229 | |
| | SURPRISE | AZ | 85388 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7702H | MARY'S GROUP HOME | | | Tele (602)621-2931 | 08/01/2016 to 07/31/2017 |
| | 10008 WEST BLOCH ROAD | | | Fax: (623)398-8666 | |
| | TOLLESON | AZ | 85353 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7468H | MASTER CARE, INC | | | Tele (602)799-8495 | 11/01/2016 to 10/31/2017 |
| | 2159 WEST EUGIE AVENUE | | | Fax: (602)375-9440 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5925H | MAUI CARE HOME | | | Tele (623)399-8170 | 02/01/2017 to 01/31/2018 |
| | 7736 WEST MAUI LANE | | | Fax: (623)455-8974 | |
| | PEORIA | AZ | 85381 | Capacity : 9 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9418H | MAYBERRY ASSISTED LIVING HOME | | | Tele (480)440-7443 | 07/01/2016 to 06/30/2017 |
| | 19863 EAST MAYBERRY ROAD | | | Fax: (480)773-7421 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 3 | Medcaid_Cert: Not Ceritified |
| AL6165H | MAYFAIR ASSISTED LIVING HOME INC | | | Tele (310)941-9685 | 07/01/2016 to 06/30/2017 |
| | 6930 EAST GRANADA STREET | | | Fax: (310)816-0715 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8867H | MAY'S HAVEN LLC | | | Tele (480)625-4598 | 01/01/2017 to 12/31/2017 |
| | 1518 WEST COMSTOCK DRIVE | | | Fax: (480)857-4972 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |
| AL9060H | MAY'S HAVEN, LLC | | | Tele (480)600-6818 | 04/01/2016 to 03/31/2017 |
| | 1432 NORTH DE SOTO STREET | | | Fax: (480)857-4972 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |
| AL9875H | MEADOW ADULT CARE HOME | | | Tele (480)570-9360 | 04/25/2016 to 03/31/2017 |
| | 551 EAST EAGLE COURT | | | Fax: (480)570-9360 | |
| | GILBERT | AZ | 85296 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7698H | MEADOWBROOK ASSISTED LIVING | | | Tele | (602)434-2612 | 09/01/2016 | to | 08/31/2017 |
| | 1832 EAST MEADOWBROOK AVENUE | | | Fax: | (602)926-2537 | | | |
| | PHOENIX | AZ | 85016 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8545H | MEDINA HOUSE CORP | | | Tele | (480)907-6012 | 09/01/2016 | to | 08/31/2017 |
| | 7116 EAST MEDINA AVENUE | | | Fax: | (480)907-5038 | | | |
| | MESA | AZ | 85209 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL6995H | MERCY ADULT CARE HOME | | | Tele | (623)533-4042 | 02/01/2016 | to | 01/31/2017 |
| | 18379 WEST IVY LANE | | | Fax: | (623)487-3041 | | | |
| | SURPRISE | AZ | 85388 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL3040H | MERCY ADULT CARE HOME IV | | | Tele | (602)616-2850 | 08/01/2016 | to | 07/31/2017 |
| | 6058 WEST WETHERSFIELD DRIVE | | | Fax: | (623)487-3041 | | | |
| | GLENDALE | AZ | 85304 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10062H | MERCY ADULT CARE HOME LLC | | | Tele | (602)616-2850 | 08/04/2016 | to | 07/31/2017 |
| | 5582 WEST BECKER LANE | | | Fax: | (623)487-3041 | | | |
| | GLENDALE | AZ | 85304 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8092H | MERCY'S CARE HOME II | | | Tele (480)358-7363 | 06/01/2016 to 05/31/2017 |
| | 1711 WEST VENUS WAY | | | Fax: (480)264-4433 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6166H | MERIDIAN ASSISTED LIVING HOME | | | Tele (623)266-2199 | 10/01/2016 to 09/30/2017 |
| | 14320 WEST MANDALAY LANE | | | Fax: (623)266-2199 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7147H | MESA ADULT CARE HOME | | | Tele (480)361-1591 | 05/01/2016 to 04/30/2017 |
| | 1756 EAST KENWOOD STREET | | | Fax: (480)361-7735 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8194H | MESA ADULT CARE HOME II | | | Tele (480)264-4238 | 02/01/2016 to 01/31/2017 |
| | 317 EAST LELAND STREET | | | Fax: (480)264-4238 | |
| | MESA | AZ | 85201 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9565H | MESA ELDER CARE INC | | | Tele (480)832-9924 | 12/01/2016 to 11/30/2017 |
| | 1556 NORTH 46TH STREET | | | Fax: (480)832-4353 | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8730H | MILA'S SENIOR CARE HOME | | | Tele (623)518-2478 | 05/01/2016 to 04/30/2017 |
| | 14221 NORTH 136TH LANE | | | Fax: (623)518-2478 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9469H | MILLENNIUM ASSISTED LIVING HOME, LLC | | | Tele (623)748-8952 | 10/01/2016 to 09/30/2017 |
| | 10325 WEST SAN JUAN AVENUE | | | Fax: (623)748-8952 | |
| | GLENDALE | AZ | 85307 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6483H | MIRAMONTE ALH | | | Tele (623)262-5388 | 01/01/2017 to 12/31/2017 |
| | 18120 NORTH 53RD LANE | | | Fax: (602)504-0247 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9122H | MIRAMONTE ALH | | | Tele (602)688-6522 | 09/01/2016 to 08/31/2017 |
| | 14601 NORTH 55TH PLACE | | | Fax: (602)535-5627 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7111H | MIRIAM'S ADULT CARE HOME | | | Tele (623)776-3399 | 07/01/2016 to 06/30/2017 |
| | 6426 WEST DEL MAR LANE | | | Fax: (623)776-3399 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9645H | MOM'S PLACE ASSISTED LIVING HOME LLC | | | Tele (623)362-2657 | 01/01/2017 to 12/31/2017 |
| | 19027 NORTH 73RD DRIVE | | | Fax: (623)328-9940 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9930H | MONTE CRISTO ADULT CARE HOME | | | Tele (602)292-2010 | 05/20/2016 to 04/30/2017 |
| | 15835 NORTH 6TH PLACE | | | Fax: (602)325-2283 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8101H | MONTE MANOR ASSISTED LIVING | | | Tele (480)659-8721 | 10/01/2016 to 09/30/2017 |
| | 2721 WEST MONTE AVENUE | | | Fax: (480)361-9725 | |
| | MESA | AZ | 85202 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10056H | MONTEBELLO ASSISTED LIVING LLC | | | Tele (602)441-0576 | 09/01/2016 to 08/31/2017 |
| | 2134 WEST ORANGEWOOD AVENUE | | | Fax: (602)441-0576 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6221H | MONTEREY GERIATRIC CARE | | | Tele (480)970-1870 | 06/01/2016 to 05/31/2017 |
| | 8331 EAST MONTEREY WAY | | | Fax: (480)970-1870 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6083H | MOON VALLEY ASSISTED LIVING LLC | | | Tele (602)938-5534 | 08/01/2016 to 07/31/2017 |
| | 14221 NORTH PIPING ROCK COURT | | | Fax: (602)404-8437 | |
| | PHOENIX | AZ | 85023 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10060H | MOON VALLEY ASSISTED LIVING II, LLC | | | Tele (602)795-8402 | 06/23/2016 to 05/31/2017 |
| | 14201 NORTH CORAL GABLES DRIVE | | | Fax: (602)404-8437 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7649H | MOONLIGHT MANOR ASSISTED LIVING HOME | | | Tele (623)546-9481 | 09/01/2016 to 08/31/2017 |
| | 15129 WEST PARADISE LANE | | | Fax: (623)975-9032 | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8012H | MORNING GLORY ADULT CARE HOME II | | | Tele (480)526-6077 | 02/01/2016 to 01/31/2017 |
| | 3065 SOUTH CANFIELD CIRCLE | | | Fax: (480)765-2197 | |
| | MESA | AZ | 85212 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6099H | MORNING GLORY ASSISTED LIVING | | | Tele (623)362-3687 | 06/01/2016 to 05/31/2017 |
| | 8525 WEST IRMA LANE | | | Fax: (623)374-6204 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9799H | MORNING GLORY CARE HOME | | | Tele (602)482-2188 | 03/03/2016 to 02/28/2017 |
| | 13650 NORTH 57TH PLACE | | | Fax: (480)482-2188 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9404H | MOTHER TERESA'S SENIOR CARE HOME | | | Tele (480)614-5410 | 06/01/2016 to 05/31/2017 |
| | 9742 EAST GELDING DRIVE | | | Fax: (480)614-5410 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9374H | MOTHERDEAR'S PLACE LLC | | | Tele (602)435-8521 | 07/01/2016 to 06/30/2017 |
| | 2711 EAST VALENCIA DRIVE | | | Fax: (602)467-3434 | |
| | PHOENIX | AZ | 85042 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8580H | MOUNTAIN RANCH HOME CARE | | | Tele (602)635-7193 | 12/01/2016 to 11/30/2017 |
| | 29606 NORTH 21ST DRIVE | | | Fax: (602)635-7193 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10020H | MOUNTAIN SHIRE MANAGEMENT, LLC | | | Tele (260)585-9322 | 06/15/2016 to 05/31/2017 |
| | 5911 WEST WHITTON AVENUE | | | Fax: (623)594-7739 | |
| | PHOENIX | AZ | 85033 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2955H | MOUNTAIN VIEW ADULT CARE HOME | | | Tele (602)765-1769 | 03/01/2016 to 02/28/2017 |
| | 2651 EAST CINNABAR AVENUE | | | Fax: (602)535-3840 | |
| | PHOENIX | AZ | 85028 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9840H | MOUNTAIN VIEW ASSISTED LIVING | | | Tele (480)314-1680 | 09/01/2016 to 08/31/2017 |
| | 12035 EAST MOUNTAIN VIEW ROAD | | | Fax: (480)614-5571 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9823H | MOUNTAIN VIEW CARE HOME | | | Tele (602)332-9174 | 10/01/2016 to 09/30/2017 |
| | 15795 WEST SHAW BUTTE DRIVE | | | Fax: (623)544-6894 | |
| | SURPRISE | AZ | 85379 | Capacity : 4 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8240H | MOUNTAIN VISTA MANOR CORP | | | Tele (480)656-8851 | 09/01/2016 to 08/31/2017 |
| | 1246 NORTH 86TH PLACE | | | Fax: (480)668-3612 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6930H | MOUNTAINSIDE ASSISTED LIVING HOME LLC | | | Tele (480)816-9970 | 02/01/2016 to 01/31/2017 |
| | 16529 EAST GLENBROOK BLVD | | | Fax: (480)816-9569 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8406H | MY NEW HOME | | | Tele (480)890-9066 | 04/01/2016 to 03/31/2017 |
| | 602 EAST LODGE DRIVE | | | Fax: (480)890-9066 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8407H | MY NEW HOME II | | | Tele (480)557-0923 | 04/01/2016 to 03/31/2017 |
| | 2719 SOUTH KENNETH PLACE | | | Fax: (480)557-0923 | |
| | TEMPE | AZ | 85282 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8594H | MY PARENTS PARADISE ASSISTED LIVING HOME, LLC | | | Tele (623)748-9181 | 01/01/2017 to 12/31/2017 |
| | 6827 WEST ROWEL ROAD | | | Fax: (623)748-9182 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6847H | MY PARENTS PARADISE LLC | | | Tele (623)388-4425 | 11/01/2016 to 10/31/2017 |
| | 14549 WEST ST MORITZ LANE | | | Fax: (623)249-7274 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7288H | NDG ADULT CARE HOME LLC | | | Tele (480)894-2902 | 12/01/2016 to 11/30/2017 |
| | 1106 WEST 9TH STREET | | | Fax: (480)894-2902 | |
| | TEMPE | AZ | 85281 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9906H | NEW BEGINNINGS | | | Tele (480)459-5499 | 02/08/2016 to 01/31/2017 |
| | 1663 EAST SARATOGA STREET | | | Fax: (480)699-8873 | |
| | GILBERT | AZ | 85296 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9555H | NEW HORIZON SUN LAKES | | | Tele (480)444-9000 | 12/01/2016 to 11/30/2017 |
| | 791 EAST POWELL WAY | | | Fax: (480)699-8873 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10218 | NEW HORIZONS ALH | | | Tele (480)444-9000 | 11/01/2016 to 10/31/2017 |
| | 2904 NORTH NEBRASKA STREET | | | Fax: (480)699-8873 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7560H | NEW PARADISE LLC | | | Tele (602)380-4110 | 01/01/2017 to 12/31/2017 |
| | 5554 EAST CAMPO-BELLO DRIVE | | | Fax: (928)212-8597 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0600H | NEW REFLECTIONS ADULT CARE HOME | | | Tele (602)466-3587 | 07/01/2016 to 06/30/2017 |
| | 6412 WEST VILLA THERESA | | | Fax: (602)626-5320 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9637H | NEXT DOOR CARE HOME | | | Tele (602)999-8285 | 04/01/2016 to 03/31/2017 |
| | 12825 WEST SAINT MORITZ LANE | | | Fax: (623)537-7841 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6214H | NEXT GENESIS INC, THE | | | Tele (623)215-8024 | 08/01/2016 to 07/31/2017 |
| | 11207 NORTH 53RD AVENUE | | | Fax: (623)215-8024 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9410H | NOBLE HAVEN | | | Tele (480)361-4884 | 06/01/2016 to 05/31/2017 |
| | 15731 NORTH 102ND STREET | | | Fax: (480)361-4884 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5070H | NORTH CANYON CARE HOME | | | Tele (602)565-6001 | 01/01/2017 to 12/31/2017 |
| | 1338 EAST TONTO LANE | | | Fax: (623)328-7301 | |
| | PHOENIX | AZ | 85024 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9609H | NORTH RANCH ASSISTED LIVING HOME LLC | | | Tele (480)905-0552 | 11/01/2016 to 10/31/2017 |
| | 6121 EAST BEVERLY LANE | | | Fax: (480)361-6512 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5413H | NORTH SCOTTSDALE GARDENS ASSISTED LIVING HOME | | | Tele (480)657-9385 | 08/01/2016 to 07/31/2017 |
| | 10250 EAST BECKER LANE | | | Fax: (480)219-8763 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7739H | NORTH SCOTTSDALE PLACE | | | Tele (480)483-4747 | 09/01/2016 to 08/31/2017 |
| | 14203 NORTH 68TH PLACE | | | Fax: (480)483-6845 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9733H | NORTH STAR ASSISTED LIVING HOME LLC | | | Tele (623)399-8950 | 06/01/2016 to 05/31/2017 |
| | 21935 NORTH 97TH DRIVE | | | Fax: (623)399-8950 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6639H | NORTH STAR CARE HOME | | | Tele (623)869-0020 | 05/01/2016 to 04/30/2017 |
| | 26723 NORTH 19TH DRIVE | | | Fax: (623)869-0020 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9476H | NORTH VALLEY ASSISTED LIVING LLC | | | Tele (623)433-8248 | 08/01/2016 to 07/31/2017 |
| | 2410 WEST DESPERADO WAY | | | Fax: (623)399-8195 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0503H | NORTH VALLEY CARE HOME | | | Tele (602)971-6479 | 10/01/2016 to 09/30/2017 |
| | 15821 NORTH 20TH STREET | | | Fax: (602)795-9674 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9705H | NORTH VALLEY QUALITY CARE LLC | | | Tele (602)489-4982 | 05/01/2016 to 04/30/2017 |
| | 4016 EAST ROCKWOOD DRIVE | | | Fax: (602)795-3549 | |
| | PHOENIX | AZ | 85050 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9938H | NORTH VALLEY SENIOR LIVING | | | Tele (602)978-9377 | 03/23/2016 to 02/28/2017 |
| | 16239 NORTH 33RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9547H | NORTHLANDS ASSISTED LIVING HOME | | | Tele (623)249-5128 | 11/01/2016 to 10/31/2017 |
| | 10032 WEST JASMINE TRAIL | | | Fax: (623)249-5128 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10024H | OAK TREE MANOR ALH, LLC | | | Tele (623)202-0899 | 05/19/2016 to 04/30/2017 |
| | 1104 SOUTH 53RD STREET | | | Fax: (480)924-7164 | |
| | MESA | AZ | 85206 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9978H | OAKMONT ASSISTED LIVING | | | Tele (480)560-3736 | 03/18/2016 to 02/28/2017 |
| | 5545 EAST YUCCA STREET | | | Fax: (480)522-3700 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6822H | OASIS CARE HOMES II | | | Tele (623)243-5337 | 02/01/2016 to 01/31/2017 |
| | 22015 NORTH 34TH AVENUE | | | Fax: (623)581-5279 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5749H | OASIS CARE HOMES, LLC | | | Tele (623)582-0537 | 12/01/2016 to 11/30/2017 |
| | 21437 NORTH 33RD LANE | | | Fax: (623)587-9564 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7811H | OBRIENS CARE HOME | | | Tele (602)942-6140 | 12/01/2016 to 11/30/2017 |
| | 15402 NORTH CENTRAL AVENUE | | | Fax: (602)942-6140 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9550 | OCEAN SENIOR CARE | | | Tele (623)738-2200 | 03/01/2016 to 02/28/2017 |
| | 11320 WEST ORANGE BLOSSOM LANE | | | Fax: (888)892-3791 | |
| | AVONDALE | AZ | 85392 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9990H | OCOTILLO ADULT CARE HOME LLC | | | Tele (480)307-6735 | 03/21/2016 to 02/28/2017 |
| | 1274 WEST LANTANA DRIVE | | | Fax: (480)307-6735 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9353H | OLIMPIA'S HOME CARE LLC | | | Tele (623)876-8179 | 04/01/2016 to 03/31/2017 |
| | 2517 WEST BARBIE LANE | | | Fax: (623)876-8179 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9752H | ONE ON ONE ADULT CARE HOME LLC | | | Tele (602)559-4725 | 06/01/2016 to 05/31/2017 |
| | 3239 EAST SEQUOIA DRIVE | | | Fax: (602)466-2362 | |
| | PHOENIX | AZ | 85050 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6960H | ORANGE GARDEN ASSISTED LIVING | | | Tele (623)544-4398 | 12/01/2016 to 11/30/2017 |
| | 10858 WEST CARLOTA LANE | | | Fax: (623)547-5015 | |
| | SUN CITY | AZ | 85373 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7458H | ORANGEWOOD ASSISTED LOVING HOME LLC | | | Tele (602)441-4747 | 03/01/2016 to 02/28/2017 |
| | 3829 WEST THUNDERBIRD ROAD | | | Fax: (602)441-4747 | |
| | PHOENIX | AZ | 85053 | Capacity : 9 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6397H | ORCHID PARK CARE HOME | | | Tele (602)678-2281 | 12/01/2016 to 11/30/2017 |
| | 8628 NORTH 7TH AVENUE | | | Fax: (602)331-3817 | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4510H | ORCHID RESIDENTIAL CARE | | | Tele (623)872-9387 | 09/01/2016 to 08/31/2017 |
| | 9580 WEST ORCHID LANE | | | Fax: (623)772-8406 | |
| | PEORIA | AZ | 85345 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7259H | ORTIZ SUNNYSIDE ASSISTED LIVING, LLC | | | Tele (623)544-9215 | 07/01/2016 to 06/30/2017 |
| | 14785 WEST WINDROSE DRIVE | | | Fax: (623)544-9213 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10119H | OTILIA'S HOME CARE | | | Tele (623)239-9402 | 09/01/2016 to 08/31/2017 |
| | 22365 NORTH 69TH AVEMUE | | | Fax: (623)875-1642 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3137H | OUR PARENTS HOME CARE II | | | Tele (623)869-0133 | 01/01/2017 to 12/31/2017 |
| | 3313 WEST TOPEKA DRIVE | | | Fax: (623)322-0830 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8857H | OUR PARENTS HOME, LLC | | | Tele (480)395-1780 | 03/01/2016 to 02/28/2017 |
| | 6414 EAST JUNIPER AVENUE | | | Fax: (480)860-6673 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9081H | OUR PARENTS HOUSE | | | Tele (480)414-7502 | 06/01/2016 to 05/31/2017 |
| | 2524 NORTH 80TH PLACE | | | Fax: (480)247-3682 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10214H | PALM CEDAR | | | Tele (480)785-8873 | 10/20/2016 to 09/30/2017 |
| | 760 WEST LOCUST DRIVE | | | Fax: (480)785-8873 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7256H | PALM HOUSE I PLC | | | Tele (602)863-3053 | 06/01/2016 to 05/31/2017 |
| | 15414 NORTH 29TH AVENUE | | | Fax: (602)368-2420 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4642H | PALM HOUSE II | | | Tele (602)368-4464 | 12/01/2016 to 11/30/2017 |
| | 13604 NORTH 20TH STREET | | | Fax: (602)368-8312 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8367H | PALMARITAS HOME CARE | | | Tele (602)714-5449 | 05/01/2016 to 04/30/2017 |
| | 1002 WEST LAS PALMARITAS | | | Fax: (602)714-5450 | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8879H | PARADISE ASSISTED LIVING | | | Tele (623)328-5626 | 11/01/2016 to 10/31/2017 |
| | 8855 WEST CALLE LEJOS | | | Fax: (623)466-8573 | |
| | PEORIA | AZ | 85383 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6242H | PARADISE ASSISTED LIVING | | | Tele (623)546-6048 | 11/01/2016 to 10/31/2017 |
| | 16520 NORTH 170TH LANE | | | Fax: (623)546-6048 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4583H | PARADISE ASSISTED LIVING HOME | | | Tele (602)938-5217 | 03/01/2016 to 02/28/2017 |
| | 6108 WEST PARADISE LANE | | | Fax: (602)419-2110 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9928H | PARADISE FOR PARENTS QUALITY CARE | | | Tele (480)450-8867 | 02/10/2016 to 01/31/2017 |
| | 14210 NORTH 138TH COURT | | | Fax: (623)594-2536 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9862H | PARADISE LIFE CARE | | | Tele (623)980-0656 | 10/01/2016 to 09/30/2017 |
| | 14722 WEST EVANS DRIVE | | | Fax: (623)518-6444 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9153H | PARADISE LIVING CENTER | | | Tele (602)909-8442 | 07/01/2016 to 06/30/2017 |
| | 6630 EAST LINCOLN DRIVE | | | Fax: (602)878-4115 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9968H | PARADISE LIVING CENTERS LLC CENTRAL | | | Tele (602)909-8442 | 04/08/2016 to 03/31/2017 |
| | 302 EAST MARYLAND AVENUE | | | Fax: (888)592-6939 | |
| | PHOENIX | AZ | 85012 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6565H | PARADISE VALLEY ADULT CARE HOME | | | Tele (602)410-2569 | 05/01/2016 to 04/30/2017 |
| | 4302 EAST JANICE WAY | | | Fax: (602)374-7961 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10094H | PARADISE VALLEY ASSISTED LIVING | | | Tele (602)595-7163 | 07/07/2016 to 06/30/2017 |
| | 5108 EAST WETHERSFIELD ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9188H | PARADISE VALLEY LOVING CARE ASSISTED LIVING HOME, LLC | | | Tele (602)992-8942 | 10/01/2016 to 09/30/2017 |
| | 3324 EAST ORAIBI DRIVE | | | Fax: (602)374-8448 | |
| | PHOENIX | AZ | 85050 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| AL6228H | PARADISE VALLEY SENIOR RETREAT | | | Tele (480)699-4780 | 10/01/2016 to 09/30/2017 |
| | 4801 EAST BERYL AVENUE | | | Fax: (480)383-6589 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL10114H | PARIS ASSISTED LIVING | | | Tele (602)451-1967 | 10/12/2016 to 09/30/2017 |
| | 3750 WEST MULBERRY DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8106H | PARKVIEW ASSISTED LIVING LLC | | | Tele (602)515-5442 | 08/01/2016 to 07/31/2017 |
| | 18208 NORTH 145TH AVENUE | | | Fax: (623)322-1257 | |
| | SURPRISE | AZ | 85374 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| AL2139H | PARKWOOD ADULT CARE HOME | | | Tele (602)978-2316 | 03/01/2016 to 02/28/2017 |
| | 4519 WEST CORRINE DRIVE | | | Fax: (602)687-7084 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9885H | PASADENA AT YELLOWSTONE, THE<br>2530 EAST YELLOWSTONE PLACE<br>CHANDLER AZ 85249 | Tele (480)802-3768<br>Fax: ( ) -<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9809H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY (BUILDING #5)<br>GOODYEAR AZ 85395 | Tele (602)633-2300<br>Fax: (623)594-9164<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9373H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY, BUILDING 2<br>GOODYEAR AZ 85395 | Tele (623)594-9178<br>Fax: (623)594-9164<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9466H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY (BLDG 1)<br>GOODYEAR AZ 85395 | Tele (602)633-2300<br>Fax: (623)594-9164<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9477H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY (BLDG 3)<br>GOODYEAR AZ 85395 | Tele (602)633-2300<br>Fax: (623)594-9164<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9512H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY #4<br>GOODYEAR AZ 85395 | Tele (623)500-5355<br>Fax: (623)500-5320<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9932H | PATHWAYS ASSISTED LIVING & MEMORY CARE<br>4211 NORTH PEBBLE CREEK PARKWAY, BUILDING 6<br>GOODYEAR AZ 85395 | Tele (602)633-2300<br>Fax: (623)594-9164<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL5762H | PATRICK'S CARE HOME<br>27413 NORTH 23RD DRIVE<br>PHOENIX AZ 85085 | Tele (623)582-0113<br>Fax: (623)516-0847<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| AL4961H | PEACEFUL AND COMFORT ASSISTED LIVING HOME<br>6532 EAST HANNIBAL<br>MESA AZ 85205 | Tele (480)830-7281<br>Fax: (480)830-7281<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7402H | PEACHTREE ASSISTED LIVING HOME<br>15550 WEST CAMERON DRIVE<br>SURPRISE AZ 85379 | Tele (623)234-8655<br>Fax: (623)234-8655<br>Capacity : 8 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6555H | PEORIA ADULT CARE HOME | | | Tele (623)876-1432 | 02/01/2016 to 01/31/2017 |
| | 9012 WEST SANDRA TERRACE | | | Fax: (623)876-1432 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8952H | PEORIA ASSISTED LIVING AND HEALTH SERVICES, LLC | | | Tele (623)251-4356 | 02/01/2016 to 01/31/2017 |
| | 15921 NORTH 91ST DRIVE | | | Fax: (623)505-2550 | |
| | PEORIA | AZ | 85382 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7103H | PERSON TO PERSON ASSISTED LIVING CARE HOME | | | Tele (602)579-6482 | 04/01/2016 to 03/31/2017 |
| | 602 EAST MISSOURI AVENUE | | | Fax: (602)279-2201 | |
| | PHOENIX | AZ | 85012 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7369H | PETRADI GREEN DIAMOND GROUP HOME | | | Tele (623)465-2782 | 01/01/2017 to 12/31/2017 |
| | 2210 EAST MADDOCK RD | | | Fax: (623)465-2782 | |
| | PHOENIX | AZ | 85086 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6647H | PETRISOR ASSISTED LIVING | | | Tele (480)284-7682 | 05/01/2016 to 04/30/2017 |
| | 11121 EAST DRAGOON AVENUE | | | Fax: (480)284-7682 | |
| | MESA | AZ | 85208 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9624H | PINES ASSISTED LOVIN HOME | | | Tele (623)915-5491 | 12/01/2016 to 11/30/2017 |
| | 6979 WEST CACTUS WREN DRIVE | | | Fax: (623)915-5491 | |
| | GLENDALE | AZ | 85303 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5663H | PINNACLE PEAK ASSISTED LIVING | | | Tele (480)419-9760 | 09/01/2016 to 08/31/2017 |
| | 7878 EAST VISTA BONITA DRIVE | | | Fax: (480)272-6678 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9672H | PLACE FOR MOM AND DAD ADULT CARE LLC | | | Tele (623)434-5162 | 04/01/2016 to 03/31/2017 |
| | 20006 NORTH 41ST LANE | | | Fax: (623)780-1054 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9295H | PLEASANT LIVING - LIESURE WORLD | | | Tele (480)389-0693 | 12/01/2016 to 11/30/2017 |
| | 1221 SOUTH ARROYA CIRCLE | | | Fax: (480)807-1102 | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9294H | PLEASANT LIVING - VISTA | | | Tele (480)357-2565 | 12/01/2016 to 11/30/2017 |
| | 2065 NORTH VISTA DEL SOL | | | Fax: (480)907-1120 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6914H | PLEASANT STAY CARE HOME | | | Tele (602)493-5182 | 12/01/2016 to 11/30/2017 |
| | 3221 EAST PERSHING AVENUE | | | Fax: (602)992-7076 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8746H | PLEASANT VALLEY ADULT CARE HOME | | | Tele (623)236-8552 | 08/01/2016 to 07/31/2017 |
| | 9146 WEST QUAIL TRACK DRIVE | | | Fax: (623)236-8597 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10033H | PLEASANT VALLEY ALH | | | Tele (602)376-3587 | 05/01/2016 to 04/30/2017 |
| | 9796 WEST SYDNEY WAY | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9894H | PORTOBELLO ASSISTED LIVING HOME | | | Tele (602)796-1710 | 12/01/2016 to 11/30/2017 |
| | 8435 EAST PORTOBELLO AVENUE | | | Fax: (480)659-6879 | |
| | MESA | AZ | 85212 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9834H | POWELL WAY | | | Tele (480)246-9055 | 01/13/2016 to 12/31/2016 |
| | 1061 EAST POWELL WAY | | | Fax: (480)917-6791 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1754H | PRATS CARE HOME #1 | | | Tele (602)996-6854 | 11/01/2016 to 10/31/2017 |
| | 13401 NORTH 30TH STREET | | | Fax: (602)996-1577 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10096H | PRECIOUS CARE ASSISTED LLC | | | Tele (951)264-4798 | 07/01/2016 to 06/30/2017 |
| | 2112 EAST MORELOS STREET | | | Fax: (480)802-0347 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8110H | PRECIOUS HEART ASSISTED LIVING, LLC | | | Tele (480)322-4824 | 06/01/2016 to 05/31/2017 |
| | 5447 EAST FLOWER AVENUE | | | Fax: (480)284-6314 | |
| | MESA | AZ | 85206 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8230H | PRECIOUS LOVE ADULT ASSISTED LIVING FACILITY LLC | | | Tele (480)777-5844 | 11/01/2016 to 10/31/2017 |
| | 1769 NORTH ELLIS STREET | | | Fax: (480)897-6043 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7663H | PREMIER ASSISTED LIVING LLC | | | Tele (602)626-5363 | 07/01/2016 to 06/30/2017 |
| | 1544 WEST LAS PALMARITAS DRIVE | | | Fax: (602)954-0639 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9447H | PRESIDIO ASSISTED LIVING HOME | | | Tele (480)307-8445 | 10/01/2016 to 09/30/2017 |
| | 6515 EAST PRESIDIO STREET | | | Fax: (480)307-8447 | |
| | MESA | AZ | 85215 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4901H | PROGRESS ASSISTED LIVING | | | Tele (602)283-4432 | 10/01/2016 to 09/30/2017 |
| | 5184 WEST ST JOHN ROAD | | | Fax: (602)388-4832 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9939H | PROVIDE ASSISTED LIVING HOME | | | Tele (602)625-9605 | 03/01/2016 to 02/28/2017 |
| | 10087 WEST EL CORTEZ PLACE | | | Fax: (602)865-7275 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7133H | QUALITY SENIOR HOME CARE | | | Tele (623)362-9579 | 06/01/2016 to 05/31/2017 |
| | 19953 NORTH 63RD DRIVE | | | Fax: (623)398-8001 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9342H | R & D ADULT CARE HOME | | | Tele (602)432-5822 | 04/01/2016 to 03/31/2017 |
| | 3436 WEST SANDS DRIVE | | | Fax: (623)322-9073 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9722H | RACC LLC | | | Tele (602)803-9575 | 04/01/2016 to 03/31/2017 |
| | 37 WEST PASADEN AVENUE, BUILDING B | | | Fax: (855)288-9241 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8438H | RACHEL'S ASSISTED LIVING HOME CARE | | | Tele (602)741-4343 | 07/01/2016 to 06/30/2017 |
| | 1216 WEST WAHALLA LANE | | | Fax: (623)691-7244 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9912H | RADIANT CARE HOME | | | Tele (623)239-8412 | 02/01/2016 to 01/31/2017 |
| | 15174 WEST BOCA RATON ROAD | | | Fax: (623)518-4534 | |
| | SURPRISE | AZ | 85379 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8821H | RAINTREE ASSISTED LIVING LLC | | | Tele (480)245-6099 | 08/01/2016 to 07/31/2017 |
| | 9043 EAST HILLERY DRIVE | | | Fax: (888)213-8186 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9656H | RAZINN ASSISTED CARE CAMPUS | | | Tele (602)803-9575 | 06/01/2016 to 05/31/2017 |
| | 37 WEST PASADENA AVENUE, BUILDING A | | | Fax: (855)288-9241 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9230H | REANNA'S ASSISTED LIVING HOME | | | Tele (623)879-9111 | 08/01/2016 to 07/31/2017 |
| | 8433 NORTH 59TH AVENUE | | | Fax: (623)879-9009 | |
| | GLENDALE | AZ | 85302 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8874H | RED MOUNTAIN ASSISTED LIVING | | | Tele (480)726-6788 | 09/01/2016 to 08/31/2017 |
| | 1804 SOUTH SOUTHWIND CIRCLE | | | Fax: (480)726-6788 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3387H | RED MOUNTAIN REFLECTIONS ASSISTED LIVING, INC | | | Tele (480)380-8880 | 07/01/2016 to 06/30/2017 |
| | 2232 NORTH 77TH PLACE | | | Fax: (480)380-8880 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0783H | RED MOUNTAIN SENIOR HOME #1 INC | | | Tele (480)380-0380 | 04/01/2016 to 03/31/2017 |
| | 8411 EAST CULVER STREET | | | Fax: (480)354-9943 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6691H | REDFIELD ASSISTED LIVING CARE HOME | | | Tele (623)271-9925 | 09/01/2016 to 08/31/2017 |
| | 15978 WEST REDFIELD ROAD | | | Fax: (623)271-9932 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8742H | REGENCY ADULT HOME CARE LLC | | | Tele (602)400-2777 | 07/01/2016 to 06/30/2017 |
| | 901 WEST PORT ROYALE LANE | | | Fax: (602)375-1670 | |
| | PHOENIX | AZ | 85023 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8598H | REHAB WITHOUT WALLS | | | Tele (602)943-1012 | 12/01/2015 to 11/30/2016 |
| | 15220 NORTH 52ND PLACE | | | Fax: (602)943-2075 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8152H | REJOICE ASSISTED LIVING HOME #2 | | | Tele (623)872-1198 | 11/01/2016 to 10/31/2017 |
| | 6035 NORTH 79TH DRIVE | | | Fax: (623)872-2295 | |
| | GLENDALE | AZ | 85303 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4582H | REJOICE ASSISTED LIVING HOME INCORPORATED | | | Tele (623)930-8124 | 01/01/2017 to 12/31/2017 |
| | 7336 NORTH 79TH LANE | | | Fax: (623)931-2253 | |
| | GLENDALE | AZ | 85303 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7740H | RENAISSANCE ASSISTED LIVING LLC | | | Tele (602)999-7685 | 03/01/2016 to 02/28/2017 |
| | 4409 WEST COPLEN FARMS ROAD | | | Fax: (888)431-6712 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7603H | RENATA'S HOME FOR THE ELDERLY | | | Tele (480)304-2922 | 04/01/2016 to 03/31/2017 |
| | 2268 WEST PEGGY DRIVE | | | Fax: (480)699-7096 | |
| | QUEEN CREEK | AZ | 85242 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8828H | RETREAT AT DESERT COVE, THE | | | Tele (602)314-4005 | 09/01/2016 to 08/31/2017 |
| | 10031 EAST DESERT COVE AVENUE | | | Fax: (602)292-9668 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7556H | REVOLTA ASSISTED LIVING | | | Tele (480)430-1649 | 05/01/2016 to 04/30/2017 |
| | 2550 SOUTH REVOLTA | | | Fax: (480)899-3170 | |
| | MESA | AZ | 85209 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9839H | RHODA'S ASSISTED LIVING HOME | | | Tele (602)487-6389 | 11/01/2016 to 10/31/2017 |
| | 12002 WEST SHERIDAN STREET | | | Fax: (602)997-3205 | |
| | AVONDALE | AZ | 85392 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6728H | RICHMOND HILLS ASSISTED LIVING FACILITY LLC | | | Tele (480)510-2188 | 07/01/2016 to 06/30/2017 |
| | 1141 EAST SANDRA TERRACE | | | Fax: (602)285-0161 | |
| | PHOENIX | AZ | 85022 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2665H | RIGHT CHOICE ADULT CARE HOME | | | Tele (623)376-2898 | 02/01/2016 to 01/31/2017 |
| | 6204 W JULIE DRIVE | | | Fax: (623)376-2899 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5860H | RISING RAINBOW HOME CARE | | | Tele (623)376-2740 | 01/01/2017 to 12/31/2017 |
| | 7407 WEST MONTE LINDO | | | Fax: (623)376-0586 | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6401H | RIVENDELL CARE HOME | | | Tele (602)993-1596 | 11/01/2016 to 10/31/2017 |
| | 1901 WEST JOAN DE ARC AVENUE | | | Fax: (602)993-1440 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6088H | RIVER OF LOVE ADULT CARE HOME | | | Tele (602)923-0829 | 05/01/2016 to 04/30/2017 |
| | 4358 EAST DANBURY ROAD | | | Fax: (602)996-6698 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6301H | RODY'S ADULT CARE HOME | | | Tele (602)246-2343 | 01/01/2017 to 12/31/2017 |
| | 3807 EAST BETTY ELYSE LANE | | | Fax: (602)264-9589 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7172H | RONALD HOME CARE | | | Tele (602)765-0315 | 12/01/2016 to 11/30/2017 |
| | 1910 EAST RONALD ROAD | | | Fax: (602)765-4978 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7738H | ROSALBA'S ADULT CARE HOME | | | Tele (480)699-0559 | 12/01/2016 to 11/30/2017 |
| | 453 NORTH LOMA VISTA | | | Fax: (480)718-9592 | |
| | MESA | AZ | 85213 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8502H | ROSARIAN ASSISTED LIVING | | | Tele (623)326-8850 | 08/01/2016 to 07/31/2017 |
| | 6309 WEST MESCAL STREET | | | Fax: (623)486-2631 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3109H | ROSE GARDEN ADULT CARE HOME | | | Tele (602)570-6747 | 07/01/2016 to 06/30/2017 |
| | 3141 WEST ROBIN LANE | | | Fax: (623)869-8440 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8794H | ROSE VILLA ASSISTED LIVING | | | Tele (623)466-7742 | 08/01/2016 to 07/31/2017 |
| | 2335 WEST MAYA WAY | | | Fax: (623)466-7742 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9002H | ROSE VILLA ASSISTED LIVING II | | | Tele (602)366-5728 | 03/01/2016 to 02/28/2017 |
| | 5240 WEST DESERT HOLLOW DRIVE | | | Fax: (623)215-7546 | |
| | PHOENIX | AZ | 85083 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7591H | ROSEDALE GARDEN VENTURE, LLC | | | Tele (602)354-3203 | 09/01/2016 to 08/31/2017 |
| | 320 WEST EL CAMINO DRIVE | | | Fax: (602)296-7777 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8448H | ROSEVIEW ASSISTED LIVING LLC | | | Tele (602)653-4880 | 07/01/2016 to 06/30/2017 |
| | 14616 NORTH GIL BALCOME | | | Fax: (623)792-7691 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9096H | ROSEVIEW GARDENS CARE HOME | | | Tele (602)741-6555 | 06/01/2016 to 05/31/2017 |
| | 13342 WEST WATSON LANE | | | Fax: (623)249-3778 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7420H | ROSEWOOD ADULT CARE HOME | | | Tele (623)249-7566 | 02/01/2016 to 01/31/2017 |
| | 8332 WEST ROSEWOOD LANE | | | Fax: (623)251-6696 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4819H | ROSEWOOD CARE HOME | | | Tele (602)938-6631 | 05/01/2016 to 04/30/2017 |
| | 3707 WEST ROSEWOOD AVENUE | | | Fax: (602)298-9832 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9259H | ROYAL CARIBBEAN ASSISTED LIVING HOME, LLC | | | Tele (602)434-0241 | 11/01/2016 to 10/31/2017 |
| | 15844 WEST CARIBBEAN LANE | | | Fax: (623)242-8965 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6842H | ROYAL OAK ASSISTED LIVING HOME | | | Tele (623)792-7185 | 12/01/2016 to 11/30/2017 |
| | 25661 NORTH DESERT MESA DRIVE | | | Fax: (623)792-7064 | |
| | SURPRISE | AZ | 85387 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9450H | ROYAL OAK II | | | Tele (623)792-7185 | 09/01/2016 to 08/31/2017 |
| | 25786 NORTH DESERT MESA DRIVE | | | Fax: (623)792-7064 | |
| | SURPRISE | AZ | 85387 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2092H | ROYAL PALM ADULT CARE HOME | | | Tele (623)332-9686 | 07/01/2016 to 06/30/2017 |
| | 8120 NORTH 42ND LANE | | | Fax: (623)435-0583 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5847H | ROYAL PALM ASSISTED LIVING | | | Tele (480)948-1787 | 01/01/2017 to 12/31/2017 |
| | 12202 NORTH 68TH PLACE | | | Fax: (480)483-4659 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4987H | ROYAL PALM ASSISTED LIVING HOME #2 | | | Tele (602)332-9686 | 01/01/2016 to 12/31/2016 |
| | 4232 WEST ROYAL PALM ROAD | | | Fax: (623)322-4081 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9970H | ROYAL PALM CARE HOME | | | Tele (602)331-0152 | 07/15/2016 to 06/30/2017 |
| | 707 WEST DREY DRIVE | | | Fax: (602)870-2079 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9596H | ROYAL PALMS I ASSISTED LIVING | | | Tele (480)348-7967 | 11/01/2016 to 10/31/2017 |
| | 7366 EAST PARADISE DRIVE | | | Fax: (480)348-7967 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10121H | ROYAL PARADISE CARE LLC | | | Tele (623)556-5919 | 07/25/2016 to 06/30/2017 |
| | 15257 NORTH 135TH DRIVE | | | Fax: (623)537-7718 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9097H | RUSTIC RIVER HOMES | | | Tele (480)659-1076 | 07/01/2016 to 06/30/2017 |
| | 2124 EAST FIRESTONE DRIVE | | | Fax: (480)659-1076 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7958H | SACRED HEART DIVINE MERCY ASSISTED LIVING, LLC | | | Tele (623)505-7755 | 07/01/2016 to 06/30/2017 |
| | 18475 WEST BANFF LANE | | | Fax: (623)249-5743 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7052H | SACRED HEART HOMES, INC | | | Tele (623)332-8338 | 06/01/2016 to 05/31/2017 |
| | 3828 NORTH 36TH STREET | | | Fax: (602)224-1357 | |
| | PHOENIX | AZ | 85018 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9984H | SAMARITAN ANGEL CARE SERVICES LLC | | | Tele (480)991-0001 | 03/03/2016 to 02/28/2017 |
| | 6321 EAST EVANS DRIVE | | | Fax: (480)922-5229 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7724H | SAN JUDAS GROUP HOME | | | Tele (602)643-5932 | 10/01/2016 to 09/30/2017 |
| | 7603 SOUTH 13TH PLACE | | | Fax: (602)281-6974 | |
| | PHOENIX | AZ | 85042 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7861H | SAN JUDAS GROUP HOME LLC | | | Tele (602)643-5932 | 01/01/2016 to 12/31/2016 |
| | 5116 SOUTH 11TH AVENUE | | | Fax: (602)281-6974 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8018H | SANCTUARY I ASSISTED LIVING | | | Tele (623)434-2185 | 05/01/2016 to 04/30/2017 |
| | 3870 WEST ALAMEDA ROAD | | | Fax: (480)304-3153 | |
| | GLENDALE | AZ | 85310 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9272H | SANTO NINO VILLAS ASSISTED LH, LLC II | | | Tele (480)634-4720 | 01/01/2016 to 12/31/2016 |
| | 381 SOUTH 132ND STREET | | | Fax: (480)471-8571 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9489H | SAPPHIRE ELITE CARE HOME LLC | | | Tele (408)821-6214 | 09/01/2016 to 08/31/2017 |
| | 4350 EAST MOUNTAIN VISTA DRIVE | | | Fax: (480)522-1800 | |
| | PHOENIX | AZ | 85048 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7280H | SARAGOSA MC ASSISTED LIVING FACILITY | | | Tele (480)214-3226 | 10/01/2016 to 09/30/2017 |
| | 1691 WEST SARAGOSA STREET | | | Fax: (480)659-1774 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6671H | SCARLETT CANYON ASSISTED LIVING HOME CARE | | | Tele (623)516-9762 | 08/01/2016 to 07/31/2017 |
| | 20652 NORTH 16TH WAY | | | Fax: (623)582-2339 | |
| | PHOENIX | AZ | 85024 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6095H | SCOTTSDALE ADULT CARE HOME | | | Tele (602)793-6265 | 06/01/2016 to 05/31/2017 |
| | 6943 EAST LUDLOW DRIVE | | | Fax: (480)621-5842 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7614H | SCOTTSDALE CASA DE PARADISE | | | Tele (480)483-1492 | 06/01/2016 to 05/31/2017 |
| | 7125 EAST PARADISE DRIVE | | | Fax: (480)951-1280 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4221H | SCOTTSDALE DIAMOND | | | Tele (602)795-6194 | 03/01/2016 to 02/28/2017 |
| | 5426 EAST NISBET ROAD | | | Fax: (602)795-2492 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4959H | SCOTTSDALE DIAMOND II | | | Tele (602)795-6194 | 11/01/2016 to 10/31/2017 |
| | 15014 NORTH 54TH PLACE | | | Fax: (602)795-2492 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8506H | SCOTTSDALE FOOTHILLS ASSISTED LIVING | | | Tele (951)565-0172 | 09/01/2016 to 08/31/2017 |
| | 10474 EAST CORRINE DRIVE | | | Fax: (480)219-2203 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7787H | SCOTTSDALE HOME CARE LLC | | | Tele (480)315-9541 | 10/01/2016 to 09/30/2017 |
| | 7412 EAST WETHERSFIELD ROAD | | | Fax: (480)315-9541 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4567H | SCOTTSDALE LIFE ASSISTED LIVING, LLC | | | Tele (480)206-3660 | 01/01/2017 to 12/31/2017 |
| | 10125 NORTH 131ST PLACE | | | Fax: (480)391-1918 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7942H | SCOTTSDALE NORTH INC A L | | | Tele (480)682-8974 | 01/01/2017 to 12/31/2017 |
| | 9883 EAST CORTEZ STREET | | | Fax: (480)459-5589 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4912H | SENIOR PARADISE LIVING | | | Tele (602)430-1122 | 07/01/2016 to 06/30/2017 |
| | 5045 EAST PARADISE LANE | | | Fax: (602)953-3371 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10108H | SENIORS PRESERVE-ASSISTED LIVING HOME LLC | | | Tele (623)476-5056 | 09/01/2016 to 08/31/2017 |
| | 6522 WEST BENT TREE DRIVE | | | Fax: (623)476-5056 | |
| | PHOENIX | AZ | 85083 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8296H | SERENADE ASSISTED LIVING, LLC | | | Tele (480)792-6801 | 12/01/2016 to 11/30/2017 |
| | 25403 SOUTH 154TH STREET | | | Fax: (480)895-9768 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9490H | SERENE VALLEY ASSISTED LIVING HOME, LLC | | | Tele (480)663-3430 | 11/01/2016 to 10/31/2017 |
| | 8704 EAST AMELIA AVENUE | | | Fax: (480)663-3432 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9724H | SERENE VALLEY CARE LLC | | | Tele (623)271-9944 | 03/22/2016 to 02/28/2017 |
| | 29751 NORTH 119TH LANE | | | Fax: (623)271-9944 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10152H | SERENITY ASSISTED LIVING | | | Tele (480)926-0361 | 09/06/2016 to 08/31/2017 |
| | 626 EAST HEARNE WAY | | | Fax: (480)926-0361 | |
| | GILBERT | AZ | 85234 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8394H | SERENITY CARE HOME | | | Tele (623)326-4270 | 05/01/2016 to 04/30/2017 |
| | 13365 WEST BANFF LANE | | | Fax: (623)236-3178 | |
| | SURPRISE | AZ | 85379 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| AL8671H | SERENITY OF NORTH SCOTTSDALE | | | Tele (480)585-9757 | 02/01/2017 to 01/31/2018 |
| | 29750 NORTH 77TH PLACE | | | Fax: (480)585-9583 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL7518H | SERENITY SPRINGS | | | Tele (480)636-8190 | 01/01/2016 to 12/31/2016 |
| | 3100 EAST PALO VERDE | | | Fax: (480)899-6122 | |
| | GILBERT | AZ | 85296 | Capacity : 9 | Medcaid_Cert: Certified |
| AL9785H | SEVA HOME ASSISTED LIVING | | | Tele (916)990-8209 | 07/01/2016 to 06/30/2017 |
| | 21436 EAST LORDS WAY | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9619H | SEVEN HAVEN II LLC | | | Tele (480)985-4812 | 11/01/2016 to 10/31/2017 |
| | 6456 EAST ORION STREET | | | Fax: (480)985-4816 | |
| | MESA | AZ | 85215 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7214H | SEVEN HAVEN LLC | | | Tele (480)325-8227 | 08/01/2016 to 07/31/2017 |
| | 4833 EAST MC LELLAN ROAD | | | Fax: (480)218-4649 | |
| | MESA | AZ | 85205 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9485H | SHADOW RIDGE ASSISTED LIVING HOME | | | Tele (602)237-5763 | 07/01/2016 to 06/30/2017 |
| | 4509 EAST ACOMA DRIVE | | | Fax: (602)532-7577 | |
| | PHOENIX | AZ | 85032 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4865H | SHADY PINES CARE HOME | | | Tele (480)306-6568 | 09/01/2016 to 08/31/2017 |
| | 3178 EAST VAUGHN AVENUE | | | Fax: (480)659-1648 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9420H | SHEA ESTATES ASSISTED LIVING | | | Tele (480)471-8206 | 07/01/2016 to 06/30/2017 |
| | 6101 EAST VOLTAIRE AVENUE | | | Fax: (480)471-8206 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8723H | SHELTERED CEDAR | | | Tele (480)726-2988 | 07/01/2016 to 06/30/2017 |
| | 90 WEST BAYLOR LANE | | | Fax: (480)726-2988 | |
| | GILBERT | AZ | 85233 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6223H | SHERIDAN GARDEN ASSISTED LIVING | | | Tele (623)934-9399 | 08/01/2016 to 07/31/2017 |
| | 7419 NORTH 82ND LANE | | | Fax: (623)934-1764 | |
| | GLENDALE | AZ | 85303 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3254H | SHERIDAN GARDEN ASSISTED LIVING HOME | | | Tele (623)907-8858 | 06/01/2016 to 05/31/2017 |
| | 8937 WEST SHERIDAN | | | Fax: (623)907-9240 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6857H | SHIV ADULT CARE HOME | | | Tele (480)332-1616 | 11/01/2016 to 10/31/2017 |
| | 1238 EAST GREENWAY CIRCLE | | | Fax: (480)969-3704 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8697H | SHIV ADULT CARE HOME II | | | Tele (480)332-1616 | 05/01/2016 to 04/30/2017 |
| | 4051 EAST ALDER AVENUE | | | Fax: (480)655-9646 | |
| | MESA | AZ | 85206 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9933H | SIERRA VALAHA | | | Tele (213)270-4628 | 04/14/2016 to 03/31/2017 |
| | 3633 WEST SIERRA STREET | | | Fax: (623)298-5627 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8772H | SIERRA VISTA ASSISTED LIVING | | | Tele (602)628-3642 | 11/01/2016 to 10/31/2017 |
| | 3331 WEST IAN DRIVE | | | Fax: (602)237-8130 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4870H | SIERRA'S ASSISTED LIVING, THE | | | Tele (602)622-1667 | 03/01/2016 to 02/28/2017 |
| | 13330 NORTH 88TH PLACE | | | Fax: (480)614-1382 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0755H | SILVER BELLS ADULT CARE HOME | | | Tele (602)404-0349 | 05/01/2016 to 04/30/2017 |
| | 5248 EAST MARCONI AVE | | | Fax: (602)391-2715 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6377H | SILVER BELLS II | | | Tele (602)293-3488 | 01/01/2017 to 12/31/2017 |
| | 5541 EAST ANGELA DRIVE | | | Fax: (602)391-2715 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10184H | SILVER CREEK ASSISTED LIVING | | | Tele (623)680-6216 | 10/17/2016 to 09/30/2017 |
| | 11524 NORTH 86TH AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7460H | SILVER CREST ASSISTED LIVING, LLC | | | Tele (623)606-1799 | 02/01/2016 to 01/31/2017 |
| | 7941 WEST BRIDEN LANE | | | Fax: (623)322-9599 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8910H | SILVER CROWN ASSISTED LIVING HOME | | | Tele (623)251-5028 | 01/01/2017 to 12/31/2017 |
| | 20706 NORTH 74TH LANE | | | Fax: (623)251-5028 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9598H | SILVER STAR ASSISTED LIVING CARE HOME LLC | | | Tele (602)405-4240 | 11/01/2016 to 10/31/2017 |
| | 1851 WEST BEHREND DRIVE | | | Fax: (623)518-2142 | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10074H | SILVER SUNSET HOME CARE | | | Tele (602)504-0915 | 09/01/2016 to 08/31/2017 |
| | 3116 WEST DAILEY STREET | | | Fax: (602)942-4445 | |
| | PHOENIX | AZ | 85053 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7182H | SILVERGATE ASSISTED LIVING HOME | | | Tele (480)786-3412 | 06/01/2016 to 05/31/2017 |
| | 2144 WEST MANOR STREET | | | Fax: (480)899-7027 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10212H | SIMONE'S ASSISTED LIVING | | | Tele (602)819-3325 | 10/20/2016 to 09/30/2017 |
| | 4302 EAST WHITE ASTER STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8120H | SINAI ASSISTED LIVING HOME | | | Tele (602)279-2679 | 09/01/2016 to 08/31/2017 |
| | 3802 NORTH 35TH STREET | | | Fax: (602)279-2679 | |
| | PHOENIX | AZ | 85018 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9931H | SISTERS ASSISTED LIVING HOME LLC, THE | | | Tele (602)769-1710 | 01/01/2017 to 12/31/2017 |
| | 4941 EAST ENCANTO STREET | | | Fax: (480)272-8202 | |
| | MESA | AZ | 85205 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6797H | SONORAN ADULT CARE, LLC | | | Tele (602)705-1456 | 11/01/2016 to 10/31/2017 |
| | 4791 SOUTH VISTA PLACE | | | Fax: (480)584-3723 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7546H | SONORAN HILLS ASSISTED LIVING | | | Tele (623)322-0745 | 04/01/2016 to 03/31/2017 |
| | 31704 NORTH 16TH AVENUE | | | Fax: (623)322-0746 | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9327H | SOUTHERN ASSISTED LIVING | | | Tele (602)426-0332 | 02/01/2016 to 01/31/2017 |
| | 6013 SOUTH 47TH STREET | | | Fax: (636)754-1591 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9697H | SOUTHWEST SENIOR CARE, LLC | | | Tele (602)796-1945 | 06/01/2016 to 05/31/2017 |
| | 3849 EAST SHEENA DRIVE | | | Fax: (602)482-0316 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8864H | SPECTRUM ASSISTED LIVING | | | Tele (602)708-0250 | 09/01/2016 to 08/31/2017 |
| | 5330 WEST TONTO ROAD | | | Fax: (623)242-6133 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4554H | SPRING VALLEY | | | Tele (602)298-5551 | 01/01/2017 to 12/31/2017 |
| | 5941 WEST AUDREY LANE | | | Fax: (602)298-5551 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8951H | SPRING VALLEY ASSISTED LIVING, LLC | | | Tele (623)330-4581 | 12/01/2016 to 11/30/2017 |
| | 6313 NORTH 40TH DRIVE | | | Fax: (602)281-4929 | |
| | PHOENIX | AZ | 85019 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9464H | SR HOME CARE FACILITY, LLC | | | Tele (602)867-2190 | 11/01/2016 to 10/31/2017 |
| | 2901 EAST NORTH LANE | | | Fax: (602)358-7446 | |
| | PHOENIX | AZ | 85028 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8954H | ST CHARLES PLACE LLC III | | | Tele (602)276-0084 | 01/01/2017 to 12/31/2017 |
| | 6835 SOUTH 19TH PLACE | | | Fax: (602)595-9969 | |
| | PHOENIX | AZ | 85042 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5144H | ST THERESE ADULT CARE HOME | | | Tele (623)792-5166 | 12/01/2016 to 11/30/2017 |
| | 7842 WEST BROWN STREET | | | Fax: (623)487-3533 | |
| | PEORIA | AZ | 85345 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10015H | ST THERESE CARE HOME | | | Tele (480)659-1236 | 03/22/2016 to 02/28/2017 |
| | 4807 EAST THUNDERBIRD DRIVE | | | Fax: (480)659-1236 | |
| | CHANDLER | AZ | 85249 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3064H | ST. CHARLES PLACE | | | Tele (602)276-0084 | 05/01/2016 to 04/30/2017 |
| | 6818 SOUTH 16TH PLACE | | | Fax: (602)595-9960 | |
| | PHOENIX | AZ | 85042 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4409H | ST. MICHAEL'S MANOR | | | Tele (623)486-5987 | 01/01/2017 to 12/31/2017 |
| | 8449 WEST SHAW BUTTE DRIVE | | | Fax: (623)328-5530 | |
| | PEORIA | AZ | 85345 | Capacity : 7 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9972H | STELLA'S ASSISTED LIVING INC | | | Tele (480)663-3444 | 03/02/2016 to 02/28/2017 |
| | 490 NORTH YUCCA STREET | | | Fax: (480)786-4148 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7188H | STERLING LOVING HOME CARE LLC | | | Tele (623)214-1560 | 07/01/2016 to 06/30/2017 |
| | 18426 WEST MARCONI AVENUE | | | Fax: (623)214-1560 | |
| | SURPRISE | AZ | 85388 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9600H | STONEBRIDGE FAMILY CARE | | | Tele (480)726-2302 | 02/01/2016 to 01/31/2017 |
| | 13639 EAST RAY ROAD | | | Fax: (480)732-1266 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9737H | SUE'S PLACE, LLC | | | Tele (602)795-6226 | 06/01/2016 to 05/31/2017 |
| | 13230 NORTH 7TH DRIVE | | | Fax: (602)926-2404 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2907H | SUMMA CARE - GILBERT | | | Tele (602)703-3706 | 12/01/2016 to 11/30/2017 |
| | 137 NORTH DATE PALM DRIVE | | | Fax: (480)654-4466 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1505H | SUMMA CARE - SCOTTSDALE | | | Tele (480)507-3360 | 05/01/2016 to 04/30/2017 |
| | 7038 NORTH VIA DE VIDA | | | Fax: (480)654-4466 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1025H | SUMMA CARE TEMPE | | | Tele (480)588-6870 | 03/01/2016 to 02/28/2017 |
| | 6518 SOUTH JENTILLY LANE | | | Fax: (480)654-4466 | |
| | TEMPE | AZ | 85283 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4715H | SUMMER BREEZE II ASSISTED LIVING HOME | | | Tele (623)362-3392 | 05/01/2016 to 04/30/2017 |
| | 5924 WEST HEDGEHOG PLACE | | | Fax: (623)374-4073 | |
| | PHOENIX | AZ | 85083 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4930H | SUMMER PLACE ASSISTED LIVING | | | Tele (480)782-0785 | 10/01/2016 to 09/30/2017 |
| | 791 NORTH LISBON DRIVE | | | Fax: (480)782-0785 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0756H | SUMMER STAR CARE HOME | | | Tele (623)476-5614 | 05/01/2016 to 04/30/2017 |
| | 9208 WEST CORTEZ STREET | | | Fax: (623)476-5619 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5068H | SUMMERFIELD AT JACINTO ALH | | | Tele (480)329-4262 | 01/01/2017 to 12/31/2017 |
| | 3342 EAST JACINTO AVENUE | | | Fax: (480)626-8457 | |
| | MESA | AZ | 85204 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6263H | SUMMERFIELD AT JENTILLY ASSISTED LIVING HOME | | | Tele (480)703-4231 | 09/01/2016 to 08/31/2017 |
| | 8150 SOUTH JENTILLY LANE | | | Fax: (480)626-8457 | |
| | TEMPE | AZ | 85284 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4281H | SUMMERHAVEN ASSISTED LIVING | | | Tele (480)329-4262 | 04/01/2016 to 03/31/2017 |
| | 473 WEST COURTNEY LANE | | | Fax: (480)626-8457 | |
| | TEMPE | AZ | 85284 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6791H | SUN CREEK #2 AT KENLY FARMS | | | Tele (623)242-6868 | 01/01/2017 to 12/31/2017 |
| | 14245 WEST POINSETTIA DRIVE | | | Fax: (623)433-8195 | |
| | SURPRISE | AZ | 85388 | Capacity : 6 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5884H | SUN CREEK AT SURPRISE FARMS, LLC | | | Tele (623)537-7835 | 02/01/2017 to 01/31/2018 |
| | 16437 NORTH 169TH DRIVE | | | Fax: (623)433-8195 | |
| | SURPRISE | AZ | 85388 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9054H | SUN GARDEN CARE HOME | | | Tele (623)825-4694 | 06/01/2016 to 05/31/2017 |
| | 7168 WEST LONE CACTUS DRIVE | | | Fax: (623)825-4694 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8365H | SUN LODGE, LLC | | | Tele (623)556-0392 | 05/01/2016 to 04/30/2017 |
| | 18391 WEST STATLER STREET | | | Fax: (623)433-8195 | |
| | SURPRISE | AZ | 85388 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8744H | SUN QUEST MANOR | | | Tele (480)609-4040 | 06/01/2016 to 05/31/2017 |
| | 10419 NORTH 57TH STREET | | | Fax: (480)922-0166 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0583H | SUN RISE ADULT CARE HOME | | | Tele (623)412-8049 | 08/01/2016 to 07/31/2017 |
| | 6343 WEST DEL MAR LANE | | | Fax: (623)412-8049 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6742H | SUN VALLEY HEIGHTS ASSISTED LIVING | | | Tele (602)788-6908 | 10/01/2016 to 09/30/2017 |
| | 17244 NORTH 57TH STREET | | | Fax: (602)697-8987 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL1459H | SUN VALLEY MANOR ASSISTED LIVING HOME | | | Tele (602)339-1000 | 04/01/2016 to 03/31/2017 |
| | 17245 NORTH 56TH WAY | | | Fax: (602)687-8987 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9719H | SUN VIEW ESTATE HOME CARE IV | | | Tele (602)717-8296 | 07/01/2016 to 06/30/2017 |
| | 5301 EAST TIERRA BUENA LANE | | | Fax: (602)902-2785 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL4674H | SUN VIEW ESTATES HOME CARE | | | Tele (602)717-8296 | 03/01/2016 to 02/28/2017 |
| | 701 WEST SOLANO DRIVE | | | Fax: (602)903-2785 | |
| | PHOENIX | AZ | 85013 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL6009H | SUN VIEW ESTATES HOME CARE II | | | Tele (602)717-8296 | 06/01/2016 to 05/31/2017 |
| | 15045 WEST LARKSPUR DRIVE | | | Fax: (602)903-2785 | |
| | SURPRISE | AZ | 85379 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6024H | SUN VIEW ESTATES HOME CARE III | | | Tele (623)698-7574 | 08/01/2016 to 07/31/2017 |
| | 17673 WEST ACAPULCO LANE | | | Fax: (623)466-0071 | |
| | SURPRISE | AZ | 85388 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8427H | SUNBEAM OASIS | | | Tele (480)718-5756 | 03/01/2016 to 02/28/2017 |
| | 1692 EAST TULSA STREET | | | Fax: (480)718-5756 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9980H | SUNFLOWER ASSISTED LIVING HOME | | | Tele (480)816-5845 | 03/01/2017 to 02/28/2018 |
| | 16312 EAST CRYSTAL POINT DRIVE | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7204H | SUNLIGHT ADULT CARE HOME | | | Tele (623)334-9462 | 02/01/2017 to 01/31/2018 |
| | 6513 WEST CARIBBEAN LANE | | | Fax: (623)412-0933 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0397H | SUNNYHILL ADULT CARE HOME | | | Tele (480)483-2129 | 02/01/2017 to 01/31/2018 |
| | 6228 EAST PERSHING AVE | | | Fax: (480)951-5229 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8023H | SUNNYHILL ADULT CARE HOME INC, II | | | Tele (480)275-2237 | 04/01/2016 to 03/31/2017 |
| | 7311 EAST SUNNYSIDE DRIVE | | | Fax: (480)275-5602 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8793H | SUNNYSIDE ASSISTED LIVING | | | Tele (623)293-7024 | 08/01/2016 to 07/31/2017 |
| | 7856 WEST MOLLY DRIVE | | | Fax: (623)544-9213 | |
| | PEORIA | AZ | 85383 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8949H | SUNNYSIDE ASSISTED LIVING HOME LLC | | | Tele (480)286-1570 | 12/01/2016 to 11/30/2017 |
| | 2615 EAST VISTA DRIVE | | | Fax: (602)626-8257 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9604H | SUNNYSIDE CARE HOME, LLC | | | Tele (602)373-3747 | 11/01/2016 to 10/31/2017 |
| | 7631 WEST SUNNYSIDE DRIVE | | | Fax: (623)321-1660 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7433H | SUNNYSIDE SCOTTSDALE, LLC | | | Tele (602)374-6559 | 03/01/2016 to 02/28/2017 |
| | 5249 EAST TIERRA BUENA LANE | | | Fax: (602)391-2543 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3031H | SUNNYSIDE VILLA ASSISTED LIVING | | | Tele (623)418-6657 | 01/01/2017 to 12/31/2017 |
| | 6125 WEST SUNNYSIDE DRIVE | | | Fax: (623)412-7702 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8568H | SUNRAY ASSISTED LIVING HOME, LLC | | | Tele (623)444-9097 | 12/01/2016 to 11/30/2017 |
| | 2505 SOUTH 116TH AVENUE | | | Fax: (623)444-9097 | |
| | AVONDALE | AZ | 85323 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9762H | SUNRISE ADULT CARE CENTER, LLC | | | Tele (480)325-3890 | 07/01/2016 to 06/30/2017 |
| | 3759 EAST CLOVIS AVENUE | | | Fax: (480)325-3890 | |
| | MESA | AZ | 85206 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10030H | SUNRISE ADULT CARE HOME #2 | | | Tele (602)575-6908 | 03/01/2016 to 02/28/2017 |
| | 16768 WEST BRISTOL LANE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5696H | SUNRISE ADULT CARE HOME #2 | | | Tele (623)487-0488 | 10/01/2016 to 09/30/2017 |
| | 6338 WEST PORT ROYALE LANE | | | Fax: (623)487-0488 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6992H | SUNRISE ADULT CARE HOME #3 | | | Tele (623)512-5944 | 03/01/2016 to 02/28/2017 |
| | 8216 WEST VILLA LINDO DRIVE | | | Fax: (623)249-4954 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7731H | SUNRISE ASSISTED LIVING FACILITY | | | Tele (480)264-4399 | 09/01/2016 to 08/31/2017 |
| | 14654 NORTH DEL CAMBRE AVENUE | | | Fax: (480)245-4515 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8749H | SUNRISE ASSISTED LIVING HOME II | | | Tele (623)328-7738 | 06/01/2016 to 05/31/2017 |
| | 16038 WEST EVANS DRIVE | | | Fax: (623)328-7738 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9203H | SUNRISE CARE HOMES-HAYDEN | | | Tele (480)703-6644 | 09/01/2016 to 08/31/2017 |
| | 13452 NORTH HAYDEN ROAD | | | Fax: (480)922-3520 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7904H | SUNRISE CARE HOMES-MCDONALD | | | Tele (480)703-6644 | 02/01/2016 to 01/31/2017 |
| | 6401 NORTH 82ND STREET | | | Fax: (480)922-3520 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9642H | SUNRISE CARE HOMES-PARADISE VALLEY | | | Tele (480)703-6644 | 02/01/2016 to 01/31/2017 |
| | 6031 NORTH 40TH STREET | | | Fax: (480)922-3520 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL5705H | SUNRISE CARE HOMES-SHEA | | | Tele (480)367-9117 | 12/01/2016 to 11/30/2017 |
| | 11002 NORTH 66TH STREET | | | Fax: (480)922-3520 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8562H | SUNRISE HARBOR HOME | | | Tele (480)752-2100 | 11/01/2016 to 10/31/2017 |
| | 1423 SOUTH HAZEL STREET | | | Fax: (877)795-7135 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8307H | SUNSET ADULT FAMILY HOME | | | Tele (623)328-9457 | 09/01/2016 to 08/31/2017 |
| | 16118 NORTH 168TH LANE | | | Fax: (923)466-0795 | |
| | SURPRISE | AZ | 85388 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| AL9616H | SUNSET VIEW | | | Tele (480)625-3823 | 12/01/2015 to 11/30/2016 |
| | 16633 NORTH 60TH PLACE | | | Fax: (480)621-8421 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1711H | SUNSET VISTA FIRST | | | Tele (623)362-3813 | 07/01/2016 to 06/30/2017 |
| | 18606 NORTH 2ND AVENUE | | | Fax: (623)266-2525 | |
| | PHOENIX | AZ | 85027 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7875H | SUNSHINE ADULT CARE HOME | | | Tele (602)446-0098 | 01/01/2017 to 12/31/2017 |
| | 15341 NORTH 183RD DRIVE | | | Fax: (623)556-5521 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4684H | SUNSHINE RESIDENTIAL CARE HOME | | | Tele (623)215-4199 | 04/01/2016 to 03/31/2017 |
| | 16829 WEST NORTHAMPTON ROAD | | | Fax: (623)215-4199 | |
| | SURPRISE | AZ | 85374 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2708H | SUNTOWN ADULT CARE HOME | | | Tele (623)434-5162 | 01/01/2017 to 12/31/2017 |
| | 20010 NORTH 41ST LANE | | | Fax: (623)780-1054 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9177H | SURPRISE ASSISTED LIVING, LLC | | | Tele (623)388-4590 | 05/01/2016 to 04/30/2017 |
| | 14439 WEST BANFF LANE | | | Fax: (623)533-3825 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9299H | SURPRISE FARMS ASSISTED LIVING LLC | | | Tele (623)225-0849 | 02/01/2016 to 01/31/2017 |
| | 18260 WEST BECK LANE | | | Fax: (623)466-6107 | |
| | SURPRISE | AZ | 85388 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7598H | SUSAN CARE HOME LLC | | | Tele (623)249-5114 | 04/01/2016 to 03/31/2017 |
| | 15842 WEST MERCER LANE | | | Fax: (623)249-4717 | |
| | SURPRISE | AZ | 85379 | Capacity : 9 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6834H | SWEET HOME ADULT CARE HOME LLC | | | Tele (623)487-1124 | 09/01/2016 to 08/31/2017 |
| | 15973 NORTH 77TH AVENUE | | | Fax: (623)334-0835 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9652H | SWEETWATER PINES | | | Tele (480)361-7760 | 02/01/2016 to 01/31/2017 |
| | 7515 EAST SWEETWATER AVENUE | | | Fax: (480)245-7869 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4270H | SWEETWATER PLACE | | | Tele (602)329-6226 | 01/01/2016 to 12/31/2016 |
| | 12433 NORTH 71ST STREET | | | Fax: (480)483-6845 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6463H | SWISS TOUCH | | | Tele (602)404-7504 | 02/01/2016 to 01/31/2017 |
| | 5235 EAST WAGONER ROAD | | | Fax: (602)404-7504 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8696H | SYMPHONY III ASSISTED LIVING | | | Tele (480)352-8243 | 04/01/2016 to 03/31/2017 |
| | 4820 SOUTH ROBINS WAY | | | Fax: (480)272-9419 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7017H | T & Y WOLF ASSISTED LIVING | | | Tele (602)278-6486 | 06/01/2016 to 05/31/2017 |
| | 326 EAST BELLMONT AVENUE | | | Fax: (602)278-6486 | |
| | PHOENIX | AZ | 85020 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10146H | TANG ASSISTED LIVING LLC | | | Tele (480)240-0278 | 08/22/2016 to 07/31/2017 |
| | 4113 WEST HAYWARD AVENUE | | | Fax: (480)838-9668 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9899H | TANG ASSISTED LIVING, LLC | | | Tele (480)240-0278 | 12/01/2016 to 11/30/2017 |
| | 6622 SOUTH DORSEY LANE | | | Fax: (480)838-9668 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2966H | TANGELO GROVE SENIOR CARE HOME<br>101 WEST GLENDALE AVENUE<br>PHOENIX AZ 85021 | Tele (602)351-2273<br>Fax: (854)659-7636<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL4772H | TATUM GLEN ASSISTED LIVING HOME<br>3720 EAST UTOPIA ROAD<br>PHOENIX AZ 85050 | Tele (602)787-4418<br>Fax: (602)787-4489<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| AL9814H | TATUM HIGHLANDS HELPING HANDS LLC<br>4550 EAST BAJADA ROAD<br>CAVE CREEK AZ 85331 | Tele (480)694-2721<br>Fax: (480)264-7680<br>Capacity : 10 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL10167H | TATUM NORTH ASSISTED LIVING HOME<br>18010 NORTH 44TH WAY<br>PHOENIX AZ 85032 | Tele (602)870-3446<br>Fax: ( ) -<br>Capacity : 5 | 09/12/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6464H | TATUM QUALITY CARE ASSISTED LIVING HOME<br>4558 EAST LIBBY STREET<br>PHOENIX AZ 85032 | Tele (602)354-3794<br>Fax: (602)866-2649<br>Capacity : 5 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8810H | TBI ASSISTED LIVING | | | Tele (602)358-7141 | 07/01/2016 to 06/30/2017 |
| | 2721 WEST ROVEY AVENUE | | | Fax: (602)358-7559 | |
| | PHOENIX | AZ | 85017 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8608H | TBI CARE, INC | | | Tele (602)276-9117 | 12/01/2016 to 11/30/2017 |
| | 6016 SOUTH 22ND DRIVE | | | Fax: (480)247-4049 | |
| | PHOENIX | AZ | 85041 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10173H | TBI CARE, INC. | | | Tele (913)206-7999 | 10/07/2016 to 09/30/2017 |
| | 908 EAST RELIANT STREET | | | Fax: (480)247-4049 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8653H | TEMPE TBI HOME CARE LLC | | | Tele (480)275-2221 | 02/01/2017 to 01/31/2018 |
| | 507 EAST WESTCHESTER DRIVE | | | Fax: (480)361-6471 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7653H | TENDER LOVING CARE HOME I | | | Tele (623)242-6414 | 03/01/2016 to 02/28/2017 |
| | 14239 WEST CHARTER OAK ROAD | | | Fax: (623)556-2977 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8053H | TENDER TOUCH ASSISTED LIVING HOME II | | | Tele (602)677-5824 | 09/01/2016 to 08/31/2017 |
| | 2827 EAST THUNDERBIRD ROAD | | | Fax: (602)992-7341 | |
| | PHOENIX | AZ | 85032 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6709H | THE HARBOR LIGHTHOUSE II | | | Tele (602)358-8604 | 06/01/2016 to 05/31/2017 |
| | 4142 WEST GROVERS AVENUE | | | Fax: (602)606-2356 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9271H | THE NEXT GENESIS II | | | Tele (480)204-3269 | 03/01/2017 to 02/28/2018 |
| | 3638 WEST TONTO LANE | | | Fax: (623)328-7792 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4760H | THIRD STREET HOME | | | Tele (480)610-6974 | 04/01/2016 to 03/31/2017 |
| | 1053 EAST 3RD STREET | | | Fax: (480)610-6974 | |
| | MESA | AZ | 85203 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10169H | THREE ANGELS LIVING LLC | | | Tele (480)895-4965 | 11/16/2016 to 10/31/2017 |
| | 746 EAST COCONINO DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4644H | THUNDERBIRD ASSISTED LIVING HOME | | | Tele (602)326-3321 | 04/01/2016 to 03/31/2017 |
| | 6149 EAST THUNDERBIRD ROAD | | | Fax: (623)374-4517 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |
| AL5864H | THUNDERBIRD QUALITY HOME CARE | | | Tele (602)978-8738 | 01/01/2017 to 12/31/2017 |
| | 5503 WEST JOAN DE ARC AVENUE | | | Fax: (602)298-4352 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6680H | TINA'S PLACE ASSISTED LIVING HOME | | | Tele (480)584-5742 | 06/01/2016 to 05/31/2017 |
| | 787 WEST CAROB WAY | | | Fax: (480)584-5742 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7104H | TOP QUALITY A L H | | | Tele (480)512-2493 | 08/01/2016 to 07/31/2017 |
| | 14403 NORTH 60TH STREET | | | Fax: (480)998-3185 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |
| AL8987H | TOTAL CARE ASSISTED LIVING HOME | | | Tele (480)247-2600 | 02/01/2016 to 01/31/2017 |
| | 1670 EAST CARLA VISTA DRIVE | | | Fax: (480)264-4259 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7054H | TOTAL CARE ASSISTED LIVING II, LLC | | | Tele (480)699-5181 | 06/01/2016 to 05/31/2017 |
| | 642 EAST KENT AVENUE | | | Fax: (480)726-0580 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8218H | TOUCH OF LOVE ASSISTED LIVING | | | Tele (480)380-4600 | 01/01/2017 to 12/31/2017 |
| | 11335 EAST PRONGHORN AVENUE | | | Fax: (480)380-4600 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9686H | TOUCHING HEARTS ASSISTED LIVING INC | | | Tele (623)748-3028 | 05/01/2016 to 04/30/2017 |
| | 7319 WEST ANDREW LANE | | | Fax: (623)748-3028 | |
| | PEORIA | AZ | 85383 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9446H | TOWLE HOUSE ASSISTED LIVING & ADULT CARE | | | Tele (480)725-9046 | 08/01/2016 to 07/31/2017 |
| | 1355 NORTH GREENFIELD ROAD | | | Fax: (480)725-9047 | |
| | GILBERT | AZ | 85234 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6554H | TRAMONTO ASSISTED LIVING | | | Tele (602)722-3893 | 03/01/2016 to 02/28/2017 |
| | 3217 WEST CARAVAGGIO LANE | | | Fax: (623)518-3216 | |
| | PHOENIX | AZ | 85086 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8967H | TRANQUIL LIVING CARE HOME | | | Tele (480)634-4869 | 02/01/2017 to 01/31/2018 |
| | 4144 WEST BART DRIVE | | | Fax: (480)902-3077 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9643H | TRANQUILITY ASSISTED LIVING HOME | | | Tele (650)580-7035 | 02/01/2016 to 01/31/2017 |
| | 4526 NORTH 82ND STREET | | | Fax: (480)773-7279 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6668H | TRINITY AT ALMA SCHOOL GARDEN ADULT CARE | | | Tele (480)306-5826 | 01/01/2016 to 12/31/2016 |
| | 471 WEST WILDHORSE DRIVE | | | Fax: (480)306-5829 | |
| | CHANDLER | AZ | 85286 | Capacity : 3 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6365H | TRINITY HOME OF SCOTTSDALE, LLC | | | Tele (480)451-0741 | 01/01/2016 to 12/31/2016 |
| | 10710 EAST MESCAL STREET | | | Fax: (480)451-0742 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8494H | TRINITY HOME ON CLINTON | | | Tele (480)451-0741 | 07/01/2016 to 06/30/2017 |
| | 10521 EAST CLINTON STREET | | | Fax: (480)451-0742 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9664H | TRUE LOVE AND CARE OF GOODYEAR LLC | | | Tele (623)215-7499 | 02/01/2016 to 01/31/2017 |
| | 14611 WEST WILSHIRE DRIVE | | | Fax: (623)215-7499 | |
| | GOODYEAR | AZ | 85395 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9653H | TUSCAN MANOR | | | Tele (480)656-2995 | 03/01/2016 to 02/28/2017 |
| | 16948 EAST WIND CHIME DRIVE | | | Fax: (480)656-2244 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8077H | TUSCAN PLACE ASSISTED LIVING HOME | | | Tele (480)471-6107 | 07/01/2016 to 06/30/2017 |
| | 13637 NORTH 87TH STREET | | | Fax: (480)471-6137 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10009H | TWILIGHT HAVEN | | | Tele (623)466-7673 | 04/07/2016 to 03/31/2017 |
| | 12533 WEST COLDWATER SPRINGS BLVD | | | Fax: (623)399-6041 | |
| | AVONDALE | AZ | 85323 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8982H | TWILIGHT HAVEN III, LLC | | | Tele (623)234-4034 | 01/01/2017 to 12/31/2017 |
| | 233 SOUTH 123RD DRIVE | | | Fax: (623)234-4525 | |
| | AVONDALE | AZ | 85323 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8576H | TWIN HEARTS ASSISTED LIVING HOME III | | | Tele (480)343-8045 | 11/01/2016 to 10/31/2017 |
| | 11003 WEST ALVARADO ROAD | | | Fax: (602)715-2257 | |
| | AVONDALE | AZ | 85392 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL9811H | UNIQUE FAMILY TO FAMILY | | | Tele (323)707-1711 | 08/01/2016 to 07/31/2017 |
| | 6981 WEST VILLA HERMOSA | | | Fax: (323)978-5020 | |
| | GLENDALE | AZ | 85310 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL7079H | UPON THE ROCK ASSISTED LIVING | | | Tele (480)488-0774 | 03/01/2016 to 02/28/2017 |
| | 32100 NORTH SCOTTSDALE ROAD | | | Fax: (480)595-5492 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : 10 | Medcaid_Cert: Certified |
| AL4945H | VALLEY CARE MANAGEMENT CORPORATION | | | Tele (480)545-9176 | 08/01/2016 to 07/31/2017 |
| | 59 NORTH QUARTZ STREET | | | Fax: (480)545-8543 | |
| | GILBERT | AZ | 85234 | Capacity : 9 | Medcaid_Cert: Certified |
| AL7868H | VALLEY OASIS ADULT CARE HOME | | | Tele (602)978-2556 | 11/01/2016 to 10/31/2017 |
| | 5131 WEST SWEETWATER AVENUE | | | Fax: (623)334-2699 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9397H | VALLEY VISTA HOME CARE | | | Tele (602)606-2332 | 08/01/2016 to 07/31/2017 |
| | 15848 NORTH 9TH AVENUE | | | Fax: (602)606-2332 | |
| | PHOENIX | AZ | 85023 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1595H | VANDERMEYER HOUSE | | | Tele (602)789-7676 | 01/01/2016 to 12/31/2016 |
| | 7554 WEST LIBBY | | | Fax: (602)595-0711 | |
| | GLENDALE | AZ | 85308 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8040H | VEEMA CHANDLER ASSISTED LIVING HOMES, LLC | | | Tele (480)570-0504 | 04/01/2016 to 03/31/2017 |
| | 4695 WEST TYSON STREET | | | Fax: (480)496-6815 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6877H | VENUS ASSISTED LIVING HOME | | | Tele (623)556-4695 | 02/01/2017 to 01/31/2018 |
| | 15226 WEST BECKER LANE | | | Fax: (623)556-4695 | |
| | SURPRISE | AZ | 85379 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9850H | VERDANT SENIOR PLACE, LLC | | | Tele (602)818-6700 | 03/28/2016 to 02/28/2017 |
| | 8207 WEST NICOLET AVENUE | | | Fax: (602)715-2257 | |
| | GLENDALE | AZ | 85303 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4174H | VERONICA'S ELDERLY CARE HOME | | | Tele (602)896-3158 | 03/01/2016 to 02/28/2017 |
| | 15213 NORTH 62ND DRIVE | | | Fax: (602)896-3158 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7043H | VICKY'S LOVING HOME | | | Tele (602)216-9638 | 05/01/2016 to 04/30/2017 |
| | 3433 WEST MALAPAI DRIVE | | | Fax: (602)938-0156 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10128H | VICTORIOUS ASSISTED LIVING HOME, LLC | | | Tele (623)418-0512 | 09/29/2016 to 08/31/2017 |
| | 3501 WEST ORANGEWOOD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8844H | VICTORY HOMES I | | | Tele (602)281-2915 | 09/01/2016 to 08/31/2017 |
| | 4501 EAST ACOMA DRIVE | | | Fax: (602)281-2915 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10144H | VIENNA CARE HOME, LLC | | | Tele (480)338-4279 | 09/01/2016 to 08/31/2017 |
| | 13408 NORTH 52ND AVENUE | | | Fax: (623)251-6696 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3369H | VIKI'S ASSISTED LIVING HOME | | | Tele (602)482-3473 | 09/01/2016 to 08/31/2017 |
| | 3027 EAST TOPEKA DRIVE | | | Fax: (602)466-2517 | |
| | PHOENIX | AZ | 85050 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7417H | VILLA BELLA HOME | | | Tele (480)399-1288 | 05/01/2016 to 04/30/2017 |
| | 5520 EAST KELTON LANE | | | Fax: (602)283-4771 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6943H | VILLA JEAN I LLC | | | Tele (480)857-2972 | 11/01/2016 to 10/31/2017 |
| | 704 WEST CHEYENNE DRIVE | | | Fax: (480)899-9770 | |
| | CHANDLER | AZ | 85225 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8760H | VILLA JEAN II | | | Tele (480)427-2282 | 05/01/2016 to 04/30/2017 |
| | 1239 WEST BOSTON STREET | | | Fax: (480)899-9770 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6736H | VILLA JEAN V | | | Tele (480)926-2045 | 08/01/2016 to 07/31/2017 |
| | 401 WEST MISSION DRIVE | | | Fax: (480)899-9770 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5190H | VILLA ON SWEETWATER | | | Tele (602)329-6226 | 01/01/2017 to 12/31/2017 |
| | 6739 EAST SWEETWATER | | | Fax: (480)483-6845 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6769H | VILLA SERENE ASSISTED LIVING | | | Tele (623)374-4714 | 07/01/2016 to 06/30/2017 |
| | 13606 WEST VERMONT STREET | | | Fax: (623)792-5840 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2592H | VILLA THERESA ADULT CARE HOME | | | Tele (602)862-0446 | 01/01/2017 to 12/31/2017 |
| | 7637 WEST VILLA THERESA DRIVE | | | Fax: (602)938-0754 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6367H | VILLAS AT DEER VALLEY CARE FACILITY | | | Tele (602)488-3108 | 03/01/2016 to 02/28/2017 |
| | 18027 NORTH 27TH DRIVE | | | Fax: (866)604-2337 | |
| | PHOENIX | AZ | 85023 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8788H | VILLAS OF MARYVALE TERRACE | | | Tele (602)488-3108 | 06/01/2016 to 05/31/2017 |
| | 4315 WEST EARLL DRIVE | | | Fax: (866)604-2337 | |
| | PHOENIX | AZ | 85031 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9501H | VIP ASSISTED LIVING CO | | | Tele (602)317-5005 | 08/01/2016 to 07/31/2017 |
| | 15441 WEST BECKER LANE | | | Fax: (602)296-0174 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8166H | VIP PARADISE CARE LLC | | | Tele (602)363-3119 | 09/01/2016 to 08/31/2017 |
| | 12650 EAST COCHISE DRIVE | | | Fax: (480)264-7048 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10073H | WELCOME HOME ADULT CARE, LLC | | | Tele (480)459-6250 | 08/10/2016 to 07/31/2017 |
| | 1087 EAST BAJOR STREET | | | Fax: (480)621-8017 | |
| | GILBERT | AZ | 85298 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8038H | WELLSPRING A L H IN MESA | | | Tele (480)703-4134 | 06/01/2016 to 05/31/2017 |
| | 5437 EAST HARMONY AVENUE | | | Fax: (480)503-3210 | |
| | MESA | AZ | 85206 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7443H | WELLSPRING ALH AT VAL VISTA | | | Tele (480)503-3217 | 02/01/2016 to 01/31/2017 |
| | 312 NORTH BRETT STREET | | | Fax: (480)503-3210 | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9510H | WEST LANE HOME | | | Tele (602)332-0780 | 10/01/2016 to 09/30/2017 |
| | 3137 WEST LANE AVENUE | | | Fax: (623)399-8915 | |
| | PHOENIX | AZ | 85051 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4125H | WEST VALLEY CARE HOME | | | Tele (623)334-1827 | 01/01/2017 to 12/31/2017 |
| | 8546 WEST JOAN DE ARC | | | Fax: (623)486-4680 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6635H | WEST VALLEY CARE HOME II | | | Tele (623)792-8424 | 04/01/2016 to 03/31/2017 |
| | 20817 NORTH 101ST LANE | | | Fax: (623)251-3319 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9989H | WEST VALLEY HELPING HANDS 2 L L C | | | Tele (480)694-2721 | 03/04/2016 to 02/28/2017 |
| | 8432 WEST ST JOHN ROAD | | | Fax: (623)399-8401 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10041H | WEST VALLEY HELPING HANDS LLC | | | Tele (623)399-6370 | 05/01/2016 to 04/30/2017 |
| | 15021 NORTH 91ST LANE | | | Fax: (623)399-6370 | |
| | PEORIA | AZ | 85381 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10076H | WEST WING ADULT CARE HOME | | | Tele (602)376-3587 | 05/18/2016 to 04/30/2017 |
| | 27490 NORTH HIGUERA DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9833H | WESTCHESTER TBI HOME CARE, LLC | | | Tele (480)275-2221 | 11/01/2016 to 10/31/2017 |
| | 1046 EAST WESTCHESTER DRIVE | | | Fax: (480)361-6471 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4907H | WHIPPLE CIRCLE MANOR ASSISTED LIVING | | | Tele (480)503-4467 | 07/01/2016 to 06/30/2017 |
| | 1101 NORTH WHIPPLE CIRCLE | | | Fax: (480)558-5297 | |
| | GILBERT | AZ | 85233 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5231H | WHISPERING WATERS ASSISTED LIVING | | | Tele (623)388-4647 | 06/01/2016 to 05/31/2017 |
| | 11596 WEST PURDUE AVENUE | | | Fax: (623)266-9680 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2426H | WHITE DOVE ASSISTED LIVING HOME | | | Tele (602)978-1393 | 08/01/2016 to 07/31/2017 |
| | 6741 WEST ROBERT E LEE | | | Fax: (602)548-0836 | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8374H | WHITE DOVE AT SUNRISE MOUNTAIN ASSISTED LIVING HOME | | | Tele (602)978-1393 | 05/01/2016 to 04/30/2017 |
| | 23161 NORTH 87TH DRIVE | | | Fax: (623)537-3766 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7801H | WHITE HOUSE GROUP HOME | | | Tele (623)297-1839 | 12/01/2016 to 11/30/2017 |
| | 10227 NORTH 56TH DRIVE | | | Fax: (623)435-2600 | |
| | GLENDALE | AZ | 85302 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8244H | WHITE ORCHID ASSISTED LIVING, LLC | | | Tele (623)399-9191 | 11/01/2016 to 10/31/2017 |
| | 8648 WEST SALTER DRIVE | | | Fax: (623)399-9191 | |
| | PEORIA | AZ | 85383 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9767H | WHITE ROSES ASSISTED LIVING | | | Tele (480)388-6414 | 06/01/2016 to 05/31/2017 |
| | 951 WEST SARAGOSA STREET | | | Fax: (480)699-4042 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7416H | WHITE VIOLET | | | Tele (602)903-8120 | 01/01/2017 to 12/31/2017 |
| | 3702 WEST CHOLLA STREET | | | Fax: (602)682-5439 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4402H | WHITE VIOLET ADULT CARE HOME II | | | Tele (602)903-8120 | 07/01/2016 to 06/30/2017 |
| | 3711 WEST CHOLLA STREET | | | Fax: (602)595-9497 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9061H | WHITEWING MANSION ASSISTED LIVING | | | Tele (480)245-6770 | 04/01/2016 to 03/31/2017 |
| | 1151 SOUTH SEAN DRIVE | | | Fax: (480)383-6343 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9062H | WHITEWING MANSION ASSISTED LIVING II | | | Tele (480)245-6443 | 04/01/2016 to 03/31/2017 |
| | 1371 WEST MULBERRY DRIVE | | | Fax: (480)383-6343 | |
| | CHANDLER | AZ | 85286 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9242H | WINDSONG CARE ASSISTED LIVING | | | Tele (602)677-2774 | 12/01/2016 to 11/30/2017 |
| | 1129 SOUTH 24TH STREET | | | Fax: (480)452-0555 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9709H | WONDER CARE | | | Tele (623)215-8980 | 09/01/2016 to 08/31/2017 |
| | 15972 WEST LINDEN STREET | | | Fax: (623)215-8980 | |
| | GOODYEAR | AZ | 85338 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10130H | WOODRIDGE ASSISTED LIVING | | | Tele (480)694-7824 | 09/09/2016 to 08/31/2017 |
| | 6020 EAST WOODRIDGE DRIVE | | | Fax: (480)991-2328 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7522H | YASHUA'S CEDAR | | | Tele (480)558-4684 | 01/01/2017 to 12/31/2017 |
| | 437 WEST MERRILL AVENUE | | | Fax: (480)899-6122 | |
| | GILBERT | AZ | 85233 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8195H | YOUNG FAMILY CARE HOMES AND INVESTMENTS, LLC | | | Tele (480)888-0456 | 11/01/2016 to 10/31/2017 |
| | 19331 EAST VIA DE PALMAS | | | Fax: (480)383-6083 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2832H | YOUNG LIFE ASSISTED LIVING | | | Tele (602)242-9736 | 09/01/2016 to 08/31/2017 |
| | 2711 WEST RANCHO DRIVE | | | Fax: (602)595-1276 | |
| | PHOENIX | AZ | 85017 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4043H | YOUNG LIFE ASSISTED LIVING 2 | | | Tele (602)595-3229 | 10/01/2016 to 09/30/2017 |
| | 2742 WEST RANCHO DRIVE | | | Fax: (602)595-1039 | |
| | PHOENIX | AZ | 85017 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9350H | YOUNG LIFE ASSISTED LIVING 4 | | | Tele (602)595-5600 | 05/01/2016 to 04/30/2017 |
| | 2411 WEST RANCHO DRIVE | | | Fax: (602)595-5499 | |
| | PHOENIX | AZ | 85015 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10210H | YOUNG LIFE ASSISTED LIVING 5 | | | Tele (602)561-1281 | 11/17/2016 to 10/31/2017 |
| | 5826 NORTH 27TH AVENUE | | | Fax: (602)595-5499 | |
| | PHOENIX | AZ | 85017 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9136H | ZAWEAH LUXURY LIVING | | | Tele (602)348-7691 | 08/01/2016 to 07/31/2017 |
| | 9129 SOUTH 48TH DRIVE | | | Fax: (602)368-3587 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9430H | DESERT RIDGE MANOR TBI & BEHAVIORAL CARE LLC | | | Tele (602)370-1277 | 07/01/2016 to 06/30/2017 |
| | 14027 NORTH 44TH PLACE | | | Fax: (602)419-3009 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9444H | STETSON PREMIER CARE | | | Tele (623)533-3301 | 08/01/2016 to 07/31/2017 |
| | 25816 NORTH FERNBUSH DRIVE | | | Fax: (623)374-4884 | |
| | PHOENIX | AZ | 85083 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : ASSISTED LIVING HOME-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9877H | WINSTON PARK LLC | | | Tele (623)256-8098 | 03/17/2016 to 02/28/2017 |
| | 660 WEST MCLELLAN ROAD | | | Fax: (866)602-6851 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

## Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AUD0009 | ANDERSEN, BEVERLY R. | | | Tele (602)000-0000 | 02/01/2016 to 01/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: (602)000-0000 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AUD2023 | BILTIMIER, LISA M. | | | Tele (480)000-0000 | 11/01/2015 to 10/31/2017 |
| | CHANDLER UNIFIED SCHOOL DISTRICT | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AUD0026 | CLEES, PATRICIA A. | | | Tele (602)263-1514 | 05/01/2016 to 04/30/2018 |
| | 4212 N 16TH STREET | | | Fax: (602)263-1635 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AUD4157 | HALLOWITZ, SARAH M | | | Tele (602)222-6412 | 08/01/2016 to 07/31/2018 |
| | 650 E INIDAN SCHOOL ROAD | | | Fax: (602)222-6588 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AUD0002 | JENSEN, MARIAN M.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>SCOTTSDALE AZ 85260 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AUD0015 | JONES, AMY J.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>PHOENIX AZ 85012 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| AUD0037 | LUKAS, JULIE S<br>AZ PRACTIC ADDRESS NOT REGISTERED<br>PHOENIX AZ 85028 | Tele (602)570-7247<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AUD0020 | MCLAWS, SARA E.<br>2051 W NORTHERN AVE SUITE 200<br>PHOENIX AZ 85021 | Tele (602)771-5243<br>Fax: (602)544-1704<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| AUD5175 | NIEB, LINDA L.<br>20402 N 15TH AVENUE<br>PHOENIX AZ 85027 | Tele (623)445-5000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD0088 | RIGO, THOMAS G. | | | Tele (480)219-6023 | | 06/01/2016 | to | 05/31/2018 |
| | 5850 EAST STILL CIRCLE | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD4410 | SCHMELTZ, LESLIE R. | | | Tele (480)219-6121 | | 06/01/2016 | to | 05/31/2018 |
| | A T STILL UNIVERSITY 5850 E STILL CIRCLE | | | Fax: (480)219-6110 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD5402 | VAN VIE, SUSAN E. | | | Tele (602)705-8705 | | 12/01/2015 | to | 11/30/2017 |
| | 902 W WILLETTA ST | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| IFBH6300 | DEVEREUX SCOTTSDALE | | | Tele (480)998-2920 | | 04/01/2016 | to | 03/31/2017 |
| | 6436 EAST SWEETWATER AVENUE | | | Fax: (480)443-5587 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | 48 | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| IFBH6674 | NEW FOUNDATION, THE | | | Tele (480)945-3302 | | 10/01/2016 | to | 09/30/2017 |
| | 1200 NORTH 77TH STREET | | | Fax: (480)945-9308 | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | 40 | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7476 | OASIS BEHAVIORAL HEALTH<br>2190 NORTH GRACE BOULEVARD, BUILDING B<br>CHANDLER AZ 85225 | Tele (480)917-9301<br>Fax: (480)917-0503<br>Capacity : 37 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| IFBH6780 | ROSEWOOD RANCH<br>36075 SOUTH RINCON ROAD, BUILDING C<br>WICKENBURG AZ 85390 | Tele (928)684-9594<br>Fax: (928)684-3181<br>Capacity : 14 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| IFBH6572 | YOUTH DEVELOPMENT INSTITUTE<br>1830 EAST ROOSEVELT STREET, BUILDING 1<br>PHOENIX AZ 85006 | Tele (602)256-5300<br>Fax: (602)256-5301<br>Capacity : 84 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7331 | COMMUNITY PSYCHIATRIC EMERGENCY CENTER<br>358 EAST JAVELINA AVENUE, SUITE 102<br>MESA AZ 85210 | Tele (480)831-7566<br>Fax: ( ) -<br>Capacity : 16 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| IFBH7404 | GALLUS DETOX SCOTTSDALE<br>4326 NORTH 75TH STREET<br>SCOTTSDALE AZ 85251 | Tele (855)338-6929<br>Fax: ( ) -<br>Capacity : 7 | 11/13/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6963 | REMUDA LIFE PROGRAM<br>55635 NORTH VULTURE MINE ROAD<br>WICKENBURG AZ 85390 | Tele (928)684-4029<br>Fax: (928)668-4567<br>Capacity : 44 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| IFBH7388 | SCOTTSDALE DETOX CENTER OF ARIZONA, LLC<br>7283 EAST EARLL STREET, SUITE B<br>SCOTTSDALE AZ 85251 | Tele (480)351-2918<br>Fax: ( ) -<br>Capacity : 14 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH5963 | ALHAMBRA BEHAVIORAL HEALTH TREATMENT FACILITY<br>2500 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)685-3100<br>Fax: (602)685-3114<br>Capacity : 169 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| IFBH6334 | ARIZONA BRIDGE TO RECOVERY<br>554 SOUTH BELLVIEW, ROOM B<br>MESA AZ 85204 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 14 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| IFBH6551 | CALVARY HEALING CENTER<br>720 EAST MONTEBELLO AVENUE, RESIDENTIAL BUILDING<br>PHOENIX AZ 85014 | Tele (602)279-1468<br>Fax: (602)279-3090<br>Capacity : 68 | 11/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6374 | CBI - CENTRAL CITY ADDICTION RECOVERY CENTER<br>2770 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 16 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| IFBH6337 | EAST VALLEY ADDICTION RECOVERY CENTER ( EVARC )<br>560 SOUTH BELLVIEW, ROOMS B & C<br>MESA AZ 85204 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 16 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| IFBH6209 | GENTLE PATH AT THE MEADOWS<br>2075 NORTH VULTURE MINE ROAD<br>WICKENBURG AZ 85390 | Tele (800)708-1743<br>Fax: (928)668-4567<br>Capacity : 28 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| IFBH6910 | MEADOWS, THE<br>1655 NORTH TEGNER STREET<br>WICKENBURG AZ 85390 | Tele (928)684-3926<br>Fax: (928)668-4567<br>Capacity : 106 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| IFBH6890 | RECOVERY INNOVATIONS, INC.<br>11361 NORTH 99TH AVENUE, SUITE 200<br>PEORIA AZ 85345 | Tele (602)650-1212<br>Fax: (623)972-6173<br>Capacity : 16 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6781 | ROSEWOOD CENTERS FOR EATING DISORDERS<br>36075 SOUTH RINCON ROAD<br>WICKENBURG AZ 85390 | Tele (928)684-9594<br>Fax: (928)684-3181<br>Capacity : 28 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7647 | SERENITY CARE CENTER, LLC<br>13951 WEST MEEKER BOULEVARD<br>SUN CITY WEST AZ 85375 | Tele (561)722-8055<br>Fax: ( ) -<br>Capacity : 30 | 04/18/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7657 | SOBA RECOVERY CENTER<br>6215 EAST ARBOR AVENUE<br>MESA AZ 85206 | Tele (480)664-4053<br>Fax: ( ) -<br>Capacity : 20 | 04/28/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6578 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - CRISIS RECOVERY UNIT 1<br>1424 SOUTH 7TH AVENUE, BUILDING A<br>PHOENIX AZ 85007 | Tele (602)285-4238<br>Fax: (602)258-5372<br>Capacity : 16 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6737 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - CRU 2<br>1424 SOUTH 7TH AVENUE, BUILDING B<br>PHOENIX AZ 85007 | Tele (602)285-4330<br>Fax: (602)265-8533<br>Capacity : 16 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7439 | URGENT PSYCHIATRIC CARE CENTER - UPC STIU<br>1201 SOUTH 7TH AVENUE, SUITE 150C<br>PHOENIX AZ 85007 | Tele (602)416-7600<br>Fax: ( ) -<br>Capacity : 16 | 03/09/2016 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| IFBH6533 | VALLEY HOPE ASSOCIATION - CHANDLER<br>501 NORTH WASHINGTON, BUILDING F<br>CHANDLER AZ 85225 | Tele (480)899-3335<br>Fax: (480)899-6697<br>Capacity : 55 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| IFBH7952 | VALOR BEHAVIORAL HEALTHCARE DETOX<br>6613 NORTH SCOTTSDALE ROAD, SUITE 101<br>SCOTTSDALE AZ 85250 | Tele (480)494-5836<br>Fax: ( ) -<br>Capacity : 8 | 11/17/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4464 | A BETTER TODAY RECOVERY SERVICES<br>7838 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85260 | Tele (480)315-1141<br>Fax: (480)304-3079<br>Capacity : 10 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4531 | A BETTER TODAY RECOVERY SERVICES<br>7210 EAST DALE ROAD<br>SCOTTSDALE AZ 85266 | Tele (480)223-2546<br>Fax: (888)850-2184<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4868 | A BETTER TODAY RECOVERY SERVICES | | | Tele (480)315-1141 | 07/01/2016 to 06/30/2017 |
| | 6145 EAST SHEA BOULEVARD | | | Fax: (888)850-2184 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3592 | A NEW HOPE BEHAVIORAL HEALTH HOME | | | Tele (623)930-9561 | 06/01/2016 to 05/31/2017 |
| | 9646 NORTH 47TH AVENUE | | | Fax: (623)937-8520 | |
| | GLENDALE | AZ | 85302 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4046 | AMERICAN CARE HOMES, INC | | | Tele (602)277-8724 | 08/01/2016 to 07/31/2017 |
| | 4144 NORTH 36TH STREET | | | Fax: (602)224-1357 | |
| | PHOENIX | AZ | 85018 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4782 | AMERICAN CARE HOMES, INC. | | | Tele (602)279-8721 | 01/01/2017 to 12/31/2017 |
| | 4148 NORTH 36TH STREET | | | Fax: (602)224-1357 | |
| | PHOENIX | AZ | 85018 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3989 | APOLLO HEALTH CARE, INC | | | Tele (623)877-0055 | 02/01/2016 to 01/31/2017 |
| | 8322 WEST OREGON AVENUE | | | Fax: (623)877-1155 | |
| | GLENDALE | AZ | 85305 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4611 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)699-9720 | 04/01/2016 to 03/31/2017 |
| | 16781 WEST HILTON AVENUE | | | Fax: (480)699-8094 | |
| | AVONDALE-GOODYEAR | AZ | 85323 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4766 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 12/01/2016 to 11/30/2017 |
| | 1101 EAST GOLDCREST STREET | | | Fax: (480)840-1613 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4271 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 06/01/2016 to 05/31/2017 |
| | 560 NORTH 159TH LANE | | | Fax: (480)840-1613 | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4067 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 07/01/2016 to 06/30/2017 |
| | 1024 NORTH RIDGE CIRCLE | | | Fax: (480)840-1613 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4568 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (602)904-2772 | 02/01/2017 to 01/31/2018 |
| | 1946 SOUTH 174TH LANE | | | Fax: (623)476-5558 | |
| | GOODYEAR | AZ | 85338 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3981 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 12/01/2016 to 11/30/2017 |
| | 1469 EAST IVANHOE STREET | | | Fax: (480)840-1613 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3724 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (623)594-9064 | 11/01/2016 to 10/31/2017 |
| | 16575 WEST ROOSEVELT STREET | | | Fax: (623)925-9876 | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3580 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 04/01/2016 to 03/31/2017 |
| | 230 EAST FRANCES LANE | | | Fax: (480)840-1613 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3971 | ARIZONA BEHAVIORAL CARE HOMES | | | Tele (480)840-1601 | 12/01/2016 to 11/30/2017 |
| | 16800 WEST ROOSEVELT STREET | | | Fax: (480)840-1613 | |
| | GOODYEAR | AZ | 85338 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1784 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC./CROCUS HOUSE | | | Tele (602)230-2222 | 04/01/2016 to 03/31/2017 |
| | 3048 WEST CROCUS AVENUE | | | Fax: (602)230-2026 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1790 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC./IRONWOOD<br>10010 NORTH 36TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 5 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| BH2625 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC./KEIM HOUSE<br>2208 WEST KEIM DRIVE<br>PHOENIX AZ 85015 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 8 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH2609 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC./STATE HOUSE<br>2022 WEST STATE AVENUE<br>PHOENIX AZ 85021 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 8 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| BH1828 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC.-HAYWARD<br>7722 NORTH 42ND AVENUE<br>PHOENIX AZ 85051 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 8 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1844 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC.-KINGS RESIDENTIAL PROGRAM<br>6627 WEST KINGS AVENUE<br>GLENDALE AZ 85306 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH2110 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC.-NORTHWOOD<br>4301 WEST WINDROSE DRIVE<br>GLENDALE AZ 85303 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 8 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH1347 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC.-QUAIL CREEK RES PROGRAM<br>1829 EAST 2ND STREET<br>MESA AZ 85203 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 4 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH1698 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC.-WARD MANOR<br>1018 EAST EL CAMINITO<br>PHOENIX AZ 85020 | Tele (602)230-2222<br>Fax: (602)230-2026<br>Capacity : 9 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| BH2877 | ARIZONA MENTOR - AZTEC<br>2413 NORTH 92ND LANE<br>PHOENIX AZ 85037 | Tele (602)200-9494<br>Fax: (602)567-2062<br>Capacity : 5 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3511 | ARIZONA MENTOR - CACTUS | | | Tele (602)200-9494 | 01/01/2017 to 12/31/2017 |
| | 12002 NORTH 28TH STREET | | | Fax: (602)567-2062 | |
| | PHOENIX | AZ | 85028 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2740 | ARIZONA MENTOR - CAMBRIDGE | | | Tele (602)200-9494 | 03/01/2016 to 02/28/2017 |
| | 9131 WEST CAMBRIDGE AVENUE | | | Fax: (602)567-2062 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2778 | ARIZONA MENTOR - CHESTNUT | | | Tele (602)200-9494 | 05/01/2016 to 04/30/2017 |
| | 9287 WEST BELVOIR ROAD | | | Fax: (602)567-2062 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2876 | ARIZONA MENTOR - CURRY | | | Tele (602)200-9494 | 02/01/2017 to 01/31/2018 |
| | 874 SOUTH SUNSET COURT | | | Fax: (602)567-2062 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2779 | ARIZONA MENTOR - DESERT WIND | | | Tele (602)200-9494 | 10/01/2016 to 09/30/2017 |
| | 7223 SOUTH 71ST LANE | | | Fax: (602)567-2062 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2582 | ARIZONA MENTOR - ECHO | | | Tele (602)200-9494 | 03/01/2016 to 02/28/2017 |
| | 8851 WEST NORTHVIEW AVENUE | | | Fax: (602)567-2062 | |
| | GLENDALE | AZ | 85305 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3412 | ARIZONA MENTOR - EVERGREEN | | | Tele (602)200-9494 | 08/01/2016 to 07/31/2017 |
| | 9225 WEST ELM STREET | | | Fax: (602)497-4984 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3163 | ARIZONA MENTOR - HAWTHORNE | | | Tele (602)200-9494 | 07/01/2016 to 06/30/2017 |
| | 5621 SOUTH 51ST DRIVE | | | Fax: (602)567-2062 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2777 | ARIZONA MENTOR - HORIZON | | | Tele (602)200-9494 | 07/01/2016 to 06/30/2017 |
| | 3046 EAST KINGBIRD PLACE | | | Fax: (602)567-2062 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2627 | ARIZONA MENTOR - KEATS | | | Tele (602)200-9494 | 05/01/2016 to 04/30/2017 |
| | 7561 EAST KEATS | | | Fax: (602)567-2062 | |
| | MESA | AZ | 85209 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2633 | ARIZONA MENTOR - MEADOWBROOK | | | Tele (602)200-9494 | 08/01/2016 to 07/31/2017 |
| | 8439 WEST MEADOWBROOK | | | Fax: (602)497-4984 | |
| | PHOENIX | AZ | 85037 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2269 | ARIZONA MENTOR - UNION HILLS | | | Tele (602)200-9494 | 04/01/2016 to 03/31/2017 |
| | 18244 NORTH 39TH DRIVE | | | Fax: (602)567-2062 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2270 | ARIZONA MENTOR - VERLEA | | | Tele (602)200-9494 | 04/01/2016 to 03/31/2017 |
| | 1316 EAST VERLEA DRIVE | | | Fax: (602)567-2062 | |
| | TEMPE | AZ | 85282 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4440 | ARIZONA MENTOR-JASMINE | | | Tele (602)200-9494 | 02/01/2017 to 01/31/2018 |
| | 12502 NORTH 85TH LANE | | | Fax: (602)567-2062 | |
| | PEORIA | AZ | 85381 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4926 | ARMS OF LOVE BEHAVIORAL | | | Tele (480)329-0820 | 07/27/2016 to 06/30/2017 |
| | 2402 EAST NATHAN WAY | | | Fax: (480)939-2444 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4535 | ASCEND BEHAVIORAL HEALTH AND WELLNESS<br>27818 NORTH 24TH LANE<br>PHOENIX AZ 85085 | Tele (623)879-9522<br>Fax: (602)258-9983<br>Capacity : 5 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4536 | ASCEND BEHAVIORAL HEALTH AND WELLNESS<br>35005 NORTH 27TH LANE<br>PHOENIX AZ 85086 | Tele (623)879-9522<br>Fax: (623)258-9983<br>Capacity : 9 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4897 | ASCEND BEHAVIORAL HEALTH AND WELLNESS, LLC<br>512 WEST YEARLING ROAD<br>PHOENIX AZ 85085 | Tele (623)879-9522<br>Fax: (602)258-9983<br>Capacity : 10 | 05/09/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH4640 | ASCEND BEHAVIORAL HEALTH AND WELLNESS, LLC<br>2432 WEST EAGLE FEATHER ROAD<br>PHOENIX AZ 85085 | Tele (623)879-9522<br>Fax: (602)258-9983<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4948 | AZ INTERACT LLC<br>6055 WEST CARIBE LANE<br>GLENDALE AZ 85306 | Tele (602)487-8806<br>Fax: (623)398-8980<br>Capacity : 3 | 07/14/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4801 | AZ INTERACT, LLC | | | Tele (602)487-8806 | 02/01/2017 to 01/31/2018 |
| | 5516 WEST CALAVAR ROAD | | | Fax: (623)518-9040 | |
| | GLENDALE | AZ | 85306 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4802 | AZ INTERACT, LLC | | | Tele (602)487-8806 | 02/01/2017 to 01/31/2018 |
| | 7020 WEST CAVALIER DRIVE | | | Fax: (623)518-9040 | |
| | GLENDALE | AZ | 85303 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4514 | AZ INTERACT, LLC | | | Tele (602)487-8806 | 09/01/2016 to 08/31/2017 |
| | 2325 WEST DESPERADO WAY | | | Fax: (623)518-9040 | |
| | PHOENIX | AZ | 85085 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3059 | BARAKA HOUSE I I, L L C | | | Tele (602)824-9100 | 04/01/2016 to 03/31/2017 |
| | 13619 NORTH 36TH AVENUE | | | Fax: (602)824-9100 | |
| | PHOENIX | AZ | 85029 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4229 | BARAKA HOUSE I V | | | Tele (623)878-0463 | 05/01/2016 to 04/30/2017 |
| | 7445 WEST CHERYL DRIVE | | | Fax: (623)878-0463 | |
| | PEORIA | AZ | 85345 | Capacity : 6 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4472 | BARAKA HOUSE V | | | Tele (602)249-8900 | 08/01/2016 to 07/31/2017 |
| | 3302 WEST MESCAL STREET | | | Fax: (602)595-7871 | |
| | PHOENIX | AZ | 85029 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2753 | BARAKA HOUSE, L L C | | | Tele (602)249-8900 | 07/01/2016 to 06/30/2017 |
| | 3740 WEST CARON STREET | | | Fax: (602)249-8900 | |
| | PHOENIX | AZ | 85051 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4794 | BEAUTIFUL BEGINNINGS ACH, LLC | | | Tele (623)418-8313 | 02/18/2016 to 01/31/2017 |
| | 7312 WEST CORDES ROAD | | | Fax: (623)322-9255 | |
| | PHOENIX | AZ | 85043 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4482 | BEAUTIFUL BEGINNINGS RESIDENTIAL CARE, LLC | | | Tele (623)418-8313 | 09/01/2016 to 08/31/2017 |
| | 7316 WEST CORDES ROAD | | | Fax: (623)322-9255 | |
| | PHOENIX | AZ | 85043 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4624 | BELLA HOUSE | | | Tele (623)206-7730 | 07/01/2016 to 06/30/2017 |
| | 5018 WEST CHRISTY DRIVE | | | Fax: (623)242-7766 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4625 | BENCHMARK VALLEY, LLC | | | Tele (480)544-8901 | 07/01/2016 to 06/30/2017 |
| | 5625 WEST EUCLID AVENUE | | | Fax: (602)368-4535 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3941 | BENTLEY'S TRANSITION LIVING LLC | | | Tele (602)268-1868 | 02/01/2016 to 01/31/2017 |
| | 6432 SOUTH 23RD AVENUE | | | Fax: (602)237-0035 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3709 | BESCARE HOME, LLC | | | Tele (602)314-4191 | 01/01/2017 to 12/31/2017 |
| | 2759 WEST GRENADINE ROAD | | | Fax: (602)354-3249 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4899 | BETTER HOME BEHAVIORAL HEALTH SERVICES LLC | | | Tele (602)790-8487 | 10/05/2016 to 09/30/2017 |
| | 4324 EAST FREISS DRIVE | | | Fax: (602)828-5727 | |
| | PHOENIX | AZ | 85032 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4285 | BETTER HORIZONS , LLC | | | Tele (480)268-7321 | 07/01/2016 to 06/30/2017 |
| | 2851 EAST LA COSTA DRIVE | | | Fax: (480)719-8105 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4597 | BETTER HORIZONS LLC | | | Tele (480)664-9729 | 04/08/2016 to 03/31/2017 |
| | 146 EAST ELGIN STREET | | | Fax: (480)719-8105 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4892 | BETTER HORIZONS LLC | | | Tele (602)400-7764 | 05/06/2016 to 04/30/2017 |
| | 3030 EAST SPORTS COURT | | | Fax: (480)719-8105 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4891 | BETTER HORIZONS LLC | | | Tele (602)400-7764 | 05/06/2016 to 04/30/2017 |
| | 3800 EAST LAFAYETTE AVENUE | | | Fax: (480)719-8105 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3876 | BETTER HORIZONS, LLC | | | Tele (480)634-4974 | 08/01/2016 to 07/31/2017 |
| | 2184 EAST FIRESTONE DRIVE | | | Fax: (480)719-8105 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4478 | BETTER HORIZONS, LLC | | | Tele (480)306-7808 | 07/01/2016 to 06/30/2017 |
| | 910 EAST FRANCES LANE | | | Fax: (480)719-8105 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4784 | BETTER HORIZONS, LLC | | | Tele (602)400-7764 | 12/01/2016 to 11/30/2017 |
| | 2442 EAST ELEANA LANE | | | Fax: (480)719-8105 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4895 | BIG SKY RECOVERY, LLC | | | Tele (480)432-3206 | 06/14/2016 to 05/31/2017 |
| | 2360 NORTH ROBIN LANE | | | Fax: (480)878-4685 | |
| | MESA | AZ | 85213 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4605 | BLUE SKY BEHAVIORAL | | | Tele (480)447-3377 | 06/01/2016 to 05/31/2017 |
| | 2202 NORTH SANTA ANNA COURT | | | Fax: (800)509-9446 | |
| | CHANDLER | AZ | 85224 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5017 | BLUE SKY BEHAVIORAL AT COLT | | | Tele (480)274-3558 | 11/08/2016 to 10/31/2017 |
| | 1619 WEST COLT ROAD | | | Fax: (800)509-9446 | |
| | CHANDLER | AZ | 85224 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1611 | CASA DE AMIGAS | | | Tele (602)265-9987 | 09/01/2016 to 08/31/2017 |
| | 1648 WEST COLTER STREET, BUILDINGS 1, 2 & 3 | | | Fax: (602)265-9983 | |
| | PHOENIX | AZ | 85015 | Capacity : 7 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4681 | CHARLES RESIDENTIAL CARE, LLC<br>15813 WEST MONROE STREET<br>GOODYEAR AZ 85338 | Tele (623)882-1294<br>Fax: (623)882-1294<br>Capacity : 5 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH4966 | CHEERY LYNN BEHAVIORAL HOME LLC<br>13039 WEST CHEERY LYNN ROAD<br>AVONDALE AZ 85392 | Tele (623)455-3424<br>Fax: (623)455-3424<br>Capacity : 4 | 11/18/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH008 | CHICANOS POR LA CAUSA, INC. - CORAZON<br>3639 WEST LINCOLN STREET, BUIDLING 1<br>PHOENIX AZ 85009 | Tele (602)257-0700<br>Fax: (602)256-2740<br>Capacity : 65 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH3936 | COMMUNITY BRIDGES, IINC - WEST VALLEY TRANSITION POINT<br>824 NORTH 99TH AVENUE, SUITE 109<br>AVONDALE AZ 85323 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 16 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH4100 | COMMUNITY CONNECTIONS, L L C<br>2301 EAST GREENWAY ROAD<br>PHOENIX AZ 85022 | Tele (602)535-8313<br>Fax: (623)242-8460<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4636 | COMMUNITY CONNECTIONS, LLC | | | Tele (602)509-5248 | 05/01/2016 to 04/30/2017 |
| | 17604 NORTH 39TH AVENUE | | | Fax: (480)636-1845 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3555 | COMMUNITY CONNECTIONS, LLC | | | Tele (602)509-5248 | 03/01/2017 to 02/28/2018 |
| | 18215 NORTH 11TH DRIVE | | | Fax: (480)636-1845 | |
| | PHOENIX | AZ | 85023 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH866 | CROSSROADS, INC | | | Tele (602)263-5242 | 09/01/2016 to 08/31/2017 |
| | 3702 N 13TH AVENUE | | | Fax: (602)595-4434 | |
| | PHOENIX | AZ | 85016 | Capacity : 32 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH865 | CROSSROADS, INC | | | Tele (602)279-2585 | 09/01/2016 to 08/31/2017 |
| | 1845 EAST OCOTILLO ROAD | | | Fax: (602)249-1316 | |
| | PHOENIX | AZ | 85016 | Capacity : 48 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2209 | CROSSROADS, INC | | | Tele (602)263-5242 | 03/01/2016 to 02/28/2017 |
| | 7523 NORTH 35TH AVE | | | Fax: (602)595-4434 | |
| | PHOENIX | AZ | 85051 | Capacity : 56 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3925 | CROSSROADS, INC - ARCADIA | | | Tele (602)281-6574 | 10/01/2016 to 09/30/2017 |
| | 5116 EAST THOMAS ROAD | | | Fax: (602)281-6905 | |
| | PHOENIX | AZ | 85018 | Capacity : 72 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2811 | CROSSROADS, INC / FLOWER LOCATION | | | Tele (602)274-0730 | 03/01/2016 to 02/28/2017 |
| | 1632 EAST FLOWER STREET | | | Fax: (602)264-2488 | |
| | PHOENIX | AZ | 85016 | Capacity : 60 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4910 | DANSTER LLC | | | Tele (602)386-7137 | 08/08/2016 to 07/31/2017 |
| | 11949 WEST ALVARADO ROAD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4694 | DESTINY BEHAVIORAL HEALTH RESIDENTIAL CARE LLC 4 | | | Tele (623)435-6566 | 09/01/2016 to 08/31/2017 |
| | 8809 WEST PRESTON LANE | | | Fax: (623)435-6566 | |
| | TOLLESON | AZ | 85353 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4023 | DESTINY BEHAVIORAL HEALTH RESIDENTIAL CARE, L L C | | | Tele (623)435-6566 | 05/01/2016 to 04/30/2017 |
| | 2911 SOUTH 87TH DRIVE | | | Fax: (623)435-6566 | |
| | TOLLESON | AZ | 85353 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4488 | DESTINY BEHAVIORAL HEALTH RESIDENTIAL CARE, LLC 2 | | | Tele | (623)435-6566 | 09/01/2016 | to | 08/31/2017 |
| | 8824 WEST PRESTON LANE | | | Fax: | (623)435-6566 | | | |
| | TOLLESON | AZ | 85353 | Capacity : | 5 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4528 | DESTINY BEHAVIORAL HEALTH RESIDENTIAL CARE, LLC 3 | | | Tele | (623)435-6566 | 12/01/2016 | to | 11/30/2017 |
| | 3427 SOUTH 84TH LANE | | | Fax: | (623)435-6566 | | | |
| | TOLLESON | AZ | 85353 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3849 | DESTINY SOBER LIVING II (CARVER RANCH) | | | Tele | (602)327-8375 | 12/01/2016 | to | 11/30/2017 |
| | 11629 SOUTH 43RD AVENUE | | | Fax: | (602)246-0298 | | | |
| | LAVEEN | AZ | 85339 | Capacity : | 8 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3285 | DESTINY SOBER LIVING, INC. | | | Tele | (602)327-8375 | 07/01/2016 | to | 06/30/2017 |
| | 5306 NORTH 17TH AVENUE | | | Fax: | (480)926-0590 | | | |
| | PHOENIX | AZ | 85015 | Capacity : | 8 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4684 | DIGNITY LIVING CENTERS OF NORTH AMERICA PALO VERDE LLC | | | Tele | (623)934-0094 | 09/01/2016 | to | 08/31/2017 |
| | 4614 WEST PALO VERDE DRIVE | | | Fax: | (480)247-5288 | | | |
| | GLENDALE | AZ | 85301 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4783 | DOVE IN THE VALLEY, LLC | | | Tele (602)268-6554 | 03/14/2016 to 02/28/2017 |
| | 6812 SOUTH 21ST DRIVE | | | Fax: (602)268-6554 | |
| | PHOENIX | AZ | 85041 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4705 | EAGLEWATCH BEHAVIORAL HEALTH SERVICES, LLC, THE | | | Tele (602)369-2609 | 10/01/2016 to 09/30/2017 |
| | 11053 EAST QUINTANA AVENUE | | | Fax: (480)207-1420 | |
| | MESA | AZ | 85212 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2371 | EBONY HOUSE, INC / ELBA HOUSE | | | Tele (602)276-4288 | 12/01/2016 to 11/30/2017 |
| | 8646 SOUTH 14TH STREET | | | Fax: (602)232-2938 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH076 | EBONY HOUSE, INCORPORATED | | | Tele (602)276-4288 | 01/01/2017 to 12/31/2017 |
| | 6222 SOUTH 13TH STREET | | | Fax: (602)232-2938 | |
| | PHOENIX | AZ | 85042 | Capacity : 14 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3103 | EMMARIE BEHAVIORAL HOME CARE | | | Tele (602)276-2204 | 10/01/2016 to 09/30/2017 |
| | 2926 WEST WAYLAND DRIVE | | | Fax: (602)268-1248 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4831 | EMMARIE BEHAVIORAL HOME CARE | | | Tele (602)237-8045 | 04/05/2016 to 03/31/2017 |
| | 5748 WEST HIDALGO AVENUE | | | Fax: (602)237-9975 | |
| | PHOENIX | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4165 | EMMARIE BEHAVIORAL HOME CARE ( WOOD LANE HOUSE ) | | | Tele (623)215-2464 | 03/01/2016 to 02/28/2017 |
| | 7725 WEST WOOD LANE | | | Fax: (623)242-7573 | |
| | PHOENIX | AZ | 85043 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4564 | EMMARIE BEHAVIORAL HOME CARE LLC | | | Tele (602)481-9789 | 03/01/2016 to 02/28/2017 |
| | 3031 WEST BURGESS LANE | | | Fax: (602)268-1248 | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3319 | EUREKA IMPERIAL RESIDENCE | | | Tele (480)264-2647 | 07/01/2016 to 06/30/2017 |
| | 1740 SOUTH HERITAGE DRIVE | | | Fax: (480)245-6405 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4662 | EUREKA IMPERIAL RESIDENCE LLC | | | Tele (480)748-4974 | 06/01/2016 to 05/31/2017 |
| | 2668 SOUTH HERITAGE DRIVE | | | Fax: (480)245-6405 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1359 | FSL PATHWAYS INC./ASSISTED GROUP LIVING PROGRAM/MEADOWBROOK HOUSE<br>8719 WEST MEADOWBROOK AVENUE<br>PHOENIX AZ 85037 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH1183 | FSL PATHWAYS, INC. / ASSISTED GROUP LIVING PROGRAM / PECK HOUSE<br>8963 WEST PECK DRIVE<br>GLENDALE AZ 85305 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH2218 | FSL PATHWAYS, INC. AGL PROGRAM<br>3367 WEST SURREY AVENUE<br>PHOENIX AZ 85029 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH2217 | FSL PATHWAYS, INC./AGL PROGRAM<br>3916 WEST EVANS DRIVE<br>PHOENIX AZ 85053 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH1310 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGAM/ALICE HOUSE<br>8744 WEST ALICE AVENUE<br>PEORIA AZ 85345 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1181 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM / SIERRA VISTA HOUSE | Tele (602)285-1800 | 11/01/2016 to 10/31/2017 |
| | 7145 WEST SIERRA VISTA DRIVE | Fax: (602)266-4912 | |
| | GLENDALE AZ 85303 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2657 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/ HEARN HOUSE | Tele (602)285-1800 | 12/01/2016 to 11/30/2017 |
| | 3615 WEST HEARN ROAD | Fax: (602)266-4912 | |
| | PHOENIX AZ 85053 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3982 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/CANYON HOUSE | Tele (602)285-1800 | 12/01/2016 to 11/30/2017 |
| | 13629 NORTH 21ST DRIVE | Fax: (602)266-4912 | |
| | PHOENIX AZ 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1311 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/CHERRY HILLS HOUSE | Tele (602)285-1800 | 08/01/2016 to 07/31/2017 |
| | 7808 WEST CHERRY HILLS DRIVE | Fax: (602)266-4912 | |
| | PEORIA AZ 85345 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2186 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/COLUMBINE HOUSE<br>3126 WEST COLUMBINE DRIVE<br>PHOENIX AZ 85029 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH1184 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/FOGAL HOUSE<br>925 WEST FOGAL WAY<br>TEMPE AZ 85282 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH4104 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/HAYWARD HOUSE<br>4023 WEST HAYWARD AVENUE<br>PHOENIX AZ 85051 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| BH1186 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/PLATA HOUSE<br>613 WEST PLATA AVENUE<br>MESA AZ 85201 | Tele (602)285-1800<br>Fax: (602)266-4912<br>Capacity : 5 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2216 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/RIOS HOUSE | | | Tele (602)285-1800 | 02/01/2016 to 01/31/2017 |
| | 14633 NORTH 55TH AVENUE | | | Fax: (602)266-4912 | |
| | GLENDALE | AZ | 85306 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3482 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM/WATSON HOUSE | | | Tele (602)285-1800 | 12/01/2016 to 11/30/2017 |
| | 916 EAST WATSON DRIVE | | | Fax: (602)266-4912 | |
| | TEMPE | AZ | 85283 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2534 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM-CABOT HOUSE | | | Tele (602)285-1800 | 12/01/2016 to 11/30/2017 |
| | 2420 EAST JOHN CABOT ROAD | | | Fax: (602)266-4912 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2337 | FSL PATHWAYS, INC./ASSISTED GROUP LIVING PROGRAM-GARDEN HOUSE | | | Tele (602)285-1800 | 10/01/2016 to 09/30/2017 |
| | 3927 WEST GARDEN DRIVE | | | Fax: (602)266-4912 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4928 | GATMAL LLC | | | Tele (480)525-7605 | 11/18/2016 to 10/31/2017 |
| | 2432 WEST ROMLEY AVENUE | | | Fax: (602)374-3123 | |
| | PHOENIX | AZ | 85041 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4960 | GOLDEN CROSS HEALTHCARE SERVICES, LLC | | | Tele (240)374-2584 | 09/28/2016 to 09/30/2017 |
| | 1523 WEST COLTER STREET #44 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4877 | GOOD CARE NETWORK LLC | | | Tele (313)434-2723 | 03/30/2016 to 02/28/2017 |
| | 15672 WEST DEVONSHIRE AVENUE | | | Fax: (520)350-1422 | |
| | GOODYEAR | AZ | 85395 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4981 | GOOD CARE NETWORK LLC | | | Tele (313)434-2723 | 09/20/2016 to 08/31/2017 |
| | 13250 WEST PORT ROYALE LANE | | | Fax: (623)271-8162 | |
| | SURPRISE | AZ | 85379 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4859 | GRACEFUL HOMES LLC | | | Tele (617)642-5148 | 06/13/2016 to 05/31/2017 |
| | 808 NORTH 74TH STREET | | | Fax: (480)264-5267 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4744 | HEARN HOUSE LLC | | | Tele (602)736-0523 | 01/01/2017 to 12/31/2017 |
| | 5520 NORTH 71ST AVENUE | | | Fax: (623)215-7563 | |
| | GLENDALE | AZ | 85303 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3053 | HELPING HEARTS / 12TH AVE #2 | | | Tele (602)680-7238 | 05/01/2016 to 04/30/2017 |
| | 9606 NORTH 12TH AVENUE, UNIT 2 | | | Fax: (602)926-8036 | |
| | PHOENIX | AZ | 85021 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3052 | HELPING HEARTS / MEADOWBROOK HOUSE | | | Tele (602)622-1290 | 05/01/2016 to 04/30/2017 |
| | 1808 EAST MEADOWBROOK AVENUE | | | Fax: (602)926-1491 | |
| | PHOENIX | AZ | 85016 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4745 | HELPING HEARTS 57TH AVE HOUSE | | | Tele (602)622-1290 | 10/01/2016 to 09/30/2017 |
| | 4428 NORTH 57TH AVENUE | | | Fax: (602)926-8036 | |
| | PHOENIX | AZ | 85031 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4489 | HELPING HEARTS COLLEGE HOUSE | | | Tele (602)242-1380 | 08/01/2016 to 07/31/2017 |
| | 3302 WEST COLLEGE DRIVE | | | Fax: (602)926-8036 | |
| | PHOENIX | AZ | 85017 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4135 | HELPING HEARTS INDIANOLA HOUSE | | | Tele (623)846-4293 | 01/01/2017 to 12/31/2017 |
| | 6129 WEST INDIANOLA AVENUE | | | Fax: (602)926-1491 | |
| | PHOENIX | AZ | 85033 | Capacity : 9 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3983 | HELPING HEARTS RESIDENTIAL FACILITIES CAMBRIDGE HOUSE<br>3829 EAST CAMBRIDGE AVENUE<br>PHOENIX AZ 85008 | Tele (602)374-5251<br>Fax: (602)926-1491<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4441 | HOPE BEHAVIORAL HEALTH RESIDENTIAL CARE, LLC<br>16181 WEST MADISON STREET<br>GOODYEAR AZ 85338 | Tele (623)925-8606<br>Fax: (623)925-2076<br>Capacity : 5 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| BH4881 | HOPE BEHAVIORAL HEALTH RESIDENTIAL CARE, LLC<br>15985 WEST WILLIAMS STREET<br>GOODYEAR AZ 85338 | Tele (623)925-8606<br>Fax: (623)925-8606<br>Capacity : 5 | 06/22/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4689 | HORIZON CARE HOME DEVON COURT<br>613 WEST DEVON COURT<br>GILBERT AZ 85233 | Tele (602)616-5622<br>Fax: (602)947-2006<br>Capacity : 10 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4476 | HORIZON MINTON<br>434 EAST MINTON<br>TEMPE AZ 85281 | Tele (480)850-5254<br>Fax: (480)947-2006<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4475 | HORIZON ORANGE | | | Tele (480)945-9292 | 07/01/2016 to 06/30/2017 |
| | 1314 EAST ORANGE AVENUE | | | Fax: (480)947-2006 | |
| | TEMPE | AZ | 85281 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4839 | INFINITY GROUP HOMES | | | Tele (623)330-0357 | 05/20/2016 to 04/30/2017 |
| | 12643 NORTH 22ND AVENUE | | | Fax: (800)859-1774 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4296 | J F M INSPIRATIONS LLC | | | Tele (623)251-5953 | 07/01/2016 to 06/30/2017 |
| | 2427 NORTH 71ST AVENUE | | | Fax: (623)256-6992 | |
| | PHOENIX | AZ | 85035 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4141 | J F M INSPIRATIONS LLC | | | Tele (602)761-2467 | 11/01/2016 to 10/31/2017 |
| | 4119 NORTH MITCHELL STREET | | | Fax: (602)374-2299 | |
| | PHOENIX | AZ | 85014 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3810 | JESA HOMES, L L C | | | Tele (480)233-9241 | 03/01/2016 to 02/28/2017 |
| | 2328 WEST DARREL ROAD | | | Fax: (602)276-5063 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4726 | JUSSAMAL MANOR II | | | Tele (480)257-2888 | 01/01/2017 to 12/31/2017 |
| | 641 SOUTH KAREN DRIVE | | | Fax: (480)257-3447 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3838 | JUSSAMAL MANOR, L L C | | | Tele (480)257-2888 | 07/01/2016 to 06/30/2017 |
| | 1302 WEST KESLER LANE | | | Fax: (480)257-3447 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4252 | LATEEF BEHAVIORAL CARE | | | Tele (602)368-1840 | 05/01/2016 to 04/30/2017 |
| | 1621 WEST MINTON STREET | | | Fax: (602)368-2567 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3990 | LATEEF BEHAVIORAL CARE HOMES | | | Tele (602)314-5903 | 01/01/2017 to 12/31/2017 |
| | 8613 SOUTH 7TH DRIVE | | | Fax: (602)633-2676 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4220 | LIFEWELL BEHAVIORAL WELLNESS - HIGHLAND | | | Tele (602)599-5637 | 06/01/2016 to 05/31/2017 |
| | 119 WEST HIGHLAND | | | Fax: (602)599-5937 | |
| | PHOENIX | AZ | 85013 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH165 | LIFEWELL BEHAVIORAL WELLNESS, INC - SITE 1<br>3301 EAST PINCHOT AVENUE<br>PHOENIX AZ 85018 | Tele (602)808-2800<br>Fax: (602)599-5937<br>Capacity : 53 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH2406 | LIFEWELL BEHAVIORAL WELLNESS, INC - SITE I I<br>3222 NORTH 37TH STREET<br>PHOENIX AZ 85018 | Tele (602)553-7300<br>Fax: (602)599-5937<br>Capacity : 16 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH2277 | LIFEWELL BEHAVIORAL WELLNESS, INC - SITE I V - B<br>619 WEST SOUTHERN AVENUE<br>MESA AZ 85210 | Tele (602)599-5637<br>Fax: (602)599-5937<br>Capacity : 8 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH2062 | LIFEWELL BEHAVIORAL WELLNESS, INC - SITE IV - A<br>621 WEST SOUTHERN AVENUE<br>MESA AZ 85210 | Tele (602)808-2800<br>Fax: (602)599-5937<br>Capacity : 8 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH4268 | LIVE WELL RESIDENTIAL CARE<br>10258 WEST WINDSOR BOULEVARD<br>PHOENIX AZ 85037 | Tele (602)214-9544<br>Fax: (623)266-4688<br>Capacity : 4 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3855 | LIVING SPRINGS SANCTUARY BEHAVIORAL HEALTH AGENCY | | | Tele (602)374-5483 | 08/01/2016 to 07/31/2017 |
| | 4929 EAST LAUREL LANE | | | Fax: (480)899-6122 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4687 | LOLOMA HOUSE | | | Tele (623)418-6657 | 11/01/2016 to 10/31/2017 |
| | 7402 WEST SHANGRI LA ROAD | | | Fax: (623)412-7702 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4916 | LOLOMA HOUSE AT GREENWAY | | | Tele (623)418-6657 | 10/07/2016 to 09/30/2017 |
| | 15259 NORTH 67TH DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2068 | MARC COMMUNITY RESOURCES, INC. - ALDER | | | Tele (480)969-3800 | 09/01/2016 to 08/31/2017 |
| | 4154 EAST ALDER AVENUE | | | Fax: (480)644-1557 | |
| | MESA | AZ | 85206 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3749 | MARC COMMUNITY RESOURCES, INC. - MILLETT | | | Tele (480)969-3800 | 12/01/2016 to 11/30/2017 |
| | 918 EAST MILLETT AVENUE | | | Fax: (480)644-1557 | |
| | MESA | AZ | 85204 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2067 | MARC COMMUNITY RESOURCES, INC. - QUARTZ | | | Tele | (480)969-3800 | 04/01/2016 | to | 03/31/2017 |
| | 6433 EAST QUARTZ STREET | | | Fax: | (480)644-1557 | | | |
| | MESA | AZ | 85215 | Capacity : | 4 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2069 | MARC COMMUNITY RESOURCES, INC.- HERMOSA VISTA | | | Tele | (480)969-3800 | 07/01/2016 | to | 06/30/2017 |
| | 2664 EAST HERMOSA VISTA DRIVE | | | Fax: | (480)644-1557 | | | |
| | MESA | AZ | 85213 | Capacity : | 5 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH1960 | MARK ALLEN FOUNDATION, INC | | | Tele | (602)973-3727 | 10/01/2016 | to | 09/30/2017 |
| | 2622 WEST STATE AVENUE | | | Fax: | (602)841-2864 | | | |
| | PHOENIX | AZ | 85051 | Capacity : | 26 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4907 | MARTHA'S RESIDENTIAL CARE | | | Tele | (623)271-8248 | 06/08/2016 | to | 05/31/2017 |
| | 22958 WEST PIMA STREET | | | Fax: | (480)452-0243 | | | |
| | BUCKEYE | AZ | 85326 | Capacity : | 5 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4459 | MAVERICK HOUSE | | | Tele | (602)512-2970 | 04/01/2016 | to | 03/31/2017 |
| | 5801 NORTH 51ST AVENUE | | | Fax: | (602)685-6001 | | | |
| | GLENDALE | AZ | 85301 | Capacity : | 29 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4520 | MOSES BEHAVIORAL CARE | | | Tele (623)792-5059 | 12/01/2015 to 11/30/2016 |
| | 17622 WEST PORT ROYALE LANE | | | Fax: (602)297-6752 | |
| | SURPRISE | AZ | 85379 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4024 | MOUNTAIN TOP BEHAVIORAL HEALTH SERVICES, L L C - DUNBAR HOUSE | | | Tele (623)363-6408 | 04/01/2016 to 03/31/2017 |
| | 3838 WEST DUNBAR DRIVE | | | Fax: (888)843-7281 | |
| | PHOENIX | AZ | 85041 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3443 | MOUNTAIN TOP BEHAVIORAL HEALTH SERVICES, LLC | | | Tele (623)363-6408 | 10/01/2016 to 09/30/2017 |
| | 3331 WEST FRAKTUR ROAD | | | Fax: (888)843-7281 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4710 | MOUNTAIN TOP BEHAVIORAL HEALTH SERVICES, LLC | | | Tele (623)363-6408 | 10/01/2016 to 09/30/2017 |
| | 7319 WEST MALDONADO ROAD | | | Fax: (888)843-7281 | |
| | LAVEEN | AZ | 85339 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4311 | MUCO BEHAVIORAL HEALTH RESIDENTIAL HOME | | | Tele (623)478-2343 | 07/01/2016 to 06/30/2017 |
| | 7215 WEST IRONWOOD DRIVE | | | Fax: (623)594-8992 | |
| | PEORIA | AZ | 85345 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4565 | NATIONAL MENTOR HEALTHCARE, LLC-MIRACLE<br>9007 WEST DEANNA DRIVE<br>PEORIA AZ 85382 | Tele (602)200-9494<br>Fax: (602)567-2062<br>Capacity : 5 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4862 | NATIVE AMERICAN CONNECTIONS, INC. (NAC)<br>337 EAST VIRGINIA AVENUE<br>PHOENIX AZ 85004 | Tele (602)254-3247<br>Fax: (602)256-7356<br>Capacity : 70 | 06/28/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| BH004 | NATIVE AMERICAN CONNECTIONS, INC. / INDIAN REHABILITATION<br>636 NORTH 3RD AVENUE<br>PHOENIX AZ 85003 | Tele (602)254-3247<br>Fax: (602)424-1623<br>Capacity : 16 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH4851 | NEW HORIZON YOUTH HOMES BISON HOUSE<br>774 EAST BUFFALO STREET<br>GILBERT AZ 85295 | Tele (480)722-2730<br>Fax: (480)664-4296<br>Capacity : 5 | 07/18/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| BH4493 | NEW VISION BEHAVIORAL HEALTH & WELLNESS<br>4732 NORTH 86TH DRIVE<br>PHOENIX AZ 85037 | Tele (602)367-5345<br>Fax: (623)847-0067<br>Capacity : 4 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4695 | OASIS AT SOUTH MOUNTAIN, LLC | | | Tele (602)276-6884 | 08/01/2016 to 07/31/2017 |
| | 6512 SOUTH 5TH WAY | | | Fax: (602)733-6310 | |
| | PHOENIX | AZ | 85066 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1824 | OREGON RESIDENTIAL PROGRAM | | | Tele (602)230-2222 | 09/01/2016 to 08/31/2017 |
| | 6835 WEST OREGON AVENUE | | | Fax: (602)230-2026 | |
| | GLENDALE | AZ | 85303 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4512 | ORION HOME-39TH DRIVE | | | Tele (602)441-4384 | 11/01/2016 to 10/31/2017 |
| | 12427 NORTH 39TH DRIVE | | | Fax: (602)441-3981 | |
| | PHOENIX | AZ | 85029 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4749 | ORION HOMES - 42ND HOUSE | | | Tele (602)466-3223 | 12/01/2016 to 11/30/2017 |
| | 11400 NORTH 42ND DRIVE | | | Fax: (602)441-3698 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4753 | ORION HOMES - 44TH HOUSE | | | Tele (602)466-3223 | 12/01/2016 to 11/30/2017 |
| | 12414 NORTH 44TH AVENUE | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4752 | ORION HOMES - ACOMA HOUSE | | | Tele (602)466-3223 | 12/01/2016 to 11/30/2017 |
| | 5121 WEST ACOMA ROAD | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4750 | ORION HOMES - BLOOMFIELD HOUSE | | | Tele (602)466-3233 | 12/01/2016 to 11/30/2017 |
| | 4317 WEST BLOOMFIELD ROAD | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4849 | ORION HOMES - BLOOMFIELD II | | | Tele (602)466-3223 | 04/01/2016 to 03/31/2017 |
| | 6713 WEST BLOOMFIELD ROAD | | | Fax: (602)441-3981 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4751 | ORION HOMES - WINDROSE HOUSE | | | Tele (602)466-3223 | 12/01/2016 to 11/30/2017 |
| | 4501 WEST WINDROSE DRIVE | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5023 | ORION HOMES LLC - BETHANY HOME | | | Tele (602)466-3223 | 11/09/2016 to 10/31/2017 |
| | 2219 WEST BETHANY HOME ROAD | | | Fax: (602)441-3981 | |
| | PHOENIX | AZ | 85015 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4095 | ORION HOMES, L L C | | | Tele (602)441-4384 | 09/01/2016 to 08/31/2017 |
| | 142 EAST JOAN DE ARC DRIVE | | | Fax: (602)441-3981 | |
| | PHOENIX | AZ | 85022 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3931 | ORION HOMES, L L C | | | Tele (602)466-3223 | 09/01/2016 to 08/31/2017 |
| | 12022 NORTH 49TH AVENUE | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4963 | PARADISE BEHAVIORAL HEALTH RESIDENTIAL HOME | | | Tele (602)544-6075 | 08/16/2016 to 07/31/2017 |
| | 6238 WEST SOUTHGATE STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4479 | PARADISE VALLEY BEHAVIORAL HEALTH | | | Tele (602)400-2288 | 06/01/2016 to 05/31/2017 |
| | 3205 EAST SUNNY SIDE LANE | | | Fax: (602)996-1577 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4530 | PARADISE VALLEY BEHAVIORAL HEALTH IINA | | | Tele (602)400-2288 | 06/01/2016 to 05/31/2017 |
| | 18311 NORTH 44TH STREET | | | Fax: (602)996-1577 | |
| | PHOENIX | AZ | 85032 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4822 | PASTALINO MANOR LLC 3 | | | Tele (480)404-7139 | 01/01/2017 to 12/31/2017 |
| | 2264 WEST OLIVE WAY | | | Fax: (480)699-7288 | |
| | CHANDLER | AZ | 85248 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4431 | PASTALINO MANOR, II | | | Tele (480)634-5484 | 01/01/2017 to 12/31/2017 |
| | 1393 WEST KESLER LANE | | | Fax: (480)699-7288 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4099 | PASTALINO MANOR, L L C | | | Tele (480)634-5485 | 12/01/2016 to 11/30/2017 |
| | 1383 WEST KESLER LANE | | | Fax: (480)699-7288 | |
| | CHANDLER | AZ | 85224 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4893 | PENALI MANOR LLC | | | Tele (302)898-6406 | 08/11/2016 to 07/31/2017 |
| | 3532 WEST BOSTON STREET | | | Fax: (480)207-1272 | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3543 | PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY | | | Tele (602)400-2288 | 02/01/2016 to 01/31/2017 |
| | 13603 NORTH 30TH STREET | | | Fax: (602)996-1577 | |
| | PHOENIX | AZ | 85032 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4111 | PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY / TA'CHII'NII HOUSE | Tele (602)348-2115 | 11/01/2016 to 10/31/2017 |
| | 13811 NORTH 38TH STREET | Fax: (602)996-1577 | |
| | PHOENIX AZ 85032 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3884 | PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY I I | Tele (602)400-2288 | 05/01/2016 to 04/30/2017 |
| | 13437 NORTH 30TH STREET | Fax: (602)996-1577 | |
| | PHOENIX AZ 85032 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3963 | PRATS RESIDENTIAL BEHAVIORAL HEALTH AGENCY, L L C AKA DINE' HOME | Tele (602)400-2288 | 10/01/2016 to 09/30/2017 |
| | 3014 EAST EMILE ZOLA AVENUE | Fax: (602)996-1577 | |
| | PHOENIX AZ 85032 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4692 | PRESIDENTIAL MANSIONCARE, LLC | Tele (623)202-9583 | 12/01/2016 to 11/30/2017 |
| | 16040 WEST VOGEL AVENUE | Fax: (623)215-2212 | |
| | GOODYEAR AZ 85338 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4709 | RECOVERY INNOVATIONS, INC | Tele (602)650-1212 | 09/01/2017 to 08/31/2018 |
| | 11361 NORTH 99TH AVENUE, SUITE 107 | Fax: (602)636-5295 | |
| | PEORIA AZ 85345 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4911 | RICHLIN REGAL RESIDENCY | | | Tele (602)288-3657 | 06/01/2016 to 05/31/2017 |
| | 7872 SOUTH ABBEY LANE | | | Fax: (602)532-7333 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Certified |
| BH4922 | ROXBURY COMMONS RESIDENTIAL, LLC | | | Tele (602)235-0767 | 10/26/2016 to 09/30/2017 |
| | 3847 WEST PORT ROYAL LANE | | | Fax: (602)900-1633 | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| BH5045 | SAFE HAVEN BEHAVIORAL HEALTH | | | Tele (602)687-0557 | 11/18/2016 to 10/31/2017 |
| | 2128 WEST BURGESS LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |
| BH4447 | SALAMA BEHAVIORAL HEALTH | | | Tele (480)385-9796 | 12/01/2015 to 11/30/2016 |
| | 19665 EAST CARRIAGE WAY | | | Fax: (480)478-3619 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 5 | Medcaid_Cert: Certified |
| BH4048 | SALTER HOUSE | | | Tele (623)234-2442 | 08/01/2016 to 07/31/2017 |
| | 9834 WEST SALTER DRIVE | | | Fax: (623)249-4769 | |
| | PEORIA | AZ | 85382 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4945 | SALTER HOUSE #2 | | | Tele (623)234-2442 | 10/06/2016 to 09/30/2017 |
| | 1634 WEST ANDORA DRIVE | | | Fax: (623)249-4764 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4989 | SERENITY CARE CENTER LLC | | | Tele (561)722-8055 | 09/01/2016 to 08/31/2017 |
| | 12749 EAST TURQUOISE AVENUE | | | Fax: (480)718-8839 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5033 | SERENITY CARE CENTER, LLC | | | Tele (561)722-8055 | 10/24/2016 to 09/30/2017 |
| | 12340 EAST MOUNTAIN VIEW ROAD | | | Fax: (480)718-8839 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5034 | SERENITY CARE CENTER, LLC | | | Tele (561)722-8055 | 10/24/2016 to 09/30/2017 |
| | 12224 EAST SHANGRI LA ROAD | | | Fax: (480)718-8839 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1770 | SIX PINES, ARIZONA HEALTH CARE | | | Tele (602)230-2222 | 02/01/2017 to 01/31/2018 |
| | 5344 NORTH 40TH LANE | | | Fax: (602)230-2026 | |
| | PHOENIX | AZ | 85019 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4517 | SOBA MESA LLC | | | Tele (480)664-4053 | 12/01/2016 to 11/30/2017 |
| | 3755 EAST MENLO STREET | | | Fax: (310)919-3103 | |
| | MESA | AZ | 85215 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4755 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 12/01/2016 to 11/30/2017 |
| | 3913 WEST LONE CACTUS DRIVE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85308 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5016 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 11/17/2016 to 10/31/2017 |
| | 4214 WEST BEHREND DRIVE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5015 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 11/17/2016 to 10/31/2017 |
| | 5671 WEST HARMONT DRIVE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85302 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5002 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 10/05/2016 to 09/30/2017 |
| | 5273 WEST BRYCE LANE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85301 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| BH5001 | SONORAN SKY COMMUNITY SERVICES | | | | Tele (602)216-0518 | 10/05/2016 to 09/30/2017 |
| | 5148 WEST FRIER DRIVE | | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85301 | | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| BH4808 | SONORAN SKY COMMUNITY SERVICES | | | | Tele (602)216-0518 | 02/01/2017 to 01/31/2018 |
| | 8028 NORTH 56TH LANE | | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85302 | | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| BH4807 | SONORAN SKY COMMUNITY SERVICES | | | | Tele (602)216-0518 | 02/01/2017 to 01/31/2018 |
| | 5651 WEST HARMONT DRIVE | | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85302 | | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| BH4769 | SONORAN SKY COMMUNITY SERVICES | | | | Tele (602)216-0518 | 12/01/2016 to 11/30/2017 |
| | 19808 NORTH 42ND AVENUE | | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85308 | | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| BH4677 | SONORAN SKY COMMUNITY SERVICES | | | | Tele (602)216-0518 | 08/01/2016 to 07/31/2017 |
| | 7524 WEST ALEXANDRIA WAY | | | | Fax: (602)674-0942 | |
| | PEORIA | AZ | 85381 | | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4806 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 02/01/2017 to 01/31/2018 |
| | 5650 WEST DESERT JEWEL DRIVE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85302 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4701 | SONORAN SKY COMMUNITY SERVICES | | | Tele (602)216-0518 | 09/01/2016 to 08/31/2017 |
| | 4912 WEST ECHO LANE | | | Fax: (602)674-0942 | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4573 | SONORAN SKY COMMUNITY SERVICES, INC | | | Tele (602)885-3252 | 05/01/2016 to 04/30/2017 |
| | 3912 WEST POTTER DRIVE | | | Fax: (602)674-0518 | |
| | GLENDALE | AZ | 85308 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4914 | SOUTH MOUNTAIN HOLISTIC CARE | | | Tele (602)565-5909 | 06/28/2016 to 05/31/2017 |
| | 3219 WEST OLNEY AVENUE | | | Fax: (602)237-1137 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3798 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - STAR | | | Tele (602)257-9339 | 12/01/2016 to 11/30/2017 |
| | 313 EAST WILLETTA STREET | | | Fax: (602)265-8533 | |
| | PHOENIX | AZ | 85004 | Capacity : 12 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3794 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - DESERT COVE<br>1601 WEST DESERT COVE AVENUE<br>PHOENIX AZ 85029 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : 15 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH841 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - HAVEN<br>2313 WEST YUMA<br>PHOENIX AZ 85009 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : 16 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| BH2104 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - RECOVERY READINESS CENTER<br>2042 NORTH 35TH AVENUE<br>PHOENIX AZ 85009 | Tele (602)285-4330<br>Fax: (602)265-8533<br>Capacity : 16 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH616 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - SHERIDAN GROUP HOME<br>7626 EAST SHERIDAN<br>SCOTTSDALE AZ 85257 | Tele (602)285-4282<br>Fax: (602)265-8377<br>Capacity : 5 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| BH3800 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - TOBY I<br>303 WEST WILLETTA STREET<br>PHOENIX AZ 85003 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : 16 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH253 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - VILLA AGAVE<br>7439 SOUTH 7TH STREET<br>PHOENIX AZ 85040 | Tele (602)285-4330<br>Fax: (602)265-8533<br>Capacity : 16 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH051 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC.-COMMUNITY TRANSITION PROGRAM<br>4015 SOUTH 7TH STREET<br>PHOENIX AZ 85040 | Tele (602)285-4330<br>Fax: (602)265-8533<br>Capacity : 14 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH4503 | SOVEREIGN HEALTH OF PHOENIX<br>111 SOUTH HEARTHSTONE WAY, BUILDINGS A & D<br>CHANDLER AZ 85226 | Tele (480)800-4830<br>Fax: (480)304-3463<br>Capacity : 9 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4504 | SOVEREIGN HEALTH OF PHOENIX<br>111 SOUTH HEARTHSTONE WAY, BUILDING B<br>CHANDLER AZ 85226 | Tele (480)800-4830<br>Fax: (480)304-3463<br>Capacity : 8 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4506 | SOVEREIGN HEALTH OF PHOENIX<br>111 SOUTH HEARTHSTONE WAY, BUILDINGS E & F<br>CHANDLER AZ 85226 | Tele (480)800-4830<br>Fax: (480)304-3463<br>Capacity : 9 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4505 | SOVEREIGN HEALTH OF PHOENIX | | | Tele (480)800-4830 | 08/01/2016 to 07/31/2017 |
| | 111 SOUTH HEARTHSTONE WAY, BUILDING C | | | Fax: (480)304-3463 | |
| | CHANDLER | AZ | 85226 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4604 | SPECTRUM COLLEGE TRANSITION PROGRAM, LLC | | | Tele (480)443-7331 | 10/01/2016 to 09/30/2017 |
| | 10931 EAST LAUREL LANE | | | Fax: (480)998-1046 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4920 | STAR OAKS BEHAVIORAL HOME | | | Tele (713)909-6953 | 08/01/2016 to 07/31/2017 |
| | 2016 EAST ROCKWOOD DRIVE | | | Fax: (480)334-1316 | |
| | PHOENIX | AZ | 85024 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2607 | STEP TWO RECOVERY CENTER | | | Tele (480)988-3376 | 08/01/2016 to 07/31/2017 |
| | 3771 EAST BROOKS FARM ROAD | | | Fax: (480)988-4371 | |
| | GILBERT | AZ | 85298 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3254 | SUCCESFUL JOURNEYS, LLC | | | Tele (623)478-9400 | 04/01/2016 to 03/31/2017 |
| | 4434 NORTH 153RD LANE | | | Fax: (623)478-9500 | |
| | GOODYEAR | AZ | 85395 | Capacity : 6 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4830 | SUCCESSFUL JOURNEYS II | | | Tele (623)478-9400 | 03/28/2016 to 02/28/2017 |
| | 20969 WEST THOMAS ROAD | | | Fax: (623)478-8500 | |
| | BUCKEYE | AZ | 85396 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4435 | SUNDANCE CENTER, THE | | | Tele (480)840-2588 | 12/01/2016 to 11/30/2017 |
| | 12816 EAST TURQUOISE AVENUE , 10195 NORTH 128TH ST | | | Fax: (480)767-2701 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 14 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4532 | SUNDANCE CENTER, THE | | | Tele (480)840-2588 | 01/01/2016 to 12/31/2016 |
| | 13050 EAST TURQUOISE AVENUE | | | Fax: (480)767-2701 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3972 | SUNRISE BEHAVIORAL HEALTH | | | Tele (623)243-6434 | 01/01/2017 to 12/31/2017 |
| | 8913 NORTH 114TH DRIVE | | | Fax: (623)243-6201 | |
| | PEORIA | AZ | 85345 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4455 | SUNRISE BEHAVIORAL HEALTH | | | Tele (623)242-6408 | 05/01/2016 to 04/30/2017 |
| | 9280 WEST SUNNYSLOPE LANE | | | Fax: (623)242-7158 | |
| | PEORIA | AZ | 85345 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4838 | SYMPONIA LLC | | | Tele (602)313-6224 | 07/19/2016 to 06/30/2017 |
| | 4551 WEST BEAUTIFUL LANE | | | Fax: (602)313-6223 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4872 | THE EAGLEWATCH BEHAVIORAL HEALTH SERVICES LLC | | | Tele (602)369-2609 | 05/16/2016 to 04/30/2017 |
| | 6912 SOUTH GEMSTONE PLACE | | | Fax: (480)207-1420 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4796 | THE EMPOWER HOUSE, LLC | | | Tele (623)986-3987 | 04/01/2016 to 03/31/2017 |
| | 20012 NORTH 18TH DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4059 | TILDA MANOR, INC | | | Tele (480)457-8742 | 08/01/2016 to 07/31/2017 |
| | 6229 SOUTH MOCCASIN TRAIL | | | Fax: (888)292-9039 | |
| | GILBERT | AZ | 85298 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2683 | TILDA MANOR, INC | | | Tele (480)988-5611 | 05/01/2016 to 04/30/2017 |
| | 3583 EAST WILDHORSE DRIVE | | | Fax: (888)292-9039 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2325 | TILDA MANOR, INC | | | Tele (480)830-8588 | 08/01/2016 to 07/31/2017 |
| | 1404 NORTH ANANEA STREET | | | Fax: (888)292-9039 | |
| | MESA | AZ | 85207 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3704 | TILDA MANOR, INC. | | | Tele (480)457-8297 | 11/01/2016 to 10/31/2017 |
| | 3228 EAST ISABELLA AVENUE | | | Fax: (888)292-9039 | |
| | MESA | AZ | 85204 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3133 | TILDA MANOR, INC. | | | Tele (480)457-8297 | 11/01/2016 to 10/31/2017 |
| | 5985 SOUTH MACK COURT | | | Fax: (888)292-9039 | |
| | GILBERT | AZ | 85298 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4923 | TOUCH ANGELS HOME HEALTH LLC | | | Tele (480)616-0133 | 07/08/2016 to 06/30/2017 |
| | 5045 SOUTH TATUM LANE | | | Fax: (480)616-0132 | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3984 | TRANQUILITY HOUSE L L C | | | Tele (623)975-7439 | 07/01/2016 to 06/30/2017 |
| | 13428 WEST ACAPULCO LANE | | | Fax: (623)337-5076 | |
| | SURPRISE | AZ | 85379 | Capacity : 7 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4450 | UNHOOKED AT THE HEIGHTS | | | Tele (602)368-4471 | 12/01/2016 to 11/30/2017 |
| | 152 NORTH 56TH STREET, #B | | | Fax: (888)974-1094 | |
| | MESA | AZ | 85205 | Capacity : 62 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4152 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 4010 WEST CACTUS ROAD | | | Fax: (602)368-6355 | |
| | PHOENIX | AZ | 85029 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4156 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 7032 WEST SIERRA | | | Fax: (602)368-6355 | |
| | PEORIA | AZ | 85345 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4150 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 4511 WEST CORRINE | | | Fax: (602)368-6355 | |
| | GLENDALE | AZ | 85304 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4153 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 6764 WEST GELDING DRIVE | | | Fax: (602)368-6355 | |
| | PEORIA | AZ | 85381 | Capacity : 9 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4147 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 3811 WEST ALTADENA AVENUE | | | Fax: (602)368-6355 | |
| | PHOENIX | AZ | 85029 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4151 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 6026 WEST SUNNYSIDE DRIVE | | | Fax: (602)368-6355 | |
| | GLENDALE | AZ | 85304 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4149 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 3927 WEST CHOLLA STREET | | | Fax: (602)368-6355 | |
| | PHOENIX | AZ | 85029 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4148 | VEMA CORP | | | Tele (602)298-2540 | 06/01/2016 to 05/31/2017 |
| | 3822 WEST CHOLLA STREET | | | Fax: (602)368-6355 | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4847 | WINDING WOODS MANOR | | | Tele (480)279-0962 | 04/08/2016 to 03/31/2017 |
| | 3438 EAST DERRINGER WAY | | | Fax: (480)279-0993 | |
| | GILBERT | AZ | 85297 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3950 | WINDING WOODS MANOR, L L C<br>3691 SOUTH ASHLEY PLACE<br>CHANDLER AZ 85286 | Tele (480)802-5753<br>Fax: (480)883-7128<br>Capacity : 5 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4200 | WOMEN IN NEW RECOVERY<br>860 NORTH CENTER STREET<br>MESA AZ 85201 | Tele (480)464-5764<br>Fax: (480)834-5372<br>Capacity : 40 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| BH4942 | YOUTH EDUCATION AND SOCIAL SERVICES-EVELYN HOUSE<br>888 SOUTH 165TH LANE<br>GOODYEAR AZ 85338 | Tele (480)404-8834<br>Fax: ( ) -<br>Capacity : 5 | 09/02/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1130 | ANASAZI FOUNDATION<br>1424 SOUTH STAPLEY DRIVE<br>MESA AZ 85204 | Tele (480)892-7403<br>Fax: (480)892-6701<br>Capacity : 40 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| BH1789 | NATIVE AMERICAN CONNECTIONS - GUIDING STAR<br>3424 EAST VAN BUREN<br>PHOENIX AZ 85008 | Tele (602)424-2060<br>Fax: (602)424-1623<br>Capacity : 30 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3635 | R M B H S CHATSWORTH HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 3138 SOUTH CHATSWORTH CIRCLE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3633 | R M B H S COGDELL HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 6661 EAST HERMOSA VISTA DRIVE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85215 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3637 | R M B H S LAKEVIEW HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 7005 EAST LAKEVIEW AVENUE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85209 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3636 | R M B H S MEDINA HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 7444 EAST MEDINA AVENUE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85209 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3639 | R M B H S NAVARRO HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 7416 EAST NAVARRO AVENUE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85209 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3638 | R M B H S OPAL HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 3760 SOUTH OPAL | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85212 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3640 | R M B H S PLATA HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 7956 EAST PLATA AVENUE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3631 | R M B H S RENATA HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 11329 EAST RENATA AVENUE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85212 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3632 | R M B H S SOMERSET HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 1533 SOUTH SOMERSET CIRCLE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85206 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3792 | R M B H S VINCENT HOUSE | | | Tele (480)641-9552 | 12/01/2016 to 11/30/2017 |
| | 1320 NORTH VINCENT CIRCLE | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85207 | Capacity : 10 | Medcaid_Cert: Certified |

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2783 | A NEW LEAF, INC - ALICE PETERSON RESIDENCE | | | Tele (480)969-4024 | 07/01/2016 to 06/30/2017 |
| | 901 & 925 EAST UNIVERSITY DRIVE | | | Fax: (480)966-0039 | |
| | MESA | AZ | 85203 | Capacity : 21 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4494 | A NEW LEAF, INC-DOROTHY MITCHELL RESIDENCE (DMR) | | | Tele (480)969-4024 | 07/01/2016 to 06/30/2017 |
| | 3505 EAST UNIVERSITY DRIVE | | | Fax: (480)969-0039 | |
| | MESA | AZ | 85213 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4834 | A NEW LEAF-HELAMAN HOUSE | | | Tele (480)969-4024 | 05/01/2016 to 04/30/2017 |
| | 1131 & 1149 EAST UNIVERSITY DRIVE | | | Fax: (480)969-0039 | |
| | MESA | AZ | 85203 | Capacity : 18 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4898 | A PATH OF RESILIENCE | | | Tele (602)281-0704 | 09/14/2016 to 08/31/2017 |
| | 1752 EAST CARTER ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3031 | ALL ABOUT KIDS | | | Tele (480)228-9510 | 07/01/2016 to 06/30/2017 |
| | 2510 EAST YELLOWSTONE PLACE | | | Fax: (480)219-8152 | |
| | CHANDLER | AZ | 85249 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3032 | ALL ABOUT KIDS | | | Tele (480)228-9510 | 02/01/2016 to 01/31/2017 |
| | 12116 WEST DAHLIA DRIVE | | | Fax: (480)219-8152 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4995 | AMAZING G LLC | | | Tele (602)332-4800 | 11/04/2016 to 10/31/2017 |
| | 3030 NORTH SARANAC | | | Fax: (602)283-3476 | |
| | MESA | AZ | 85207 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5019 | ANGELS SAFE HAVEN LLC | | | Tele (602)296-5570 | 09/13/2016 to 08/31/2017 |
| | 8340 NORTH 86TH LANE | | | Fax: (602)296-4928 | |
| | PEORIA | AZ | 85345 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH5039 | ANGEL'S SAFE HAVEN, LLC | | | Tele (602)296-5570 | 10/27/2016 to 09/30/2017 |
| | 2610 EAST VIRGINIA AVENUE | | | Fax: (602)296-4328 | |
| | PHOENIX | AZ | 85008 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4858 | ASCENDING ROOTS | | | Tele (480)779-8016 | 05/26/2016 to 04/30/2017 |
| | 1839 NORTH 39TH STREET | | | Fax: (602)341-6962 | |
| | PHOENIX | AZ | 85008 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2772 | BACK TO LIFE, INC. | | | Tele (623)518-9552 | 09/01/2016 to 08/31/2017 |
| | 5915 WEST ROANOKE AVENUE | | | Fax: (623)444-7829 | |
| | PHOENIX | AZ | 85035 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4444 | BASAMI HOUSE, LLC | | | Tele (602)903-9193 | 07/01/2016 to 06/30/2017 |
| | 15434 NORTH 10TH AVENUE | | | Fax: (602)298-0593 | |
| | PHOENIX | AZ | 85023 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3648 | DEVEREUX ARIZONA - REPITE #4 | | | Tele (480)998-2920 | 09/01/2016 to 08/31/2017 |
| | 6429 EAST EUGIE TERRACE | | | Fax: (480)443-5587 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3649 | DEVEREUX ARIZONA - RESPITE # 5 | | | Tele (480)889-0562 | 09/01/2016 to 08/31/2017 |
| | 6439 EAST EUGIE TERRACE | | | Fax: (480)443-5587 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3881 | DEVEREUX ARIZONA - RESPITE #2 | | | Tele (480)889-0562 | 09/01/2016 to 08/31/2017 |
| | 6411 EAST EUGIE TERRACE | | | Fax: (480)443-5587 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4442 | EAGLES NEST BOYS & GIRLS RESIDENTIAL AGENCY | | | Tele (602)568-1441 | 01/01/2017 to 12/31/2017 |
| | 1802 EAST DOBBINS ROAD | | | Fax: (602)268-4834 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3805 | FAYS HOUSE 1,2,3, L L C | | | Tele (602)304-0316 | 12/01/2016 to 11/30/2017 |
| | 7623 SOUTH 4TH AVENUE | | | Fax: (602)276-0138 | |
| | PHOENIX | AZ | 85041 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2133 | FLORENCE CRITTENTON SERVICES OF ARIZONA, INC | | | Tele (602)288-4590 | 08/01/2016 to 07/31/2017 |
| | 715 WEST MARIPOSA STREET, BUILDING A | | | Fax: (602)274-7549 | |
| | PHOENIX | AZ | 85013 | Capacity : 40 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4215 | FOUR DIRECTIONS | | | Tele (480)699-2344 | 07/01/2016 to 06/30/2017 |
| | 8149 EAST POSADA AVENUE | | | Fax: (480)699-3035 | |
| | MESA | AZ | 85212 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4466 | FREEWAY | | | Tele (480)634-1163 | 07/01/2016 to 06/30/2017 |
| | 2950 EAST SOUTHERN AVENUE | | | Fax: (480)634-1952 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3538 | GRACE OF SERENTIY LIVING, INC. | | | Tele (602)441-4690 | 02/01/2016 to 01/31/2017 |
| | 2950 EAST ROESER ROAD | | | Fax: (602)441-4694 | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4513 | HOME AWAY FROM HOME BEHAVIORAL HEALTH RESIDENTIAL FACILITY INC | | | Tele (602)559-6033 | 02/01/2016 to 01/31/2017 |
| | 8572 WEST PALO VERDE | | | Fax: (623)322-8622 | |
| | PEORIA | AZ | 85345 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4584 | HOME AWAY FROM HOME BEHAVIORAL HEALTH RESIDENTIAL FACILITY INC | | | Tele (623)334-1388 | 04/01/2016 to 03/31/2017 |
| | 9231 WEST MOUNTAIN VIEW ROAD | | | Fax: (623)841-0612 | |
| | PEORIA | AZ | 85345 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4867 | MATTIES CARE HOUSE LLC | | | Tele (602)686-0419 | 06/09/2016 to 05/31/2017 |
| | 6823 WEST PLEASANT LANE | | | Fax: (602)237-0290 | |
| | LAVEEN | AZ | 85339 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4775 | MERCIFUL BEHAVIORAL HEALTH SERVICES, LLC | | | Tele (602)516-4992 | 01/01/2017 to 12/31/2017 |
| | 12383 WEST GLENROSE AVENUE | | | Fax: (602)539-9741 | |
| | AVONDALE | AZ | 85392 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4327 | MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC. | | | Tele (602)335-2000 | 09/01/2016 to 08/31/2017 |
| | 2430 WEST WHITEFEATHER LANE | | | Fax: (602)476-1910 | |
| | PHOENIX | AZ | 85085 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1383 | NEW FOUNDATION, THE | | | Tele (480)945-3302 | 10/01/2016 to 09/30/2017 |
| | 1200 NORTH 77TH STREET, ROOMS 10-12 | | | Fax: (480)945-9308 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 12 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4629 | NEW HOPE OF ARIZONA INC | | | Tele (602)535-5686 | 05/01/2016 to 04/30/2017 |
| | 21615 WEST WATKINS STREET | | | Fax: (602)535-5912 | |
| | BUCKEYE | AZ | 85326 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4630 | NEW HOPE OF ARIZONA INC | | | Tele (602)535-5686 | 05/01/2016 to 04/30/2017 |
| | 1881 SOUTH 235TH DRIVE | | | Fax: (602)535-5912 | |
| | BUCKEYE | AZ | 85326 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4921 | NEW HOPE OF ARIZONA, INC. | | | Tele (602)535-5686 | 08/01/2016 to 07/31/2017 |
| | 3120 WEST POLLACK STREET | | | Fax: (602)535-5912 | |
| | PHOENIX | AZ | 85041 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4774 | NEW HOPE OF ARIZONA, INC. | | | Tele (602)535-5686 | 12/01/2016 to 11/30/2017 |
| | 12834 WEST SELLS DRIVE | | | Fax: (602)535-5912 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4305 | NEW HOPE OF ARIZONA, INCORPORATED | | | Tele (602)535-5686 | 07/01/2016 to 06/30/2017 |
| | 11213 WEST CORONADO ROAD | | | Fax: (602)535-5912 | |
| | AVONDALE | AZ | 85392 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4385 | NEW HOPE OF ARIZONA, INCORPORATED | | | Tele (602)535-5686 | 09/01/2016 to 08/31/2017 |
| | 10766 WEST CAMBRIDGE AVENUE | | | Fax: (602)535-5912 | |
| | AVONDALE | AZ | 85392 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3340 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 07/01/2016 to 06/30/2017 |
| | 760 EAST STOTTLER | | | Fax: (480)644-4296 | |
| | CHANDLER | AZ | 85225 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3398 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 08/01/2016 to 07/31/2017 |
| | 2504 EAST COMMONWEALTH CIRCLE | | | Fax: (480)664-4296 | |
| | CHANDLER | AZ | 85225 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3472 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 12/01/2016 to 11/30/2017 |
| | 8731 NORTH 83RD DRIVE | | | Fax: (480)664-4296 | |
| | PEORIA | AZ | 85345 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3914 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 09/01/2016 to 08/31/2017 |
| | 795 WEST PARK AVENUE | | | Fax: (480)664-4296 | |
| | CHANDLER | AZ | 85225 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4208 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 03/01/2016 to 02/28/2017 |
| | 1810 WEST PALOMINO DRIVE | | | Fax: (480)664-4296 | |
| | CHANDLER | AZ | 85244 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4588 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 03/01/2016 to 02/28/2017 |
| | 1102 WEST DIXON STREET | | | Fax: (480)664-4296 | |
| | MESA | AZ | 85201 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2170 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 10/01/2016 to 09/30/2017 |
| | 6726 WEST CHOLLA | | | Fax: (480)664-4296 | |
| | PEORIA | AZ | 85345 | Capacity : 7 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3471 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | 12/01/2016 to 11/30/2017 |
| | 11836 WEST ROSEWOOD | | | Fax: (480)664-4296 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4437 | RMBHS LINDNER HOUSE | | | Tele (480)641-9552 | 03/01/2017 to 02/28/2018 |
| | 8448 EAST LINDNER | | | Fax: (480)981-0893 | |
| | MESA | AZ | 85209 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4458 | RMBHS ONZA HOUSE | | | Tele (480)641-9552 | 04/01/2016 to 03/31/2017 |
| | 9331 EAST ONZA AVENUE | | | Fax: (490)981-0893 | |
| | MESA | AZ | 85212 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4988 | SERENITY CARE CENTER, LLC | | | Tele (602)833-8461 | 09/01/2016 to 08/31/2017 |
| | 6838 NORTH ROCKING ROAD | | | Fax: (480)718-8839 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4825 | SOUTHWEST KEY PROGRAM, INC. | | | Tele (602)377-1633 | 04/19/2016 to 03/31/2017 |
| | 723 EAST 2ND AVENUE | | | Fax: (480)907-1728 | |
| | MESA | AZ | 85204 | Capacity : 319 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3534 | SOUTHWEST KEY PROGRAM, INC. | | | Tele (623)435-5212 | 07/01/2016 to 06/30/2017 |
| | 5125 WEST MYRTLE AVENUE | | | Fax: (623)435-5218 | |
| | GLENDALE | AZ | 85301 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1936 | SOUTHWEST KEY PROGRAMS | | | Tele (602)841-1038 | 08/01/2016 to 07/31/2017 |
| | 2613 WEST CAMPBELL AVENUE, BUILDING 1 & 2 | | | Fax: (602)792-0334 | |
| | PHOENIX | AZ | 85017 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3660 | SOUTHWEST KEY PROGRAMS | | | Tele (602)841-1038 | 06/01/2016 to 05/31/2017 |
| | 9663 NORTH 83RD DRIVE | | | Fax: (602)792-0334 | |
| | PEORIA | AZ | 85345 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4051 | SOUTHWEST KEY PROGRAMS | | | Tele (602)343-7600 | 05/01/2016 to 04/30/2017 |
| | 2932 NORTH 14TH STREET | | | Fax: (602)926-2358 | |
| | PHOENIX | AZ | 85014 | Capacity : 100 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4460 | SOUTHWEST KEY PROGRAMS | | | Tele (623)500-3660 | 04/01/2016 to 03/31/2017 |
| | 7022 NORTH 48TH AVENUE | | | Fax: (623)435-5218 | |
| | GLENDALE | AZ | 85301 | Capacity : 34 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3661 | SOUTHWEST KEY PROGRAMS - CLAREMENT<br>7580 WEST CLAREMONT STREET<br>GLENDALE AZ 85303 | Tele (602)841-1038<br>Fax: (602)792-0334<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4292 | SOUTHWEST KEY PROGRAMS - HACIENDA DEL SOL<br>12030 NORTH 113TH AVENUE<br>YOUNGTOWN AZ 85363 | Tele (623)565-5701<br>Fax: (602)875-2091<br>Capacity : 139 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| BH3662 | SOUTHWEST KEY PROGRAMS - NORTHERN<br>8398 NORTH 98TH LANE<br>PEORIA AZ 85345 | Tele (602)841-1038<br>Fax: (602)792-0334<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4474 | SOUTHWEST KEY PROGRAMS- CASA LAS PALMAS<br>421 WEST BROWN ROAD<br>MESA AZ 85201 | Tele (602)355-0095<br>Fax: (480)452-0768<br>Capacity : 120 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH2426 | SOUTHWEST KEY PROGRAMS, INC.<br>7685 WEST SAN MIGUEL AVENUE<br>GLENDALE AZ 85303 | Tele (623)500-3660<br>Fax: (623)435-5218<br>Capacity : 10 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4497 | SOUTHWEST KEY PROGRAMS, INC. | | | Tele (623)203-7772 | 09/01/2016 to 08/31/2017 |
| | 1201 SOUTH 7TH AVENUE, SUITE 120 | | | Fax: (602)926-2358 | |
| | PHOENIX | AZ | 85007 | Capacity : 420 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2457 | THE U - TURN FOUNDATION | | | Tele (480)202-1000 | 08/01/2016 to 07/31/2017 |
| | 4005 EAST EDGEWOOD AVENUE | | | Fax: (480)634-1952 | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3468 | THE U-TURN FOUNDATION/ KEEP RIGHT | | | Tele (480)634-1163 | 11/01/2016 to 10/31/2017 |
| | 1820 SOUTH LOS ALAMOS | | | Fax: (480)634-1952 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4477 | TREE OF LIFE ARIZONA | | | Tele (480)284-6498 | 10/01/2016 to 09/30/2017 |
| | 1659 EAST DRAPER | | | Fax: (480)350-7960 | |
| | MESA | AZ | 85203 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4866 | UNIQUE FAMILY SERVICES, LLC - EAGLE HOUSE | | | Tele (480)967-2926 | 04/05/2016 to 03/31/2017 |
| | 1221 SOUTH HARDY DRIVE | | | Fax: (866)682-6631 | |
| | TEMPE | AZ | 85281 | Capacity : 4 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4962 | UNIQUE FAMILY SERVICES, LLC-FALCON HOUSE | | | Tele (480)776-9513 | 10/12/2016 to 09/30/2017 |
| | 1047 WEST LA JOLLA DRIVE | | | Fax: (866)682-6631 | |
| | TEMPE | AZ | 85282 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2998 | UNITY GROUP HOMES | | | Tele (480)202-2972 | 10/01/2016 to 09/30/2017 |
| | 12406 WEST SURREY AVENUE | | | Fax: (623)583-9175 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 7 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH1125 | YOUTH DEVELOPMENT INSTITUTE | | | Tele (602)256-5300 | 07/01/2016 to 06/30/2017 |
| | 1050-B NORTH 19TH STREET | | | Fax: (602)256-5301 | |
| | PHOENIX | AZ | 85006 | Capacity : 16 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3061 | YOUTH DEVELOPMENT INSTITUTE | | | Tele (602)256-5300 | 06/01/2016 to 05/31/2017 |
| | 1921 EAST PORTLAND STREET | | | Fax: (602)256-5301 | |
| | PHOENIX | AZ | 85006 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH311 | YOUTH DEVELOPMENT INSTITUTE | | | Tele (602)256-5300 | 07/01/2016 to 06/30/2017 |
| | 1050-A NORTH 19TH STREET | | | Fax: (602)256-5301 | |
| | PHOENIX | AZ | 85006 | Capacity : 16 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3760 | YOUTH DEVELOPMENT INSTITUTE - PORTLAND HOUSE I I | | | Tele (602)256-5300 | 11/01/2016 to 10/31/2017 |
| | 1927 EAST PORTLAND STREET | | | Fax: (602)256-5301 | |
| | PHOENIX | AZ | 85006 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4097 | ZAREPHATH, INC | | | Tele (480)518-6826 | 11/01/2016 to 10/31/2017 |
| | 11358 EAST SONRISA AVENUE | | | Fax: (480)361-9144 | |
| | MESA | AZ | 85212 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4096 | ZAREPHATH, INC | | | Tele (480)518-6826 | 11/01/2016 to 10/31/2017 |
| | 9310 EAST PRINCESS DRIVE | | | Fax: (480)361-9144 | |
| | MESA | AZ | 85207 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3879 | ZAREPHATH, INC. | | | Tele (480)518-6826 | 06/01/2016 to 05/31/2017 |
| | 2216 EAST GABLE AVENUE | | | Fax: (480)361-9144 | |
| | MESA | AZ | 85215 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3621 | ZAREPHATH, INC. | | | Tele (480)518-6826 | 07/01/2016 to 06/30/2017 |
| | 7247 EAST MILAGRO AVENUE | | | Fax: (480)361-9144 | |
| | MESA | AZ | 85209 | Capacity : 8 | Medcaid_Cert: Certified |

Sub-Type : BH RESPITE HOME - CHILD

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : BH RESPITE HOME - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4680 | VISIONS OF HUE | | | Tele (602)332-6699 | 09/01/2016 to 08/31/2017 |
| | 11826 WEST LUPINE AVENUE | | | Fax: (623)583-2241 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14548 | 5TH PLACE COMMUNITY CHILDCARE | | | Tele (480)833-7600 | 10/01/2014 to 09/30/2017 |
| | 306 WEST 5TH PLACE | | | Fax: (480)834-4573 | |
| | MESA | AZ | 85201 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11150 | A B C PRESCHOOL | | | Tele (480)839-0111 | 02/01/2016 to 01/31/2019 |
| | 6311 SOUTH RURAL ROAD | | | Fax: (480)839-6247 | |
| | TEMPE | AZ | 85283 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7630 | A B C'S PRESCHOOL & DAY CARE CENTER | | | Tele (602)896-1237 | 07/01/2016 to 06/30/2019 |
| | 13615 NORTH 35TH AVENUE, STE #7 | | | Fax: (602)896-1237 | |
| | PHOENIX | AZ | 85029 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11818 | A CHILD'S PLACE AT THE RANCHES L L C | | | Tele (480)907-7590 | 03/01/2014 to 02/28/2017 |
| | 3636 SOUTH ATHERTON BLVD | | | Fax: (480)907-7593 | |
| | GILBERT | AZ | 85297 | Capacity : 189 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17384 | A GREAT BEGINNING, INC. | | | Tele | (623)932-9940 | 08/31/2015 | to | 07/31/2018 |
| | 13380 WEST VAN BUREN STREET | | | Fax: | (623)882-1172 | | | |
| | GOODYEAR | AZ | 85338 | Capacity : | 105 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0179 | A KIDDIE'S KINGDOM | | | Tele | (602)278-1513 | 07/01/2016 | to | 06/30/2019 |
| | 2318 NORTH 35TH AVENUE | | | Fax: | (302)278-7908 | | | |
| | PHOENIX | AZ | 85009 | Capacity : | 246 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0958 | A S U CHILD DEVELOPMENT LAB | | | Tele | (480)965-7257 | 05/01/2015 | to | 04/30/2018 |
| | 851 SOUTH FOREST MALL - BLDG. 17 | | | Fax: | (480)965-6779 | | | |
| | TEMPE | AZ | 85287 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16671 | A S U PREPARATORY ACADEMY PRESCHOOL - PHOENIX | | | Tele | (602)257-4843 | 05/02/2014 | to | 04/30/2017 |
| | 735 EAST FILLMORE STREET | | | Fax: | (602)257-4852 | | | |
| | PHOENIX | AZ | 85006 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-13240 | A SHINING STAR PRESCHOOL INC | | | Tele | (480)890-2331 | 03/01/2016 | to | 02/28/2019 |
| | 810 EAST SOUTHERN AVENUE | | | Fax: | (623)478-9956 | | | |
| | MESA | AZ | 85204 | Capacity : | 77 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8518 | A STEP AHEAD PRESCHOOL & MONTESSORI<br>4221 EAST CHANDLER BOULEVARD #113<br>PHOENIX AZ 85048 | Tele (480)706-9424<br>Fax: (480)706-0426<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17672 | A.S.U. PREPARATORY ACADEMY - POLY<br>6950 EAST WILLIAMS FIELD ROAD<br>MESA AZ 85212 | Tele (480)727-5700<br>Fax: (480)727-5701<br>Capacity : 59 | 07/20/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9331 | ABUNDANT LOVE CHRISTIAN CHILD DEVELOPMENT CENTER<br>6849 WEST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85033 | Tele (623)846-2821<br>Fax: (623)846-2522<br>Capacity : 166 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12515 | ACADEMY FOR EARLY LEARNING<br>51020 HIGHWAY 60/89<br>WICKENBURG AZ 85390 | Tele (928)668-0410<br>Fax: (928)668-0133<br>Capacity : 57 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10283 | ACTIVE LEARNING CENTER #4<br>3342 WEST ROOSEVELT STREET<br>PHOENIX AZ 85009 | Tele (602)272-3609<br>Fax: (602)272-3674<br>Capacity : 59 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13631 | ACTIVE LEARNING CENTER #6 | | | Tele (602)674-9800 | 08/01/2016 to 07/31/2019 |
| | 704 EAST BUTLER DRIVE | | | Fax: (602)674-9804 | |
| | PHOENIX | AZ | 85020 | Capacity : 83 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16285 | ADAMS TRADITIONAL BEGINNINGS | | | Tele (602)938-5517 | 09/01/2015 to 08/31/2018 |
| | 2323 WEST PARKSIDE LANE | | | Fax: (602)938-1179 | |
| | PHOENIX | AZ | 85027 | Capacity : 205 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10712 | ADOBE MONTESSORI SCHOOL | | | Tele (480)899-2980 | 06/01/2015 to 05/31/2018 |
| | 6400 WEST DEL RIO STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16616 | ADVANCE U | | | Tele (602)243-8531 | 08/05/2016 to 07/31/2019 |
| | 449 EAST SOUTHERN AVENUE | | | Fax: (602)243-8516 | |
| | PHOENIX | AZ | 85040 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3507 | ADVENTURES IN LEARNING | | | Tele (602)277-2505 | 01/01/2016 to 12/31/2018 |
| | 3821 NORTH THIRD STREET | | | Fax: (602)522-2808 | |
| | PHOENIX | AZ | 85012 | Capacity : 113 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17641 | AFM CHANDLER MONTESSORI | | | Tele (480)510-8094 | 07/20/2016 to 06/30/2019 |
| | 5570 WEST CHANDLER BOULEVARD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 77 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5248 | AHWATUKEE FOOTHILLS MONTESSORI CENTER | | | Tele (480)759-3810 | 01/01/2016 to 12/31/2018 |
| | 3221 EAST CHANDLER BOULEVARD | | | Fax: (480)759-3810 | |
| | PHOENIX | AZ | 85048 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1036 | AHWATUKEE PRESCHOOL | | | Tele (480)893-2531 | 08/01/2016 to 07/31/2019 |
| | 11002 SOUTH 48TH STREET | | | Fax: (480)893-8318 | |
| | PHOENIX | AZ | 85044 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17262 | AIM HIGH LEARNING CENTER | | | Tele (602)769-8321 | 08/07/2015 to 07/31/2018 |
| | 6140 EAST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9859 | ALDEA MONTESSORI SCHOOL | | | Tele (602)485-0276 | 09/01/2014 to 08/31/2017 |
| | 15639 NORTH 40TH STREET | | | Fax: (602)485-0125 | |
| | PHOENIX | AZ | 85032 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15792 | ALEGRIAS CHILD CARE & LEARNING CENTER | | | Tele (480)466-7610 | 08/01/2014 to 07/31/2017 |
| | 7420 SOUTH RURAL ROAD | | | Fax: (480)466-7620 | |
| | TEMPE | AZ | 85283 | Capacity : 114 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1692 | ALL SAINTS EXTENDED SCHOOL PROGRAM | | | Tele (602)274-4866 | 08/01/2014 to 07/31/2017 |
| | 6300 NORTH CENTRAL AVENUE | | | Fax: (602)274-0365 | |
| | PHOENIX | AZ | 85012 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14563 | ALL STAR PRESCHOOL | | | Tele (480)835-7100 | 11/01/2014 to 10/31/2017 |
| | 1830 NORTH COUNTRY CLUB DRIVE | | | Fax: (480)890-7211 | |
| | MESA | AZ | 85201 | Capacity : 113 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9725 | ALL TOGETHER NOW PRESCHOOL AND CHILDCARE | | | Tele (480)610-9299 | 11/01/2016 to 10/31/2019 |
| | 516 SOUTH DOBSON ROAD | | | Fax: (480)610-1211 | |
| | MESA | AZ | 85202 | Capacity : 135 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0715 | AMERICAN CHILD CARE | | | Tele (623)931-5911 | 08/01/2016 to 07/31/2019 |
| | 8515 NORTH 51ST AVENUE | | | Fax: (602)424-0635 | |
| | GLENDALE | AZ | 85302 | Capacity : 128 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0500 | AMERICAN CHILD CARE #48 | | | Tele (602)269-5045 | 08/01/2016 to 07/31/2019 |
| | 4715 WEST THOMAS ROAD | | | Fax: (602)278-6541 | |
| | PHOENIX | AZ | 85031 | Capacity : 129 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0852 | AMERICAN CHILD CARE, # 52 | | | Tele (623)247-2684 | 04/01/2015 to 03/31/2018 |
| | 5933 WEST MCDOWELL ROAD | | | Fax: (602)873-0244 | |
| | PHOENIX | AZ | 85035 | Capacity : 95 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5307 | AMIGO PRESCHOOLS #2 | | | Tele (623)848-1295 | 09/01/2015 to 08/31/2018 |
| | 4035 NORTH 71ST AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : 140 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15627 | ANDERSON PREPARATORY ACADEMY L L C | | | Tele (602)938-3114 | 12/01/2013 to 11/30/2016 |
| | 14235 NORTH 7TH STREET | | | Fax: (602)938-3115 | |
| | PHOENIX | AZ | 85022 | Capacity : 130 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15661 | ANTHEM COMMUNITY CENTER | | | Tele (623)879-3011 | 06/01/2014 to 05/31/2017 |
| | 41130 NORTH FREEDOM WAY | | | Fax: (623)879-3030 | |
| | ANTHEM | AZ | 85086 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5279 | APOSTLES LUTHERAN PRESCHOOL | | | Tele (623)979-3497 | 01/01/2016 to 12/31/2018 |
| | 7020 WEST CACTUS ROAD | | | Fax: (623)979-5778 | |
| | PEORIA | AZ | 85381 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7039 | ARCADIA MONTESSORI CORPORATION | | | Tele (602)840-2342 | 06/01/2015 to 05/31/2018 |
| | 5115 EAST VIRGINIA AVENUE | | | Fax: (602)840-5065 | |
| | PHOENIX | AZ | 85008 | Capacity : 133 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14186 | ARIZONA CHARTER ACADEMY | | | Tele (623)974-4959 | 10/01/2014 to 09/30/2017 |
| | 16011 NORTH DYSART ROAD | | | Fax: (623)974-4840 | |
| | SURPRISE | AZ | 85374 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9228 | ARIZONA CULTURAL ACADEMY & COLLEGE PREP. MONTESSORI | | | Tele (602)454-1222 | 08/01/2016 to 07/31/2019 |
| | 7810 SOUTH 42ND PLACE | | | Fax: (602)453-3222 | |
| | PHOENIX | AZ | 85042 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17054 | ARIZONA DESERT HEAD START | | | Tele (623)907-5260 | 09/19/2014 to 08/31/2017 |
| | 8803 WEST VAN BUREN STREET | | | Fax: (623)907-5261 | |
| | TOLLESON | AZ | 85353 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10010 | ARROWHEAD MONTESSORI | | | Tele (623)776-2322 | 09/01/2014 to 08/31/2017 |
| | 14801 NORTH 83RD AVENUE | | | Fax: (623)776-7142 | |
| | PEORIA | AZ | 85381 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3469 | AT TEACH AND PLAY | | | Tele (602)973-1405 | 08/01/2015 to 07/31/2018 |
| | 5827 NORTH 35TH AVENUE | | | Fax: (602)973-8208 | |
| | PHOENIX | AZ | 85017 | Capacity : 156 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1700 | ATONEMENT LUTHERAN PRESCHOOL | | | Tele (623)374-3019 | 09/01/2014 to 08/31/2017 |
| | 4001 WEST BEARDSLEY ROAD | | | Fax: (623)587-8512 | |
| | GLENDALE | AZ | 85308 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10401 | AVONDALE SOUTH HEAD START | | | Tele (623)486-9868 | 04/01/2015 to 03/31/2018 |
| | 525 EAST HARRISON DRIVE | | | Fax: (623)486-9988 | |
| | AVONDALE | AZ | 85323 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8422 | AWAKENING SEED SCHOOL | | | Tele (602)454-2606 | 08/01/2014 to 07/31/2017 |
| | 6630 SOUTH 40TH STREET | | | Fax: (602)454-2773 | |
| | PHOENIX | AZ | 85042 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17334 | BAYER PRIVATE SCHOOL | | | Tele (623)362-3700 | 09/01/2015 to 08/31/2018 |
| | 23555 N 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17575 | BEACON LEARNING CENTER | | | Tele (623)934-3286 | 07/21/2016 to 06/30/2019 |
| | 8801 NORTH 43RD AVENUE | | | Fax: (623)934-3298 | |
| | PHOENIX | AZ | 85051 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5982 | BEAUTIFUL OASIS CHILD CARE CENTER | | | Tele (480)461-1638 | 04/01/2014 to 03/31/2017 |
| | 1010 WEST SOUTHERN AVENUE | | | Fax: (480)926-8036 | |
| | MESA | AZ | 85210 | Capacity : 176 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15053 | BEI BEI AMIGOS LANGUAGE PRESCHOOL L L C | | | Tele (602)996-4990 | 10/01/2015 to 09/30/2018 |
| | 751 EAST UNION HILLS DRIVE SUITE #19 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15966 | BEL ESPRIT DAY SCHOOL AT PALM VALLEY | | | Tele (623)536-6600 | 08/01/2014 to 07/31/2017 |
| | 1375 NORTH LITCHFIELD ROAD STE 104 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : 104 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16175 | BELLA MONTESSORI | | | Tele (480)993-3393 | 06/01/2015 to 05/31/2018 |
| | 700 SOUTH ISLANDS DRIVE | | | Fax: (480)993-3393 | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10021 | BENCHMARK SCHOOL | | | Tele (602)765-3582 | 08/01/2014 to 07/31/2017 |
| | 4120 EAST ACOMA DRIVE | | | Fax: (602)765-1932 | |
| | PHOENIX | AZ | 85032 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4447 | BEST FRIENDS PRESCHOOL INC | | | Tele (480)839-5953 | 03/01/2014 to 02/28/2017 |
| | 2038 SOUTH DON CARLOS | | | Fax: (480)839-5953 | |
| | MESA | AZ | 85202 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13613 | BEST PALS NEIGHBORHOOD PRESCHOOL | | | Tele (480)342-7170 | 08/01/2016 to 07/31/2019 |
| | 30845 NORTH CAVE CREEK ROAD #117 | | | Fax: (480)342-7175 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0871 | BETH EL CENTER FOR EARLY CHILDHOOD EDUCATION | | | Tele (602)944-2464 | 04/01/2015 to 03/31/2018 |
| | 1118 WEST GLENDALE AVENUE | | | Fax: (602)944-4584 | |
| | PHOENIX | AZ | 85021 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10822 | BETHANY CHRISTIAN SCHOOL | | | Tele (480)752-8993 | 09/01/2015 to 08/31/2018 |
| | 6304 SOUTH PRICE ROAD | | | Fax: (480)752-7913 | |
| | TEMPE | AZ | 85283 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7550 | BEYOND CARE INC. | | | Tele (602)971-5954 | 03/01/2016 to 02/28/2019 |
| | 1601 EAST BELL ROAD A19 | | | Fax: (602)971-7445 | |
| | PHOENIX | AZ | 85022 | Capacity : 194 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17091 | BIG DREAMS PRESCHOOL & KINDERGARTEN | | | Tele (602)684-2836 | 11/04/2014 to 10/31/2017 |
| | 28570 EL MIRAGE ROAD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16980 | BLACK MOUNTAIN SCIENCE ACADEMY | | | Tele (623)825-1576 | 08/12/2014 to 07/31/2017 |
| | 21461 NORTH 78TH AVENUE SUITE 185 | | | Fax: (623)321-1703 | |
| | PEORIA | AZ | 85382 | Capacity : 95 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14173 | BLESSED SACRAMENT PRESCHOOL / KINDERGARTEN | | | Tele (480)998-9466 | 08/01/2014 to 07/31/2017 |
| | 11300 NORTH 64TH STREET | | | Fax: (480)951-3844 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12281 | BOOKER T WASHINGTON CHILD DEVELOPMENT CENTER<br>804 NORTH 18TH STREET<br>PHOENIX AZ 85006 | Tele (602)257-3871<br>Fax: (602)252-4894<br>Capacity : 50 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10139 | BOOKER T WASHINGTON CHILD DEVELOPMENT CENTER<br>1522 EAST ADAMS STREET<br>PHOENIX AZ 85034 | Tele (602)252-4743<br>Fax: (602)252-4894<br>Capacity : 160 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16650 | BOOKER T. WASHINGTON CDC - CAPITOL<br>330 NORTH 16TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)523-5747<br>Fax: (602)252-4894<br>Capacity : 50 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16658 | BOOKER T. WASHINGTON CDC BETHUNE<br>1310 SOUTH 15TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)252-4743<br>Fax: (602)252-4894<br>Capacity : 25 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15981 | BRADLEY ACADEMY OF EXCELLENCE<br>16060 WEST LOWER BUCKEYE PARKWAY<br>GOODYEAR AZ 85338 | Tele (800)993-1458<br>Fax: (800)993-1458<br>Capacity : 100 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11758 | BRIDGES EARLY CHILDHOOD EDUCATION | | | Tele (480)924-8008 | 12/01/2016 to 11/30/2019 |
| | 1201 NORTH 66TH STREET | | | Fax: (480)218-0923 | |
| | MESA | AZ | 85205 | Capacity : 117 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14103 | BRIDGES PRESCHOOL | | | Tele (480)926-3003 | 08/01/2014 to 07/31/2017 |
| | 1494 SOUTH GILBERT ROAD | | | Fax: (480)926-3004 | |
| | GILBERT | AZ | 85233 | Capacity : 150 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16374 | BRIDGES PRESCHOOL | | | Tele (480)358-4900 | 10/01/2015 to 09/30/2018 |
| | 20635 SOUTH OLD ELLSWORTH ROAD | | | Fax: (480)458-5002 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 153 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16032 | BRIDGES PRESCHOOL | | | Tele (480)963-8300 | 12/01/2014 to 11/30/2017 |
| | 4939 WEST RAY ROAD | | | Fax: (480)963-8400 | |
| | CHANDLER | AZ | 85224 | Capacity : 122 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15646 | BRIDGES PRESCHOOL | | | Tele (480)345-5555 | 01/01/2017 to 12/31/2019 |
| | 7570 SOUTH WILLOW DRIVE | | | Fax: (480)345-0999 | |
| | TEMPE | AZ | 85283 | Capacity : 162 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17248 | BRIGHT BEGINNINGS PRESCHOOL & CHILDCARE | | | Tele (623)487-8000 | 06/10/2015 to 05/31/2018 |
| | 6835 WEST PEORIA AVENUE | | | Fax: (623)487-8003 | |
| | PEORIA | AZ | 85345 | Capacity : 163 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8572 | BRIGHT BEGINNINGS SCHOOL | | | Tele (480)821-1404 | 02/01/2015 to 01/31/2018 |
| | 400 NORTH ANDERSEN BLVD | | | Fax: (480)821-1463 | |
| | CHANDLER | AZ | 85224 | Capacity : 144 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16876 | BRIGHT FUTURE STARS | | | Tele (480)539-7772 | 04/10/2014 to 03/31/2017 |
| | 1236 SOUTH STAPLEY DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : 194 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17391 | BRIGHT HORIZONS AT BANNER BAYWOOD | | | Tele (480)218-1785 | 08/05/2015 to 07/31/2018 |
| | 6435 EAST BAYWOOD AVENUE | | | Fax: (480)218-1788 | |
| | MESA | AZ | 85206 | Capacity : 138 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16952 | BRIGHT HORIZONS AT BOSWELL | | | Tele (623)832-5332 | 06/11/2014 to 05/31/2017 |
| | 10457 WEST THUNDERBIRD BLVD | | | Fax: (623)832-6693 | |
| | SUN CITY | AZ | 85351 | Capacity : 150 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17741 | BRIGHT HORIZONS AT CAMPUS | | | Tele (480)921-2737 | 09/12/2016 to 08/31/2019 |
| | 910 SOUTH TERRACE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : 108 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17533 | BRIGHT HORIZONS AT DOWNTOWN PHOENIX | | | Tele (602)334-4775 | 04/01/2016 to 03/31/2019 |
| | 150 NORTH 4TH AVENUE | | | Fax: (602)253-6694 | |
| | PHOENIX | AZ | 85003 | Capacity : 163 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11473 | BRIGHT HORIZONS AT NORTERRA | | | Tele (623)715-7272 | 08/01/2016 to 07/31/2019 |
| | ONE NORTH NORTERRA PARKWAY | | | Fax: (623)715-7273 | |
| | PHOENIX | AZ | 85085 | Capacity : 166 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17140 | BRIGHT HORIZONS AT SCOTTSDALE LINCOLN HEALTH NETWORK | | | Tele (480)323-4630 | 11/25/2014 to 10/31/2017 |
| | 10028 NORTH 92ND STREET | | | Fax: (480)323-4633 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 159 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8306 | BRIGHT HORIZONS FAMILY CENTER | | | Tele (480)775-6607 | 02/01/2015 to 01/31/2018 |
| | 7660 SOUTH RESEARCH DRIVE | | | Fax: (480)775-6632 | |
| | TEMPE | AZ | 85284 | Capacity : 237 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9073 | BRIGHT HORIZONS FAMILY CENTER | | | Tele (480)792-6448 | 02/01/2016 to 01/31/2019 |
| | 1151 WEST RAY ROAD | | | Fax: (480)722-9135 | |
| | CHANDLER | AZ | 85224 | Capacity : 164 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14076 | BRIGHT IDEAS CHILDCARE - BROADWAY | | | Tele (602)437-1103 | 06/01/2014 to 05/31/2017 |
| | 4358 EAST BROADWAY ROAD | | | Fax: (602)437-1528 | |
| | PHOENIX | AZ | 85040 | Capacity : 123 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15529 | BRIGHT IDEAS CHILDCARE AT TEMPE | | | Tele (480)777-1658 | 09/01/2013 to 08/31/2016 |
| | 2720 SOUTH DORSEY LANE | | | Fax: (480)775-4832 | |
| | TEMPE | AZ | 85282 | Capacity : 196 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15715 | BRIGHTER ANGELS LEARNING CENTER / SCOTTSDALE | | | Tele (602)971-1194 | 06/02/2014 to 05/31/2017 |
| | 4856 EAST GREENWAY ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 127 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17676 | BRIGHTER ANGELS LEARNING CENTER CENTRAL, L.L.C. | | | Tele (623)204-9121 | 09/22/2016 to 08/31/2019 |
| | 7227 SOUTH CENTRAL AVENUE #1160 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : 118 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12680 | BRIGHTER ANGELS LEARNING CENTER L L C<br>10740 WEST LOWER BUCKEYE ROAD, #101<br>AVONDALE AZ 85323 | Tele (623)907-8911<br>Fax: (623)907-8776<br>Capacity : 167 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14823 | BRIGHTER ANGELS LEARNING CENTER LAVEEN L L C<br>3320 WEST SOUTHERN AVENUE STE 102<br>PHOENIX AZ 85041 | Tele (602)276-3223<br>Fax: (623)276-3903<br>Capacity : 116 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17711 | BRILLIANT SCHOLARS PRESCHOOL<br>18185 NORTH 83RD AVENUE STE 113<br>GLENDALE AZ 85308 | Tele (623)463-4555<br>Fax: ( ) -<br>Capacity : 82 | 08/16/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13963 | BUCKEYE ELEMENTARY HEAD START<br>405 SOUTH 7TH STREET<br>BUCKEYE AZ 85326 | Tele (623)327-0128<br>Fax: (623)486-9988<br>Capacity : 45 | 02/01/2017 to 01/31/2020<br>Medcaid_Cert: Not Ceritified |
| CDC-17341 | BUCKEYE ELEMENTARY I I HEAD START<br>640 CENTRE AVENUE<br>BUCKEYE AZ 85326 | Tele (623)327-0128<br>Fax: ( ) -<br>Capacity : 20 | 08/12/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1955 | BUCKEYE HEAD START | | | Tele (623)386-2105 | 10/01/2015 to 09/30/2018 |
| | 113 EAST CENTRE AVENUE | | | Fax: (623)486-9988 | |
| | BUCKEYE | AZ | 85326 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1774 | BURTON HEAD START | | | Tele (623)915-7817 | 03/01/2015 to 02/28/2018 |
| | 4801 WEST MARYLAND AVENUE | | | Fax: (623)486-9988 | |
| | GLENDALE | AZ | 85301 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16807 | CACTUS KIDS PRESCHOOL | | | Tele (623)846-6900 | 12/01/2016 to 11/30/2019 |
| | 7418 WEST INDIAN SCHOOL ROAD | | | Fax: (623)670-5928 | |
| | PHOENIX | AZ | 85033 | Capacity : 200 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10071 | CACTUS PRESCHOOL #1 | | | Tele (602)437-3400 | 08/01/2014 to 07/31/2017 |
| | 3920 EAST SOUTHERN AVENUE | | | Fax: (602)279-1903 | |
| | PHOENIX | AZ | 85040 | Capacity : 172 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10915 | CACTUS PRESCHOOL I I I | | | Tele (480)968-1157 | 10/01/2015 to 09/30/2018 |
| | 2121 EAST BROADWAY ROAD | | | Fax: (480)377-0917 | |
| | TEMPE | AZ | 85282 | Capacity : 233 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12270 | CALIBRE ACADEMY SURPRISE | | | Tele (623)556-2179 | 10/01/2014 to 09/30/2017 |
| | 15688 WEST ACOMA DRIVE | | | Fax: (623)556-2806 | |
| | SURPRISE | AZ | 85379 | Capacity : 208 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13632 | CALVARY CENTRAL DAY CARE, INC. | | | Tele (602)242-1945 | 09/01/2016 to 08/31/2019 |
| | 2831 WEST GLENDALE AVENUE | | | Fax: (602)336-0751 | |
| | PHOENIX | AZ | 85051 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17022 | CALVARY CHRISTIAN PRESCHOOL & DAYCARE | | | Tele (480)345-6200 | 08/01/2014 to 07/31/2017 |
| | 2334 EAST SOUTHERN AVENUE | | | Fax: (480)345-0647 | |
| | TEMPE | AZ | 85282 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11662 | CALVARY CHRISTIAN SCHOOL | | | Tele (480)988-4241 | 09/01/2016 to 08/31/2019 |
| | 19248 EAST SAN TAN BOULEVARD | | | Fax: (480)988-5560 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15937 | CALVARY NORTH PRESCHOOL | | | Tele (602)992-6922 | 12/20/2014 to 11/30/2017 |
| | 14201 NORTH 32ND STREET | | | Fax: (602)992-9527 | |
| | PHOENIX | AZ | 85032 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1536 | CAMELBACK CHRISTIAN SCHOOL | | | Tele (602)957-0215 | 11/01/2015 to 10/31/2018 |
| | 3900 EAST STANFORD DRIVE | | | Fax: (602)955-7217 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 90 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14099 | CAMELBACK DESERT SCHOOL | | | Tele (480)451-3130 | 05/01/2014 to 04/30/2017 |
| | 9606 EAST KALIL DRIVE | | | Fax: (480)451-8197 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 285 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14055 | CAREBEAR PRESCHOOL | | | Tele (480)802-0058 | 08/01/2014 to 07/31/2017 |
| | 244 WEST CHANDLER HEIGHTS ROAD | | | Fax: (480)895-0494 | |
| | CHANDLER | AZ | 85248 | Capacity : 165 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15245 | CAREER SUCCESS SAGE | | | Tele (602)955-0355 | 12/01/2015 to 11/30/2018 |
| | 3120 NORTH 32ND STREET | | | Fax: (602)955-4805 | |
| | PHOENIX | AZ | 85018 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16378 | CASA DEL NINO BILINGUAL MONTESSORI ELEMENTARY SCHOOL | | | Tele (480)963-2550 | 11/01/2015 to 10/31/2018 |
| | 2625 WEST QUEEN CREEK ROAD STE 6 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : 57 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17581 | CAURUS EXPLORERS, L.L.C. | | | Tele (623)551-5083 | 10/03/2016 to 09/30/2019 |
| | 41900 NORTH 42ND AVENUE | | | Fax: (623)551-5679 | |
| | ANTHEM | AZ | 85086 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7912 | CAVE CREEK MONTESSORI | | | Tele (480)563-2929 | 10/01/2016 to 09/30/2019 |
| | 29209 NORTH 56TH STREET | | | Fax: (480)563-2939 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 142 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10971 | CHABAD ALEPH BET PRESCHOOL | | | Tele (602)944-2580 | 10/01/2015 to 09/30/2018 |
| | 2110 EAST LINCOLN DRIVE | | | Fax: (602)916-0999 | |
| | PHOENIX | AZ | 85016 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10891 | CHAI CHILDHOOD CENTER | | | Tele (602)923-3619 | 09/01/2015 to 08/31/2018 |
| | 4645 EAST MARILYN ROAD | | | Fax: (602)971-5909 | |
| | PHOENIX | AZ | 85032 | Capacity : 137 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10209 | CHALLENGE CHARTER SCHOOL | | | Tele (602)938-5411 | 12/01/2014 to 11/30/2017 |
| | 5801 WEST GREENBRIAR DRIVE | | | Fax: (602)938-5393 | |
| | GLENDALE | AZ | 85308 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17487 | CHAMPION CHANDLER PRESCHOOL<br>250 SOUTH MCQUEEN ROAD<br>CHANDLER AZ 85225 | Tele (480)664-3379<br>Fax: (480)656-6445<br>Capacity : 59 | 07/14/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9562 | CHANCELLOR CHARTER SCHOOL AT CORTEZ PARK<br>3535 WEST DUNLAP AVENUE<br>PHOENIX AZ 85051 | Tele (602)589-9840<br>Fax: (602)589-9841<br>Capacity : 59 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16843 | CHANDLER CHRISTIAN ACADEMY<br>19620 SOUTH MCQUEEN ROAD<br>CHANDLER AZ 85286 | Tele (480)963-2603<br>Fax: ( ) -<br>Capacity : 67 | 07/30/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16683 | CHANDLER JEWISH PRESCHOOL<br>875 N MCCLINTOCK DRIVE<br>CHANDLER AZ 85226 | Tele (480)855-4333<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4484 | CHAPARRAL CHRISTIAN SCHOOL<br>6451 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85254 | Tele (480)991-6440<br>Fax: (480)991-2529<br>Capacity : 105 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9007 | CHICANOS POR LA CAUSA - DYSART MIGRANT & SEASONAL HEAD START<br>15815 NORTH DESERT SAGE<br>SURPRISE AZ 85378 | Tele (623)972-7801<br>Fax: (623)972-7814<br>Capacity : 113 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10099 | CHICANOS POR LA CAUSA - PHOENIX EARLY HEAD START<br>1402 SOUTH CENTRAL AVENUE<br>PHOENIX AZ 85004 | Tele (602)716-0156<br>Fax: (602)716-0164<br>Capacity : 48 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15354 | CHICANOS POR LA CAUSA INC / MURPHY E C D<br>3140 WEST BUCKEYE ROAD<br>PHOENIX AZ 85009 | Tele (602)353-5415<br>Fax: (602)353-5401<br>Capacity : 16 | 05/28/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-8249 | CHILD CRISIS ARIZONA EARLY EDUCATION SERVICES<br>402 NORTH 24TH STREET<br>PHOENIX AZ 85008 | Tele (602)889-6165<br>Fax: (602)889-6173<br>Capacity : 152 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1407 | CHILD ENRICHMENT CENTER<br>405 NORTH 3RD STREET<br>BUCKEYE AZ 85326 | Tele (623)386-5820<br>Fax: ( ) -<br>Capacity : 35 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0854 | CHILD STUDY LAB - PSYCH DEPT - A S U<br>950 SOUTH MCALLISTER STREET<br>TEMPE AZ 85287 | Tele (480)965-5320<br>Fax: (480)965-8544<br>Capacity : 54 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15519 | CHILDHELP COMMUNITY CENTER - COLLIER<br>350 SOUTH 118TH AVENUE<br>AVONDALE AZ 85323 | Tele (623)377-8048<br>Fax: (623)478-5920<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15530 | CHILDHELP COMMUNITY CENTER - COUNTRY PLACE<br>10207 WEST COUNTRY PLACE BOULEVARD<br>TOLLESON AZ 85353 | Tele (623)772-2760<br>Fax: (623)792-8068<br>Capacity : 49 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15516 | CHILDHELP COMMUNITY CENTER - ESTRELLA VISTA<br>11905 WEST COCOPAH CIRCLE<br>AVONDALE AZ 85323 | Tele (623)478-6235<br>Fax: (623)478-6220<br>Capacity : 36 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17021 | CHILDHELP COMMUNITY CENTER - LITTLETON<br>1252 SOUTH AVONDALE BLVD, BUILDING C<br>AVONDALE AZ 85323 | Tele (623)240-6160<br>Fax: (623)240-6167<br>Capacity : 34 | 09/12/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15517 | CHILDHELP COMMUNITY CENTER - QUENTIN<br>11050 WEST WHYMAN AVENUE<br>AVONDALE AZ 85323 | Tele (623)377-8048<br>Fax: (623)478-6020<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15518 | CHILDHELP COMMUNITY CENTER - TRES RIOS<br>5025 SOUTH 103RD AVENUE<br>TOLLESON AZ 85353 | Tele (623)772-2760<br>Fax: (623)792-8068<br>Capacity : 34 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13476 | CHILDREN OF HOPE CHILD DEVELOPMENT CENTER<br>2601 EAST THUNDERHILL PLACE<br>PHOENIX AZ 85048 | Tele (480)759-1515<br>Fax: (480)759-1436<br>Capacity : 59 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16826 | CHILDRENS ACADEMY<br>3301 NORTH 32ND STREET<br>PHOENIX AZ 85018 | Tele (602)956-7370<br>Fax: ( ) -<br>Capacity : 105 | 12/05/2013 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-1247 | CHILDREN'S CAMPUS<br>2830 NORTH 43RD AVENUE<br>PHOENIX AZ 85009 | Tele (602)233-2218<br>Fax: (602)233-1715<br>Capacity : 116 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10425 | CHILDREN'S CHOICE - SEQUOYA ELEMENTARY<br>11808 NORTH 64TH STREET<br>SCOTTSDALE AZ 85254 | Tele (480)484-3200<br>Fax: (480)484-3201<br>Capacity : 117 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17039 | CHILDREN'S CIRCLE<br>20365 EAST OCOTILLO ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)987-3577<br>Fax: ( ) -<br>Capacity : 22 | 09/02/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14124 | CHILDREN'S COUNTRY CLUB<br>8935 NORTH 35TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)973-7631<br>Fax: (602)973-9465<br>Capacity : 111 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17217 | CHILDRENS LEARNING ADVENTURE CHILD CARE CENTER<br>7140 SOUTH POWER ROAD<br>GILBERT AZ 85297 | Tele (480)568-8892<br>Fax: (480)568-8891<br>Capacity : 602 | 05/06/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16930 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>15370 WEST VAN BUREN STREET<br>GOODYEAR AZ 85338 | Tele (623)299-9574<br>Fax: (623)299-3575<br>Capacity : 475 | 06/30/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14185 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>7616 SOUTH 55TH AVENUE<br>LAVEEN AZ 85339 | Tele (602)237-1317<br>Fax: (602)237-3544<br>Capacity : 363 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13984 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>25560 NORTH LAKE PLEASANT PKWY<br>PEORIA AZ 85383 | Tele (623)825-1680<br>Fax: (623)825-6029<br>Capacity : 323 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16284 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>14775 NORTH SCOTTSDALE ROAD<br>SCOTTSDALE AZ 85254 | Tele (480)646-8999<br>Fax: (602)707-6996<br>Capacity : 440 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14293 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>1842 SOUTH CRISMON ROAD<br>MESA AZ 85211 | Tele (480)986-2251<br>Fax: (602)241-1039<br>Capacity : 577 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16900 | CHILDRENS LEARNING CENTER OF VINEYARD<br>6422 NORTH 65TH DRIVE<br>GLENDALE AZ 85301 | Tele (623)322-8483<br>Fax: ( ) -<br>Capacity : 10 | 10/14/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17201 | CHILDREN'S PLACE LEARNING CENTER<br>4541 NORTH 7TH STREET<br>PHOENIX AZ 85014 | Tele (602)368-8000<br>Fax: (602)368-8000<br>Capacity : 56 | 05/19/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8382 | CHILDREN'S PLAYHOUSE PRESCHOOL<br>1940 WEST GREENWAY ROAD<br>PHOENIX AZ 85023 | Tele (602)588-7721<br>Fax: (602)993-0071<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13554 | CHILDREN'S SAFARI LEARNING CENTER L L C<br>7307 EAST HAMPTON AVENUE STE 103<br>MESA AZ 85209 | Tele (480)621-4031<br>Fax: (480)621-4035<br>Capacity : 108 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-1286 | CHILDTIME CHILDCARE<br>9105 NORTH 57TH DRIVE<br>GLENDALE AZ 85302 | Tele (623)931-5306<br>Fax: (623)931-2328<br>Capacity : 136 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1220 | CHILDTIME CHILDCARE<br>5050 EAST WARNER ROAD<br>PHOENIX AZ 85044 | Tele (480)893-3330<br>Fax: (480)893-5740<br>Capacity : 114 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0876 | CHILDTIME CHILDCARE, INCORPORATED | | | Tele (602)957-0590 | 09/01/2016 to 08/31/2019 |
| | 3546 EAST THOMAS ROAD | | | Fax: (602)957-1131 | |
| | PHOENIX | AZ | 85018 | Capacity : 109 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1398 | CHILDTIME CHILDREN'S CENTER | | | Tele (480)833-4481 | 05/01/2014 to 04/30/2017 |
| | 1111 NORTH HORNE | | | Fax: (480)833-9800 | |
| | MESA | AZ | 85203 | Capacity : 149 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6088 | CHILDTIME CHILDREN'S CENTER | | | Tele (480)830-6755 | 10/01/2014 to 09/30/2017 |
| | 5154 EAST ADOBE STREET | | | Fax: (480)830-2760 | |
| | MESA | AZ | 85205 | Capacity : 163 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7010 | CHILDTIME CHILDREN'S CENTER | | | Tele (480)732-0100 | 05/01/2015 to 04/30/2018 |
| | 350 NORTH PENNINGTON DRIVE | | | Fax: (480)732-7454 | |
| | CHANDLER | AZ | 85224 | Capacity : 168 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8443 | CHILDTIME CHILDREN'S CENTER | | | Tele (602)866-7239 | 08/01/2014 to 07/31/2017 |
| | 3011 WEST BELL ROAD | | | Fax: (602)942-6172 | |
| | PHOENIX | AZ | 85053 | Capacity : 132 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0590 | CHILDTIME CHILDREN'S CENTER/ CHILDTIME CHILDCARE | | | Tele (602)943-4196 | 06/01/2015 to 05/31/2018 |
| | 1212 EAST GLENDALE AVENUE | | | Fax: (602)943-1761 | |
| | PHOENIX | AZ | 85020 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5991 | CHILDTIME LEARNING CENTERS | | | Tele (480)497-2855 | 07/01/2014 to 06/30/2017 |
| | 3319 EAST BASELINE ROAD | | | Fax: (480)497-4641 | |
| | GILBERT | AZ | 85234 | Capacity : 150 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10528 | CHRIST CHURCH SCHOOL | | | Tele (602)381-9906 | 08/01/2015 to 07/31/2018 |
| | 4015 EAST LINCOLN DRIVE | | | Fax: (602)840-4472 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 134 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2021 | CHRIST LUTHERAN PRESCHOOL | | | Tele (602)957-7010 | 08/01/2016 to 07/31/2019 |
| | 3901 EAST INDIAN SCHOOL ROAD | | | Fax: (602)955-8073 | |
| | PHOENIX | AZ | 85018 | Capacity : 168 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14744 | CHRIST THE KING CATHOLIC SCHOOL | | | Tele (480)844-4480 | 07/01/2015 to 06/30/2018 |
| | 1551 EAST DANA AVENUE | | | Fax: (480)844-4498 | |
| | MESA | AZ | 85204 | Capacity : 23 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7609 | CHRIS-TOWN Y M C A | | | Tele (602)242-7717 | 05/01/2016 to 04/30/2019 |
| | 5517 NORTH 17TH AVENUE | | | Fax: (602)242-6791 | |
| | PHOENIX | AZ | 85015 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1550 | CHRIST'S GREENFIELD LUTHERAN PRESCHOOL | | | Tele (480)892-8314 | 01/01/2016 to 12/31/2018 |
| | 425 NORTH GREENFIELD ROAD | | | Fax: (480)503-0437 | |
| | GILBERT | AZ | 85234 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17332 | CHRYSALIS ACADEMY | | | Tele (480)839-6000 | 09/08/2015 to 08/31/2018 |
| | 1300 NORTH 77TH STREET | | | Fax: (480)839-6363 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 12 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12918 | CITY OF BUCKEYE - BALES ELEMENTARY | | | Tele (623)349-6350 | 08/01/2015 to 07/31/2018 |
| | 24500 WEST MARICOPA | | | Fax: (623)349-6356 | |
| | BUCKEYE | AZ | 85326 | Capacity : 33 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15085 | CITY OF BUCKEYE - INCA ELEMENTARY | | | Tele (623)349-6350 | 08/01/2015 to 07/31/2018 |
| | 23601 WEST DURANGO STREET | | | Fax: (623)349-6356 | |
| | BUCKEYE | AZ | 85326 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13505 | CITY OF BUCKEYE - JASINSKI ELEMENTARY<br>4280 SOUTH 246TH AVE<br>BUCKEYE AZ 85326 | Tele (623)349-6350<br>Fax: (623)349-6356<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12651 | CITY OF BUCKEYE - SUNDANCE ELEMENTARY<br>23800 WEST HADLEY ROAD<br>BUCKEYE AZ 85326 | Tele (623)349-6350<br>Fax: (623)349-6356<br>Capacity : 200 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10048 | CITY OF GLENDALE - DESERT MIRAGE G.R.A.S.P.<br>8605 WEST MARYLAND AVENUE<br>GLENDALE AZ 85305 | Tele (623)930-2820<br>Fax: (623)872-8401<br>Capacity : 55 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17659 | CLUB ELEVATE<br>3801 NORTH MILLER ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)874-3720<br>Fax: (480)874-3767<br>Capacity : 59 | 08/05/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5873 | COMMUNITY MONTESSORI SCHOOL<br>3737 EAST SHEA BOULEVARD<br>PHOENIX AZ 85028 | Tele (602)953-9532<br>Fax: ( ) -<br>Capacity : 37 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16357 | COMPASS EDUCATIONAL PROGRAMS<br>2435 EAST PECAN ROAD<br>PHOENIX AZ 85040 | Tele (602)571-0960<br>Fax: ( ) -<br>Capacity : 48 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8831 | COMPLETE KIDS CARE<br>1546 NORTH PARKWAY DRIVE, SUITE 102<br>GILBERT AZ 85234 | Tele (480)926-6116<br>Fax: (480)633-8088<br>Capacity : 38 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6917 | CONGREGATION BETH ISRAEL CHANEN PRESCHOOL<br>10460 NORTH 56TH STREET<br>SCOTTSDALE AZ 85253 | Tele (480)951-3398<br>Fax: (480)951-7186<br>Capacity : 161 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15732 | COPPER CANYON ACADEMY<br>7785 WEST PEORIA AVENUE<br>PEORIA AZ 85345 | Tele (623)930-1734<br>Fax: (623)930-8709<br>Capacity : 10 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17296 | CORNERSTONE KIDZ<br>11301 WEST INDIAN SCHOOL ROAD<br>AVONDALE AZ 85392 | Tele (623)772-7217<br>Fax: (623)877-4147<br>Capacity : 242 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10828 | COUNTRYSIDE RECREATION CENTER | | | Tele (623)722-2245 | 08/01/2016 to 07/31/2019 |
| | 15038 NORTH PARKVIEW PLACE | | | Fax: (602)222-2001 | |
| | SURPRISE | AZ | 85379 | Capacity : 106 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14322 | COVENANT CHILD CARE CENTER | | | Tele (602)955-5728 | 07/01/2014 to 06/30/2017 |
| | 4601 NORTH 34TH STREET | | | Fax: (866)448-1380 | |
| | PHOENIX | AZ | 85018 | Capacity : 134 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5311 | CREATIVE ARTS SCHOOL FOR YOUTH | | | Tele (480)661-1930 | 09/01/2015 to 08/31/2018 |
| | 9350 EAST CACTUS ROAD | | | Fax: (480)314-7306 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : 205 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13636 | CREATIVE BEGINNINGS LEARNING CENTER | | | Tele (623)879-6400 | 02/01/2014 to 01/31/2017 |
| | 814 EAST UNION HILLS DRIVE SUITE C20 | | | Fax: (602)867-8919 | |
| | PHOENIX | AZ | 85024 | Capacity : 212 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3255 | CREATIVE BRIDGES COOPERATIVE PRESCHOOL | | | Tele (602)944-9886 | 12/01/2014 to 11/30/2017 |
| | 7321 NORTH 10TH STREET | | | Fax: (602)861-5997 | |
| | PHOENIX | AZ | 85020 | Capacity : 141 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16691 | CREATIVE CASTLE PRESCHOOL & PLAYTIME | | | Tele (623)551-8013 | 08/12/2016 to 07/31/2019 |
| | 4130 WEST OPPORTUNITY WAY | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6138 | CREATIVE CENTER | | | Tele (602)992-3640 | 06/01/2014 to 05/31/2017 |
| | 3020 EAST CACTUS ROAD | | | Fax: (602)992-0644 | |
| | PHOENIX | AZ | 85032 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5756 | CREATIVE CHILD CARE, INCORPORATED | | | Tele (480)837-0282 | 01/01/2015 to 12/31/2017 |
| | 17150 EAST AMHURST DRIVE | | | Fax: (480)837-1439 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17654 | CREO SCHOOL | | | Tele (480)208-0256 | 07/11/2016 to 06/30/2019 |
| | 1475 SOUTH HIGLEY ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : 354 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11857 | CROSS OF GLORY PRESCHOOL | | | Tele (623)362-8668 | 08/01/2014 to 07/31/2017 |
| | 10111 WEST JOMAX ROAD | | | Fax: (623)362-8668 | |
| | PEORIA | AZ | 85383 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0777 | CROSS ROADS PRESCHOOL | | | Tele (602)371-0741 | 11/01/2016 to 10/31/2019 |
| | 7901 NORTH CENTRAL AVENUE | | | Fax: (602)371-0749 | |
| | PHOENIX | AZ | 85020 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16416 | CURIOUS KIDS PRESCHOOL | | | Tele (480)659-5511 | 10/01/2015 to 09/30/2018 |
| | 2715 SOUTH ALMA SCHOOL ROAD SUITE 4 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14940 | DAYDREAMS DROP-IN CHILD CARE | | | Tele (480)659-4423 | 10/01/2015 to 09/30/2018 |
| | 18261 NORTH PIMA ROAD STE E-110 | | | Fax: (480)452-0565 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1176 | DAYSPRING PRESCHOOL | | | Tele (480)838-9097 | 09/01/2014 to 08/31/2017 |
| | 1365 EAST ELLIOT ROAD | | | Fax: (480)413-1782 | |
| | TEMPE | AZ | 85284 | Capacity : 133 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15749 | DESERT CHRISTIAN EARLY CARE AND EDUCATION CENTER | | | Tele (602)943-4052 | 08/01/2014 to 07/31/2017 |
| | 1445 WEST NORTHERN AVENUE | | | Fax: (602)861-4075 | |
| | PHOENIX | AZ | 85021 | Capacity : 57 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5444 | DESERT DAWN PRIVATE SCHOOL | | | Tele | (602)493-5340 | 01/01/2016 | to | 12/31/2018 |
| | 15815 NORTH 40TH STREET | | | Fax: | (602)971-3571 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | 99 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-7736 | DESERT FOOTHILLS LUTHERAN PRESCHOOL | | | Tele | (480)585-8007 | 08/01/2016 | to | 07/31/2019 |
| | 29305 NORTH SCOTTSDALE ROAD | | | Fax: | (480)502-9427 | | | |
| | SCOTTSDALE | AZ | 85262 | Capacity : | 87 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8042 | DESERT GARDEN MONTESSORI | | | Tele | (480)496-9833 | 03/01/2014 | to | 02/28/2017 |
| | 5130 EAST WARNER ROAD | | | Fax: | (480)705-8579 | | | |
| | PHOENIX | AZ | 85044 | Capacity : | 220 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10670 | DESERT HEIGHTS PRESCHOOL | | | Tele | (602)896-2900 | 09/01/2015 | to | 08/31/2018 |
| | 5821 WEST BEVERLY LANE | | | Fax: | (602)795-5611 | | | |
| | GLENDALE | AZ | 85306 | Capacity : | 185 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10082 | DESERT MARIGOLD SCHOOL | | | Tele | (602)243-6909 | 09/01/2014 | to | 08/31/2017 |
| | 6210 SOUTH 28TH STREET | | | Fax: | (602)243-6933 | | | |
| | PHOENIX | AZ | 85042 | Capacity : | 45 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16588 | DESERT MIRAGE PREPARATORY ACADEMY PUBLIC CHARTER ELEMENTARY SCHOOL<br>13226 NORTH 113TH AVENUE<br>YOUNGTOWN AZ 85363 | Tele (623)974-4827<br>Fax: (623)974-4828<br>Capacity : 59 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-3768 | DESERT SHADOWS MONTESSORI, INC.<br>6709 EAST UNIVERSITY DRIVE<br>MESA AZ 85205 | Tele (480)830-5887<br>Fax: (480)830-5887<br>Capacity : 41 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6854 | DESERT SKY MONTESSORI SCHOOL<br>12850 NORTH SCOTTSDALE RD<br>SCOTTSDALE AZ 85254 | Tele (480)998-7019<br>Fax: (480)998-7019<br>Capacity : 45 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-2029 | DESERT SPRINGS CHRISTIAN PRESCHOOL<br>16215 NORTH TATUM BLVD<br>PHOENIX AZ 85032 | Tele (602)788-5060<br>Fax: (602)788-7528<br>Capacity : 158 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5708 | DESERT SUN CHILD DEVELOPMENT CENTER<br>1512 WEST ELLIOT ROAD<br>CHANDLER AZ 85224 | Tele (480)831-1718<br>Fax: (480)831-9483<br>Capacity : 125 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9802 | DESERT VOICES ORAL LEARNING CENTER | | | Tele (602)224-0598 | 04/01/2014 to 03/31/2017 |
| | 3426 EAST SHEA BLVD | | | Fax: (602)224-2460 | |
| | PHOENIX | AZ | 85028 | Capacity : 81 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5854 | DISCOVERY HEAD START | | | Tele (623)934-3657 | 01/01/2017 to 12/31/2019 |
| | 7910 WEST MARYLAND AVENUE | | | Fax: (623)934-3205 | |
| | GLENDALE | AZ | 85303 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3410 | DISCOVERY TIME CHILDCARE | | | Tele (480)921-2412 | 04/01/2015 to 03/31/2018 |
| | 1425 WEST SOUTHERN AVENUE STE 7 | | | Fax: (480)921-0405 | |
| | TEMPE | AZ | 85282 | Capacity : 110 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17104 | DIVINE CHILDREN PRESCHOOOL AND DAYCARE | | | Tele (623)337-4771 | 10/31/2014 to 09/30/2017 |
| | 8215 WEST INDIAN SCHOOL ROAD | | | Fax: (623)249-2826 | |
| | PHOENIX | AZ | 85033 | Capacity : 89 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8142 | DOBSON ACADEMY | | | Tele (480)855-6325 | 05/01/2014 to 04/30/2017 |
| | 2207 NORTH DOBSON ROAD | | | Fax: (480)855-6323 | |
| | CHANDLER | AZ | 85224 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9295 | DOBSON MONTESSORI SCHOOL | | | Tele (480)969-3781 | 05/01/2016 to 04/30/2019 |
| | 1130 SOUTH SAN JOSE STREET | | | Fax: (480)833-1496 | |
| | MESA | AZ | 85202 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17340 | DOS RIOS HEAD START | | | Tele (602)555-5555 | 07/29/2015 to 06/30/2018 |
| | 2150 SOUTH 87TH AVENUE | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15153 | DR. SAIDE RECREATION CENTER | | | Tele (623)349-6350 | 10/01/2015 to 09/30/2018 |
| | 1003 EAST EASON AVENUE | | | Fax: (623)349-6356 | |
| | BUCKEYE | AZ | 85326 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10875 | DYNAMITE MONTESSORI SCHOOL | | | Tele (480)563-5710 | 09/01/2015 to 08/31/2018 |
| | 28807 NORTH 53RD STREET | | | Fax: (480)515-4407 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 217 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15433 | E E I COMPASS EDUCATIONAL PARTNERS | | | Tele (602)571-0960 | 08/01/2016 to 07/31/2019 |
| | 2450 WEST SOUTH MOUNTAIN AVE BLDG 1 | | | Fax: (602)323-5401 | |
| | PHOENIX | AZ | 85041 | Capacity : 262 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17016 | E.E.I COMPASS EDUCATIONAL PARTNERS/ COMPASS EDUCATIONAL PROGRAMS | Tele (602)638-0818 | 08/04/2014 to 07/31/2017 |
| | 1619 EAST MAIN STREET | Fax: ( ) - | |
| | MESA AZ 85203 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16887 | E2E DAYCARE SOLUTIONS | Tele (480)962-7205 | 04/16/2014 to 03/31/2017 |
| | 2155 EAST BROADWAY | Fax: ( ) - | |
| | MESA AZ 85204 | Capacity : 116 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17673 | EARLY EDUCATION COOPERATIVE PRESCHOOL | Tele (602)840-8400 | 07/22/2016 to 06/30/2019 |
| | 4027 EAST LINCOLN DRIVE | Fax: (602)840-1588 | |
| | PARADISE VALLEY AZ 85253 | Capacity : 66 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8341 | EARLY EXPLORERS LEARNING CENTERS | Tele (602)788-8755 | 09/01/2014 to 08/31/2017 |
| | 3131 EAST AIRE LIBRE AVENUE | Fax: (602)952-2606 | |
| | PHOENIX AZ 85032 | Capacity : 76 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12860 | EAST MESA CHARTER ELEMENTARY SCHOOL | Tele (480)370-9076 | 08/01/2015 to 07/31/2018 |
| | 9701 EAST SOUTHERN AVENUE | Fax: (480)355-6840 | |
| | MESA AZ 85209 | Capacity : 214 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12056 | EAST VALLEY J C C | | | Tele (480)897-0588 | 06/01/2014 to 05/31/2017 |
| | 908 NORTH ALMA SCHOOL ROAD | | | Fax: (480)517-0124 | |
| | CHANDLER | AZ | 85224 | Capacity : 373 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16905 | EDUPRIZE | | | Tele (480)813-9537 | 07/21/2014 to 06/30/2017 |
| | 580 WEST MELODY AVENUE | | | Fax: (480)813-6742 | |
| | GILBERT | AZ | 85233 | Capacity : 33 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17333 | EDUPRIZE SCHOOL - QUEEN CREEK | | | Tele (480)888-1610 | 09/23/2015 to 08/31/2018 |
| | 4567 WEST ROBERTS ROAD | | | Fax: (480)888-1655 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17041 | EEI COMPASS EDUCATIONAL PARTNERS, INC. | | | Tele (602)638-0828 | 08/28/2014 to 07/31/2017 |
| | 3950 NORTH 53RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : 39 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6054 | EL DORADO PRIVATE SCHOOL | | | Tele (480)502-6878 | 08/01/2014 to 07/31/2017 |
| | 20624 NORTH 76TH STREET | | | Fax: (480)502-8044 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17055 | EL MIRAGE HEAD START | | | Tele (602)568-6905 | 09/19/2014 to 08/31/2017 |
| | 12397 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14277 | ELITE PRESCHOOL AND LEARNING CENTER | | | Tele (623)907-9938 | 12/01/2014 to 11/30/2017 |
| | 7840 WEST LOWER BUCKEYE ROAD | | | Fax: (623)907-2232 | |
| | PHOENIX | AZ | 85043 | Capacity : 210 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5891 | EMMAUS LUTHERAN CHILD CARE CENTER | | | Tele (602)843-3853 | 06/01/2014 to 05/31/2017 |
| | 3841 WEST SWEETWATER AVENUE | | | Fax: (602)942-0223 | |
| | PHOENIX | AZ | 85029 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16052 | ESPERANZA MONTESSORI ACADEMY | | | Tele (602)243-7788 | 07/01/2015 to 06/30/2018 |
| | 4848 SOUTH 2ND STREET | | | Fax: (602)243-7799 | |
| | PHOENIX | AZ | 85040 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10999 | ESTRELLA MOUNTAIN PRESCHOOL | | | Tele (623)476-5578 | 12/01/2015 to 11/30/2018 |
| | 10485 SOUTH ESTRELLA PARKWAY | | | Fax: (623)393-0328 | |
| | GOODYEAR | AZ | 85338 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10484 | EXPLORERS IN LEARNING<br>4723 EAST UNION HILLS DRIVE<br>PHOENIX AZ 85050 | Tele (602)953-1200<br>Fax: (602)953-1209<br>Capacity : 201 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16169 | EXPLORING MY WORLD LEARNING CENTER L.L.C.<br>1900 SOUTH ARROWHEAD DRIVE<br>CHANDLER AZ 85286 | Tele (480)313-4738<br>Fax: (480)963-0124<br>Capacity : 24 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14928 | FAITH HOUSE CHILD DEVELOPMENT CENTER<br>868 EAST UNIVERSITY DRIVE<br>MESA AZ 85203 | Tele (480)733-3019<br>Fax: (480)733-3015<br>Capacity : 34 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1339 | FAITH LUTHERAN PRESCHOOL<br>801 EAST CAMELBACK ROAD<br>PHOENIX AZ 85014 | Tele (602)277-6175<br>Fax: (602)248-8398<br>Capacity : 86 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4309 | FAMILY OF CHRIST EARLY EDUCATION CENTER<br>3501 EAST CHANDLER BLVD<br>PHOENIX AZ 85048 | Tele (480)759-4047<br>Fax: (480)759-9004<br>Capacity : 125 | 01/01/2017 to 12/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16152 | FAY LANDRUM CHILD DEVELOPMENT CENTER | | | Tele (602)237-6030 | 03/01/2015 to 02/28/2018 |
| | 750 EAST SOUTHERN | | | Fax: (602)237-6030 | |
| | PHOENIX | AZ | 85040 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12941 | FIRST IMPRESSIONS PRESCHOOL | | | Tele (480)941-4094 | 10/01/2015 to 09/30/2018 |
| | 3110 NORTH HAYDEN ROAD | | | Fax: (480)423-9710 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16812 | FIRST PRESBYTERIAN CHURCH OF PEORIA PRESCHOOL | | | Tele (623)486-3134 | 12/01/2016 to 11/30/2019 |
| | 10236 NORTH 83RD AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1596 | FIRST PRESBYTERIAN PRESCHOOL OF MESA | | | Tele (480)835-7877 | 09/01/2016 to 08/31/2019 |
| | 161 NORTH MESA DRIVE | | | Fax: (480)964-8607 | |
| | MESA | AZ | 85201 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15680 | FIRST STEPS PRESCHOOL | | | Tele (480)949-5552 | 02/01/2014 to 01/31/2017 |
| | 2339 NORTH HAYDEN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 89 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17071 | FIRST UNITED METHODIST CHURCH HEAD START | | | Tele (480)464-7075 | 08/25/2014 to 07/31/2017 |
| | 15 EAST FIRST AVENUE | | | Fax: (480)655-1154 | |
| | MESA | AZ | 85210 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12012 | FIRST UNITED METHODIST CHURCH OF GILBERT | | | Tele (480)892-9166 | 06/01/2014 to 05/31/2017 |
| | 331 SOUTH COOPER ROAD | | | Fax: (480)892-3545 | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9724 | FIT N' FUN EDUCATIONAL CENTER | | | Tele (480)632-1940 | 04/01/2014 to 03/31/2017 |
| | 1700 EAST ELLIOT ROAD #9 | | | Fax: (480)632-1398 | |
| | TEMPE | AZ | 85284 | Capacity : 169 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17066 | FRANK HEAD START | | | Tele (480)897-6202 | 08/13/2014 to 07/31/2017 |
| | 8409 SOUTH AVENIDA DEL YACUQUI | | | Fax: (480)777-0146 | |
| | GUADALUPE | AZ | 85283 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17621 | FRANKLIN PHONETIC PRIMARY SCHOOL SUNNYSLOPE PRESCHOOL | | | Tele (602)870-6674 | 08/15/2016 to 07/31/2019 |
| | 9317 NORTH 2ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : 19 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17385 | FREEDOM ACADEMY | | | Tele (602)424-0771 | 08/24/2015 to 07/31/2018 |
| | 3916 EAST PARADISE LANE | | | Fax: (602)424-0773 | |
| | PHOENIX | AZ | 85032 | Capacity : 220 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16506 | FRIENDLY HOUSE EARLY CHILDHOOD DEVELOPMENT CENTER | | | Tele (602)358-8741 | 01/01/2016 to 12/31/2018 |
| | 201 EAST DURANGO STREET | | | Fax: (602)443-1066 | |
| | PHOENIX | AZ | 85004 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17400 | FROM TIME 2 TIME | | | Tele (480)654-2019 | 08/31/2015 to 07/31/2018 |
| | 7440 EAST MAIN STREET #9 | | | Fax: (480)654-2019 | |
| | MESA | AZ | 85207 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16208 | GARDEN CITY CHILD DEVELOPMENT CENTER - BUCKEYE | | | Tele (623)386-2246 | 07/01/2015 to 06/30/2018 |
| | 406 NORTH 1ST STREET | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13413 | GARDEN LAKES CHRISTIAN ACADEMY | | | Tele (623)936-9147 | 08/01/2016 to 07/31/2019 |
| | 2517 NORTH 107TH AVENUE | | | Fax: (623)907-4754 | |
| | AVONDALE | AZ | 85323 | Capacity : 137 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1244 | GATEWAY COMMUNITY COLLEGE CHILDRENS LEARNING CENTER<br>108 NORTH 40TH STREET<br>PHOENIX AZ 85034 | Tele (602)286-8130<br>Fax: (602)286-8129<br>Capacity : 104 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17726 | GATEWAY COMMUNITY COLLEGE CHILDREN'S LEARNING CENTER - MONTECITO<br>715 EAST MONTECITO AVENUE<br>PHOENIX AZ 85014 | Tele (602)286-8130<br>Fax: ( ) -<br>Capacity : 156 | 09/09/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13509 | GENESIS DAYCARE<br>2946 EAST CHEERY LYNN ROAD<br>PHOENIX AZ 85016 | Tele (602)626-8124<br>Fax: (602)956-2166<br>Capacity : 45 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17173 | GEORGE GERVIN PREP ACADEMY<br>2801 EAST SOUTHERN AVENUE<br>PHOENIX AZ 85042 | Tele (480)219-2121<br>Fax: (602)633-6787<br>Capacity : 165 | 08/04/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0949 | GETHSEMANE LUTHERAN CHURCH & SCHOOL<br>1035 EAST GUADALUPE ROAD<br>TEMPE AZ 85283 | Tele (480)839-0906<br>Fax: (480)839-8876<br>Capacity : 245 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17571 | GIGGLE AND GROW PRESCHOOL & CHILD CARE<br>2323 EAST GUADALUPE ROAD #104<br>GILBERT AZ 85234 | Tele (480)633-5523<br>Fax: ( ) -<br>Capacity : 94 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14360 | GILBERT ARTS ACADEMY<br>862 EAST ELLIOT ROAD<br>GILBERT AZ 85234 | Tele (480)325-6100<br>Fax: (480)632-2077<br>Capacity : 33 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12810 | GLENDALE CHRISTIAN PRESCHOOL<br>9661 NORTH 59TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)931-2289<br>Fax: (623)939-4676<br>Capacity : 52 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15175 | GLENDALE COMMUNITY COLLEGE HEAD START<br>6000 WEST OLIVE AVENUE<br>GLENDALE AZ 85302 | Tele (623)845-4441<br>Fax: (623)486-9988<br>Capacity : 20 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1935 | GLENDALE IMES HEAD START<br>6625 NORTH 56TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)435-0274<br>Fax: (623)934-3205<br>Capacity : 41 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5044 | GLENDALE JACK HEAD START | | | Tele (623)930-6522 | 04/01/2015 to 03/31/2018 |
| | 6600 WEST MISSOURI AVENUE | | | Fax: (623)486-9988 | |
| | GLENDALE | AZ | 85301 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7871 | GLENDALE OCOTILLO HEAD START | | | Tele (623)486-9868 | 10/01/2016 to 09/30/2019 |
| | 6242 NORTH 59TH AVENUE | | | Fax: (623)486-9988 | |
| | GLENDALE | AZ | 85301 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13823 | GLENDALE PEORIA FAMILY Y M C A | | | Tele (602)588-9622 | 06/01/2014 to 05/31/2017 |
| | 14711 NORTH 59TH AVENUE | | | Fax: (602)547-0286 | |
| | GLENDALE | AZ | 85306 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16673 | GLOBAL MINDS | | | Tele (602)300-2753 | 08/16/2016 to 07/31/2019 |
| | 10135 EAST VIA LINDA STE D130 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8875 | GOD'S GARDEN CHILD DEVELOPMENT CENTER | | | Tele (480)460-1480 | 08/01/2015 to 07/31/2018 |
| | 1401 EAST LIBERTY LANE | | | Fax: (480)460-7514 | |
| | PHOENIX | AZ | 85048 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5528 | GOOD EARTH MONTESSORI | | | Tele (480)833-2622 | 07/01/2016 to 06/30/2019 |
| | 1704 NORTH CENTER STREET | | | Fax: (480)833-2655 | |
| | MESA | AZ | 85201 | Capacity : 46 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0363 | GRACE CHRISTIAN ACADEMY | | | Tele (480)966-5022 | 03/01/2014 to 02/28/2017 |
| | 1200 EAST SOUTHERN AVENUE | | | Fax: (480)968-4166 | |
| | TEMPE | AZ | 85282 | Capacity : 126 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12373 | GRACE FELLOWSHIP PRESCHOOL & CHILD CARE | | | Tele (623)393-8883 | 01/01/2015 to 12/31/2017 |
| | 1300 NORTH MILLER ROAD | | | Fax: (623)393-8389 | |
| | BUCKEYE | AZ | 85326 | Capacity : 12 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11059 | GRACE GARDEN CHRISTIAN PRESCHOOL | | | Tele (480)598-5600 | 04/01/2016 to 03/31/2019 |
| | 10841 SOUTH 48TH STREET | | | Fax: (480)598-5640 | |
| | PHOENIX | AZ | 85044 | Capacity : 192 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16217 | GRACE LUTHERAN PRESCHOOL | | | Tele (623)937-2010 | 07/01/2015 to 06/30/2018 |
| | 5600 WEST PALMAIRE AVENUE | | | Fax: (623)937-4390 | |
| | GLENDALE | AZ | 85301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17564 | GRANNY'S LITTLE GENIUS | | | Tele (480)247-7907 | 04/19/2016 to 03/31/2019 |
| | 1005 EAST UNIVERSITY DRIVE | | | Fax: (877)520-7276 | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15157 | GREAT BEGINNINGS PRESCHOOL # 7 | | | Tele (602)682-7020 | 12/01/2015 to 11/30/2018 |
| | 17230 NORTH 59TH AVENUE | | | Fax: (602)682-5063 | |
| | GLENDALE | AZ | 85308 | Capacity : 122 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12243 | GREAT BEGINNINGS PRESCHOOLS INC., #5 | | | Tele (623)773-1122 | 04/01/2015 to 03/31/2018 |
| | 7569 WEST GREENWAY ROAD | | | Fax: (623)773-9995 | |
| | PEORIA | AZ | 85381 | Capacity : 124 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8108 | GREAT EXPLORERS | | | Tele (623)972-9478 | 01/01/2014 to 12/31/2016 |
| | 15637 NORTH HOLLYHOCK STREET | | | Fax: (623)974-9696 | |
| | SURPRISE | AZ | 85374 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12381 | GREAT START PRESCHOOL & DAYCARE | | | Tele (480)917-5437 | 01/01/2015 to 12/31/2017 |
| | 13439 SOUTH VAL VISTA DRIVE | | | Fax: (480)633-6377 | |
| | GILBERT | AZ | 85296 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17067 | GREATER PHOENIX URBAN LEAGUE - JB SUTTON<br>1001 NORTH 31ST AVENUE<br>PHOENIX AZ 85009 | Tele (602)442-3200<br>Fax: (602)268-1544<br>Capacity : 40 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17065 | GREATER PHOENIX URBAN LEAGUE - PERALTA<br>7125 WEST ENCANTO BLVD<br>PHOENIX AZ 85035 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 59 | 08/21/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16669 | GREATER PHOENIX URBAN LEAGUE HEAD START - M C CASH<br>3851 WEST ROESER ROAD<br>PHOENIX AZ 85041 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 40 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17681 | GREATER PHOENIX URBAN LEAGUE HEAD START - BRET TARVER<br>3101 WEST MCDOWELL ROAD<br>PHOENIX AZ 85009 | Tele (602)442-2900<br>Fax: (602)268-1544<br>Capacity : 20 | 08/03/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16668 | GREATER PHOENIX URBAN LEAGUE HEAD START - MITCHELL<br>1700 NORTH 41ST AVENUE<br>PHOENIX AZ 85009 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 55 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15540 | GREATER PHOENIX URBAN LEAGUE HEAD START - TRAVIS WILLIAMS<br>4732 SOUTH CENTRAL AVENUE<br>PHOENIX AZ 85040 | Tele (602)276-1781<br>Fax: (602)268-1544<br>Capacity : 25 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17680 | GREATER PHOENIX URBAN LEAGUE HEAD START-BYRON BARRY<br>2533 NORTH 60TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 134 | 08/22/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16733 | GREATER PHOENIX URBAN LEAGUE HEAD START-CARTWRIGHT<br>5480 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85031 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 185 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17679 | GREATER PHOENIX URBAN LEAGUE HEAD START-MOYA<br>406 NORTH 41ST AVENUE<br>PHOENIX AZ 85009 | Tele (602)442-3100<br>Fax: (602)268-1544<br>Capacity : 20 | 07/29/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17068 | GREATER PHOENIX URBAN LEAGUE PT COE ELEMENTARY<br>3801 WEST ROANOKE<br>PHOENIX AZ 85009 | Tele (602)276-9305<br>Fax: (602)268-1544<br>Capacity : 20 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12891 | GREATER PHX URBAN LEAGUE HEAD START HEARD ELEM SCHOOL<br>2301 WEST THOMAS ROAD<br>PHOENIX AZ 85015 | Tele (602)223-3499<br>Fax: (602)253-7359<br>Capacity : 50 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12886 | GREATER PHX URBAN LEAGUE HEAD START LOWELL ELEM SCHOOL<br>1121 SOUTH 3RD AVENUE<br>PHOENIX AZ 85003 | Tele (602)223-4481<br>Fax: (602)268-1544<br>Capacity : 22 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10376 | GREEN FROG CHILD DEVELOPMENT CENTER<br>2536 EAST MONTECITO AVENUE<br>PHOENIX AZ 85016 | Tele (602)955-0446<br>Fax: (602)954-8354<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13213 | GREENHOUSE MONTESSORI PRESCHOOL & TODDLER CENTER<br>505 SOUTH GILBERT ROAD<br>GILBERT AZ 85296 | Tele (480)635-0386<br>Fax: (480)635-0390<br>Capacity : 57 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11958 | GROW AND LEARN PRESCHOOL<br>18914 EAST SAN TAN BOULEVARD #103<br>QUEEN CREEK AZ 85142 | Tele (480)279-3155<br>Fax: (480)855-4701<br>Capacity : 39 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15084 | GTR PHX URBAN LEAGUE HEAD START PENDERGAST EARLY CHILDHOOD CENTER<br>3802 NORTH 91ST AVENUE<br>PHOENIX AZ 85037 | Tele (623)772-3009<br>Fax: (602)268-1544<br>Capacity : 202 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17465 | GUARDIAN ANGELS LEARNING CENTER L.L.C.<br>4105 NORTH 51ST AVENUE<br>PHOENIX AZ 85031 | Tele (623)772-0528<br>Fax: (623)877-1845<br>Capacity : 110 | 12/16/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14028 | GUARDIAN ANGELS PRESCHOOL DAYCARE L L C<br>10720 WEST INDIAN SCHOOL SUITE 45<br>PHOENIX AZ 85037 | Tele (623)877-1830<br>Fax: (623)877-1845<br>Capacity : 106 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17245 | HAPPY APPLE<br>21919 NORTH 89TH DRIVE<br>PEORIA AZ 85383 | Tele (623)566-3127<br>Fax: (623)566-3127<br>Capacity : 25 | 08/14/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16775 | HAPPY DAYZ DAYCARE I I I<br>4477 WEST OLIVE AVENUE<br>GLENDALE AZ 85302 | Tele (623)934-6983<br>Fax: (623)842-4503<br>Capacity : 165 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13819 | HAPPY DAYZ LEARNING CENTER | | | Tele (602)942-6662 | 01/01/2014 to 12/31/2016 |
| | 13033 NORTH 35TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15544 | HAPPY DAYZ LEARNING CENTER I I | | | Tele (602)864-0141 | 09/01/2016 to 08/31/2019 |
| | 9202 NORTH 35TH AVENUE | | | Fax: (602)864-0135 | |
| | PHOENIX | AZ | 85051 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17566 | HAPPY KIDS CHILD CARE CENTER I I | | | Tele (602)559-4755 | 09/20/2016 to 08/31/2019 |
| | 3523 NORTH 43RD AVENUE | | | Fax: (602)559-4079 | |
| | PHOENIX | AZ | 85031 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17004 | HAPPY KIDS CHILD CARE CENTER L.L.C. | | | Tele (623)247-1818 | 09/22/2014 to 08/31/2017 |
| | 6727 WEST BETHANY HOME ROAD | | | Fax: (623)247-0508 | |
| | GLENDALE | AZ | 85303 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9059 | HAPPY VALLEY SCHOOL | | | Tele (623)376-2900 | 02/01/2016 to 01/31/2019 |
| | 7140 WEST HAPPY VALLEY ROAD | | | Fax: (480)655-7870 | |
| | PEORIA | AZ | 85383 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14203 | HARVEST KIDZ CHURCH PRESCHOOL | | | Tele (623)334-9482 | 12/01/2014 to 11/30/2017 |
| | 8340 WEST NORTHERN AVENUE | | | Fax: (623)334-8975 | |
| | GLENDALE | AZ | 85305 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10217 | HEARN ACADEMY | | | Tele (602)896-9160 | 04/01/2015 to 03/31/2018 |
| | 17606 NORTH 7TH AVENUE | | | Fax: (602)896-1997 | |
| | PHOENIX | AZ | 85023 | Capacity : 200 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16965 | HEARTPRINTS MONTESSORI | | | Tele (480)862-4818 | 07/21/2014 to 06/30/2017 |
| | 1735 SOUTH COLLEGE AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9151 | HERE WE GROW LEARNING CENTER | | | Tele (480)837-6600 | 11/01/2015 to 10/31/2018 |
| | 16901 EAST PALISADES BOULEVARD | | | Fax: (480)816-0970 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 114 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16609 | HERITAGE ELEMENTARY/ PRESCHOOL SUCCESS | | | Tele (623)742-3956 | 11/01/2016 to 10/31/2019 |
| | 6805 NORTH 125TH AVENUE | | | Fax: (623)742-3956 | |
| | GLENDALE | AZ | 85307 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8475 | HERITAGE LUTHERAN PRESCHOOL | | | Tele (480)855-3619 | 09/01/2014 to 08/31/2017 |
| | 421 EAST RAY ROAD | | | Fax: (480)855-3619 | |
| | GILBERT | AZ | 85296 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14278 | HERITAGE MONTESSORI SCHOOL | | | Tele (623)582-4700 | 08/01/2014 to 07/31/2017 |
| | 3501 WEST WESTCOTT DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1502 | HIDDEN TREASURES CHRISTIAN PRESCHOOL & CHILD CARE | | | Tele (602)246-4197 | 08/01/2015 to 07/31/2018 |
| | 4426 NORTH 31ST AVENUE | | | Fax: (602)246-4196 | |
| | PHOENIX | AZ | 85017 | Capacity : 240 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10084 | HOLY TRINITY ACADEMY | | | Tele (480)248-3881 | 09/01/2014 to 08/31/2017 |
| | 1973 EAST MARYLAND AVENUE | | | Fax: (602)230-9099 | |
| | PHOENIX | AZ | 85016 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11258 | HORIZON COMMUNITY LEARNING CENTER | | | Tele (480)659-3182 | 06/01/2016 to 05/31/2019 |
| | 16233 SOUTH 48TH STREET | | | Fax: (480)659-3082 | |
| | PHOENIX | AZ | 85048 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16356 | HUMMINGBIRD LEARNING CENTER L L C | | | Tele (602)996-1345 | 10/01/2015 to 09/30/2018 |
| | 3427 EAST BELL ROAD | | | Fax: (602)996-1317 | |
| | PHOENIX | AZ | 85032 | Capacity : 121 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17343 | HURLEY RANCH HEAD START | | | Tele (602)568-8980 | 07/29/2015 to 06/30/2018 |
| | 8950 WEST ILLINI STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17154 | IMAGINATION CHILDCARE | | | Tele (623)535-9960 | 01/05/2015 to 12/31/2017 |
| | 5220 NORTH DYSART ROAD SUITE B-112 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9892 | IMAGINATION STATION CHILD CARE | | | Tele (480)755-0707 | 04/01/2014 to 03/31/2017 |
| | 6454 SOUTH MCCLINTOCK DRIVE | | | Fax: (480)755-7841 | |
| | TEMPE | AZ | 85283 | Capacity : 102 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16074 | IMAGINE AVONDALE ELEMENTARY INC. | | | Tele (623)344-1730 | 12/01/2014 to 11/30/2017 |
| | 950 NORTH ELISEO C FELIX JR WAY | | | Fax: (623)344-1740 | |
| | AVONDALE | AZ | 85323 | Capacity : 177 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16798 | IMAGINE CAMELBACK ELEMENTARY | | | Tele (602)344-4620 | 11/01/2016 to 10/31/2019 |
| | 5050 NORTH 19TH AVENUE | | | Fax: (602)344-4630 | |
| | PHOENIX | AZ | 85015 | Capacity : 32 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9616 | IMAGINE CHARTER ELEMENTARY SCHOOL AT WEST GILBERT | | | Tele (480)855-2700 | 12/01/2013 to 11/30/2016 |
| | 2061 SOUTH GILBERT ROAD | | | Fax: (480)855-2701 | |
| | GILBERT | AZ | 85295 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12984 | IMAGINE ELEMENTARY @ TEMPE | | | Tele (480)355-1640 | 06/01/2016 to 05/31/2019 |
| | 1538 EAST SOUTHERN AVENUE | | | Fax: (480)355-1650 | |
| | TEMPE | AZ | 85282 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14156 | IMAGINE SCHOOL AT ROSEFIELD | | | Tele (623)344-4300 | 10/01/2014 to 09/30/2017 |
| | 12050 NORTH BULLARD AVENUE | | | Fax: (623)344-4310 | |
| | SURPRISE | AZ | 85379 | Capacity : 112 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17644 | IMMANUEL CARE FOR CHILDREN | | | Tele (602)472-3000 | 06/29/2016 to 05/31/2019 |
| | 1620 WEST CAMELACK ROAD | | | Fax: (602)412-3570 | |
| | PHOENIX | AZ | 85015 | Capacity : 73 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12565 | INBLOOM CHILDCARE AND PRESCHOOL<br>139 EAST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)966-1151<br>Fax: (480)968-2807<br>Capacity : 50 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17532 | INBLOOM PRESCHOOL AND CHILDCARE<br>1044 EAST BROADWAY ROAD<br>MESA AZ 85204 | Tele (480)966-1151<br>Fax: (480)237-9691<br>Capacity : 59 | 07/15/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17469 | INSPIRE INTERNATIONAL PRESCHOOL AND LEARNING CENTER<br>17844 NORTH 7TH AVENUE<br>PHOENIX AZ 85023 | Tele (602)363-2519<br>Fax: ( ) -<br>Capacity : 107 | 12/07/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16635 | INSPIRE KIDS MONTESSORI<br>4025 EAST CHANDLER BLVD STE 11<br>PHOENIX AZ 85048 | Tele (480)659-9402<br>Fax: ( ) -<br>Capacity : 152 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17519 | INTERNATIONAL SCHOOL OF ARIZONA<br>9522 EAST SAN SALVADOR<br>SCOTTSDALE AZ 85258 | Tele (480)874-2326<br>Fax: ( ) -<br>Capacity : 305 | 08/04/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16712 | J C'S LEARNING CENTER PRESCHOOL & DAYCARE, L. L..C. | | | Tele (623)245-3080 | 11/02/2016 to 10/31/2019 |
| | 9310 WEST TAYLOR STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17038 | JEFFERSON TRADITIONAL BEGINNINGS | | | Tele (602)938-5517 | 08/13/2014 to 07/31/2017 |
| | 16635 NORTH 51ST AVENUE | | | Fax: (602)938-1179 | |
| | GLENDALE | AZ | 85306 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16688 | JORDAN HEAD START | | | Tele (480)472-3805 | 08/01/2016 to 07/31/2019 |
| | 3320 NORTH CARRIAGE LANE ROOM 5 | | | Fax: (480)655-1154 | |
| | CHANDLER | AZ | 85224 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7556 | JOY CHRISTIAN PRESCHOOL | | | Tele (623)362-3200 | 06/01/2016 to 05/31/2019 |
| | 21000 NORTH 75TH AVENUE | | | Fax: (623)362-3201 | |
| | GLENDALE | AZ | 85308 | Capacity : 232 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11829 | JOYFUL BEGINNINGS ACADEMY | | | Tele (480)491-2210 | 08/01/2014 to 07/31/2017 |
| | 9325 SOUTH RURAL ROAD | | | Fax: (480)777-9426 | |
| | TEMPE | AZ | 85284 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17563 | JOYFUL NOISE LEARNING CENTER | | | Tele (480)219-0966 | 07/01/2016 to 06/30/2019 |
| | 1805 EAST ELLIOTT ROAD, SUITE 110 & 111 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17020 | JULIETTES'S LITTLE NEST | | | Tele (928)684-4462 | 10/06/2014 to 09/30/2017 |
| | 148 COCONINO STREET | | | Fax: ( ) - | |
| | WICKENBURG | AZ | 85390 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15730 | JUMP START LEARNING CENTER | | | Tele (480)840-9333 | 06/01/2014 to 05/31/2017 |
| | 20348 EAST WARNER ROAD | | | Fax: (480)840-3088 | |
| | MESA | AZ | 85212 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12778 | JUMPSTART CHILDCARE & LEARNING CENTER | | | Tele (623)933-1116 | 11/01/2015 to 10/31/2018 |
| | 12482 WEST GREENWAY ROAD | | | Fax: (623)875-6180 | |
| | SURPRISE | AZ | 85378 | Capacity : 94 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3054 | JUST LIKE HOME DAY CARE & PRESCHOOL | | | Tele (602)275-5352 | 05/01/2014 to 04/30/2017 |
| | 4940 EAST MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4324 | JUST LIKE HOME TOO DAYCARE & PRESCHOOL | | | Tele (480)969-5464 | 04/01/2014 to 03/31/2017 |
| | 1456 EAST BROADWAY ROAD | | | Fax: (480)969-5468 | |
| | MESA | AZ | 85204 | Capacity : 207 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17163 | KALEIDOSCOPE PRESCHOOL | | | Tele (602)524-2428 | 06/22/2015 to 05/31/2018 |
| | 15025 NORTH 19TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8462 | KAROUSEL KIDS CHILDCARE | | | Tele (623)847-9888 | 12/01/2014 to 11/30/2017 |
| | 7831 NORTH 51ST AVENUE | | | Fax: (623)847-9889 | |
| | GLENDALE | AZ | 85301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15581 | KATYS KIDS PRESCHOOL AT NEIGHBORHOOD MINISTRIES | | | Tele (602)252-5725 | 12/01/2013 to 11/30/2016 |
| | 1929 WEST FILLMORE STREET | | | Fax: (602)252-3171 | |
| | PHOENIX | AZ | 85009 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17688 | KCE CHAMPIONS, L.L.C. | | | Tele (408)348-1610 | 07/26/2016 to 06/30/2019 |
| | 17667 NORTH 91ST AVENUE | | | Fax: (408)889-8813 | |
| | PEORIA | AZ | 85382 | Capacity : 65 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17653 | KCE CHAMPIONS, L.L.C. AT BELL CANYON<br>18052 NORTH BLACK CANYON HIGHWAY<br>PHOENIX AZ 85053 | Tele (602)245-3304<br>Fax: (408)889-8813<br>Capacity : 265 | 08/04/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-8866 | KEYSTONE MONTESSORI CHARTER SCHOOL<br>1025 EAST LIBERTY LANE<br>PHOENIX AZ 85048 | Tele (480)460-7312<br>Fax: (480)283-8402<br>Capacity : 253 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9157 | KHALSA MONTESSORI<br>2536 NORTH 3RD STREET<br>PHOENIX AZ 85004 | Tele (602)252-3759<br>Fax: (602)252-5224<br>Capacity : 59 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15287 | KHALSA MONTESSORI PRIMARY SCHOOL INC.<br>346 EAST CORONADO ROAD<br>PHOENIX AZ 85004 | Tele (602)252-2275<br>Fax: (602)252-1890<br>Capacity : 85 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14465 | KID CITY<br>2710 WEST SOUTHERN AVENUE<br>PHOENIX AZ 85041 | Tele (602)268-1245<br>Fax: (602)268-7066<br>Capacity : 92 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9818 | KID' S COUNTRY CLUB | | | Tele (602)995-2898 | 04/01/2014 to 03/31/2017 |
| | 2637 WEST ORANGEWOOD AVENUE | | | Fax: (602)995-5919 | |
| | PHOENIX | AZ | 85051 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1660 | KID ZONE - AGUILAR SCHOOL | | | Tele (480)897-2544 | 04/01/2014 to 03/31/2017 |
| | 5800 SOUTH FOREST AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1743 | KID ZONE - ARREDONDO SCHOOL | | | Tele (480)897-2744 | 01/01/2016 to 12/31/2018 |
| | 1330 EAST CARSON DRIVE | | | Fax: (480)858-7688 | |
| | TEMPE | AZ | 85282 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1644 | KID ZONE - BROADMOR SCHOOL | | | Tele (480)350-5424 | 01/01/2015 to 12/31/2017 |
| | 311 EAST AEPLI DRIVE | | | Fax: (480)350-5428 | |
| | TEMPE | AZ | 85282 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1675 | KID ZONE - CARMINATI | | | Tele (480)784-1218 | 05/01/2014 to 04/30/2017 |
| | 4001 SOUTH MCALLISTER ROAD | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85282 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1674 | KID ZONE - CURRY SCHOOL | | | Tele (480)967-8336 | 05/01/2014 to 04/30/2017 |
| | 1974 EAST MEADOW DRIVE | | | Fax: (480)350-5428 | |
| | TEMPE | AZ | 85282 | Capacity : 100 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1672 | KID ZONE - FULLER SCHOOL | | | Tele (480)897-6228 | 11/01/2014 to 10/31/2017 |
| | 1975 EAST CORNELL DRIVE | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85283 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14987 | KID ZONE - GETZ | | | Tele (480)897-6233 | 07/01/2015 to 06/30/2018 |
| | 625 WEST CORNELL DRIVE | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85283 | Capacity : 124 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1744 | KID ZONE - HOLDEMAN SCHOOL | | | Tele (480)966-9934 | 01/01/2015 to 12/31/2017 |
| | 1326 WEST 18TH STREET | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85281 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1661 | KID ZONE - HUDSON SCHOOL | | | Tele (480)897-6608 | 04/01/2014 to 03/31/2017 |
| | 1325 EAST MALIBU DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1963 | KID ZONE - KYRENE DE LA MARIPOSA<br>50 EAST KNOX ROAD<br>TEMPE AZ 85284 | Tele (480)350-5424<br>Fax: (480)350-5431<br>Capacity : 265 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6559 | KID ZONE - KYRENE DE LAS MANITAS SCHOOL<br>1201 WEST COURTNEY LANE<br>TEMPE AZ 85284 | Tele (480)541-3631<br>Fax: (480)350-5431<br>Capacity : 225 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1745 | KID ZONE - KYRENE DE LOS NINOS<br>1330 EAST DAVA DRIVE<br>TEMPE AZ 85283 | Tele (480)541-4631<br>Fax: (480)858-7688<br>Capacity : 160 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1746 | KID ZONE - KYRENE DEL NORTE<br>1331 EAST REDFIELD ROAD<br>TEMPE AZ 85283 | Tele (480)783-3378<br>Fax: (480)350-5434<br>Capacity : 225 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1657 | KID ZONE - ROVER SCHOOL<br>1300 EAST WATSON DRIVE<br>TEMPE AZ 85283 | Tele (480)897-7122<br>Fax: (480)350-5425<br>Capacity : 185 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14585 | KID ZONE - SCALES TECHNOLOGY ACADEMY | | | Tele (480)929-9909 | 11/01/2014 to 10/31/2017 |
| | 1115 WEST 5TH STREET | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85281 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1727 | KID ZONE - WAGGONER SCHOOL | | | Tele (480)350-2424 | 11/01/2014 to 10/31/2017 |
| | 1050 EAST CARVER ROAD | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85284 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12246 | KID ZONE - WARD SCHOOL | | | Tele (480)491-8871 | 08/01/2014 to 07/31/2017 |
| | 1965 EAST HERMOSA DRIVE | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85282 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1659 | KID ZONE - WOOD SCHOOL | | | Tele (480)838-0711 | 04/01/2014 to 03/31/2017 |
| | 727 WEST CORNELL DRIVE | | | Fax: (480)350-5431 | |
| | TEMPE | AZ | 85283 | Capacity : 285 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15793 | KIDDIE ACADEMY OF NORTH PHOENIX AZ | | | Tele (623)580-1303 | 09/01/2014 to 08/31/2017 |
| | 4250 WEST PINNACLE PEAK ROAD | | | Fax: (623)580-1304 | |
| | GLENDALE | AZ | 85310 | Capacity : 154 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9817 | KIDDIE COUNTRY CLUB | | | Tele (602)841-7338 | 04/01/2014 to 03/31/2017 |
| | 3645 WEST BETHANY HOME ROAD | | | Fax: (602)841-7647 | |
| | PHOENIX | AZ | 85019 | Capacity : 104 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6027 | KIDDIE KAMPUS | | | Tele (480)947-9261 | 02/01/2014 to 01/31/2017 |
| | 3201 NORTH HAYDEN ROAD | | | Fax: (480)419-1375 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 71 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8135 | KIDDIE KARE #1 | | | Tele (602)240-2280 | 04/01/2014 to 03/31/2017 |
| | 4411 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : 80 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0786 | KIDDIE KARE #2 | | | Tele (623)934-1172 | 05/01/2015 to 04/30/2018 |
| | 5140 WEST CAMELBACK ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : 87 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0438 | KIDDIE KARE #3 | | | Tele (602)242-3293 | 08/01/2015 to 07/31/2018 |
| | 6019 NORTH 23RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : 112 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7779 | KIDS CAN DOODLE | | | Tele (602)347-9866 | 08/01/2016 to 07/31/2019 |
| | 3552 WEST GLENDALE AVE.#A | | | Fax: (602)973-4339 | |
| | PHOENIX | AZ | 85051 | Capacity : 218 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11825 | KID'S CORNER PRESCHOOL | | | Tele (480)632-6000 | 12/01/2016 to 11/30/2019 |
| | 1450 NORTH GILBERT ROAD | | | Fax: (480)632-1619 | |
| | GILBERT | AZ | 85234 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12800 | KID'S CORNER PRESCHOOL & CHILDCARE | | | Tele (480)755-7400 | 08/01/2015 to 07/31/2018 |
| | 2051 WEST GUADALUPE ROAD #15 | | | Fax: (480)755-7404 | |
| | MESA | AZ | 85202 | Capacity : 152 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7767 | KIDS DISCOVERY CLUB CHRISTIAN PRESCHOOL | | | Tele (480)917-0561 | 08/01/2016 to 07/31/2019 |
| | 1825 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)963-4229 | |
| | CHANDLER | AZ | 85286 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12308 | KIDS INCORPORATED LEARNING CENTER | | | Tele (480)840-6500 | 04/01/2015 to 03/31/2018 |
| | 2109 SOUTH BLUEJAY DRIVE | | | Fax: (480)840-6502 | |
| | GILBERT | AZ | 85295 | Capacity : 211 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15135 | KIDS INCORPORATED LEARNING CENTER<br>2350 SOUTH GILBERT ROAD<br>CHANDLER AZ 85286 | Tele (480)899-5437<br>Fax: (480)899-3450<br>Capacity : 237 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16218 | KIDS INCORPORATED LEARNING CENTER PARADISE VILLAGE INC.<br>4848 EAST CACTUS STE 600<br>SCOTTSDALE AZ 85254 | Tele (602)628-2831<br>Fax: (480)664-0249<br>Capacity : 176 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15225 | KIDS INCORPORATED LEARNING CENTERS FULTON RANCH INC<br>4991 SOUTH ALMA SCHOOL ROAD<br>CHANDLER AZ 85248 | Tele (480)821-5437<br>Fax: (480)718-9530<br>Capacity : 152 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12197 | KIDS KOALA-T KAMPUS I I<br>6025 NORTH 67TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)934-5689<br>Fax: (623)979-6095<br>Capacity : 102 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17594 | KIDS LEARNING CENTERS ALGODON, L.L.C.<br>9150 WEST THOMAS ROAD<br>PHOENIX AZ 85037 | Tele (480)899-5437<br>Fax: (480)899-3450<br>Capacity : 265 | 11/16/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14239 | KIDS PLAY LEARNING CENTER #4 | | | Tele (480)615-1768 | 02/01/2015 to 01/31/2018 |
| | 460 EAST UNIVERSITY DRIVE | | | Fax: (480)615-1778 | |
| | MESA | AZ | 85203 | Capacity : 44 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7774 | KIDS PLAY LEARNING CENTER #5 | | | Tele (480)733-9004 | 07/01/2016 to 06/30/2019 |
| | 1207 NORTH COUNTRY CLUB DRIVE | | | Fax: (480)733-9064 | |
| | MESA | AZ | 85201 | Capacity : 64 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10874 | KIDS PLAY LEARNING CENTER INC | | | Tele (480)962-9759 | 10/01/2015 to 09/30/2018 |
| | 1430 WEST SOUTHERN #3 | | | Fax: (480)380-2088 | |
| | MESA | AZ | 85202 | Capacity : 77 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16783 | KIDS R' OUR FUTURE PRESCHOOL / CHILDCARE | | | Tele (480)632-2353 | 11/27/2016 to 10/31/2019 |
| | 3002 NORTH ARIZONA AVENUE STE 20 | | | Fax: (480)632-0781 | |
| | CHANDLER | AZ | 85225 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12912 | KIDS R' OUR FUTURE PRESCHOOL/ CHILDCARE CENTER | | | Tele (480)632-2353 | 05/01/2016 to 04/30/2019 |
| | 3002 NORTH ARIZONA AVENUE | | | Fax: (480)632-0781 | |
| | CHANDLER | AZ | 85225 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17181 | KIDS START PRESCHOOL LLC | | | Tele (480)699-1906 | 03/16/2015 to 02/28/2018 |
| | 832 WEST BASELINE ROAD STE 21-23 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : 83 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10826 | KIDS WORLD LEARNING CENTER, L.L.C. | | | Tele (480)855-4000 | 08/01/2015 to 07/31/2018 |
| | 2051 NORTH ARIZONA AVENUE # 101 | | | Fax: (480)505-3086 | |
| | CHANDLER | AZ | 85225 | Capacity : 162 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16998 | KIDSPARK | | | Tele (602)788-2445 | 10/07/2014 to 09/30/2017 |
| | 12635 NORTH 48TH STREET SUITE B | | | Fax: (440)435-1057 | |
| | PHOENIX | AZ | 85032 | Capacity : 74 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17691 | KIDSPARK | | | Tele (623)878-2411 | 11/17/2016 to 10/31/2019 |
| | 7337 WEST BELL ROAD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14785 | KIDWORKS ACADEMY | | | Tele (602)439-7200 | 03/01/2015 to 02/28/2018 |
| | 3539 WEST BELL ROAD SUITE 11 | | | Fax: (602)439-7035 | |
| | PHOENIX | AZ | 85053 | Capacity : 198 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15279 | KIDZ CHOICE PRESCHOOL<br>10701 NORTH 15TH AVENUE<br>PHOENIX AZ 85029 | Tele (602)944-6500<br>Fax: (602)404-9633<br>Capacity : 119 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16522 | KIDZ KAMPUS PRESCHOOL AND DAYCARE<br>7949 WEST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85033 | Tele (623)849-1651<br>Fax: (623)849-9530<br>Capacity : 200 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17308 | KIDZ KINGDOM LEARNING CENTER - 925<br>925 NORTH ORANGE<br>MESA AZ 85201 | Tele (480)445-9425<br>Fax: ( ) -<br>Capacity : 59 | 11/19/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17696 | KIDZ KINGDOM LEARNING CENTER - NORTH L.L.C.<br>12424 NORTH 28TH DRIVE<br>PHOENIX AZ 85029 | Tele (602)795-5009<br>Fax: ( ) -<br>Capacity : 59 | 08/15/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17005 | KIDZ KINGDOM LEARNING CENTER L.L.C.<br>6807 SOUTH CENTRAL AVENUE<br>PHOENIX AZ 85042 | Tele (602)730-0669<br>Fax: ( ) -<br>Capacity : 112 | 08/25/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16871 | KIDZ KREATIONZ | | | Tele (623)386-8582 | 04/01/2014 to 03/31/2017 |
| | 6213 SOUTH MILLER ROAD STE 112 | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : 78 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13624 | KIDZ WORLD CHILDCARE & LEARNING CENTER | | | Tele (480)444-8287 | 08/01/2016 to 07/31/2019 |
| | 1010 SOUTH ELLSWORTH ROAD | | | Fax: (480)986-7004 | |
| | MESA | AZ | 85208 | Capacity : 278 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12097 | KINDER KOLLEGE DAY SCHOOL | | | Tele (623)931-1187 | 07/01/2014 to 06/30/2017 |
| | 4312 WEST NORTHERN AVENUE | | | Fax: (623)931-1187 | |
| | GLENDALE | AZ | 85301 | Capacity : 108 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16992 | KINDERBUGS ACADEMY LLC | | | Tele (480)899-3130 | 08/08/2014 to 07/31/2017 |
| | 1095 WEST QUEEN CREEK ROAD #6 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14104 | KINDERBUGS PRESCHOOL L L C | | | Tele (480)231-6609 | 08/01/2014 to 07/31/2017 |
| | 4365 EAST PECOS ROAD BLDG 18 STE 143 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : 57 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12422 | KINDERCARE LEARNING CENTER | | | Tele (480)786-1923 | 08/01/2015 to 07/31/2018 |
| | 1919 WEST QUEEN CREEK ROAD | | | Fax: (480)786-5634 | |
| | CHANDLER | AZ | 85248 | Capacity : 165 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12871 | KINDERCARE LEARNING CENTER | | | Tele (480)538-0411 | 01/01/2016 to 12/31/2018 |
| | 10409 EAST MCDOWELL MOUNTAIN RANCH | | | Fax: (303)526-3410 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 221 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12569 | KINDERCARE LEARNING CENTER | | | Tele (602)765-1440 | 08/01/2014 to 07/31/2017 |
| | 16605 NORTH 56TH STREET | | | Fax: (602)765-7671 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 151 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12494 | KINDERCARE LEARNING CENTER | | | Tele (480)558-0739 | 01/01/2015 to 12/31/2017 |
| | 500 SOUTH GILBERT ROAD | | | Fax: (480)633-6210 | |
| | GILBERT | AZ | 85296 | Capacity : 205 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12474 | KINDERCARE LEARNING CENTER | | | Tele (480)419-7008 | 10/01/2015 to 09/30/2018 |
| | 22050 NORTH 44TH STREET | | | Fax: (480)419-2543 | |
| | PHOENIX | AZ | 85050 | Capacity : 171 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12402 | KINDERCARE LEARNING CENTER | | | Tele (623)939-8319 | 11/01/2014 to 10/31/2017 |
| | 10406 NORTH 51ST AVENUE | | | Fax: (623)435-2206 | |
| | GLENDALE | AZ | 85302 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12399 | KINDERCARE LEARNING CENTER | | | Tele (480)986-1088 | 06/01/2015 to 05/31/2018 |
| | 9310 EAST GUADALUPE ROAD | | | Fax: (480)986-7026 | |
| | MESA | AZ | 85212 | Capacity : 216 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11248 | KINDERCARE LEARNING CENTER | | | Tele (623)975-1592 | 05/01/2016 to 04/30/2019 |
| | 15415 WEST BELL ROAD | | | Fax: (303)972-8897 | |
| | SURPRISE | AZ | 85374 | Capacity : 239 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13068 | KINDERCARE LEARNING CENTER | | | Tele (480)759-9879 | 10/01/2015 to 09/30/2018 |
| | 4120 EAST RANCH CIRCLE NORTH | | | Fax: (480)704-6038 | |
| | PHOENIX | AZ | 85044 | Capacity : 159 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10287 | KINDERCARE LEARNING CENTER | | | Tele (480)396-4969 | 01/01/2015 to 12/31/2017 |
| | 7019 EAST BASELINE ROAD | | | Fax: (303)526-3410 | |
| | MESA | AZ | 85209 | Capacity : 196 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13164 | KINDERCARE LEARNING CENTER | | | Tele (623)882-0870 | 02/01/2016 to 01/31/2019 |
| | 15630 WEST VAN BUREN STREET | | | Fax: (623)882-0564 | |
| | GOODYEAR | AZ | 85338 | Capacity : 171 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10412 | KINDERCARE LEARNING CENTER | | | Tele (623)362-9569 | 08/01/2015 to 07/31/2018 |
| | 20565 NORTH FLETCHER WAY | | | Fax: (623)362-8762 | |
| | PEORIA | AZ | 85382 | Capacity : 174 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13789 | KINDERCARE LEARNING CENTER | | | Tele (602)237-3567 | 12/01/2016 to 11/30/2019 |
| | 7755 SOUTH 51ST AVENUE | | | Fax: (602)237-2016 | |
| | LAVEEN | AZ | 85339 | Capacity : 197 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14233 | KINDERCARE LEARNING CENTER | | | Tele (480)961-4741 | 11/01/2014 to 10/31/2017 |
| | 150 NORTH ELM STREET | | | Fax: (480)785-9302 | |
| | CHANDLER | AZ | 85226 | Capacity : 157 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1466 | KINDERCARE LEARNING CENTER | | | Tele (480)892-9327 | 01/01/2015 to 12/31/2017 |
| | 1810 EAST SOUTHERN AVENUE | | | Fax: (480)892-2848 | |
| | MESA | AZ | 85204 | Capacity : 206 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1539 | KINDERCARE LEARNING CENTER | | | Tele (480)839-3997 | 11/01/2015 to 10/31/2018 |
| | 2862 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)839-9836 | |
| | MESA | AZ | 85210 | Capacity : 166 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17323 | KINDERCARE LEARNING CENTER | | | Tele (480)279-5106 | 06/22/2015 to 05/31/2018 |
| | 3269 EAST GERMANN ROAD | | | Fax: (480)279-1190 | |
| | GILBERT | AZ | 85297 | Capacity : 228 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1949 | KINDERCARE LEARNING CENTER | | | Tele (623)492-9178 | 08/01/2015 to 07/31/2018 |
| | 3524 WEST UNION HILLS | | | Fax: (623)492-9054 | |
| | GLENDALE | AZ | 85308 | Capacity : 115 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1984 | KINDERCARE LEARNING CENTER | | | Tele (602)277-4533 | 02/01/2016 to 01/31/2019 |
| | 3800 NORTH CENTRAL AVENUE, STE #1-A | | | Fax: (602)277-5927 | |
| | PHOENIX | AZ | 85012 | Capacity : 77 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2098 | KINDERCARE LEARNING CENTER | | | Tele (480)835-6086 | 01/01/2017 to 12/31/2019 |
| | 1063 EAST MCKELLIPS ROAD | | | Fax: (480)835-6157 | |
| | MESA | AZ | 85203 | Capacity : 149 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8398 | KINDERCARE LEARNING CENTER | | | Tele (480)926-7621 | 01/01/2015 to 12/31/2017 |
| | 1545 NORTH PARKWAY DRIVE | | | Fax: (480)926-6031 | |
| | GILBERT | AZ | 85234 | Capacity : 241 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9332 | KINDERCARE LEARNING CENTER | | | Tele (623)535-1195 | 03/01/2016 to 02/28/2019 |
| | 13746 WEST MCDOWELL ROAD | | | Fax: (303)526-3410 | |
| | GOODYEAR | AZ | 85395 | Capacity : 231 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9656 | KINDERCARE LEARNING CENTER | | | Tele (480)786-5125 | 10/01/2016 to 09/30/2019 |
| | 1955 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)786-5629 | |
| | CHANDLER | AZ | 85286 | Capacity : 186 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12998 | KINDERCARE LEARNING CENTER | | | Tele (480)391-2060 | 06/01/2016 to 05/31/2019 |
| | 6037 EAST MCDOWELL ROAD | | | Fax: (480)391-2188 | |
| | MESA | AZ | 85215 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9686 | KINDERCARE LEARNING CENTER #14 | | | Tele (623)561-7757 | 05/01/2014 to 04/30/2017 |
| | 20245 NORTH 67TH AVENUE | | | Fax: (303)526-3410 | |
| | GLENDALE | AZ | 85308 | Capacity : 167 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5858 | KINDERCARE LEARNING CENTER #1465 | | | Tele (602)371-8881 | 12/01/2016 to 11/30/2019 |
| | 10653 NORTH 25TH AVENUE | | | Fax: (602)371-0711 | |
| | PHOENIX | AZ | 85029 | Capacity : 176 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11932 | KINDERLAND DAYCARE, L L C | | | Tele (480)649-0390 | 08/01/2014 to 07/31/2017 |
| | 1000 NORTH COUNTRY CLUB DRIVE | | | Fax: (480)237-9691 | |
| | MESA | AZ | 85201 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3049 | KINDERLAND PHOENIX | | | Tele (602)240-6933 | 06/01/2014 to 05/31/2017 |
| | 624 EAST MISSOURI AVENUE | | | Fax: (480)237-9691 | |
| | PHOENIX | AZ | 85012 | Capacity : 87 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15883 | KINDERTOTS | | | Tele (602)374-3062 | 09/01/2014 to 08/31/2017 |
| | 1118 WEST GLENDALE AVENUE | | | Fax: (602)374-3110 | |
| | PHOENIX | AZ | 85021 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3048 | KING OF GLORY PRESCHOOL | | | Tele (480)838-0477 | 09/01/2014 to 08/31/2017 |
| | 2085 EAST SOUTHERN AVENUE | | | Fax: (480)820-4127 | |
| | TEMPE | AZ | 85282 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15938 | KINGDOM KIDS PRESCHOOL | | | Tele (602)682-7968 | 09/01/2014 to 08/31/2017 |
| | 8838 SOUTH 2ND AVENUE | | | Fax: (602)595-7568 | |
| | PHOENIX | AZ | 85041 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17379 | KNIGHT ACADEMY | | | Tele (623)777-9122 | 09/03/2015 to 08/31/2018 |
| | 560 NORTH ESTRELLA PARKWAY SUITE B15 | | | Fax: (623)505-2703 | |
| | GOODYEAR | AZ | 85338 | Capacity : 41 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2100 | KREATIVE KAMPUS | | | Tele (602)277-1441 | 01/01/2016 to 12/31/2019 |
| | 1729 EAST THOMAS ROAD | | | Fax: (602)266-4729 | |
| | PHOENIX | AZ | 85016 | Capacity : 136 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7209 | LA CASA DE CRISTO CHRISTIAN PRESCHOOL | | | Tele (480)998-0866 | 08/01/2015 to 07/31/2018 |
| | 6300 EAST BELL ROAD | | | Fax: (480)778-8334 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4015 | LA CASITA COMMUNITY CENTER | | | Tele (480)831-7464 | 06/01/2016 to 05/31/2019 |
| | 2719 SOUTH REYES ROAD | | | Fax: (480)491-8128 | |
| | MESA | AZ | 85202 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11335 | LA HACIENDA CHILD CARE CENTER | | | Tele (623)815-7334 | 08/01/2016 to 07/31/2019 |
| | 14506 ALTO STREET | | | Fax: (623)815-7334 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 40 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-16402 | LA MESITA HEAD START | | | Tele (480)720-3796 | 10/01/2015 to 09/30/2018 |
| | 2254 WEST MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : 36 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-13873 | LA PETITE ACADEMY | | | Tele (480)948-4533 | 01/01/2017 to 12/31/2019 |
| | 8433 EAST RAINTREE DRIVE | | | Fax: (480)607-2596 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 173 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-13817 | LA PETITE ACADEMY | | | Tele (480)802-0688 | 05/01/2014 to 04/30/2017 |
| | 3100 SOUTH GILBERT ROAD | | | Fax: (480)802-3725 | |
| | CHANDLER | AZ | 85286 | Capacity : 239 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-5020 | LA PETITE ACADEMY | | | Tele (623)561-6454 | 09/01/2015 to 08/31/2018 |
| | 20195 NORTH 67TH AVENUE | | | Fax: (623)825-1537 | |
| | GLENDALE | AZ | 85308 | Capacity : 176 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7971 | LA PETITE ACADEMY | | | Tele (623)935-9222 | 05/01/2014 to 04/30/2017 |
| | 13003 WEST MCDOWELL ROAD | | | Fax: (623)536-5443 | |
| | AVONDALE | AZ | 85392 | Capacity : 204 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8277 | LA PETITE ACADEMY PRESCHOOL | | | Tele (480)807-9542 | 08/01/2014 to 07/31/2017 |
| | 2343 SOUTH POWER ROAD | | | Fax: (480)641-4591 | |
| | MESA | AZ | 85206 | Capacity : 203 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12769 | LA PETITE ACADEMY, INC. | | | Tele (480)345-9111 | 06/01/2015 to 05/31/2018 |
| | 1645 EAST GUADALUPE ROAD | | | Fax: (480)345-9111 | |
| | TEMPE | AZ | 85283 | Capacity : 116 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16851 | LADY BUG CHILD CARE L L C | | | Tele (623)302-7150 | 08/07/2014 to 07/31/2017 |
| | 5814 WEST CAMELBACK | | | Fax: (623)321-6029 | |
| | GLENDALE | AZ | 85301 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17382 | LADYBUG LEARNING CLUB | | | Tele (480)229-5809 | 08/05/2015 to 07/31/2018 |
| | 1644 SOUTH LINDSAY ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : 83 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-3159 | LAMAR HEAD START | | | Tele | (623)930-5106 | 10/01/2014 | to | 09/30/2017 |
| | 6331 WEST LAMAR ROAD | | | Fax: | (623)486-9988 | | | |
| | GLENDALE | AZ | 85301 | Capacity : | 52 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12996 | LATTIE COOR HEAD START | | | Tele | (602)287-6199 | 10/01/2015 | to | 09/30/2018 |
| | 220 WEST LA CANADA BOULEVARD | | | Fax: | (623)486-9988 | | | |
| | AVONDALE | AZ | 85323 | Capacity : | 100 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-7923 | LEARN & PLAY PRESCHOOL | | | Tele | (602)277-9056 | 12/01/2016 | to | 11/30/2019 |
| | 2129 WEST INDIAN SCHOOL ROAD | | | Fax: | (602)277-9590 | | | |
| | PHOENIX | AZ | 85015 | Capacity : | 91 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11664 | LEARNING FOUNDATION PRESCHOOL | | | Tele | (480)834-6202 | 03/01/2014 | to | 02/28/2017 |
| | 851 NORTH STAPLEY DRIVE #6 | | | Fax: | (480)834-3991 | | | |
| | MESA | AZ | 85203 | Capacity : | 65 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17152 | LEARNING GARDEN PRESCHOOL & DAYCARE | | | Tele | (480)507-6800 | 12/15/2014 | to | 11/30/2017 |
| | 888 SOUTH GREENFIELD ROAD #108 | | | Fax: | (480)507-3490 | | | |
| | GILBERT | AZ | 85296 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1025 | LEARNING WORKS PRESCHOOL | | | Tele (623)979-4129 | 12/01/2016 to 11/30/2019 |
| | 10726 NORTH 96TH AVENUE | | | Fax: (844)214-2911 | |
| | PEORIA | AZ | 85345 | Capacity : 81 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5214 | LEA'S CAROUSEL LEARNING CENTER #2 | | | Tele (602)368-4442 | 08/01/2015 to 07/31/2018 |
| | 14011 NORTH 51ST AVENUE | | | Fax: (602)368-4704 | |
| | GLENDALE | AZ | 85306 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14364 | LIBERTY ARTS ACADEMY | | | Tele (480)830-3444 | 08/01/2014 to 07/31/2017 |
| | 3015 SOUTH POWER ROAD | | | Fax: (480)830-4335 | |
| | MESA | AZ | 85212 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14909 | LIFE CHRISTIAN PRESCHOOL AND CHILDCARE | | | Tele (480)539-8933 | 10/01/2015 to 09/30/2018 |
| | 11530 EAST QUEEN CREEK ROAD | | | Fax: (480)633-5950 | |
| | CHANDLER | AZ | 85286 | Capacity : 235 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17438 | LIFE LEARNING CENTER PRESCHOOL & CHILDCARE | | | Tele (480)814-7535 | 11/19/2015 to 10/31/2018 |
| | 707 WEST RAY ROAD - SUITE 5 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16183 | LIFE TIME FITNESS | | | Tele (480)705-8855 | 05/01/2015 to 04/30/2018 |
| | 1616 WEST RUBY DRIVE | | | Fax: (480)705-8866 | |
| | TEMPE | AZ | 85284 | Capacity : 104 | Medcaid_Cert: Not Ceritified |
| CDC-16184 | LIFE TIME FITNESS | | | Tele (480)538-9009 | 05/28/2015 to 04/30/2018 |
| | 6850 EAST CHAUNCEY LANE | | | Fax: (480)538-0660 | |
| | PHOENIX | AZ | 85054 | Capacity : 136 | Medcaid_Cert: Not Ceritified |
| CDC-16185 | LIFE TIME FITNESS | | | Tele (480)892-5020 | 05/01/2015 to 04/30/2018 |
| | 381 EAST WARNER ROAD | | | Fax: (480)892-5021 | |
| | GILBERT | AZ | 85296 | Capacity : 108 | Medcaid_Cert: Not Ceritified |
| CDC-16186 | LIFE TIME FITNESS | | | Tele (623)536-9595 | 05/28/2015 to 04/30/2018 |
| | 14540 WEST MCDOWELL ROAD | | | Fax: (623)536-9966 | |
| | GOODYEAR | AZ | 85395 | Capacity : 136 | Medcaid_Cert: Not Ceritified |
| CDC-17692 | LIFEPRINTS CHILDCARE | | | Tele (602)999-1903 | 07/29/2016 to 06/30/2019 |
| | 5680 WEST PEORIA AVENUE | | | Fax: (602)993-1145 | |
| | GLENDALE | AZ | 85302 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17281 | LIFEPRINTS CHILDCARE & LEARNING CENTER<br>15630 NORTH 7TH STREET<br>PHOENIX AZ 85022 | Tele (602)993-5447<br>Fax: (602)993-1145<br>Capacity : 179 | 06/15/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16925 | LIGHT & LIFE CHRISTIAN PRESCHOOL & DAYCARE<br>15220 NORTH 39TH AVENUE<br>PHOENIX AZ 85053 | Tele (602)540-9235<br>Fax: (602)283-0663<br>Capacity : 112 | 05/26/2014 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17526 | LIGHT OF CHRIST CHRISTIAN PRESCHOOL<br>6289 SOUTH GREENFIELD ROAD<br>GILBERT AZ 85298 | Tele (480)899-1400<br>Fax: ( ) -<br>Capacity : 59 | 05/23/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17520 | LIL' EINSTEINS ACADEMY<br>3071 WEST HUNT HIGHWAY SUITE 104<br>QUEEN CREEK AZ 85142 | Tele (480)558-4551<br>Fax: (480)457-8848<br>Capacity : 151 | 03/14/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13494 | LIL' EINSTEINS PRESCHOOL<br>3369 EAST QUEEN CREEK ROAD STE 104<br>GILBERT AZ 85297 | Tele (480)558-4551<br>Fax: (480)457-8848<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14420 | LIL' PAWS LEARNING CENTER | | | Tele (623)388-8130 | 12/01/2014 to 11/30/2017 |
| | 19601 NORTH 27TH AVENUE BLDG 2 | | | Fax: (623)580-6568 | |
| | PHOENIX | AZ | 85027 | Capacity : 102 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12652 | LIL WORLD DAYCARE PRESCHOOL L L C | | | Tele (602)276-0163 | 05/01/2015 to 04/30/2018 |
| | 5644 SOUTH 16TH STREET | | | Fax: (602)323-9145 | |
| | PHOENIX | AZ | 85040 | Capacity : 182 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1869 | LINCOLN LEARNING CENTER | | | Tele (602)943-3731 | 08/01/2015 to 07/31/2018 |
| | 303 EAST EVA STREET | | | Fax: (602)331-5730 | |
| | PHOENIX | AZ | 85020 | Capacity : 214 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17283 | LINE UPON LINE MONTESSORI INC. | | | Tele (480)331-3637 | 07/24/2015 to 06/30/2018 |
| | 690 EAST WARNER ROAD #130 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : 22 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9021 | LITCHFIELD PARK RECREATION CENTER | | | Tele (623)935-9040 | 09/01/2014 to 08/31/2017 |
| | 100 SOUTH OLD LITCHFIELD ROAD | | | Fax: (623)935-7188 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 19 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9322 | LITTLE ANGELS<br>1544 EAST MITCHELL DRIVE<br>PHOENIX AZ 85014 | Tele (602)230-2689<br>Fax: (602)230-0790<br>Capacity : 83 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17174 | LITTLE ANGELS MONTESSORI SCHOOL<br>1930 WEST PINNACLE PEAK ROAD, SUITE 113 & 115<br>PHOENIX AZ 85027 | Tele (623)594-0888<br>Fax: ( ) -<br>Capacity : 21 | 02/04/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17133 | LITTLE BIG MINDS<br>1420 WEST OSBORN ROAD<br>PHOENIX AZ 85013 | Tele (602)910-4417<br>Fax: ( ) -<br>Capacity : 92 | 01/22/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15377 | LITTLE BIG MINDS CENTER FOR EARLY CHILDHOOD BILINGUALISM<br>4601 NORTH 34TH STREET<br>PHOENIX AZ 85018 | Tele (602)910-4417<br>Fax: ( ) -<br>Capacity : 105 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17318 | LITTLE BIG MINDS PRESCHOOL-SCOTTSDALE<br>6315 EAST THUNDERBIRD ROAD<br>SCOTTSDALE AZ 85254 | Tele (602)910-4417<br>Fax: ( ) -<br>Capacity : 85 | 08/12/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16839 | LITTLE EINSTEIN PRESCHOOL L L C | | | Tele (480)652-8820 | 01/01/2017 to 12/31/2019 |
| | 2105 EAST SOUTHERN AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : 211 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17434 | LITTLE EXPLORERS LEARNING CENTER LLC | | | Tele (602)603-9173 | 03/21/2016 to 02/28/2019 |
| | 1621 EAST BETHANY HOME ROAD | | | Fax: (480)947-4924 | |
| | PHOENIX | AZ | 85016 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8985 | LITTLE EXPLORERS PRESCHOOL & CHILD CARE | | | Tele (480)947-4607 | 09/01/2015 to 08/31/2018 |
| | 7116 EAST OAK STREET | | | Fax: (480)947-4924 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 47 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17538 | LITTLE FOOT LEARNING CENTER | | | Tele (480)966-1521 | 04/01/2016 to 03/31/2019 |
| | 820 WEST BROADWAY ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17750 | LITTLE GENIUSES CHILDCARE CENTER | | | Tele (480)247-6079 | 10/28/2016 to 09/30/2019 |
| | 6515 EAST MAIN STREET - SUITE 101 | | | Fax: (480)247-6349 | |
| | MESA | AZ | 85205 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6101 | LITTLE KIDS N COMPANY | | | Tele | (602)279-7891 | 05/01/2014 | to | 04/30/2017 |
| | 626 WEST CAMPBELL AVENUE | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85013 | Capacity : | 61 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11288 | LITTLE KINGS AND QUEENS | | | Tele | (480)946-8624 | 03/01/2016 | to | 02/28/2019 |
| | 4136 NORTH 82ND STREET | | | Fax: | (480)946-8624 | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 128 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11337 | LITTLE ONES LEARNING CENTER | | | Tele | (623)933-4351 | 05/01/2016 | to | 04/30/2019 |
| | 11905 WEST THUNDERBIRD ROAD | | | Fax: | (623)583-6433 | | | |
| | EL MIRAGE | AZ | 85335 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10000 | LITTLE PALMS PRESCHOOL | | | Tele | (480)986-9436 | 10/01/2014 | to | 09/30/2017 |
| | 9601 EAST BROWN ROAD | | | Fax: | (480)984-7839 | | | |
| | MESA | AZ | 85207 | Capacity : | 52 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17228 | LITTLE RASCALS LEARNING CENTER L.L.C | | | Tele | (480)966-9643 | 04/01/2015 | to | 03/31/2018 |
| | 1116 SOUTH MCCLINTOCK DR | | | Fax: | ( ) - | | | |
| | TEMPE | AZ | 85281 | Capacity : | 48 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16478 | LITTLE RASCALS LEARNING CENTER LLC | | | Tele (480)968-6860 | 02/12/2016 to 01/31/2019 |
| | 3400 SOUTH MILL AVENUE #334 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : 46 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13870 | LITTLE SCHOLARS ACADEMY | | | Tele (602)863-7080 | 03/01/2014 to 02/28/2017 |
| | 17220 NORTH 43RD AVENUE | | | Fax: (602)863-7085 | |
| | GLENDALE | AZ | 85308 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15172 | LITTLE SCHOLARS ACADEMY | | | Tele (623)889-3777 | 03/01/2016 to 02/28/2019 |
| | 6702 WEST CHOLLA STREET | | | Fax: (623)889-3778 | |
| | PEORIA | AZ | 85345 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17040 | LITTLE SUNBEAMS PRESCHOOL | | | Tele (602)478-1955 | 09/02/2014 to 08/31/2017 |
| | 4850 NORTH LITCHFIELD ROAD STE 105 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 39 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15331 | LITTLE SUNSHINES PLAYHOUSE AND PRESCHOOL | | | Tele (480)585-7000 | 09/01/2016 to 08/31/2019 |
| | 20977 NORTH PIMA ROAD SUITE B140 | | | Fax: (480)585-7005 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 79 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17142 | LITTLE SUNSHINE'S PLAYHOUSE AND PRESCHOOL | | | Tele (480)926-1317 | 01/08/2015 to 12/31/2017 |
| | 1059 NORTH VAL VISTA DRIVE | | | Fax: (480)656-9426 | |
| | GILBERT | AZ | 85234 | Capacity : 143 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3264 | LITTLE SWANS PRESCHOOL | | | Tele (602)992-8334 | 04/01/2015 to 03/31/2018 |
| | 2832 EAST BELL ROAD | | | Fax: (602)992-8377 | |
| | PHOENIX | AZ | 85032 | Capacity : 88 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17647 | LITTLE WONDERS LEARNING | | | Tele (480)584-5038 | 08/30/2016 to 07/31/2019 |
| | 655 WEST WARNER ROAD #101 | | | Fax: (480)245-4546 | |
| | TEMPE | AZ | 85284 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13373 | LIVING STREAMS CHILDREN'S CENTER | | | Tele (602)870-8941 | 08/01/2016 to 07/31/2019 |
| | 7000 NORTH CENTRAL AVENUE | | | Fax: (602)943-7095 | |
| | PHOENIX | AZ | 85020 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17458 | LOVABLE KIDS KARE | | | Tele (480)486-2456 | 02/25/2016 to 01/31/2019 |
| | 1728 EAST PUEBLO STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13041 | LOVE & LEARN PRESCHOOL 1 INC | | | Tele (480)222-8484 | 06/01/2016 to 05/31/2019 |
| | 2717 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)491-0006 | |
| | MESA | AZ | 85210 | Capacity : 329 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2034 | LOVE OF CHRIST PRESCHOOL | | | Tele (480)981-6199 | 09/01/2016 to 08/31/2019 |
| | 1525 NORTH POWER ROAD | | | Fax: (480)832-2583 | |
| | MESA | AZ | 85205 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10913 | LOVING CARE DAY CARE CENTER | | | Tele (623)932-5190 | 05/01/2016 to 04/30/2019 |
| | 150 NORTH CENTRAL AVENUE | | | Fax: (623)932-3406 | |
| | AVONDALE | AZ | 85323 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9141 | LOVING CARE DAY CARE I I | | | Tele (623)932-0616 | 02/01/2016 to 01/31/2019 |
| | 300 NORTH CENTRAL AVENUE | | | Fax: (623)932-3406 | |
| | AVONDALE | AZ | 85323 | Capacity : 51 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1562 | M C C EVELYN H. WARREN CHILD DEVELOPMENT LAB | | | Tele (480)461-7148 | 03/01/2016 to 02/28/2019 |
| | 1833 WEST SOUTHERN AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : 18 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17686 | M.P.A. - CHANDLER L.L.C. | | | Tele | (480)777-3898 | 07/18/2016 | to | 06/30/2019 |
| | 4970 WEST RAY ROAD | | | Fax: | (480)777-3884 | | | |
| | CHANDLER | AZ | 85226 | Capacity : | 214 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17685 | M.P.A. - DEVELOPMENTAL CENTER L.L.C. | | | Tele | (480)464-0110 | 07/18/2016 | to | 06/30/2019 |
| | 1949 EAST BROWN ROAD | | | Fax: | (480)464-5540 | | | |
| | MESA | AZ | 85203 | Capacity : | 131 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17687 | M.P.A. - DOBSON L.L.C. | | | Tele | (480)456-0455 | 07/18/2016 | to | 06/30/2019 |
| | 2750 SOUTH DOBSON ROAD | | | Fax: | (480)456-5552 | | | |
| | MESA | AZ | 85202 | Capacity : | 164 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0739 | MADISON CHRISTIAN CHILDREN'S CENTER | | | Tele | (602)265-7885 | 01/01/2017 | to | 12/31/2019 |
| | 6202 NORTH 12TH STREET | | | Fax: | (855)462-4775 | | | |
| | PHOENIX | AZ | 85014 | Capacity : | 138 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17356 | MAGELLAN CHRISTIAN ACADEMY OF MESA | | | Tele | (480)359-4040 | 07/09/2015 | to | 06/30/2018 |
| | 1847 SOUTH GREENFIELD ROAD STE 104 | | | Fax: | (480)633-5644 | | | |
| | MESA | AZ | 85206 | Capacity : | 183 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16348 | MAGIC KEYS TO LEARNING CHILDREN'S DEVELOPMENT CENTER<br>3450 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)225-2543<br>Fax: (602)225-2543<br>Capacity : 95 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17259 | MAGICAL JOURNEY LEARNING CENTER<br>1241 EAST CHANDLER BLVD #115<br>PHOENIX AZ 85048 | Tele (480)236-9945<br>Fax: ( ) -<br>Capacity : 102 | 06/29/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13919 | MAGICAL STAR PRESCHOOL INC.<br>2232 NORTH 36TH STREET<br>PHOENIX AZ 85008 | Tele (602)267-1539<br>Fax: (602)267-1579<br>Capacity : 88 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17406 | MAKING MILESTONES CHILDHOOD DEVELOPMENT CENTER<br>1550 NORTH STONEHENGE #104<br>GILBERT AZ 85233 | Tele (480)813-1897<br>Fax: (480)813-5661<br>Capacity : 59 | 02/25/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17047 | MAPLE BEAR TEMPE EARLY LEARNING CENTER<br>1255 WEST ELLIOT ROAD<br>TEMPE AZ 85284 | Tele (480)474-4455<br>Fax: (480)699-0956<br>Capacity : 176 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14048 | MARANATHA CHILD CARE CENTER | | | Tele (602)712-0793 | 12/01/2014 to 11/30/2017 |
| | 3002 NORTH 27TH AVENUE | | | Fax: (602)477-0101 | |
| | PHOENIX | AZ | 85017 | Capacity : 170 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9349 | MARANATHA DAY CARE CENTER | | | Tele (602)477-0100 | 10/01/2013 to 09/30/2016 |
| | 3526 WEST POLK STREET | | | Fax: (602)477-0101 | |
| | PHOENIX | AZ | 85009 | Capacity : 264 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14339 | MARIA MONTESSORI SCHOOLS L L C | | | Tele (480)837-0046 | 09/01/2014 to 08/31/2017 |
| | 16751 EAST GLENBROOK BOULEVARD | | | Fax: (480)837-0024 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 28 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15955 | MARICOPA CENTER FOR ADOLESCENT PARENTS | | | Tele (602)234-3941 | 09/01/2014 to 08/31/2017 |
| | 2830 WEST GLENDALE AVENUE STE 28 | | | Fax: (602)234-3943 | |
| | PHOENIX | AZ | 85051 | Capacity : 22 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15485 | MARICOPA COUNTY HUMAN SERV HEAD START ZERO - FIVE PROGRAM CARE PARTNERSHIP (EHS) | | | Tele (480)733-3815 | 08/01/2016 to 07/31/2019 |
| | 466 SOUTH BELLVIEW STREET | | | Fax: (480)733-3972 | |
| | MESA | AZ | 85204 | Capacity : 28 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4791 | MARICOPA COUNTY HUMAN SERVICES - LINDBERGH 1 & 2 HEAD START | Tele (480)472-6281 | 12/01/2014 to 11/30/2017 |
| | 930 SOUTH LAZONA | Fax: (480)890-9962 | |
| | MESA AZ 85204 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15969 | MARICOPA COUNTY HUMAN SERVICES - AGUILAR HEAD START | Tele (480)897-2544 | 09/01/2014 to 08/31/2017 |
| | 5800 SOUTH FOREST AVENUE | Fax: (480)464-2611 | |
| | TEMPE AZ 85283 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9830 | MARICOPA COUNTY HUMAN SERVICES - COMPADRE HIGH SCHOOL EARLY HEAD START | Tele (480)752-3560 | 02/01/2014 to 01/31/2017 |
| | 500 WEST GUADALUPE ROAD | Fax: (480)752-3569 | |
| | TEMPE AZ 85283 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16364 | MARICOPA COUNTY HUMAN SERVICES - EDISON - ZERO FIVE PROGRAM | Tele (480)472-5305 | 08/01/2015 to 07/31/2018 |
| | 545 SOUTH HORNE | Fax: ( ) - | |
| | MESA AZ 85203 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16361 | MARICOPA COUNTY HUMAN SERVICES - EISENHOWER ZERO FIVE PROGRAM | Tele (480)472-5215 | 08/01/2015 to 07/31/2018 |
| | 848 NORTH MESA DRIVE | Fax: ( ) - | |
| | MESA AZ 85201 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7866 | MARICOPA COUNTY HUMAN SERVICES - FIRST PRESBYTERIAN CHURCH HEAD START<br>161 NORTH MESA DRIVE<br>MESA AZ 85201 | Tele (480)969-7914<br>Fax: (480)969-7915<br>Capacity : 28 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16690 | MARICOPA COUNTY HUMAN SERVICES - GALVESTON HEAD START<br>661 EAST GALVESTON STREET ROOM C-5<br>CHANDLER AZ 85225 | Tele (480)812-6535<br>Fax: (480)655-1154<br>Capacity : 24 | 08/13/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10936 | MARICOPA COUNTY HUMAN SERVICES - GILBERT HEAD START<br>44 NORTH OAK STREET<br>GILBERT AZ 85233 | Tele (480)464-9669<br>Fax: (480)507-0584<br>Capacity : 25 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10137 | MARICOPA COUNTY HUMAN SERVICES - GUADALUPE HEAD START<br>9401 SOUTH AVENIDA DEL YAQUI<br>TEMPE AZ 85283 | Tele (480)756-8712<br>Fax: (480)756-8713<br>Capacity : 33 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3295 | MARICOPA COUNTY HUMAN SERVICES - HAMILTON HEAD START<br>130 NORTH HAMILTON STREET #26<br>CHANDLER AZ 85225 | Tele (480)786-5965<br>Fax: (480)855-7536<br>Capacity : 28 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17683 | MARICOPA COUNTY HUMAN SERVICES - HARRIS HEAD START<br>1820 SOUTH HARRIS DRIVE<br>MESA AZ 85204 | Tele (480)545-7060<br>Fax: ( ) -<br>Capacity : 20 | 08/29/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11765 | MARICOPA COUNTY HUMAN SERVICES - HAWTHORNE HEAD START<br>630 NORTH HUNT DRIVE<br>MESA AZ 85203 | Tele (480)472-7480<br>Fax: (602)506-1886<br>Capacity : 20 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3798 | MARICOPA COUNTY HUMAN SERVICES - HOLMES - ZERO FIVE PROGRAM<br>948 SOUTH HORNE<br>MESA AZ 85204 | Tele (480)827-2618<br>Fax: (480)890-9781<br>Capacity : 20 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4235 | MARICOPA COUNTY HUMAN SERVICES - JEFFERSON HEAD START<br>120 SOUTH JEFFERSON AVENUE<br>MESA AZ 85208 | Tele (480)832-0352<br>Fax: (480)854-3908<br>Capacity : 20 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17072 | MARICOPA COUNTY HUMAN SERVICES - LEHI HEAD START LEHI ELEMENTARY SCHOOL<br>2555 N STAPLEY DRIVE<br>MESA AZ 85203 | Tele (480)472-5500<br>Fax: ( ) -<br>Capacity : 23 | 08/20/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4720 | MARICOPA COUNTY HUMAN SERVICES - LINCOLN HEAD START<br>930 SOUTH SIRRINE RM 50<br>MESA AZ 85210 | Tele (480)472-6350<br>Fax: (480)833-5641<br>Capacity : 20 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4721 | MARICOPA COUNTY HUMAN SERVICES - LONGFELLOW HEAD START<br>345 SOUTH HALL - ROOM 25<br>MESA AZ 85204 | Tele (480)472-6575<br>Fax: (480)649-6079<br>Capacity : 40 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17463 | MARICOPA COUNTY HUMAN SERVICES - LOWELL HEAD START<br>920 EAST BROADWAY ROAD<br>MESA AZ 85204 | Tele (480)472-1449<br>Fax: ( ) -<br>Capacity : 29 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12803 | MARICOPA COUNTY HUMAN SERVICES - NORTH TEMPE HEAD START I & II<br>1555 NORTH BRIDALWREATH STREET<br>TEMPE AZ 85281 | Tele (480)858-6537<br>Fax: (480)858-6508<br>Capacity : 28 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5314 | MARICOPA COUNTY HUMAN SERVICES - PAIUTE HEAD START<br>6535 EAST OSBORN ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)464-9669<br>Fax: (480)421-0703<br>Capacity : 34 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4904 | MARICOPA COUNTY HUMAN SERVICES - PALM LANE HEAD START<br>660 SOUTH PALM LANE<br>CHANDLER AZ 85225 | Tele (480)917-3212<br>Fax: (480)855-7579<br>Capacity : 25 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-4299 | MARICOPA COUNTY HUMAN SERVICES - REDBIRD HEAD START<br>1020 SOUTH EXTENSION - RM T-3<br>MESA AZ 85210 | Tele (480)649-8328<br>Fax: (480)615-9049<br>Capacity : 37 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16440 | MARICOPA COUNTY HUMAN SERVICES - SON RISE COMMUNITY CHURCH HEAD START<br>800 WEST GALVESTON STREET<br>CHANDLER AZ 85225 | Tele (480)857-2631<br>Fax: (480)655-1154<br>Capacity : 28 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1637 | MARICOPA COUNTY HUMAN SERVICES - STEVENSON HEAD START<br>638 SOUTH 96TH STREET RM H-6<br>MESA AZ 85208 | Tele (480)380-1951<br>Fax: (480)357-0304<br>Capacity : 26 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4719 | MARICOPA COUNTY HUMAN SERVICES - TAFT ELEMENTARY S<br>9800 EAST QUARTERLINE ROAD<br>MESA AZ 85207 | Tele (480)380-1948<br>Fax: ( ) -<br>Capacity : 20 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15497 | MARICOPA COUNTY HUMAN SERVICES - THEW HEAD START<br>2130 EAST HOWE AVENUE<br>TEMPE AZ 85281 | Tele (480)894-5574<br>Fax: (480)894-2755<br>Capacity : 20 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15929 | MARICOPA COUNTY HUMAN SERVICES - WEBSTER HEAD START<br>202 NORTH SYCAMORE<br>MESA AZ 85201 | Tele (480)472-4800<br>Fax: ( ) -<br>Capacity : 44 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9571 | MARICOPA COUNTY HUMAN SERVICES - WESTSIDE MULTI GENERATIONAL HEAD START<br>715 WEST 5TH STREET ROOM 137<br>TEMPE AZ 85281 | Tele (480)858-2407<br>Fax: (480)858-2405<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16362 | MARICOPA COUNTY HUMAN SERVICES - WHITMAN - ZERO FIVE PROGRAM<br>1829 NORTH GRAND<br>MESA AZ 85201 | Tele (480)472-5038<br>Fax: ( ) -<br>Capacity : 25 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16505 | MARICOPA COUNTY HUMAN SERVICES HEAD START ZERO TO FIVE PROGRAM - HOUSE OF REFUGE<br>6858 #1 URSULA AVENUE<br>MESA AZ 85212 | Tele (480)988-9370<br>Fax: (480)655-1154<br>Capacity : 10 | 02/06/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17422 | MARY LOU FULTON TEACHERS COLLEGE PRESCHOOL<br>200 EAST CURRY ROAD STE 146<br>TEMPE AZ 85287 | Tele (480)965-9396<br>Fax: (480)965-0965<br>Capacity : 59 | 10/19/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14615 | MAXWELL PRESCHOOL ACADEMY<br>1455 SOUTH STAPLEY DRIVE # 10<br>MESA AZ 85204 | Tele (480)926-0894<br>Fax: (480)926-0896<br>Capacity : 252 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12379 | MAXWELL PRESCHOOL ACADEMY FOUNTAIN HILLS L L C<br>15249 NORTH FOUNTAIN HILLS BLVD<br>FOUNTAIN HILLS AZ 85268 | Tele (480)837-6206<br>Fax: (480)837-6293<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3824 | MCCORMICK PRESCHOOL<br>6018 NORTH GRANITE REEF ROAD<br>SCOTTSDALE AZ 85250 | Tele (480)948-8566<br>Fax: (480)948-9504<br>Capacity : 105 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17168 | MENG CHINESE ACADEMY<br>16674 NORTH 91ST STREET STE D103<br>SCOTTSDALE AZ 85260 | Tele (480)206-3469<br>Fax: ( ) -<br>Capacity : 24 | 07/27/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9745 | MENSENDICK HEAD START | | | Tele (623)847-4863 | 01/01/2017 to 12/31/2019 |
| | 5535 NORTH 67TH AVENUE | | | Fax: (623)934-3205 | |
| | GLENDALE | AZ | 85301 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1643 | MESA COMMUNITY COLLEGE CHILDREN'S CENTER | | | Tele (480)461-7082 | 01/01/2017 to 12/31/2019 |
| | 1833 WEST SOUTHERN AVENUE | | | Fax: (480)844-3253 | |
| | MESA | AZ | 85202 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1282 | MESA MONTESSORI | | | Tele (480)839-7661 | 09/01/2015 to 08/31/2018 |
| | 2830 SOUTH CARRIAGE LANE | | | Fax: (480)839-7661 | |
| | MESA | AZ | 85202 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17298 | MI ESCUELITA CHILD CARE | | | Tele (480)292-9233 | 07/06/2015 to 06/30/2018 |
| | 2747 WEST SOUTHERN AVENUE STE 4 | | | Fax: (480)292-9233 | |
| | TEMPE | AZ | 85282 | Capacity : 51 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15117 | MICHAEL ANDERSON HEAD START | | | Tele (623)722-5100 | 09/01/2015 to 08/31/2018 |
| | 45 SOUTH 3RD AVENUE | | | Fax: (623)486-9988 | |
| | AVONDALE | AZ | 85323 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17284 | MILESTONE LEARNING CENTER | | | Tele (480)969-5437 | 06/01/2015 to 05/31/2018 |
| | 1604 EAST UNIVERSITY | | | Fax: (480)649-2662 | |
| | MESA | AZ | 85203 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10886 | MILESTONES PRESCHOOL & CHARTER SCHOOL | | | Tele (602)404-1009 | 04/01/2016 to 03/31/2019 |
| | 4707 EAST ROBERT E LEE STREET | | | Fax: (602)404-5456 | |
| | PHOENIX | AZ | 85032 | Capacity : 212 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15000 | MILL AVENUE PRESCHOOL | | | Tele (480)839-3306 | 10/01/2015 to 09/30/2018 |
| | 4431 SOUTH MILL AVENUE | | | Fax: (480)839-3307 | |
| | TEMPE | AZ | 85282 | Capacity : 118 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17664 | MIRO INTERNATIONAL PRESCHOOL | | | Tele (480)630-5560 | 08/11/2016 to 07/31/2019 |
| | 11211 EAST VIA LINDA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 180 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15081 | MISSION MONTESSORI NORTH | | | Tele (480)860-4330 | 08/01/2015 to 07/31/2018 |
| | 9575 EAST LARKSPUR DRIVE | | | Fax: (480)657-3715 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10713 | MISSION MONTESSORI ON THE DESERT | | | Tele (480)860-4330 | 01/01/2016 to 12/31/2018 |
| | 11050 NORTH 96TH STREET | | | Fax: (480)314-3346 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 26 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11833 | MISSION MONTESSORI ON THE DESERT | | | Tele (480)860-4330 | 12/01/2016 to 11/30/2019 |
| | 12990 EAST SHEA BOULEVARD | | | Fax: (480)657-3715 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 161 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3681 | MISSION MONTESSORI ON THE DESERT | | | Tele (480)284-8000 | 04/01/2016 to 03/31/2019 |
| | 9390 EAST CACTUS ROAD | | | Fax: (480)284-8875 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17247 | MOMMY HOME DAYCARE | | | Tele (602)513-8555 | 06/08/2015 to 05/31/2018 |
| | 12450 NORTH 35TH AVENUE SUITE #85 | | | Fax: (602)513-8555 | |
| | PHOENIX | AZ | 85029 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12762 | MONA'S COUNTRY DAY SCHOOL & CHILDCARE | | | Tele (480)895-9003 | 07/01/2015 to 06/30/2018 |
| | 4421 SOUTH BASHA ROAD | | | Fax: (480)895-4923 | |
| | CHANDLER | AZ | 85248 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15421 | MONTESSORI ACADEMY | | | Tele (480)945-1121 | 08/01/2016 to 07/31/2019 |
| | 6050 NORTH INVERGORDON ROAD | | | Fax: (480)874-2928 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 136 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2086 | MONTESSORI CENTER SCHOOL | | | Tele (602)678-4470 | 11/01/2016 to 10/31/2019 |
| | 8625 NORTH 19TH AVENUE | | | Fax: (602)678-6999 | |
| | PHOENIX | AZ | 85021 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16462 | MONTESSORI CHILDREN'S CENTRE | | | Tele (480)926-8375 | 11/19/2015 to 10/31/2018 |
| | 2834 EAST SOUTHERN AVENUE | | | Fax: (480)503-0515 | |
| | MESA | AZ | 85204 | Capacity : 182 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9668 | MONTESSORI CHILDREN'S CENTRE - NORTH | | | Tele (480)964-1381 | 11/01/2016 to 10/31/2019 |
| | 815 NORTH GILBERT ROAD | | | Fax: (480)668-5457 | |
| | MESA | AZ | 85203 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0565 | MONTESSORI CHILDREN'S HOUSE | | | Tele (602)264-0096 | 01/01/2016 to 12/31/2018 |
| | 516 WEST BETHANY HOME ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : 39 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10879 | MONTESSORI DAY SCHOOLS - LAKESHORE | | | Tele | (480)730-8886 | 08/01/2015 | to | 07/31/2018 |
| | 1700 WEST WARNER ROAD | | | Fax: | (480)917-1981 | | | |
| | CHANDLER | AZ | 85224 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11797 | MONTESSORI DAY SCHOOLS - MOUNTAINSIDE | | | Tele | (602)943-7672 | 12/01/2016 | to | 11/30/2019 |
| | 9215 NORTH 14TH STREET | | | Fax: | (602)674-0094 | | | |
| | PHOENIX | AZ | 85020 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17507 | MONTESSORI EDUCARE ACADEMY | | | Tele | (480)283-8885 | 01/01/2015 | to | 12/31/2017 |
| | 1244 EAST CHANDLER BLVD | | | Fax: | (480)283-0559 | | | |
| | PHOENIX | AZ | 85048 | Capacity : | 193 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-9075 | MONTESSORI HOUSE CHARTER SCHOOL | | | Tele | (480)464-2800 | 03/01/2016 | to | 02/28/2019 |
| | 2415 NORTH TERRACE CIRCLE | | | Fax: | (480)464-2836 | | | |
| | MESA | AZ | 85203 | Capacity : | 38 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15393 | MONTESSORI IN THE PARK | | | Tele | (623)535-4863 | 08/01/2016 | to | 07/31/2019 |
| | 1832 NORTH LITCHFIELD ROAD | | | Fax: | (623)536-2063 | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | 50 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1379 | MONTESSORI INTERNATIONAL SCHOOL | | | Tele (480)890-1580 | 01/01/2014 to 12/31/2016 |
| | 1230 NORTH GILBERT ROAD | | | Fax: (480)292-8235 | |
| | MESA | AZ | 85203 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14281 | MONTESSORI INTERNATIONAL SCHOOL - BROWN ROAD CAMPUS | | | Tele (480)844-4982 | 08/01/2014 to 07/31/2017 |
| | 2401 EAST BROWN ROAD | | | Fax: (480)292-8235 | |
| | MESA | AZ | 85213 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6550 | MONTESSORI KINGDOM OF LEARNING | | | Tele (623)876-1463 | 09/01/2014 to 08/31/2017 |
| | 13111 NORTH 94TH DRIVE | | | Fax: (623)876-1465 | |
| | PEORIA | AZ | 85381 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0868 | MONTESSORI LEARNING CENTER | | | Tele (480)969-9872 | 02/01/2016 to 01/31/2019 |
| | 626 NORTH NEVADA WAY | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14067 | MONTESSORI OF SURPRISE L L C | | | Tele (623)760-7548 | 05/01/2014 to 04/30/2017 |
| | 18540 NORTH PARKVIEW PLACE | | | Fax: (623)505-7460 | |
| | SURPRISE | AZ | 85374 | Capacity : 228 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13461 | MOORE CREATIVE LEARNING CENTER<br>5412 WEST GLENDALE AVENUE<br>GLENDALE AZ 85301 | Tele (623)931-2772<br>Fax: ( ) -<br>Capacity : 55 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14345 | MOST HOLY TRINITY ROMAN CATHOLIC PARISH PHOENIX CHILD CARE CENTER<br>535 EAST ALICE AVENUE<br>PHOENIX AZ 85020 | Tele (602)943-9058<br>Fax: (602)943-3188<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17208 | MOTHER HENS PRESCHOOL L.L.C.<br>1616 NORTH 89TH AVENUE<br>PHOENIX AZ 85037 | Tele (623)936-1186<br>Fax: ( ) -<br>Capacity : 146 | 03/02/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11383 | MOUNTAIN VIEW CHRISTIAN PRESCHOOL<br>2927 EAST CAMPBELL AVENUE<br>PHOENIX AZ 85016 | Tele (602)955-5832<br>Fax: (602)955-9421<br>Capacity : 53 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14380 | MT. CARMEL'S LITTLE LAMBS PRESCHOOL<br>2115 SOUTH RURAL ROAD<br>TEMPE AZ 85282 | Tele (480)966-1753<br>Fax: (480)967-6038<br>Capacity : 73 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16861 | MUNCHKINS PLACE LEARNING CENTER | | | Tele (480)756-9325 | 04/14/2014 to 03/31/2017 |
| | 2111 SOUTH ALMA SCHOOL ROAD # 15 | | | Fax: (480)756-1679 | |
| | MESA | AZ | 85210 | Capacity : 79 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16984 | MUNCHKINS PRESCHOOL | | | Tele (480)878-7939 | 07/01/2014 to 06/30/2017 |
| | 7040 EAST SUPERSTITION SPRINGS BLVD | | | Fax: (602)688-4954 | |
| | MESA | AZ | 85209 | Capacity : 117 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10026 | NANA LUPES DAY CARE | | | Tele (602)249-2992 | 09/01/2014 to 08/31/2017 |
| | 4480 NORTH BLACK CANYON HWY | | | Fax: (602)242-5056 | |
| | PHOENIX | AZ | 85017 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9926 | NANA'S CHILD CARE & PRESCHOOL | | | Tele (602)237-6284 | 03/01/2015 to 02/28/2018 |
| | 14801 NORTH CAVE CREEK ROAD | | | Fax: (602)404-1959 | |
| | PHOENIX | AZ | 85032 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12417 | NANA'S PLACE | | | Tele (623)435-2211 | 12/01/2014 to 11/30/2017 |
| | 4910 WEST NORTHERN AVENUE | | | Fax: (623)435-1854 | |
| | GLENDALE | AZ | 85301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-14018 | NANA'S PLACE ACADEMY | | | Tele | (623)931-5015 | 02/01/2014 | to | 01/31/2017 |
| | 10046 NORTH 43RD AVENUE | | | Fax: | (623)931-5016 | | | |
| | GLENDALE | AZ | 85302 | Capacity : | 150 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15914 | NATURAL CHOICE ACADEMY | | | Tele | (602)404-7820 | 09/01/2014 | to | 08/31/2017 |
| | 13840 NORTH TATUM BOULEVARD | | | Fax: | (602)404-6435 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | 157 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11980 | NEW COVENANT LUTHERAN CHURCH CHILDREN'S MINISTRY CENTER | | | Tele | (480)391-1264 | 09/01/2014 | to | 08/31/2017 |
| | 15152 NORTH FRANK LLOYD WRIGHT BLVD | | | Fax: | (480)391-3786 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | 125 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-1532 | NEW CREATIONS DAY CARE & LEARNING CENTER | | | Tele | (602)273-7940 | 10/01/2015 | to | 09/30/2018 |
| | 2904 EAST ROOSEVELT STREET | | | Fax: | (602)220-9211 | | | |
| | PHOENIX | AZ | 85008 | Capacity : | 139 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17717 | NEW HORIZON LITTLE LEARNERS | | | Tele | (480)917-0054 | 08/24/2016 | to | 07/31/2019 |
| | 2506 NORTH DOBSON ROAD | | | Fax: | (480)917-0184 | | | |
| | CHANDLER | AZ | 85224 | Capacity : | 55 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16001 | NEW LIFE PRESCHOOL | | | Tele (480)832-1431 | 10/01/2014 to 09/30/2017 |
| | 319 NORTH 64TH STREET | | | Fax: (480)969-1500 | |
| | MESA | AZ | 85205 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3172 | NEW VISTAS CENTER FOR EDUCATION | | | Tele (480)963-2313 | 10/01/2014 to 09/30/2017 |
| | 670 NORTH ARIZONA AVENUE #25 | | | Fax: (480)812-9207 | |
| | CHANDLER | AZ | 85225 | Capacity : 88 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14951 | NEXT HORIZONS | | | Tele (480)894-8870 | 09/01/2015 to 08/31/2018 |
| | 4525 SOUTH COLLEGE AVENUE | | | Fax: (480)736-2589 | |
| | TEMPE | AZ | 85282 | Capacity : 129 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17134 | NI HAO AMIGOS LANGUAGE PRESCHOOL | | | Tele (623)925-1960 | 06/19/2015 to 05/31/2018 |
| | 19 NORTH CENTRAL | | | Fax: (623)936-4639 | |
| | AVONDALE | AZ | 85323 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16068 | NINAS FAMILY CHILD CARE CENTER | | | Tele (602)335-8951 | 12/01/2014 to 11/30/2017 |
| | 3502 EAST INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : 22 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17504 | NINA'S FAMILY CHILDCARE AT PARK LEE | | | Tele (602)266-1768 | 03/02/2016 to 02/28/2019 |
| | 4710 NORTH 15TH DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : 14 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16959 | NOAH WEBSTER SCHOOLS - PIMA | | | Tele (480)354-3490 | 08/11/2014 to 07/31/2017 |
| | 5399 NORTH PIMA ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13017 | NOAH WEBSTER SCHOOLS-- MESA | | | Tele (480)986-2335 | 12/01/2015 to 11/30/2018 |
| | 7301 EAST BASELINE ROAD | | | Fax: (480)354-3490 | |
| | MESA | AZ | 85209 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8883 | NOAH'S ARK PRESCHOOL | | | Tele (480)832-0462 | 09/01/2015 to 08/31/2018 |
| | 2745 NORTH 32ND STREET | | | Fax: (480)985-4341 | |
| | MESA | AZ | 85213 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17155 | NOOR ACADEMY OF ARIZONA | | | Tele (480)829-1443 | 03/11/2015 to 02/28/2018 |
| | 1130 WEST 23RD STREET | | | Fax: (480)829-1501 | |
| | TEMPE | AZ | 85282 | Capacity : 19 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16608 | NORTH VALLEY CHRISTIAN ACADEMY | | | Tele (623)551-3454 | 08/01/2016 to 07/31/2019 |
| | 42101 NORTH 41ST DRIVE STE 101 | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3259 | NORTHWEST CHRISTIAN PRESCHOOL | | | Tele (602)978-5134 | 02/01/2015 to 01/31/2018 |
| | 16401 NORTH 43RD AVENUE | | | Fax: (602)978-5804 | |
| | PHOENIX | AZ | 85053 | Capacity : 202 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16957 | NORTHWEST VALLEY YMCA | | | Tele (602)404-9622 | 08/11/2014 to 07/31/2017 |
| | 12450 WEST CINNABAR AVENUE | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15065 | ORANGEWOOD CHRISTIAN ACADEMY | | | Tele (602)973-7167 | 12/01/2015 to 11/30/2018 |
| | 7510 NORTH 27TH AVENUE | | | Fax: (602)995-1930 | |
| | PHOENIX | AZ | 85051 | Capacity : 195 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14410 | OUR LADY OF JOY ROMAN CATHOLIC PRESCHOOL | | | Tele (480)595-6409 | 12/01/2014 to 11/30/2017 |
| | 36811 NORTH PIMA ROAD | | | Fax: (480)437-1093 | |
| | CAREFREE | AZ | 85377 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14194 | OUR LADY OF PERPETUAL HELP ROMAN CATHOLIC PARISH<br>7521 NORTH 57TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)931-7288<br>Fax: (623)930-0256<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7009 | OUT OF THIS WORLD CHRISTIAN CHILD CARE, INC<br>3849 WEST ENCANTO BOULEVARD<br>PHOENIX AZ 85009 | Tele (602)272-3780<br>Fax: (602)272-3797<br>Capacity : 59 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17630 | PAIDEIA PRESCHOOL SOUTH MOUNTAIN, LLC<br>1535 EAST BASELINE ROAD<br>PHOENIX AZ 85042 | Tele (602)343-3043<br>Fax: ( ) -<br>Capacity : 150 | 07/28/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15044 | PALM VALLEY MONTESSORI L L C<br>629 NORTH SARIVAL AVENUE<br>GOODYEAR AZ 85338 | Tele (623)986-9516<br>Fax: ( ) -<br>Capacity : 45 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11276 | PALM VALLEY PRESCHOOL INC. - DBA TEACH N' FUN<br>12375 WEST INDIAN SCHOOL ROAD<br>AVONDALE AZ 85392 | Tele (623)935-1440<br>Fax: ( ) -<br>Capacity : 107 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10456 | PALMS CHRISTIAN PRESCHOOL | | | Tele (623)556-2230 | 04/01/2015 to 03/31/2018 |
| | 17475 WEST BELL ROAD | | | Fax: (623)374-3896 | |
| | SURPRISE | AZ | 85374 | Capacity : 183 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11564 | PALO VERDE HEAD START | | | Tele (623)327-3698 | 09/01/2016 to 08/31/2019 |
| | 10700 SOUTH PALO VERDE ROAD | | | Fax: (623)486-9988 | |
| | PALO VERDE | AZ | 85343 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9918 | PANDA BEAR LEARNING CENTER | | | Tele (602)249-1566 | 04/01/2014 to 03/31/2017 |
| | 5345 NORTH 23RD AVENUE | | | Fax: (602)242-3855 | |
| | PHOENIX | AZ | 85015 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9378 | PARADISE EDUCATION CENTER | | | Tele (623)546-7276 | 08/01/2016 to 07/31/2019 |
| | 15533 WEST PARADISE LANE | | | Fax: (623)975-2841 | |
| | SURPRISE | AZ | 85374 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9658 | PARADISE FOR TOTS CHRISTIAN SCHOOL | | | Tele (602)996-9772 | 02/01/2014 to 01/31/2017 |
| | 13449 NORTH TATUM BLVD | | | Fax: (602)765-6422 | |
| | PHOENIX | AZ | 85032 | Capacity : 245 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1046 | PARADISE VALLEY CHRISTIAN SCHOOL<br>11875 NORTH 24TH STREET<br>PHOENIX AZ 85028 | Tele (602)992-8140<br>Fax: (602)992-8152<br>Capacity : 77 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14052 | PARADISE VALLEY COOPERATIVE SCHOOL<br>6239 EAST BELL ROAD<br>SCOTTSDALE AZ 85254 | Tele (480)948-3330<br>Fax: (480)596-3590<br>Capacity : 154 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3251 | PARADISE VALLEY EVANGELICAL LUTHERAN PRESCHOOL<br>14845 NORTH 40TH STREET<br>PHOENIX AZ 85032 | Tele (602)992-4981<br>Fax: ( ) -<br>Capacity : 45 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-0139 | PARADISE VALLEY UNITED METHODIST PRESCHOOL<br>4455 EAST LINCOLN DRIVE<br>PARADISE VALLEY AZ 85253 | Tele (602)840-8265<br>Fax: (602)840-8767<br>Capacity : 205 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15635 | PARAGON SCIENCE ACADEMY<br>2975 WEST LINDA LANE<br>CHANDLER AZ 85224 | Tele (480)814-1600<br>Fax: (480)814-1661<br>Capacity : 205 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1649 | PARKWAY CHILDREN'S SCHOOL OF EXCELLENCE<br>1751 EAST MARYLAND AVENUE<br>PHOENIX AZ 85016 | Tele (602)266-5059<br>Fax: (602)266-2671<br>Capacity : 258 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3398 | PEACE LUTHERAN PRESCHOOL<br>18265 NORTH 89TH AVENUE<br>PEORIA AZ 85382 | Tele (623)972-1076<br>Fax: (623)972-2499<br>Capacity : 56 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-2066 | PEORIA A M/ P M RECREATION PROGRAM - ALTA LOMA<br>9750 NORTH 87TH AVENUE<br>PEORIA AZ 85345 | Tele (623)764-0282<br>Fax: (623)773-7180<br>Capacity : 125 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-3194 | PEORIA A M/ P M RECREATION PROGRAM - APACHE<br>8633 WEST JOHN CABOT ROAD<br>PEORIA AZ 85382 | Tele (623)773-7137<br>Fax: (623)773-7180<br>Capacity : 225 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6512 | PEORIA A M/ P M RECREATION PROGRAM - CHEYENNE<br>11806 NORTH 87TH AVENUE<br>PEORIA AZ 85345 | Tele (623)773-7137<br>Fax: (623)764-0437<br>Capacity : 105 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-2067 | PEORIA A M/ P M RECREATION PROGRAM - COTTON BOLL<br>8540 WEST BUTLER DRIVE<br>PEORIA AZ 85345 | Tele (623)764-0448<br>Fax: (623)773-7180<br>Capacity : 55 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9003 | PEORIA A M/ P M RECREATION PROGRAM - COUNTRY MEADOWS<br>8409 NORTH 111TH AVENUE<br>PEORIA AZ 85345 | Tele (623)773-7133<br>Fax: (623)773-7180<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9001 | PEORIA A M/ P M RECREATION PROGRAM - COYOTE HILLS<br>21180 NORTH 87TH AVENUE<br>PEORIA AZ 85382 | Tele (623)773-7133<br>Fax: (623)773-7180<br>Capacity : 145 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5719 | PEORIA A M/ P M RECREATION PROGRAM - DESERT HARBOR<br>15585 NORTH 91ST DRIVE<br>PEORIA AZ 85382 | Tele (623)764-1072<br>Fax: (623)773-7180<br>Capacity : 100 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7877 | PEORIA A M/ P M RECREATION PROGRAM - FRONTIER<br>21258 NORTH 81ST AVENUE<br>PEORIA AZ 85382 | Tele (623)412-4900<br>Fax: (623)773-7180<br>Capacity : 165 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-2068 | PEORIA A M/ P M RECREATION PROGRAM - IRA MURPHY<br>7231 WEST NORTH LANE<br>PEORIA AZ 85345 | Tele (623)764-1259<br>Fax: (623)773-7180<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14986 | PEORIA A M/ P M RECREATION PROGRAM - LAKE PLEASANT ELEMENTARY<br>31501 NORTH WESTLAND ROAD<br>PEORIA AZ 85383 | Tele (623)764-4928<br>Fax: (623)773-7180<br>Capacity : 33 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-2075 | PEORIA A M/ P M RECREATION PROGRAM - OAKWOOD<br>12900 NORTH 71ST AVENUE<br>PEORIA AZ 85345 | Tele (623)878-0093<br>Fax: (623)773-7180<br>Capacity : 150 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-2069 | PEORIA A M/ P M RECREATION PROGRAM - OASIS<br>7841 WEST SWEETWATER AVENUE<br>PEORIA AZ 85381 | Tele (623)412-4815<br>Fax: (623)773-7180<br>Capacity : 150 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11183 | PEORIA A M/ P M RECREATION PROGRAM - PARKRIDGE<br>9970 WEST BEARDSLEY ROAD<br>PEORIA AZ 85382 | Tele (623)773-7133<br>Fax: (623)773-7180<br>Capacity : 125 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5179 | PEORIA A M/ P M RECREATION PROGRAM - PASEO VERDE<br>7880 WEST GREENWAY ROAD<br>PEORIA AZ 85345 | Tele (623)764-0815<br>Fax: (623)773-7180<br>Capacity : 305 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-2074 | PEORIA A M/ P M RECREATION PROGRAM - PEORIA<br>11501 NORTH 79TH AVENUE<br>PEORIA AZ 85345 | Tele (623)979-3755<br>Fax: (623)773-7180<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4626 | PEORIA A M/ P M RECREATION PROGRAM - SANTA FE<br>9880 NORTH 77TH AVENUE<br>PEORIA AZ 85345 | Tele (623)773-7137<br>Fax: (623)773-7180<br>Capacity : 58 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-2070 | PEORIA A M/ P M RECREATION PROGRAM - SKY VIEW<br>8624 WEST SWEETWATER AVENUE<br>PEORIA AZ 85381 | Tele (623)412-4850<br>Fax: (623)773-7180<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-2072 | PEORIA A M/ P M RECREATION PROGRAM - SUN VALLEY<br>8361 NORTH 95TH AVENUE<br>PEORIA AZ 85345 | Tele (623)764-1057<br>Fax: (623)773-7180<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-2071 | PEORIA A M/ P M RECREATION PROGRAM - SUNDANCE<br>7051 WEST CHOLLA AVENUE<br>PEORIA AZ 85345 | Tele (623)764-0881<br>Fax: ( ) -<br>Capacity : 125 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11450 | PEORIA A M/ P M RECREATION PROGRAM - SUNRISE FAMILY CENTER<br>21303 NORTH 86TH DRIVE<br>PEORIA AZ 85382 | Tele (623)773-8498<br>Fax: (623)773-7180<br>Capacity : 80 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16884 | PEORIA A M/ P M RECREATION PROGRAM - SUNSET HEIGHTS<br>9687 WEST ADAM AVENUE<br>PEORIA AZ 85382 | Tele (623)312-8973<br>Fax: (623)773-7180<br>Capacity : 145 | 08/06/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12682 | PEORIA A M/ P M RECREATION PROGRAM - VISTANCIA<br>30009 NORTH SUNRISE POINT<br>PEORIA AZ 85382 | Tele (623)764-7170<br>Fax: (623)773-7180<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9541 | PEORIA A M/ P M RECREATION PROGRAM - ZUNI HILLS<br>10851 WEST WILLIAMS ROAD<br>PEORIA AZ 85345 | Tele (623)773-7137<br>Fax: (623)773-7180<br>Capacity : 305 | 05/01/2014 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12967 | PEORIA AVENUE PRESCHOOL<br>8815 WEST PEORIA AVENUE # 12<br>PEORIA AZ 85345 | Tele (623)878-8035<br>Fax: (623)878-7182<br>Capacity : 189 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3158 | PEORIA CHILD DEVELOPMENT CENTER & HEAD START<br>11708 NORTH 80TH AVENUE<br>PEORIA AZ 85345 | Tele (623)486-7211<br>Fax: (623)776-1722<br>Capacity : 59 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12137 | PHOENIX ADVANTAGE CHARTER SCHOOL INC<br>3738 NORTH 16TH STREET<br>PHOENIX AZ 85016 | Tele (602)604-7228<br>Fax: (602)263-8822<br>Capacity : 39 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11704 | PHOENIX CHILDREN'S ACADEMY PRIVATE PRESCHOOL<br>2315 SOUTH LINDSAY ROAD<br>GILBERT AZ 85295 | Tele (480)963-1155<br>Fax: (480)963-5552<br>Capacity : 238 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14493 | PHOENIX CHILDRENS ACADEMY PRIVATE PRESCHOOL # 224<br>6288 SOUTH HIGLEY ROAD<br>GILBERT AZ 85298 | Tele (480)633-5588<br>Fax: (480)279-0073<br>Capacity : 214 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14905 | PHOENIX CHILDRENS ACADEMY PRIVATE PRESCHOOL # 225<br>25155 NORTH 39TH AVENUE<br>PHOENIX AZ 85083 | Tele (623)582-0011<br>Fax: (623)582-9585<br>Capacity : 196 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15590 | PHOENIX CHILDRENS ACADEMY PRIVATE PRESCHOOL # 229<br>17670 WEST ELLIOT ROAD<br>GOODYEAR AZ 85338 | Tele (602)396-5990<br>Fax: (602)396-5991<br>Capacity : 190 | 12/01/2013 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-10357 | PHOENIX CHILDREN'S ACADEMY PRIVATE PRESCHOOL #221<br>7629 WEST THUNDERBIRD ROAD<br>PEORIA AZ 85381 | Tele (623)376-2344<br>Fax: (623)486-8124<br>Capacity : 210 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11033 | PHOENIX CHILDREN'S ACADEMY PRIVATE PRESCHOOL #222<br>18820 NORTH 83RD AVENUE<br>PEORIA AZ 85382 | Tele (623)561-0212<br>Fax: (623)362-9355<br>Capacity : 220 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14934 | PHOENIX CHILDREN'S ACADEMY PRIVATE PRESCHOOL #228<br>1850 WEST GERMANN ROAD<br>CHANDLER AZ 85286 | Tele (480)855-5959<br>Fax: (480)855-6426<br>Capacity : 213 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14901 | PHOENIX CHILDREN'S ACADEMY PRIVATE SCHOOL # 226 | | | Tele (623)201-2480 | 08/01/2015 to 07/31/2018 |
| | 15562 NORTH REEMS ROAD | | | Fax: (623)201-2481 | |
| | SURPRISE | AZ | 85374 | Capacity : 208 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2003 | PHOENIX CHRISTIAN DAY CARE | | | Tele (602)273-0889 | 06/01/2016 to 05/31/2019 |
| | 2030 NORTH 36TH STREET | | | Fax: (602)275-9833 | |
| | PHOENIX | AZ | 85008 | Capacity : 102 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12619 | PHOENIX CHRISTIAN PRESCHOOL | | | Tele (602)265-7728 | 07/01/2015 to 06/30/2018 |
| | 4002 NORTH 18TH AVENUE | | | Fax: (602)264-6012 | |
| | PHOENIX | AZ | 85015 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7623 | PHOENIX CHRISTIAN SCHOOL | | | Tele (602)956-9330 | 09/01/2016 to 08/31/2019 |
| | 2425 NORTH 26TH STREET | | | Fax: (602)956-4207 | |
| | PHOENIX | AZ | 85008 | Capacity : 33 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1969 | PHOENIX COUNTRY DAY SCHOOL | | | Tele (602)955-8200 | 01/01/2016 to 12/31/2018 |
| | 3901 EAST STANFORD DRIVE | | | Fax: (602)381-4552 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0037 | PHOENIX DAY CHILD AND FAMILY LEARNING CENTER<br>115 EAST TONTO STREET<br>PHOENIX AZ 85004 | Tele (602)252-4911<br>Fax: (602)252-0979<br>Capacity : 197 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16939 | PHOENIX HEBREW ACADEMY PRE SCHOOL<br>515 EAST BETHANY HOME ROAD<br>PHOENIX AZ 85012 | Tele (602)277-7479<br>Fax: (602)274-0713<br>Capacity : 52 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13157 | PHOENIX PREPARATORY PRESCHOOL<br>538 WEST HIGHLAND AVENUE<br>PHOENIX AZ 85013 | Tele (602)274-7557<br>Fax: (602)274-8224<br>Capacity : 47 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16806 | PHOENIX RESCUE MISSION CHANGING LIVES CENTER<br>338 NORTH 15TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)688-6224<br>Fax: (602)419-2201<br>Capacity : 58 | 07/21/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8369 | PILGRIM LUTHERAN CHURCH AND SCHOOL<br>3257 EAST UNIVERSITY DRIVE<br>MESA AZ 85213 | Tele (480)830-1724<br>Fax: (480)807-2921<br>Capacity : 52 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5532 | PINNACLE PRESBYTERIAN DAY SCHOOL | | | Tele (480)585-9448 | 09/01/2016 to 08/31/2019 |
| | 25150 NORTH PIMA ROAD | | | Fax: (480)473-3575 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15879 | PLAY AND LEARN CHILD CARE L L C | | | Tele (602)788-0191 | 06/01/2014 to 05/31/2017 |
| | 4859 EAST GREENWAY ROAD | | | Fax: (602)788-1007 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16880 | PLAY TO LEARN PRESCHOOL ACADEMY | | | Tele (480)621-7700 | 08/05/2014 to 07/31/2017 |
| | 807 EAST 5TH STREET | | | Fax: (480)264-7747 | |
| | MESA | AZ | 85203 | Capacity : 44 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15446 | PRECIOUS TREASURES CHILDCARE | | | Tele (480)893-7774 | 08/01/2016 to 07/31/2019 |
| | 4939 WEST RAY ROAD # 21 | | | Fax: (480)893-0577 | |
| | CHANDLER | AZ | 85226 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16872 | PRE-KADEMY L.L.C. | | | Tele (602)373-7004 | 03/24/2014 to 02/28/2017 |
| | 1945 WEST DUNLAP AVENUE STE #2 & #3 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8368 | PREMIER CHILDREN'S CENTER | | | Tele (602)993-7153 | 08/01/2014 to 07/31/2017 |
| | 3335 WEST GREENWAY ROAD | | | Fax: (602)993-5108 | |
| | PHOENIX | AZ | 85053 | Capacity : 189 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15029 | PREMIER LEARNING ACADEMY | | | Tele (480)237-9790 | 09/01/2015 to 08/31/2018 |
| | 940 EAST RIGGS ROAD SUITE 4 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : 127 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6109 | PRESCHOOL AT NORTH PHOENIX, WEEKDAY | | | Tele (602)707-5821 | 08/01/2015 to 07/31/2018 |
| | 5757 NORTH CENTRAL AVENUE | | | Fax: (602)707-5819 | |
| | PHOENIX | AZ | 85012 | Capacity : 152 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14086 | PRIMROSE SCHOOL AT PALM VALLEY | | | Tele (623)535-1900 | 08/01/2014 to 07/31/2017 |
| | 14260 WEST INDIAN SCHOOL ROAD | | | Fax: (623)535-1960 | |
| | GOODYEAR | AZ | 85395 | Capacity : 239 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16441 | PRIMROSE SCHOOL AT TATUM | | | Tele (480)513-2900 | 02/01/2016 to 01/31/2019 |
| | 4747 EAST DYNAMITE BOULEVARD | | | Fax: (623)825-5999 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 274 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13822 | PRIMROSE SCHOOL OF AHWATUKEE | | | Tele (480)460-1575 | 01/01/2017 to 12/31/2019 |
| | 3922 EAST CHANDLER BLVD | | | Fax: (480)706-1609 | |
| | PHOENIX | AZ | 85048 | Capacity : 235 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14604 | PRIMROSE SCHOOL OF ARROWHEAD | | | Tele (623)487-9600 | 02/01/2015 to 01/31/2018 |
| | 7619 WEST THUNDERBIRD ROAD | | | Fax: (623)487-9601 | |
| | PEORIA | AZ | 85381 | Capacity : 245 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16877 | PRIMROSE SCHOOL OF EAST MESA | | | Tele (480)354-2966 | 04/18/2014 to 03/31/2017 |
| | 2710 SOUTH CRIMSON ROAD | | | Fax: (480)354-0263 | |
| | MESA | AZ | 85209 | Capacity : 244 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11331 | PRIMROSE SCHOOL OF FLETCHER HEIGHTS | | | Tele (623)825-3221 | 11/01/2016 to 10/31/2019 |
| | 8270 WEST LAKE PLEASANT PKWY | | | Fax: (623)825-5999 | |
| | PEORIA | AZ | 85382 | Capacity : 204 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17506 | PRIMROSE SCHOOL OF GILBERT AT SANTAN | | | Tele (480)255-4375 | 04/18/2016 to 03/31/2019 |
| | 4050 SOUTH VAL VISTA DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : 237 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15553 | PRIMROSE SCHOOL OF SOUTH GILBERT | | | Tele (480)633-5635 | 01/01/2014 to 12/31/2016 |
| | 3293 EAST WILLIAMS FIELD ROAD | | | Fax: (480)988-9366 | |
| | GILBERT | AZ | 85295 | Capacity : 254 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0098 | PRINCE OF PEACE PRESCHOOL | | | Tele (480)947-5645 | 02/01/2015 to 01/31/2018 |
| | 3641 NORTH 56TH STREET | | | Fax: (480)947-1530 | |
| | PHOENIX | AZ | 85018 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15358 | PROMISELAND CHRISTIAN PRESCHOOL | | | Tele (480)836-4467 | 07/01/2016 to 06/30/2019 |
| | 15555 EAST BAINBRIDGE AVENUE | | | Fax: (480)837-3204 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16157 | PUMP IT UP OF TEMPE | | | Tele (480)940-7867 | 07/01/2015 to 06/30/2018 |
| | 1325 WEST AUTO DRIVE STE 101 | | | Fax: (480)371-1201 | |
| | TEMPE | AZ | 85284 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16283 | QUALITY INTERACTIVE MONTESSORI AT SPUR CROSS | | | Tele (602)332-7017 | 08/01/2015 to 07/31/2018 |
| | 38424 NORTH SPUR CROSS ROAD | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11820 | QUALITY INTERACTIVE MONTESSORI PRESCHOOL | | | Tele (480)575-5269 | 12/01/2016 to 11/30/2019 |
| | 33212 NORTH 56TH STREET | | | Fax: (480)575-5269 | |
| | CAVE CREEK | AZ | 85331 | Capacity : 113 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6740 | QUEEN CREEK MIGRANT HEAD START | | | Tele (480)988-1708 | 01/01/2015 to 12/31/2017 |
| | 18149 EAST SAN TAN BOULEVARD | | | Fax: (480)988-2012 | |
| | QUEEN CREEK | AZ | 85242 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14377 | QUEEN OF PEACE PARISH SCHOOL | | | Tele (480)969-0226 | 08/01/2014 to 07/31/2017 |
| | 141 NORTH MACDONALD STREET | | | Fax: (480)275-2097 | |
| | MESA | AZ | 85201 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1107 | RAINBOW MONTESSORI SCHOOL | | | Tele (480)998-0024 | 07/01/2016 to 06/30/2019 |
| | 6402 EAST VOLTAIRE AVENUE | | | Fax: (480)998-4408 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1543 | RAINBOW MONTESSORI SCHOOL | | | Tele (480)998-0024 | 11/30/2015 to 10/31/2018 |
| | 6520 EAST CACTUS ROAD | | | Fax: (480)998-4408 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 77 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14029 | RAISING ARIZONA PRESCHOOL | | | Tele (602)843-2485 | 03/01/2014 to 02/28/2017 |
| | 16809 NORTH PARK PLACE | | | Fax: (602)843-8440 | |
| | GLENDALE | AZ | 85306 | Capacity : 97 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16809 | RAISING ARIZONA PRESCHOOL L L C | | | Tele (623)777-0113 | 01/02/2017 to 12/31/2019 |
| | 6145 WEST OLIVE AVENUE | | | Fax: (602)843-8440 | |
| | GLENDALE | AZ | 85302 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3308 | RANCHO SOLANO PRIVATE SCHOOLS | | | Tele (602)996-7002 | 09/01/2015 to 08/31/2018 |
| | 5656 EAST GREENWAY ROAD | | | Fax: (602)494-0172 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14054 | RAY OF LIGHT CHRISTIAN PRESCHOOL | | | Tele (480)963-6105 | 07/01/2014 to 06/30/2017 |
| | 800 WEST RAY ROAD | | | Fax: (480)899-2458 | |
| | CHANDLER | AZ | 85225 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8789 | RED MOUNTAIN MONTESSORI ACADEMY | | | Tele (480)654-1124 | 06/01/2015 to 05/31/2018 |
| | 6426 EAST MCDOWELL ROAD | | | Fax: (480)654-1124 | |
| | MESA | AZ | 85215 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16469 | REHOBOTH CHILDREN'S LEARNING CENTER<br>6501 NORTH 27TH AVENUE<br>PHOENIX AZ 85017 | Tele (602)626-8694<br>Fax: (602)687-4709<br>Capacity : 74 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16565 | REID TRADITIONAL SCHOOLS' PAINTED ROCK ACADEMY<br>14800 NORTH 25TH DRIVE<br>PHOENIX AZ 85023 | Tele (623)466-8255<br>Fax: (623)455-3270<br>Capacity : 205 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8038 | RESURRECTION LUTHERAN PRESCHOOL & DAYCARE<br>4930 EAST GREENWAY ROAD<br>SCOTTSDALE AZ 85254 | Tele (602)485-1958<br>Fax: (602)485-1634<br>Capacity : 59 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10092 | RINCON LEARNING CENTER<br>5643 SOUTH 7TH AVENUE<br>PHOENIX AZ 85041 | Tele (602)276-3945<br>Fax: (602)276-1086<br>Capacity : 85 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17327 | RISE N SHINE<br>1819 WEST OSBORN ROAD<br>PHOENIX AZ 85015 | Tele (602)274-0223<br>Fax: ( ) -<br>Capacity : 179 | 09/04/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9979 | RISEN SAVIOR LUTHERAN CHURCH | | | Tele (480)802-1505 | 04/01/2014 to 03/31/2017 |
| | 23914 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)802-3225 | |
| | SUN LAKES | AZ | 85248 | Capacity : 257 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5405 | RISING STAR DAYCARE | | | Tele (623)937-7598 | 01/01/2016 to 12/31/2018 |
| | 4330 WEST MISSOURI AVENUE | | | Fax: (623)435-9481 | |
| | GLENDALE | AZ | 85301 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0267 | ROBIN'S NEST | | | Tele (602)272-0401 | 03/01/2015 to 02/28/2018 |
| | 3420 NORTH 35TH AVENUE | | | Fax: (602)272-4684 | |
| | PHOENIX | AZ | 85017 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15357 | ROSS FARNSWORTH EAST VALLEY Y M C A | | | Tele (480)649-9622 | 06/01/2016 to 05/31/2019 |
| | 1807 SOUTH SUNVIEW | | | Fax: (602)212-6340 | |
| | MESA | AZ | 85206 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17060 | ROYALTY LEARNING CENTER L.L.C. | | | Tele (602)339-1558 | 12/01/2014 to 11/30/2017 |
| | 5312 NORTH 12TH STREET STE 302 | | | Fax: (602)424-0281 | |
| | PHOENIX | AZ | 85014 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14498 | S. S. SIMON & JUDE SCHOOL | | | Tele (602)242-1299 | 03/01/2015 to 02/28/2018 |
| | 6351 NORTH 27TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85017 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16197 | S.E.E.K. ARIZONA | | | Tele (480)902-0771 | 06/01/2015 to 05/31/2018 |
| | 1848 NORTH 52ND STREET | | | Fax: (480)967-0804 | |
| | PHOENIX | AZ | 85008 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16388 | SADDLE MOUNTAIN TONOPAH / HEAD START | | | Tele (623)474-5108 | 02/04/2016 to 01/31/2019 |
| | 38201 WEST INDIAN SCHOOL ROAD | | | Fax: (623)474-5572 | |
| | TONOPAH | AZ | 85354 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15951 | SAGE CHILD DEVELOPMENT CENTER | | | Tele (602)485-3402 | 08/25/2014 to 07/31/2017 |
| | 1055 EAST HEARN ROAD | | | Fax: (605)485-7874 | |
| | PHOENIX | AZ | 85022 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16944 | SAN TAN MONTESSORI LLC | | | Tele (480)313-4264 | 09/02/2014 to 08/31/2017 |
| | 3959 EAST ELLIOT ROAD | | | Fax: (480)471-5990 | |
| | GILBERT | AZ | 85296 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17515 | SARRC COMMUNITY SCHOOL - TEMPE CAMPUS<br>975 EAST WARNER ROAD<br>TEMPE AZ 85284 | Tele (602)501-6711<br>Fax: (602)340-8720<br>Capacity : 45 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5543 | SCOTTSDALE / PARADISE VALLEY Y M C A<br>6869 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85254 | Tele (602)212-6044<br>Fax: (480)951-9663<br>Capacity : 132 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7588 | SCOTTSDALE CHILD CARE & LEARNING CENTER - KIERLAND<br>6440 EAST GREENWAY PARKWAY<br>SCOTTSDALE AZ 85254 | Tele (480)368-1711<br>Fax: (480)368-5132<br>Capacity : 236 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13163 | SCOTTSDALE CHILD CARE & LEARNING CENTER @ CAREFREE, INC.<br>2717 WEST CAREFREE HIGHWAY<br>PHOENIX AZ 85085 | Tele (623)780-1786<br>Fax: (623)780-4967<br>Capacity : 251 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5084 | SCOTTSDALE CHILD CARE AND LEARNING CENTER<br>13831 NORTH 94TH STREET<br>SCOTTSDALE AZ 85260 | Tele (480)860-9500<br>Fax: (480)860-9318<br>Capacity : 285 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15394 | SCOTTSDALE CHRISTIAN ACADEMY / EARLY CHILDHOOD<br>14400 NORTH TATUM BLVD<br>PHOENIX AZ 85032 | Tele (602)992-5100<br>Fax: (602)992-0575<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15206 | SCOTTSDALE PRESCHOOL<br>12630 NORTH 48TH STREET<br>PHOENIX AZ 85032 | Tele (602)953-2530<br>Fax: (602)953-4815<br>Capacity : 135 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-0009 | SCOTTSDALE UNITED METHODIST COOPERATIVE PRESCHOOL<br>4140 NORTH MILLER ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)946-0570<br>Fax: (480)946-0490<br>Capacity : 120 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11504 | SCOTTSDALE UNITED METHODIST DAYCARE<br>4140 NORTH MILLER ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)941-3497<br>Fax: (480)946-0490<br>Capacity : 117 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12081 | SEEDS OF KNOWLEDGE PRESCHOOL<br>6683 SOUTH CLUB HOUSE DRIVE<br>GILBERT AZ 85298 | Tele (480)707-2056<br>Fax: ( ) -<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1851 | SELF DEVELOPMENT PRESCHOOL | | | Tele (480)396-3522 | 06/01/2015 to 05/31/2018 |
| | 1721 NORTH GREENFIELD ROAD | | | Fax: (480)641-2678 | |
| | MESA | AZ | 85205 | Capacity : 204 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0851 | SHADOW ROCK PRESCHOOL | | | Tele (602)993-0050 | 04/01/2014 to 03/31/2017 |
| | 12861 NORTH 8TH AVENUE | | | Fax: (602)863-7886 | |
| | PHOENIX | AZ | 85029 | Capacity : 173 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17511 | SHELLIE'S EARLY START LEARNING CENTER #2 | | | Tele (602)268-3774 | 04/01/2016 to 03/31/2019 |
| | 1923 EAST BROADWAY ROAD | | | Fax: (602)243-3460 | |
| | PHOENIX | AZ | 85040 | Capacity : 181 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17289 | SHELLIE'S EARLY START LEARNING CENTER #4 | | | Tele (602)232-6000 | 09/14/2015 to 08/31/2018 |
| | 26 EAST BASELINE ROAD SUITE 116A-B | | | Fax: (602)232-6003 | |
| | PHOENIX | AZ | 85042 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17125 | SHELLIE'S EARLY START LEARNING CENTER LLC #3 | | | Tele (602)243-1009 | 01/07/2015 to 12/31/2017 |
| | 4616 SOUTH CENTRAL AVENUE | | | Fax: (602)243-2640 | |
| | PHOENIX | AZ | 85042 | Capacity : 68 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17362 | SHEPHERD OF THE DESERT LUTHERAN CHURCH AND SCHOOL | | | Tele | (480)860-1188 | 09/14/2015 | to | 08/31/2018 |
| | 9590 EAST SHEA BLVD | | | Fax: | (480)860-4252 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | 30 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15605 | SHEPHERD OF THE DESERT LUTHERAN PRESCHOOL - MOUNTAIN VIEW CAMPUS | | | Tele | (480)860-0488 | 06/01/2014 | to | 05/31/2017 |
| | 9400 EAST MOUNTAIN VIEW ROAD | | | Fax: | (480)860-4152 | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | 176 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0121 | SHEPHERD OF THE VALLEY PRESCHOOL | | | Tele | (602)242-4684 | 01/16/2016 | to | 12/31/2018 |
| | 1500 WEST MARYLAND AVE | | | Fax: | (602)249-1983 | | | |
| | PHOENIX | AZ | 85015 | Capacity : | 107 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-13335 | SHINING STARS LEARNING CENTER | | | Tele | (480)888-9545 | 09/01/2016 | to | 08/31/2019 |
| | 21805 SOUTH ELLSWORTH ROAD | | | Fax: | (480)888-9545 | | | |
| | QUEEN CREEK | AZ | 85142 | Capacity : | 49 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12042 | SHOLOM PRESCHOOL | | | Tele | (480)897-3636 | 09/01/2014 | to | 08/31/2017 |
| | 3400 NORTH DOBSON ROAD | | | Fax: | (480)897-3633 | | | |
| | CHANDLER | AZ | 85224 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16717 | SHOOTING S.T.A.R.S. PRESCHOOL | | | Tele (480)293-4985 | 08/19/2016 to 07/31/2019 |
| | 69 EAST COMSTOCK DRIVE #2 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15417 | SIERRA MONTANA RECREATION CENTER | | | Tele (623)222-2600 | 09/01/2016 to 08/31/2019 |
| | 14861 WEST SPRING LANE | | | Fax: (623)222-2001 | |
| | SURPRISE | AZ | 85374 | Capacity : 144 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6222 | SINE HEAD START | | | Tele (623)930-6225 | 11/01/2014 to 10/31/2017 |
| | 4933 WEST ORANGEWOOD AVENUE | | | Fax: (623)847-1752 | |
| | GLENDALE | AZ | 85301 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16842 | SINO INTERNATIONAL MONTESSORI SCHOOL | | | Tele (602)320-1178 | 02/03/2014 to 01/31/2017 |
| | 1230 EAST GUADALUPE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16742 | SKYLINE EDUCATION INC S E I PRESCHOOL CHANDLER CAMPUS | | | Tele (480)779-2001 | 09/01/2016 to 08/31/2019 |
| | 2020 NORTH ARIZONA AVENUE STE G62 | | | Fax: (877)821-5462 | |
| | CHANDLER | AZ | 85225 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16682 | SKYLINE EDUCATION, INC PRESCHOOL<br>7450 SOUTH 40TH STREET<br>PHOENIX AZ 85042 | Tele (623)385-3580<br>Fax: (602)343-4999<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11968 | SMALL PEOPLE PRESCHOOL GREENWAY<br>2601 EAST GREENWAY ROAD<br>PHOENIX AZ 85032 | Tele (602)482-2230<br>Fax: (602)482-2173<br>Capacity : 87 | 05/01/2014 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16907 | SMALLER SCHOLARS MONTESSORI ACADEMY<br>1675 WEST GUADALUPE<br>GILBERT AZ 85233 | Tele (480)630-2816<br>Fax: (602)842-3804<br>Capacity : 182 | 06/30/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-5239 | SOJOURNER CENTER CHILD DEVELOPMENT CENTER<br>P O BOX 20156<br>PHOENIX AZ 85036 | Tele (602)244-0997<br>Fax: (602)244-8006<br>Capacity : 59 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16840 | SONSHINE PRESCHOOL<br>715 WEST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)967-3991<br>Fax: (480)967-2809<br>Capacity : 59 | 01/23/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4709 | SOUTHWEST CREIGHTON HEAD START<br>2802 EAST MCDOWELL ROAD<br>PHOENIX AZ 85008 | Tele (602)244-9441<br>Fax: (602)234-7938<br>Capacity : 40 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15893 | SOUTHWEST EARLY HEAD START / HEAD START AT EDUCARE ARIZONA<br>1300 NORTH 48TH STREET<br>PHOENIX AZ 85008 | Tele (602)845-4150<br>Fax: ( ) -<br>Capacity : 227 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7167 | SOUTHWEST HEAD START @ BALSZ SCHOOL<br>4309 EAST BELLEVIEW STREET<br>PHOENIX AZ 85008 | Tele (602)218-8678<br>Fax: (602)265-4768<br>Capacity : 40 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7346 | SOUTHWEST HEAD START @ CAMPO BELLO<br>2650 EAST CONTENTION MINE ROAD<br>PHOENIX AZ 85032 | Tele (602)788-2464<br>Fax: (602)234-7938<br>Capacity : 45 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9608 | SOUTHWEST HEAD START @ CROCKETT<br>501 NORTH 36TH STREET<br>PHOENIX AZ 85008 | Tele (602)275-1083<br>Fax: (602)234-7938<br>Capacity : 30 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4663 | SOUTHWEST HEAD START @ ECHO MOUNTAIN<br>1811 EAST MICHIGAN AVENUE<br>PHOENIX AZ 85022 | Tele (602)867-8792<br>Fax: (602)265-4768<br>Capacity : 25 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8463 | SOUTHWEST HEAD START @ ENCANTO<br>1426 WEST OSBORN ROAD<br>PHOENIX AZ 85013 | Tele (602)266-3065<br>Fax: (602)265-4768<br>Capacity : 20 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9609 | SOUTHWEST HEAD START @ EXCELENCIA SCHOOL<br>2181 EAST MCDOWELL ROAD<br>PHOENIX AZ 85006 | Tele (602)266-3065<br>Fax: (602)265-4768<br>Capacity : 45 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-8105 | SOUTHWEST HEAD START @ GATEWAY<br>1100 NORTH 35TH STREET<br>PHOENIX AZ 85008 | Tele (602)266-5976<br>Fax: (602)234-7938<br>Capacity : 40 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11565 | SOUTHWEST HEAD START @ KENNEDY<br>2702 EAST OSBORN ROAD<br>PHOENIX AZ 85016 | Tele (602)266-3065<br>Fax: (602)265-4768<br>Capacity : 45 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3745 | SOUTHWEST HEAD START @ LOMA LINDA<br>2002 EAST CLARENDON AVENUE<br>PHOENIX AZ 85016 | Tele (602)224-9260<br>Fax: (602)265-4768<br>Capacity : 20 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9585 | SOUTHWEST HEAD START @ LONGVIEW<br>1209 EAST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85014 | Tele (602)218-8678<br>Fax: (602)234-7938<br>Capacity : 20 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4063 | SOUTHWEST HEAD START @ MACHAN SCHOOL<br>2140 EAST VIRGINIA AVENUE<br>PHOENIX AZ 85006 | Tele (602)218-8678<br>Fax: (602)265-4768<br>Capacity : 20 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11649 | SOUTHWEST HEAD START @ MADISON PARK<br>1431 EAST CAMPBELL AVENUE<br>PHOENIX AZ 85014 | Tele (623)266-3065<br>Fax: (602)265-4768<br>Capacity : 40 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7158 | SOUTHWEST HEAD START @ MONTE VISTA SCHOOL<br>3501 EAST OSBORN ROAD<br>PHOENIX AZ 85018 | Tele (602)468-4173<br>Fax: (602)265-4768<br>Capacity : 40 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8964 | SOUTHWEST HEAD START @ MONTECITO<br>715 EAST MONTECITO AVENUE<br>PHOENIX AZ 85014 | Tele (602)296-7826<br>Fax: (602)265-4768<br>Capacity : 36 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10965 | SOUTHWEST HEAD START @ PALOMINO SCHOOL<br>15833 NORTH 29TH STREET<br>PHOENIX AZ 85032 | Tele (602)923-6234<br>Fax: (602)265-4768<br>Capacity : 40 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-4064 | SOUTHWEST HEAD START @ PAPAGO SCHOOL<br>2052 NORTH 36TH STREET<br>PHOENIX AZ 85008 | Tele (602)275-6847<br>Fax: (602)265-4768<br>Capacity : 40 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-8046 | SOUTHWEST HEAD START @ PHOENIX COLLEGE<br>3310 NORTH 10TH AVENUE<br>PHOENIX AZ 85013 | Tele (602)266-3065<br>Fax: (602)265-4768<br>Capacity : 50 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-11615 | SOUTHWEST HEAD START @ SOLANO SCHOOL<br>1526 WEST MISSOURI AVENUE<br>PHOENIX AZ 85015 | Tele (602)841-6308<br>Fax: (602)265-4768<br>Capacity : 25 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8834 | SPIRIT OF HOPE MONTESSORI SCHOOL, L L C | | | Tele (623)334-9171 | 08/01/2015 to 07/31/2018 |
| | 14403 NORTH 75TH AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : 46 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14862 | SPONDEO PRESCHOOL | | | Tele (480)374-3911 | 02/01/2016 to 01/31/2019 |
| | 2680 SOUTH VAL VISTA DRIVE STE 157 | | | Fax: (480)374-5122 | |
| | GILBERT | AZ | 85295 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15670 | ST FRANCIS XAVIER ROMAN CATHOLIC PARISH | | | Tele (602)266-5364 | 01/01/2017 to 12/31/2019 |
| | 4715 NORTH CENTRAL AVENUE | | | Fax: (602)279-0423 | |
| | PHOENIX | AZ | 85012 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14805 | ST JOAN OF ARC PRESCHOOL | | | Tele (602)867-9179 | 10/01/2015 to 09/30/2018 |
| | 3801 EAST GREENWAY ROAD | | | Fax: (602)482-7930 | |
| | PHOENIX | AZ | 85032 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14136 | ST MARIA GORETTI PRESCHOOL | | | Tele (480)948-3606 | 08/01/2014 to 07/31/2017 |
| | 6261 NORTH GRANITE REEF ROAD | | | Fax: (480)948-8815 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14970 | ST THERESA LITTLE FLOWER PRESCHOOL<br>5001 EAST THOMAS ROAD<br>PHOENIX AZ 85018 | Tele (602)840-0010<br>Fax: ( ) -<br>Capacity : 96 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14535 | ST. AGNES PRESCHOOL<br>2311 EAST PALM LANE<br>PHOENIX AZ 85006 | Tele (602)244-1451<br>Fax: (602)286-0250<br>Capacity : 100 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17714 | ST. CATHERINE OF SIENA PRESCHOOL<br>6413 SOUTH CENTRAL AVENUE<br>PHOENIX AZ 85042 | Tele (602)276-2241<br>Fax: (602)268-7886<br>Capacity : 40 | 09/12/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16264 | ST. FRANCIS XAVIER ROMAN CATHOLIC PARISH-AFTER CARE<br>4715 NORTH CENTRAL AVENUE<br>PHOENIX AZ 85012 | Tele (602)266-5364<br>Fax: (602)279-0423<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14367 | ST. GREGORY CATHOLIC SCHOOL - PRESCHOOL AND EXTENDED CARE<br>3440 NORTH 18TH AVENUE<br>PHOENIX AZ 85015 | Tele (602)266-9527<br>Fax: (602)266-4055<br>Capacity : 121 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14279 | ST. JEROME PRESCHOOL | | | Tele (602)942-5644 | 09/01/2014 to 08/31/2017 |
| | 10815 NORTH 35TH AVENUE | | | Fax: (602)467-4929 | |
| | PHOENIX | AZ | 85029 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14341 | ST. JOHN BOSCO CATHOLIC SCHOOL PROGRAM | | | Tele (480)219-4848 | 06/01/2014 to 05/31/2017 |
| | 16035 SOUTH 48TH STREET | | | Fax: (480)219-5767 | |
| | PHOENIX | AZ | 85048 | Capacity : 249 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14343 | ST. JOHN VIANNEY BEFORE / AFTER CARE | | | Tele (623)932-2434 | 08/01/2014 to 07/31/2017 |
| | 539 LA PASADA BOULEVARD | | | Fax: (623)925-0094 | |
| | GOODYEAR | AZ | 85338 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14342 | ST. JOHN VIANNEY CATHOLIC PRESCHOOL | | | Tele (623)932-2434 | 08/01/2014 to 07/31/2017 |
| | 539 LA PASADA BOULEVARD | | | Fax: (623)925-0094 | |
| | GOODYEAR | AZ | 85338 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14371 | ST. LOUIS THE KING PRE - KINDERGARTEN AND EXTENDED DAY | | | Tele (623)939-4260 | 08/01/2014 to 07/31/2017 |
| | 4331 WEST MARYLAND AVENUE | | | Fax: (623)930-1129 | |
| | GLENDALE | AZ | 85301 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0838 | ST. MARK LUTHERAN PRESCHOOL<br>3030 EAST THUNDERBIRD ROAD<br>PHOENIX AZ 85032 | Tele (602)992-1160<br>Fax: (602)992-7125<br>Capacity : 59 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14330 | ST. MARY-BASHA CATHOLIC SCHOOL BEFORE/AFTER SCHOOL PROGRAM<br>200 WEST GALVESTON STREET<br>CHANDLER AZ 85225 | Tele (480)963-4951<br>Fax: (480)963-8959<br>Capacity : 100 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-0779 | ST. PETER'S EPISCOPAL MONTESSORI SCHOOL<br>400 SOUTH OLD LITCHFIELD ROAD<br>LITCHFIELD PARK AZ 85340 | Tele (623)935-4215<br>Fax: (623)935-0583<br>Capacity : 145 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14267 | ST. THOMAS AQUINAS PRESCHOOL<br>13720 WEST THOMAS ROAD<br>AVONDALE AZ 85392 | Tele (623)935-2151<br>Fax: (623)935-5044<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16626 | ST. THOMAS THE APOSTLE CATHOLIC SCHOOL<br>4510 NORTH 24TH STREET<br>PHOENIX AZ 85016 | Tele (602)954-9088<br>Fax: (602)381-3256<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14344 | ST. TIMOTHY'S CHILDREN'S CENTER | | | Tele (480)775-5237 | 08/01/2014 to 07/31/2017 |
| | 1730 WEST GUADALUPE ROAD | | | Fax: (480)820-7984 | |
| | MESA | AZ | 85202 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14376 | ST. VINCENT DE PAUL EXTENDED CARE | | | Tele (623)873-8060 | 02/01/2015 to 01/31/2018 |
| | 3130 NORTH 51ST AVENUE | | | Fax: (623)245-0132 | |
| | PHOENIX | AZ | 85031 | Capacity : 126 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14375 | ST. VINCENT DE PAUL PRE - SCHOOL | | | Tele (623)873-8060 | 02/01/2015 to 01/31/2018 |
| | 3130 NORTH 51ST AVENUE | | | Fax: (623)245-0132 | |
| | PHOENIX | AZ | 85031 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17076 | STANDING STONES | | | Tele (623)581-5680 | 11/03/2014 to 10/31/2017 |
| | 24820 NORTH 16TH AVENUE #100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : 65 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16563 | START RIGHT PRESCHOOL | | | Tele (480)325-3175 | 06/01/2016 to 05/31/2019 |
| | 3460 EAST SOUTHERN AVENUE STE 101 | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : 165 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17010 | STARTING BLOCKS ACADEMY | | | Tele (480)818-8428 | 08/06/2014 to 07/31/2017 |
| | 42105 NORTH 41ST DRIVE | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : 55 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16656 | STEPPING STONES ACADEMY | | | Tele (623)465-4910 | 08/12/2016 to 07/31/2019 |
| | 35812 NORTH 7TH STREET | | | Fax: (623)587-8514 | |
| | PHOENIX | AZ | 85086 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10025 | STEPPING STONES PRESCHOOL LTD | | | Tele (623)606-4266 | 10/01/2014 to 09/30/2017 |
| | 3951 WEST HAPPY VALLEY ROAD | | | Fax: (623)455-8624 | |
| | GLENDALE | AZ | 85310 | Capacity : 208 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11703 | STRONG FOUNDATION CENTER FOR EARLY LEARNING & RESILIENCY | | | Tele (602)374-8770 | 12/01/2016 to 11/30/2019 |
| | 2302 WEST COLTER STREET | | | Fax: (602)374-8819 | |
| | PHOENIX | AZ | 85015 | Capacity : 121 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9276 | SUMMIT SCHOOL OF AHWATUKEE | | | Tele (480)403-9500 | 04/01/2016 to 03/31/2019 |
| | 4515 EAST MUIRWOOD DRIVE | | | Fax: (480)403-9599 | |
| | PHOENIX | AZ | 85048 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16161 | SUN VALLEY LEARNING CENTER | | | Tele (480)838-2440 | 07/01/2015 to 06/30/2018 |
| | 6240 SOUTH PRICE ROAD | | | Fax: (480)305-5885 | |
| | TEMPE | AZ | 85283 | Capacity : 285 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15549 | SUN VALLEY PRESCHOOL | | | Tele (602)692-4914 | 12/01/2016 to 11/30/2019 |
| | 5806 SOUTH 35TH AVENUE | | | Fax: (602)276-6298 | |
| | PHOENIX | AZ | 85041 | Capacity : 117 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8689 | SUNBRIGHT CHILDREN CENTER | | | Tele (623)435-9503 | 02/01/2015 to 01/31/2018 |
| | 4834 WEST GLENDALE AVENUE | | | Fax: (623)931-0422 | |
| | GLENDALE | AZ | 85301 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14794 | SUNFLOWER PRESCHOOL L L C | | | Tele (480)836-2255 | 05/01/2015 to 04/30/2018 |
| | 15055 NORTH FOUNTAIN HILLS BLVD | | | Fax: (480)619-6204 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 43 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7237 | SUNNY DAYS LEARNING CENTER | | | Tele (480)821-9091 | 08/01/2015 to 07/31/2018 |
| | 2100 WEST CHANDLER BLVD #32 | | | Fax: (480)821-9091 | |
| | CHANDLER | AZ | 85224 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13409 | SUNRISE MONTESSORI SCHOOL | | | Tele (623)376-0680 | 06/01/2016 to 05/31/2019 |
| | 8430 WEST DEER VALLEY ROAD | | | Fax: (602)843-2134 | |
| | PEORIA | AZ | 85382 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14215 | SUNRISE MONTESSORI SCHOOL | | | Tele (602)843-6053 | 09/01/2014 to 08/31/2017 |
| | 14233 NORTH 47TH AVENUE | | | Fax: (602)843-2134 | |
| | GLENDALE | AZ | 85306 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17604 | SUNRISE PRESCHOOLS #113 | | | Tele (480)759-4098 | 06/01/2016 to 05/31/2019 |
| | 4111 EAST RAY ROAD | | | Fax: (480)759-5632 | |
| | PHOENIX | AZ | 85044 | Capacity : 204 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17595 | SUNRISE PRESCHOOLS #116 | | | Tele (480)813-8009 | 06/01/2016 to 05/31/2019 |
| | 900 SOUTH COOPER | | | Fax: (480)813-7526 | |
| | GILBERT | AZ | 85233 | Capacity : 202 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17599 | SUNRISE PRESCHOOLS #123 | | | Tele (480)705-8212 | 06/01/2016 to 05/31/2019 |
| | 9880 SOUTH RURAL ROAD #116 | | | Fax: (480)592-0575 | |
| | TEMPE | AZ | 85284 | Capacity : 178 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17616 | SUNRISE PRESCHOOLS #124 | | | Tele (623)566-9450 | 06/01/2016 to 05/31/2019 |
| | 5801 WEST MOHAWK LANE | | | Fax: (623)566-9467 | |
| | GLENDALE | AZ | 85308 | Capacity : 209 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17612 | SUNRISE PRESCHOOLS #129 | | | Tele (623)536-1020 | 06/01/2016 to 05/31/2019 |
| | 13201 WEST THOMAS ROAD | | | Fax: (623)536-1050 | |
| | GOODYEAR | AZ | 85395 | Capacity : 202 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17610 | SUNRISE PRESCHOOLS #130 | | | Tele (480)314-1071 | 06/01/2016 to 05/31/2019 |
| | 11090 NORTH FRANK LLOYD WRIGHT BLVD | | | Fax: (480)314-1504 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17617 | SUNRISE PRESCHOOLS #132 | | | Tele (480)820-1861 | 06/01/2016 to 05/31/2019 |
| | 1628 EAST BROADWAY ROAD | | | Fax: (480)810-1945 | |
| | TEMPE | AZ | 85282 | Capacity : 227 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17613 | SUNRISE PRESCHOOLS #133 | | | Tele (623)878-6556 | 06/01/2016 to 05/31/2019 |
| | 7642 WEST CACTUS ROAD | | | Fax: (623)878-0040 | |
| | PEORIA | AZ | 85381 | Capacity : 208 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17596 | SUNRISE PRESCHOOLS #134 | | | Tele (480)830-5500 | 06/01/2016 to 05/31/2019 |
| | 102 NORTH LINDSAY ROAD | | | Fax: (480)830-5675 | |
| | MESA | AZ | 85213 | Capacity : 208 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17601 | SUNRISE PRESCHOOLS #136 | | | Tele (602)978-9545 | 06/01/2016 to 05/31/2019 |
| | 3401 WEST UNION HILLS DRIVE | | | Fax: (602)978-9603 | |
| | PHOENIX | AZ | 85027 | Capacity : 239 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17618 | SUNRISE PRESCHOOLS #137 | | | Tele (623)780-2007 | 06/01/2016 to 05/31/2019 |
| | 1415 EAST BELL ROAD | | | Fax: (623)780-8999 | |
| | PHOENIX | AZ | 85022 | Capacity : 202 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17603 | SUNRISE PRESCHOOLS #139 | | | Tele (480)899-8661 | 06/01/2016 to 05/31/2019 |
| | 1114 WEST ELLIOT ROAD | | | Fax: (480)963-1548 | |
| | CHANDLER | AZ | 85224 | Capacity : 166 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17609 | SUNRISE PRESCHOOLS #140 | | | Tele (480)279-0400 | 06/01/2016 to 05/31/2019 |
| | 3270 EAST RAY ROAD | | | Fax: (480)279-4234 | |
| | GILBERT | AZ | 85296 | Capacity : 210 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17597 | SUNRISE PRESCHOOLS #141 | | | Tele (480)497-5260 | 06/01/2016 to 05/31/2019 |
| | 1549 NORTH BURK STREET | | | Fax: (480)497-5262 | |
| | GILBERT | AZ | 85234 | Capacity : 180 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17600 | SUNRISE PRESCHOOLS #142 | | | Tele (480)218-5577 | 06/01/2016 to 05/31/2019 |
| | 1365 SOUTH GILBERT ROAD | | | Fax: (480)218-5705 | |
| | MESA | AZ | 85204 | Capacity : 280 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17607 | SUNRISE PRESCHOOLS #144 | | | Tele (623)934-2810 | 06/01/2016 to 05/31/2019 |
| | 4110 WEST NORTHERN AVENUE | | | Fax: (623)934-4016 | |
| | PHOENIX | AZ | 85051 | Capacity : 155 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17615 | SUNRISE PRESCHOOLS #145 | | | Tele (623)907-2400 | 06/01/2016 to 05/31/2019 |
| | 8803 WEST VAN BUREN STREET | | | Fax: (623)907-9005 | |
| | TOLLESON | AZ | 85353 | Capacity : 215 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17614 | SUNRISE PRESCHOOLS #147 | | | Tele (602)263-0985 | 06/01/2016 to 05/31/2019 |
| | 2122 WEST INDIAN SCHOOL ROAD | | | Fax: (602)263-0998 | |
| | PHOENIX | AZ | 85015 | Capacity : 252 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17611 | SUNRISE PRESCHOOLS #148 | | | Tele (602)993-2026 | 06/01/2016 to 05/31/2019 |
| | 12010 NORTH 43RD AVENUE | | | Fax: (602)424-1999 | |
| | GLENDALE | AZ | 85304 | Capacity : 206 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17619 | SUNRISE PRESCHOOLS #215 | | | Tele (480)833-0353 | 06/01/2016 to 05/31/2019 |
| | 848 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)834-1518 | |
| | MESA | AZ | 85210 | Capacity : 138 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17602 | SUNRISE PRESCHOOLS #218 | | | Tele (480)633-2506 | 06/01/2016 to 05/31/2019 |
| | 50 EAST GUADALUPE | | | Fax: (480)633-3863 | |
| | GILBERT | AZ | 85234 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17598 | SUNRISE PRESCHOOLS #222 | | | Tele (480)456-9263 | 06/01/2016 to 05/31/2019 |
| | 2734 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)897-7009 | |
| | MESA | AZ | 85210 | Capacity : 153 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17605 | SUNRISE PRESCHOOLS #230 | | | Tele (480)214-0042 | 06/01/2016 to 05/31/2019 |
| | 808 EAST MINTON | | | Fax: (480)456-0377 | |
| | TEMPE | AZ | 85282 | Capacity : 186 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17730 | SUNRISE PRESCHOOLS #282 | | | Tele (480)833-0353 | 11/23/2016 to 10/31/2019 |
| | 641 WEST SOUTHERN AVENUE | | | Fax: (480)834-1518 | |
| | MESA | AZ | 85210 | Capacity : 220 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17729 | SUNRISE PRESCHOOLS #295 | | | Tele (480)219-8407 | 09/07/2016 to 08/31/2019 |
| | 2217 NORTH POWER ROAD #1001 | | | Fax: (480)663-3240 | |
| | MESA | AZ | 85215 | Capacity : 56 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16804 | SUPERKIDS, L.L.C. | | | Tele (480)821-9006 | 12/02/2016 to 11/30/2019 |
| | 2200 NORTH ALMA SCHOOL ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : 200 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1622 | SUSIE'S MAMA BEAR | | | Tele (602)866-1815 | 09/01/2016 to 08/31/2019 |
| | 16830 NORTH 12TH STREET | | | Fax: (602)866-1816 | |
| | PHOENIX | AZ | 85022 | Capacity : 140 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16488 | T L C CHILD ENRICHMENT | | | Tele (602)843-8193 | 02/01/2016 to 01/31/2019 |
| | 18210 NORTH 19TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10371 | T R C C - RAY RD INC | | | Tele (480)704-5256 | 09/01/2015 to 08/31/2018 |
| | 4510 EAST RAY ROAD | | | Fax: (480)705-0022 | |
| | PHOENIX | AZ | 85044 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7240 | TEACH AND CARE | | | Tele (480)834-4364 | 07/01/2015 to 06/30/2018 |
| | 315 SOUTH STAPLEY DRIVE | | | Fax: (480)834-2215 | |
| | MESA | AZ | 85204 | Capacity : 97 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14598 | TEACH N' FUN AHWATUKEE | | | Tele (480)704-1440 | 12/01/2014 to 11/30/2017 |
| | 15626 SOUTH 42ND STREET | | | Fax: (480)704-0401 | |
| | PHOENIX | AZ | 85048 | Capacity : 158 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11634 | TEACH N TOTS INC | | | Tele (602)277-6459 | 09/01/2016 to 08/31/2019 |
| | 4501 NORTH 19TH AVENUE | | | Fax: (602)279-7891 | |
| | PHOENIX | AZ | 85015 | Capacity : 121 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0465 | TEMPE CHRISTIAN SCHOOL | | | Tele (480)838-2866 | 10/01/2015 to 09/30/2018 |
| | 3929 SOUTH RURAL ROAD | | | Fax: (480)659-8000 | |
| | TEMPE | AZ | 85282 | Capacity : 289 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-1043 | TEMPE MONTESSORI SCHOOL | | | Tele | (480)966-7606 | 09/01/2015 | to | 08/31/2018 |
| | 410 SOUTH EL DORADO | | | Fax: | (480)966-6805 | | | |
| | MESA | AZ | 85202 | Capacity : | 167 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10032 | TEMPLE EMANUEL PRESCHOOL | | | Tele | (480)838-1414 | 08/01/2014 | to | 07/31/2017 |
| | 5801 SOUTH RURAL ROAD | | | Fax: | (480)838-2192 | | | |
| | TEMPE | AZ | 85283 | Capacity : | 154 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-9388 | TEMPLE KOL AMI EARLY CHILDHOOD CENTER | | | Tele | (480)951-5825 | 08/01/2016 | to | 07/31/2019 |
| | 15030 NORTH 64TH STREET | | | Fax: | (480)951-5231 | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | 176 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10857 | TENDER CARE CREATIVE CENTER | | | Tele | (623)386-3477 | 08/01/2015 | to | 07/31/2018 |
| | 705 EAST BASELINE ROAD | | | Fax: | (623)386-3477 | | | |
| | BUCKEYE | AZ | 85326 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10301 | TENDER TIMES | | | Tele | (623)937-8884 | 03/01/2015 | to | 02/28/2018 |
| | 5435 WEST MYRTLE AVENUE | | | Fax: | (623)215-0593 | | | |
| | GLENDALE | AZ | 85301 | Capacity : | 36 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10465 | TENDER TIMES PRESCHOOL | | | Tele (602)870-0970 | 05/01/2015 to 04/30/2018 |
| | 10889 NORTH 19TH AVENUE | | | Fax: (623)215-0593 | |
| | PHOENIX | AZ | 85029 | Capacity : 81 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9250 | TESSERACT SCHOOL PARADISE VALLEY | | | Tele (480)991-1770 | 02/01/2016 to 01/31/2019 |
| | 4800 EAST DOUBLETREE RANCH ROAD | | | Fax: (480)991-1954 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : 95 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10362 | THE A C E S - SOARING EAGLES PROGRAM | | | Tele (623)937-5090 | 06/01/2015 to 05/31/2018 |
| | 6815 WEST CACTUS ROAD | | | Fax: (623)937-5349 | |
| | PEORIA | AZ | 85381 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17272 | THE ACADEMY DAY SCHOOL | | | Tele (480)275-5002 | 08/03/2015 to 07/31/2018 |
| | 1080 EAST PECOS ROAD #19 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4157 | THE FAMILY SCHOOL | | | Tele (602)252-5866 | 01/01/2017 to 12/31/2019 |
| | 1121 WEST MCDOWELL ROAD | | | Fax: (602)322-0384 | |
| | PHOENIX | AZ | 85007 | Capacity : 77 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15360 | THE FRENCH AMERICAN SCHOOL OF ARIZONA | | | Tele (480)334-9655 | 08/01/2016 to 07/31/2019 |
| | 2222 SOUTH PRICE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15102 | THE GODDARD SCHOOL | | | Tele (623)536-8185 | 08/01/2015 to 07/31/2018 |
| | 13235 WEST THOMAS ROAD | | | Fax: (623)536-8538 | |
| | GOODYEAR | AZ | 85395 | Capacity : 210 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17250 | THE GODDARD SCHOOL | | | Tele (480)633-3196 | 07/09/2015 to 06/30/2018 |
| | 720 EAST WARNER ROAD | | | Fax: (480)633-0433 | |
| | GILBERT | AZ | 85296 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15734 | THE GODDARD SCHOOL | | | Tele (480)830-6028 | 04/01/2014 to 03/31/2017 |
| | 1420 NORTH HIGLEY ROAD | | | Fax: (480)830-6038 | |
| | GILBERT | AZ | 85234 | Capacity : 180 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14863 | THE GODDARD SCHOOL | | | Tele (480)437-1000 | 08/01/2015 to 07/31/2018 |
| | 4060 EAST PEAK VIEW ROAD | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14246 | THE GODDARD SCHOOL | | | Tele (480)988-0185 | 11/01/2014 to 10/31/2017 |
| | 4080 EAST GERMANN ROAD | | | Fax: (602)513-7489 | |
| | GILBERT | AZ | 85297 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14808 | THE GODDARD SCHOOL | | | Tele (623)255-3290 | 07/01/2015 to 06/30/2018 |
| | 4320 NORTH SCHOOL HILL ROAD | | | Fax: (623)243-7479 | |
| | BUCKEYE | AZ | 85396 | Capacity : 176 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14743 | THE GODDARD SCHOOL | | | Tele (480)451-5512 | 06/01/2015 to 05/31/2018 |
| | 13940 NORTH FRANK LLOYD WRIGHT BLVD | | | Fax: (480)614-5290 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 164 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14831 | THE GODDARD SCHOOL | | | Tele (480)821-1234 | 06/01/2015 to 05/31/2018 |
| | 1815 WEST CHANDLER BLVD | | | Fax: (480)963-2087 | |
| | CHANDLER | AZ | 85224 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13118 | THE GROWING PLACE PRESCHOOL | | | Tele (480)855-4700 | 01/01/2016 to 12/31/2018 |
| | 744 WEST RAY ROAD STE 104 | | | Fax: (480)855-4701 | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0669 | THE HILLS SCHOOL AND ATELIER | | | Tele (602)952-2616 | 06/01/2015 to 05/31/2018 |
| | 5524 EAST LAFAYETTE BOULEVARD | | | Fax: (602)840-9170 | |
| | PHOENIX | AZ | 85018 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17479 | THE ILIAD ACADEMY | | | Tele (623)474-6328 | 01/06/2016 to 12/31/2018 |
| | 19408 WEST CATALINA DRIVE | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17260 | THE KIDS ACADEMY | | | Tele (480)678-2822 | 10/09/2015 to 09/30/2018 |
| | 7430 WEST CACTUS ROAD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : 132 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11442 | THE LEARNING CURVE | | | Tele (480)545-4852 | 08/01/2016 to 07/31/2019 |
| | 71 SOUTH MCQUEEN ROAD | | | Fax: (480)539-2784 | |
| | GILBERT | AZ | 85233 | Capacity : 199 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16993 | THE LITTLE GARDEN SCHOOLHOUSE | | | Tele (480)388-7884 | 08/20/2014 to 07/31/2017 |
| | 2243 EAST UNIVERSITY DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12812 | THE PRESCHOOL AT RED MOUNTAIN UNITED METHODIST CHURCH | | | Tele (480)981-3833 | 08/01/2015 to 07/31/2018 |
| | 2936 NORTH POWER ROAD | | | Fax: (480)807-8483 | |
| | MESA | AZ | 85215 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16730 | THE RIGHT TRACK AFTER SCHOOL PROGRAM | | | Tele (602)243-1773 | 03/01/2014 to 02/28/2017 |
| | 1522 EAST SOUTHERN | | | Fax: (602)276-1984 | |
| | PHOENIX | AZ | 85040 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11999 | THE S A R R C COMMUNITY SCHOOL | | | Tele (602)340-8717 | 10/01/2014 to 09/30/2017 |
| | 300 NORTH 18TH STREET | | | Fax: (602)340-8720 | |
| | PHOENIX | AZ | 85006 | Capacity : 101 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15738 | THE SCOTTSDALE SCHOOL | | | Tele (480)451-9442 | 08/01/2014 to 07/31/2017 |
| | 14684 NORTH FRANK LLOYD WRIGHT BLVD | | | Fax: (480)451-3810 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1706 | THE SOLEL SCHOOL - PRESCHOOL | | | Tele (480)991-4545 | 09/01/2014 to 08/31/2017 |
| | 6805 EAST MCDONALD DRIVE | | | Fax: (480)991-1059 | |
| | SCOTTSDALE | AZ | 85253 | Capacity : 217 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8922 | THE VILLAGE PRESCHOOL INCORPORATED | | | Tele (480)246-2496 | 08/01/2015 to 07/31/2018 |
| | 2156 EAST LIBERTY LANE | | | Fax: (480)460-4780 | |
| | PHOENIX | AZ | 85048 | Capacity : 40 | Medcaid_Cert: Not Ceritified |
| CDC-0032 | THE WEEKDAY SCHOOL | | | Tele (602)230-0646 | 04/01/2015 to 03/31/2018 |
| | 5510 NORTH CENTRAL AVENUE | | | Fax: (602)266-5658 | |
| | PHOENIX | AZ | 85012 | Capacity : 311 | Medcaid_Cert: Not Ceritified |
| CDC-14880 | TIME FOR TOTS PRESCHOOL | | | Tele (480)245-7961 | 10/01/2015 to 09/30/2018 |
| | 2211 WEST GERMANN ROAD | | | Fax: (480)245-7908 | |
| | CHANDLER | AZ | 85286 | Capacity : 165 | Medcaid_Cert: Not Ceritified |
| CDC-9423 | TINY TOTS WEST | | | Tele (480)964-3844 | 06/01/2016 to 05/31/2019 |
| | 1024 WEST UNIVERSITY DRIVE | | | Fax: (480)964-3844 | |
| | MESA | AZ | 85201 | Capacity : 117 | Medcaid_Cert: Not Ceritified |
| CDC-10363 | TINY TREASURES PRE-SCHOOL | | | Tele (602)266-4100 | 02/01/2015 to 01/31/2018 |
| | 4123 NORTH 15TH AVENUE | | | Fax: (602)265-6437 | |
| | PHOENIX | AZ | 85015 | Capacity : 130 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15222 | TODAYS TOMORROW LEARNING CENTER L L C | | | Tele (602)275-0203 | 12/01/2015 to 11/30/2018 |
| | 1616 NORTH 24TH STREET SUITE #104 | | | Fax: (602)275-0207 | |
| | PHOENIX | AZ | 85008 | Capacity : 119 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0998 | TODDLER'S INN | | | Tele (480)986-9784 | 12/01/2015 to 11/30/2018 |
| | 8226 EAST APACHE TRAIL | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8713 | TOLLESON HEAD START | | | Tele (623)478-9044 | 01/01/2015 to 12/31/2017 |
| | 9302 WEST BADEN | | | Fax: (623)478-9068 | |
| | TOLLESON | AZ | 85353 | Capacity : 26 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11745 | TOTALLY KIDZ | | | Tele (480)947-4755 | 11/01/2016 to 10/31/2019 |
| | 7214 EAST GRANADA ROAD | | | Fax: (480)946-3161 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14782 | TOTS UNLIMITED # 28 | | | Tele (623)772-8087 | 06/01/2015 to 05/31/2018 |
| | 8311 WEST GLENDALE AVENUE | | | Fax: (623)772-7204 | |
| | GLENDALE | AZ | 85305 | Capacity : 197 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-9937 | TOTS UNLIMITED #26 | | | Tele | (623)463-2700 | 08/01/2014 | to | 07/31/2017 |
| | 6390 NORTH 59TH AVENUE | | | Fax: | (623)463-3373 | | | |
| | GLENDALE | AZ | 85301 | Capacity : | 177 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15469 | TOTSPOT PRESCHOOL L L C | | | Tele | (480)584-4064 | 10/01/2016 | to | 09/30/2019 |
| | 4844 SOUTH VAL VISTA DRIVE STE A105 | | | Fax: | (480)821-1827 | | | |
| | GILBERT | AZ | 85298 | Capacity : | 74 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17698 | TOTSPOT PRESCHOOL TOO, LLC | | | Tele | (480)895-0206 | 08/09/2016 | to | 07/31/2019 |
| | 1075 EAST RIGGS ROAD #4 | | | Fax: | (480)802-6614 | | | |
| | CHANDLER | AZ | 85249 | Capacity : | 41 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17586 | TREE OF LIFE PRESCHOOL ACADEMY, L.L.C. | | | Tele | (602)309-4698 | 09/01/2016 | to | 08/31/2019 |
| | 6900 SOUTH 24TH STREET | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85042 | Capacity : | 82 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-1718 | TRINITY LUTHERAN SCHOOL | | | Tele | (623)935-4690 | 10/01/2014 | to | 09/30/2017 |
| | 830 EAST PLAZA CIRCLE EAST | | | Fax: | (623)935-1203 | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | 434 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0039 | TRINITY UNITED METHODIST PRESCHOOL<br>3104 WEST GLENDALE AVENUE<br>PHOENIX AZ 85051 | Tele (602)973-9060<br>Fax: (602)393-0574<br>Capacity : 125 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8111 | TRIPLE R CHILD CARE INC<br>1442 EAST CHANDLER BLVD<br>PHOENIX AZ 85048 | Tele (480)283-1220<br>Fax: (480)283-1986<br>Capacity : 169 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13846 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>5911 WEST THUNDERBIRD ROAD<br>GLENDALE AZ 85306 | Tele (602)938-4125<br>Fax: (602)983-0339<br>Capacity : 356 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13854 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>15365 SOUTH 48TH STREET<br>PHOENIX AZ 85044 | Tele (480)704-0536<br>Fax: (480)753-9285<br>Capacity : 312 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13849 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>5550 WEST BELL ROAD<br>GLENDALE AZ 85308 | Tele (602)504-1510<br>Fax: (602)439-2573<br>Capacity : 281 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13841 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>10260 NORTH 67TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)572-0080<br>Fax: (623)773-3332<br>Capacity : 254 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13856 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>1652 EAST ELLIOTT ROAD<br>GILBERT AZ 85234 | Tele (480)632-0531<br>Fax: (480)632-0738<br>Capacity : 229 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13859 | TUTOR TIME CHILD CARE / LEARNING CENTERS<br>1928 NORTH GILBERT ROAD<br>MESA AZ 85203 | Tele (480)733-6977<br>Fax: (480)733-0600<br>Capacity : 223 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13853 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>1730 NORTH DYSART ROAD<br>GOODYEAR AZ 85395 | Tele (623)536-2900<br>Fax: (623)536-7899<br>Capacity : 293 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13838 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>725 EAST BRILL STREET<br>PHOENIX AZ 85006 | Tele (602)254-2201<br>Fax: (602)256-0493<br>Capacity : 204 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13861 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>4060 EAST BELL ROAD<br>PHOENIX AZ 85032 | Tele (602)493-6941<br>Fax: (602)493-6944<br>Capacity : 280 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13847 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>690 WEST WARNER ROAD<br>GILBERT AZ 85233 | Tele (480)782-9119<br>Fax: (480)813-2290<br>Capacity : 320 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13862 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>20645 NORTH SCOTTSDALE ROAD<br>SCOTTSDALE AZ 85255 | Tele (480)585-4194<br>Fax: (480)563-9326<br>Capacity : 200 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13860 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>8348 WEST DEER VALLEY ROAD<br>PEORIA AZ 85382 | Tele (623)825-9840<br>Fax: (623)572-3125<br>Capacity : 241 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13858 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>11350 EAST VIA LINDA DRIVE<br>SCOTTSDALE AZ 85259 | Tele (480)657-8586<br>Fax: (480)657-8572<br>Capacity : 202 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13852 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>3316 EAST BASELINE ROAD<br>PHOENIX AZ 85040 | Tele (602)437-0404<br>Fax: (602)437-2820<br>Capacity : 341 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14204 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>4710 EAST LONE MOUNTAIN ROAD<br>CAVE CREEK AZ 85331 | Tele (480)575-3014<br>Fax: (480)575-3014<br>Capacity : 512 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13851 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>905 NORTH MCCLINTOCK DRIVE<br>CHANDLER AZ 85226 | Tele (480)838-6700<br>Fax: (480)855-0290<br>Capacity : 393 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14845 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>875 EAST BELL ROAD<br>PHOENIX AZ 85022 | Tele (602)938-5257<br>Fax: (602)938-5420<br>Capacity : 478 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13850 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>1900 SOUTH ALMA SCHOOL ROAD<br>CHANDLER AZ 85286 | Tele (480)857-4084<br>Fax: (480)857-4090<br>Capacity : 225 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13848 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>2050 WEST RAY ROAD<br>CHANDLER AZ 85224 | Tele (480)820-7111<br>Fax: (480)839-8626<br>Capacity : 319 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13845 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>4736 EAST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85018 | Tele (602)956-1020<br>Fax: (602)956-3771<br>Capacity : 266 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13844 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>15438 WEST BELL ROAD<br>SURPRISE AZ 85374 | Tele (623)556-8430<br>Fax: (623)556-2154<br>Capacity : 301 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13843 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>7255 SOUTH POWER ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)840-6095<br>Fax: (480)840-6130<br>Capacity : 291 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13842 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>24745 NORTH 23RD AVENUE<br>PHOENIX AZ 85085 | Tele (623)587-5640<br>Fax: (623)587-6020<br>Capacity : 363 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13839 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>7810 WEST LOWER BUCKEYE ROAD<br>PHOENIX AZ 85043 | Tele (623)691-6705<br>Fax: (623)936-3520<br>Capacity : 331 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13840 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>3720 WEST ANTHEM WAY<br>ANTHEM AZ 85086 | Tele (623)465-8644<br>Fax: (623)551-6765<br>Capacity : 282 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13863 | TUTOR TIME CHILD CARE/ LEARNING CENTERS<br>3901 EAST GUADALUPE ROAD<br>GILBERT AZ 85234 | Tele (480)633-3737<br>Fax: (480)633-3724<br>Capacity : 214 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10909 | TWEET HOME CHILD CARE<br>506 WEST UNIVERSITY DRIVE<br>MESA AZ 85201 | Tele (480)474-4072<br>Fax: (480)474-4072<br>Capacity : 27 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14827 | U M O M NEW DAY CENTERS<br>3320 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)275-7852<br>Fax: (602)286-0422<br>Capacity : 130 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10827 | UNITED CEREBRAL PALSY OF CENTRAL ARIZONA | | | Tele (602)943-5472 | 09/01/2015 to 08/31/2018 |
| | 1802 WEST PARKSIDE LANE | | | Fax: (602)943-4936 | |
| | PHOENIX | AZ | 85027 | Capacity : 84 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0024 | UPWARD FOR CHILDREN AND FAMILIES | | | Tele (602)279-5801 | 06/01/2014 to 05/31/2017 |
| | 6306 NORTH 7TH STREET | | | Fax: (602)279-0785 | |
| | PHOENIX | AZ | 85014 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17643 | VAL VISTA ACADEMY | | | Tele (480)656-5555 | 08/03/2016 to 07/31/2019 |
| | 4120 SOUTH VAL VISTA DRIVE | | | Fax: (480)689-5952 | |
| | GILBERT | AZ | 85297 | Capacity : 285 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15133 | VALLEY ACADEMY | | | Tele (623)516-7747 | 12/01/2015 to 11/30/2018 |
| | 1520 WEST ROSE GARDEN LANE | | | Fax: (623)516-2703 | |
| | PHOENIX | AZ | 85027 | Capacity : 236 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1251 | VALLEY CHILD CARE | | | Tele (602)439-2700 | 08/01/2015 to 07/31/2018 |
| | 5041 WEST UNION HILLS DRIVE | | | Fax: (602)439-0639 | |
| | GLENDALE | AZ | 85308 | Capacity : 197 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0849 | VALLEY CHILD CARE #1001 | | | Tele (602)938-3100 | 07/01/2016 to 06/30/2019 |
| | 3620 WEST GREENWAY ROAD | | | Fax: (602)993-0004 | |
| | PHOENIX | AZ | 85053 | Capacity : 249 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11261 | VALLEY CHILD CARE & LEARNING CENTER | | | Tele (623)486-7600 | 05/01/2014 to 04/30/2017 |
| | 14085 NORTH DYSART ROAD | | | Fax: (623)933-3225 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 287 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11569 | VALLEY CHILD CARE & LEARNING CENTER | | | Tele (602)569-9200 | 09/01/2016 to 08/31/2019 |
| | 4041 EAST CACTUS ROAD | | | Fax: (602)279-1903 | |
| | PHOENIX | AZ | 85028 | Capacity : 218 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12994 | VALLEY CHILD CARE & LEARNING CENTER | | | Tele (623)551-7992 | 09/01/2016 to 08/31/2019 |
| | 41117 NORTH DAISY MOUNTAIN DRIVE | | | Fax: (623)551-7974 | |
| | ANTHEM | AZ | 85086 | Capacity : 226 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5423 | VALLEY CHILD CARE & LEARNING CENTER #1007 | | | Tele (480)786-4400 | 10/01/2016 to 09/30/2019 |
| | 3700 WEST RAY ROAD | | | Fax: (480)855-1152 | |
| | CHANDLER | AZ | 85226 | Capacity : 260 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7277 | VALLEY CHILD CARE & LEARNING CENTER #1008 L L C<br>21468 NORTH 75TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)566-8700<br>Fax: (623)566-8350<br>Capacity : 259 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11421 | VALLEY CHILD CARE & LEARNING CENTER #1010 L L C<br>16303 WEST BELL ROAD<br>SURPRISE AZ 85374 | Tele (623)556-4414<br>Fax: (623)556-2242<br>Capacity : 122 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-3060 | VALLEY CHILD CARE AND LEARNING CENTER, INCORPORATED<br>3300 EAST UNION HILLS DRIVE<br>PHOENIX AZ 85050 | Tele (602)569-9200<br>Fax: (602)992-1058<br>Capacity : 213 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9975 | VALLEY OF THE SUN JEWISH COMMUNITY CENTER<br>12701 NORTH SCOTTSDALE ROAD<br>SCOTTSDALE AZ 85254 | Tele (480)659-7769<br>Fax: (480)659-7768<br>Capacity : 621 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3277 | VALLEY PRESBYTERIAN DAY SCHOOL<br>6947 EAST MCDONALD DRIVE<br>PARADISE VALLEY AZ 85253 | Tele (480)991-6424<br>Fax: (480)991-6427<br>Capacity : 124 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12714 | VILLA MONTESSORI | | | Tele (602)955-2210 | 10/01/2015 to 09/30/2018 |
| | 2802 EAST MEADOWBROOK AVENUE | | | Fax: (602)957-4017 | |
| | PHOENIX | AZ | 85016 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12712 | VILLA MONTESSORI INC. | | | Tele (602)955-2210 | 06/01/2015 to 05/31/2018 |
| | 4535 NORTH 28TH STREET | | | Fax: (602)957-4017 | |
| | PHOENIX | AZ | 85016 | Capacity : 253 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4511 | VISTA COLINA CHILD DEVELOPMENT | | | Tele (602)870-8778 | 09/01/2014 to 08/31/2017 |
| | 1050 WEST MOUNTAIN VIEW ROAD | | | Fax: (602)870-1623 | |
| | PHOENIX | AZ | 85021 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14602 | WATCH ME GROW CHILD CARE | | | Tele (480)855-1004 | 12/01/2014 to 11/30/2017 |
| | 4100 SOUTH LINDSAY RD #117 | | | Fax: (602)513-7040 | |
| | GILBERT | AZ | 85297 | Capacity : 117 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15585 | WE LOVE KIDS CHILD CARE | | | Tele (623)780-9222 | 11/01/2016 to 10/31/2019 |
| | 18631 NORTH 19TH AVENUE # 120 | | | Fax: (623)780-9224 | |
| | PHOENIX | AZ | 85027 | Capacity : 300 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16034 | WEE BLESSINGS PRESCHOOL & ACADEMY L L C<br>1751 EAST QUEEN CREEK ROAD<br>CHANDLER AZ 85286 | Tele (480)634-4788<br>Fax: ( ) -<br>Capacity : 84 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17046 | WEE BLESSINGS PRESCHOOL & ACADEMY, L.L.C.<br>22048 SOUTH ELLSWORTH ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)247-2136<br>Fax: ( ) -<br>Capacity : 59 | 09/09/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-0657 | WEE CARE CHILD DEVELOPMENT CENTER<br>1149 EAST FILLMORE STREET<br>PHOENIX AZ 85006 | Tele (602)258-2359<br>Fax: (602)258-2934<br>Capacity : 49 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1194 | WEE RASCALS PRESCHOOL<br>12938 WEST GREENWAY ROAD<br>SURPRISE AZ 85374 | Tele (623)583-9129<br>Fax: (623)583-1217<br>Capacity : 137 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16981 | WEST VALLEY CHRISTIAN SCHOOL<br>16260 WEST VAN BUREN STREET<br>GOODYEAR AZ 85338 | Tele (623)234-2100<br>Fax: ( ) -<br>Capacity : 143 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3574 | WHIZ KIDZ | | | Tele (602)971-7007 | 07/01/2015 to 06/30/2018 |
| | 13424 NORTH 32ND STREET | | | Fax: (602)765-9727 | |
| | PHOENIX | AZ | 85032 | Capacity : 80 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17678 | WHIZ KIDZ PRESCHOOL - SCOTTSDALE | | | Tele (480)999-0944 | 07/28/2016 to 06/30/2019 |
| | 7214 EAST JENAN DRIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 154 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12136 | WICKENBURG CHRISTIAN ACADEMY | | | Tele (928)684-9046 | 07/01/2014 to 06/30/2017 |
| | 260 WEST YAVAPAI STREET | | | Fax: (928)684-6104 | |
| | WICKENBURG | AZ | 85390 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12489 | WICKENBURG HEAD START | | | Tele (928)684-2774 | 01/01/2015 to 12/31/2017 |
| | 251 SOUTH TEGNER STREET | | | Fax: (623)486-9868 | |
| | WICKENBURG | AZ | 85390 | Capacity : 57 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17338 | WILDFLOWER HEAD START | | | Tele (623)772-5428 | 07/29/2015 to 06/30/2018 |
| | 325 SOUTH WILDFLOWER DRIVE | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16223 | WILKINS LEARNING CENTER | | | Tele (480)813-2796 | 06/11/2015 to 05/31/2018 |
| | 730 SOUTH COOPER ROAD STE C | | | Fax: (480)926-5244 | |
| | GILBERT | AZ | 85233 | Capacity : 116 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14978 | WIRTZIE'S PRESCHOOL AND CHILDCARE | | | Tele (623)207-6022 | 08/01/2015 to 07/31/2018 |
| | 16752 NORTH GREASEWOOD STREET | | | Fax: (623)546-1589 | |
| | SURPRISE | AZ | 85374 | Capacity : 80 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16689 | WONDERWISE | | | Tele (480)276-1498 | 07/29/2016 to 06/30/2019 |
| | 4815 WEST HUNT HIGHWAY | | | Fax: (480)718-8544 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 128 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15922 | WOODBRIDGE PRIVATE SCHOOL | | | Tele (623)428-1605 | 09/01/2014 to 08/31/2017 |
| | 1535 WEST PARKSIDE LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11052 | WORD OF LIFE LUTHERAN PRESCHOOL | | | Tele (623)544-3000 | 09/01/2016 to 08/31/2019 |
| | 17525 WEST BELL ROAD | | | Fax: (623)544-8964 | |
| | SURPRISE | AZ | 85374 | Capacity : 125 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11620 | WORK OF HEART LEARNING CENTER AT PEORIA CHURCH OF NAZARENE | | | Tele (623)412-0223 | 08/01/2016 to 07/31/2019 |
| | 7717 WEST THUNDERBIRD ROAD | | | Fax: (623)979-3487 | |
| | PEORIA | AZ | 85381 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3929 | Y CHILD CARE - TEMPE FAMILY Y M C A | | | Tele (480)730-0240 | 05/01/2016 to 04/30/2019 |
| | 7070 SOUTH RURAL ROAD | | | Fax: (480)730-0265 | |
| | TEMPE | AZ | 85283 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11415 | Y KIDS - AHWATUKEE FAMILY Y M C A | | | Tele (480)759-6762 | 06/01/2016 to 05/31/2019 |
| | 1030 EAST LIBERTY LANE | | | Fax: (480)759-6010 | |
| | PHOENIX | AZ | 85048 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10658 | Y KIDZ - CHANDLER Y M C A | | | Tele (480)899-9622 | 07/01/2015 to 06/30/2018 |
| | 1655 WEST FRYE ROAD | | | Fax: (480)899-5833 | |
| | CHANDLER | AZ | 85224 | Capacity : 182 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12001 | Y KIDZ - SOUTHWEST VALLEY Y M C A | | | Tele (623)935-5193 | 05/01/2015 to 04/30/2018 |
| | 2919 NORTH LITCHFIELD ROAD | | | Fax: (623)536-0593 | |
| | GOODYEAR | AZ | 85395 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14254 | YELLOW BRICK ROAD PRESCHOOLS<br>392 EAST WINDSOR AVENUE<br>PHOENIX AZ 85004 | Tele (602)265-9424<br>Fax: (602)265-9452<br>Capacity : 105 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17271 | YOUNGSTARZ<br>4816 SOUTH EASTMARK PARKWAY<br>MESA AZ 85212 | Tele (602)603-8489<br>Fax: ( ) -<br>Capacity : 59 | 06/11/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17227 | A.E.S.D. #47 - FOUNDATIONS CHILD CARE CENTER<br>9410 SOUTH 355TH AVENUE BUILDING B<br>ARLINGTON AZ 85322 | Tele (623)386-2031<br>Fax: (623)386-1627<br>Capacity : 59 | 07/02/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17677 | A.E.S.D. #68 - CORDOVA MIDDLE SCHOOL<br>5631 NORTH 35TH AVENUE<br>PHOENIX AZ 85017 | Tele (602)841-0704<br>Fax: (602)973-8416<br>Capacity : 60 | 09/09/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16302 | A.E.S.D.#44 - CENTERRA MIRAGE SCHOOL<br>15151 WEST CENTERRA DRIVE SOUTH<br>GOODYEAR AZ 85338 | Tele (623)772-4800<br>Fax: (623)772-4891<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16300 | A.E.S.D.#44 - COPPER TRAILS SCHOOL | | | Tele (623)772-4158 | 07/01/2015 to 06/30/2018 |
| | 16875 WEST CANYON TRAILS BLVD | | | Fax: (623)772-4120 | |
| | GOODYEAR | AZ | 85338 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16301 | A.E.S.D.#44 - DESERT STAR SCHOOL | | | Tele (623)772-4620 | 07/01/2015 to 06/30/2018 |
| | 2131 SOUTH 157TH AVENUE | | | Fax: (623)772-4620 | |
| | GOODYEAR | AZ | 85338 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16303 | A.E.S.D.#44 - DESERT THUNDER SCHOOL | | | Tele (623)772-4700 | 07/01/2015 to 06/30/2018 |
| | 16750 WEST GARFIELD STREET | | | Fax: (623)772-4720 | |
| | GOODYEAR | AZ | 85338 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17359 | A.E.S.D.#44 - ELISEO C. FELIX SCHOOL | | | Tele (623)772-4300 | 08/07/2015 to 07/31/2018 |
| | 540 EAST LA PASADA | | | Fax: (623)772-4320 | |
| | GOODYEAR | AZ | 85338 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17358 | A.E.S.D.#44 - LATTIE COOR SCHOOL | | | Tele (623)772-4400 | 08/07/2015 to 07/31/2018 |
| | 1406 NORTH CENTRAL AVENUE | | | Fax: (623)772-4420 | |
| | AVONDALE | AZ | 85323 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16304 | A.E.S.D.#44 - WILDFLOWER SCHOOL<br>325 SOUTH WILDFLOWER DRIVE<br>GOODYEAR AZ 85338 | Tele (480)729-4142<br>Fax: (623)772-5220<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15982 | A.E.S.D.#63 - AGUILA ELEMENTARY SCHOOL<br>50023 NORTH 514TH AVENUE<br>AGUILA AZ 85320 | Tele (928)685-2222<br>Fax: (928)685-2433<br>Capacity : 20 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6172 | A.E.S.D.#68 - ALHAMBRA HEAD START - WESTWOOD<br>4711 NORTH 23RD AVENUE<br>PHOENIX AZ 85015 | Tele (602)336-2042<br>Fax: (623)849-1944<br>Capacity : 120 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6471 | A.E.S.D.#68 - ALHAMBRA OPPORTUNITY KLUB - CATALINA<br>6331 NORTH 39TH AVENUE<br>PHOENIX AZ 85019 | Tele (602)841-7445<br>Fax: (623)849-1944<br>Capacity : 36 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14317 | A.E.S.D.#68 - ALHAMBRA PRESCHOOL PROGRAMS<br>4530 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85031 | Tele (602)246-5155<br>Fax: (623)849-1944<br>Capacity : 120 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13025 | A.E.S.D.#68 - ALHAMBRA TRADITIONAL SCHOOL<br>3736 WEST OSBORN ROAD<br>PHOENIX AZ 85019 | Tele (602)484-8857<br>Fax: (602)484-8952<br>Capacity : 145 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17426 | A.E.S.D.#68 - CAROL G. PECK ELEMENTARY SCHOOL<br>5810 N 49TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)842-3889<br>Fax: (623)849-1944<br>Capacity : 40 | 10/15/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14318 | A.E.S.D.#68 - CORDOVA PRIMARY<br>6615 NORTH 39TH AVENUE<br>PHOENIX AZ 85019 | Tele (602)246-5155<br>Fax: (602)336-2025<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14314 | A.E.S.D.#68 - HEAD START - GRANADA PRIMARY SCHOOL<br>3232 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85017 | Tele (602)246-5155<br>Fax: (623)389-1944<br>Capacity : 120 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14313 | A.E.S.D.#68 - HEAD START - SEVILLA PRIMARY SCHOOL<br>3801 WEST MISSOURI AVENUE<br>PHOENIX AZ 85019 | Tele (602)242-0281<br>Fax: (623)849-1944<br>Capacity : 80 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9603 | A.E.S.D.#68 - JAMES W. RICE PRIMARY<br>4530 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85031 | Tele (602)246-5155<br>Fax: (623)849-1944<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14937 | B.E.S.D.#31 - ORANGEDALE EARLY LEARNING CENTER<br>5048 EAST OAK STREET<br>PHOENIX AZ 85008 | Tele (602)629-6820<br>Fax: (602)628-6815<br>Capacity : 145 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15514 | B.E.S.D.#33 - BUCKEYE ELEMENTARY SCHOOL DISTRICT PRESCHOOL<br>640 CENTRE AVENUE<br>BUCKEYE AZ 85326 | Tele (623)925-3333<br>Fax: (623)386-6219<br>Capacity : 150 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15919 | B.U.H.S.D.# 201 - YOUNGKER HIGH SCHOOL COOP CHILDCARE CENTER<br>3000 SOUTH APACHE ROAD<br>BUCKEYE AZ 85326 | Tele (623)474-0255<br>Fax: (623)474-0200<br>Capacity : 25 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12761 | C.C.U.S.D.#93 - BLACK MOUNTAIN ELEMENTARY SCHOOL<br>33606 NORTH 60TH STREET<br>SCOTTSDALE AZ 85262 | Tele (480)575-2039<br>Fax: (480)575-2076<br>Capacity : 125 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6145 | C.C.U.S.D.#93 - CACTUS SHADOWS HIGH SCHOOL EAST/ THE LEARNING CENTER<br>33016 NORTH 60TH STREET<br>CAVE CREEK AZ 85331 | Tele (480)488-9816<br>Fax: (480)575-2590<br>Capacity : 145 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8430 | C.C.U.S.D.#93 - DESERT SUN ELEMENTARY SCHOOL<br>27880 NORTH 64TH STREET<br>CAVE CREEK AZ 85327 | Tele (480)575-2414<br>Fax: ( ) -<br>Capacity : 65 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8429 | C.C.U.S.D.#93 - DESERT WILLOW ELEMENTARY<br>4322 EAST DESERT WILLOW PKWY<br>CAVE CREEK AZ 85331 | Tele (480)575-2000<br>Fax: (480)579-7265<br>Capacity : 265 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12003 | C.C.U.S.D.#93 - HORSESHOE TRAILS ELEMENTARY<br>5405 EAST PINNACLE VISTA DR<br>PHOENIX AZ 85085 | Tele (480)272-8500<br>Fax: (480)907-6643<br>Capacity : 205 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9954 | C.C.U.S.D.#93 - LONE MOUNTAIN ELEMENTARY SCHOOL<br>5250 EAST MONTGOMERY ROAD<br>CAVE CREEK AZ 85331 | Tele (480)437-3000<br>Fax: (480)595-1312<br>Capacity : 269 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17662 | C.S.D.#83 - CARTWRIGHT EARLY CHILDHOOD CENTER<br>5480 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85031 | Tele (623)691-5700<br>Fax: ( ) -<br>Capacity : 60 | 08/08/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13526 | C.U.S.D. #80 - SHUMWAY LEADERSHIP ACADEMY - SCHOOL-AGE/PRESCHOOL<br>1325 NORTH SHUMWAY AVENUE<br>CHANDLER AZ 85225 | Tele (480)812-7439<br>Fax: (480)812-7990<br>Capacity : 160 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12103 | C.U.S.D.#80 - ANDERSEN ELEMENTARY - SCHOOL-AGE<br>1350 NORTH PENNINGTON DRIVE<br>CHANDLER AZ 85224 | Tele (480)204-3451<br>Fax: (480)224-3910<br>Capacity : 145 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17295 | C.U.S.D.#80 - AUXIER ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>22700 SOUTH POWER ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)241-9705<br>Fax: (480)224-9128<br>Capacity : 457 | 07/09/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8974 | C.U.S.D.#80 - BASHA ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>3535 SOUTH BASHA ROAD<br>CHANDLER AZ 85248 | Tele (480)204-3510<br>Fax: (480)224-9258<br>Capacity : 210 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10861 | C.U.S.D.#80 - BASHA HIGH SCHOOL LIL' EXPLORERS<br>5990 SOUTH VAL VISTA DRIVE<br>CHANDLER AZ 85249 | Tele (480)224-2139<br>Fax: (480)224-9320<br>Capacity : 124 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-13528 | C.U.S.D.#80 - BOLOGNA ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>1625 EAST FRYE ROAD<br>CHANDLER AZ 85225 | Tele (480)204-7061<br>Fax: (480)883-4020<br>Capacity : 225 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-12101 | C.U.S.D.#80 - C.T.A. FREEDOM ELEMENTARY - SCHOOL-AGE/ PRESCHOOL<br>6040 SOUTH JOSLYN LANE<br>GILBERT AZ 85298 | Tele (480)204-3666<br>Fax: (480)224-9258<br>Capacity : 295 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-12752 | C.U.S.D.#80 - C.T.A. GOODMAN ELEMENTARY - SCHOOL-AGE<br>2600 WEST KNOX ROAD<br>CHANDLER AZ 85224 | Tele (602)809-3460<br>Fax: (480)224-9258<br>Capacity : 345 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| CDC-13522 | C.U.S.D.#80 - C.T.A. HUMPHREY ELEMENTARY - SCHOOL-AGE<br>125 SOUTH 132ND STREET<br>CHANDLER AZ 85225 | Tele (480)812-6800<br>Fax: (480)224-9257<br>Capacity : 325 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12753 | C.U.S.D.#80 - C.T.A. INDEPENDENCE ELEMENTARY - SCHOOL-AGE<br>1405 WEST LAKE DRIVE<br>CHANDLER AZ 85248 | Tele (602)809-3455<br>Fax: (480)224-2720<br>Capacity : 305 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10421 | C.U.S.D.#80 - C.T.A. LIBERTY ELEMENTARY - SCHOOL-AGE<br>550 NORTH EMMETT DRIVE<br>CHANDLER AZ 85225 | Tele (480)204-3748<br>Fax: (480)224-9156<br>Capacity : 305 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16256 | C.U.S.D.#80 - CARLSON ELEMENTARY - SCHOOL-AGE<br>5400 SOUTH WHITE DRIVE<br>CHANDLER AZ 85249 | Tele (480)224-3836<br>Fax: (480)812-6320<br>Capacity : 305 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14922 | C.U.S.D.#80 - CHANDLER HIGH SCHOOL LIL' EXPLORERS<br>350 NORTH ARIZONA AVENUE<br>CHANDLER AZ 85225 | Tele (480)812-7846<br>Fax: (480)224-9262<br>Capacity : 92 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13531 | C.U.S.D.#80 - CONLEY ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>500 SOUTH ARROWHEAD DRIVE<br>CHANDLER AZ 85224 | Tele (480)204-7057<br>Fax: (480)224-9258<br>Capacity : 185 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13525 | C.U.S.D.#80 - FRYE ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>801 EAST FRYE ROAD<br>CHANDLER AZ 85225 | Tele (480)264-3633<br>Fax: (480)812-6420<br>Capacity : 59 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13529 | C.U.S.D.#80 - FULTON ELEMENTARY - SCHOOL-AGE<br>4750 SOUTH SUNLAND DRIVE<br>CHANDLER AZ 85248 | Tele (480)204-7059<br>Fax: (480)224-3320<br>Capacity : 329 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10796 | C.U.S.D.#80 - GALVESTON ELEMENTARY - PRESCHOOL<br>661 EAST GALVESTON STREET<br>CHANDLER AZ 85225 | Tele (480)812-6537<br>Fax: (480)812-6520<br>Capacity : 40 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14402 | C.U.S.D.#80 - HALEY ELEMENTARY - SCHOOL-AGE<br>3401 SOUTH LAYTON LAKES BOULEVARD<br>CHANDLER AZ 85286 | Tele (480)201-9005<br>Fax: (480)224-9260<br>Capacity : 225 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7817 | C.U.S.D.#80 - HAMILTON HIGH SCHOOL LIL' EXPLORERS<br>3700 SOUTH ARIZONA AVENUE<br>CHANDLER AZ 85248 | Tele (480)883-5131<br>Fax: (480)224-9252<br>Capacity : 50 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12127 | C.U.S.D.#80 - HAMILTON HIGH SCHOOL LIL' EXPLORERS<br>3700 SOUTH ARIZONA AVENUE<br>CHANDLER AZ 85248 | Tele (480)883-5131<br>Fax: (480)224-9252<br>Capacity : 43 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15021 | C.U.S.D.#80 - HAMILTON HIGH SCHOOL LIL' EXPLORERS<br>3700 SOUTH ARIZONA AVENUE<br>CHANDLER AZ 85248 | Tele (480)883-5131<br>Fax: (480)224-9252<br>Capacity : 36 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15197 | C.U.S.D.#80 - HANCOCK ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>2425 SOUTH PLEASANT DRIVE<br>CHANDLER AZ 85286 | Tele (602)809-3454<br>Fax: (480)883-5920<br>Capacity : 145 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15018 | C.U.S.D.#80 - HARTFORD ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>700 NORTH HARTFORD STREET<br>CHANDLER AZ 85225 | Tele (480)812-6732<br>Fax: (480)812-6720<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9662 | C.U.S.D.#80 - HULL ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>2424 EAST MAREN DRIVE<br>CHANDLER AZ 85249 | Tele (480)204-3839<br>Fax: (480)224-9258<br>Capacity : 145 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12755 | C.U.S.D.#80 - JACOBSON ELEMENTARY - SCHOOL-AGE<br>1515 NW JACARANDA PKWY<br>CHANDLER AZ 85248 | Tele (602)809-3465<br>Fax: (480)224-3951<br>Capacity : 145 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13527 | C.U.S.D.#80 - KNOX ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>700 WEST ORCHID LANE<br>CHANDLER AZ 85225 | Tele (480)812-6141<br>Fax: (480)224-9258<br>Capacity : 325 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12102 | C.U.S.D.#80 - NAVARRETE ELEMENTARY - SCHOOL-AGE<br>6490 SOUTH SUN GROVES BOULEVARD<br>CHANDLER AZ 85249 | Tele (480)244-8209<br>Fax: (480)224-9258<br>Capacity : 145 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14401 | C.U.S.D.#80 - PATTERSON ELEMENTARY - SCHOOL-AGE<br>7520 SOUTH ADORA BOULEVARD<br>GILBERT AZ 85298 | Tele (480)224-3900<br>Fax: (480)224-9258<br>Capacity : 105 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13384 | C.U.S.D.#80 - PERRY HIGH SCHOOL LIL' EXPLORERS<br>1919 EAST QUEEN CREEK ROAD<br>GILBERT AZ 85296 | Tele (480)224-2936<br>Fax: (480)224-9253<br>Capacity : 92 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13532 | C.U.S.D.#80 - RIGGS ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>6930 SOUTH SEVILLE BOULEVARD WEST<br>GILBERT AZ 85298 | Tele (480)204-7058<br>Fax: (480)224-9251<br>Capacity : 265 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12746 | C.U.S.D.#80 - RYAN ELEMENTARY - SCHOOL-AGE<br>4600 SOUTH BRIGHT ANGEL WAY<br>CHANDLER AZ 85249 | Tele (602)809-3450<br>Fax: (480)224-3220<br>Capacity : 275 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6566 | C.U.S.D.#80 - SAN MARCOS ELEMENTARY - PRESCHOOL/SCHOOL AGE<br>451 WEST FRYE ROAD<br>CHANDLER AZ 85224 | Tele (480)883-4235<br>Fax: (480)812-7220<br>Capacity : 59 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12750 | C.U.S.D.#80 - SANBORN ELEMENTARY - SCHOOL-AGE<br>700 NORTH SUPERSTITION BLVD<br>CHANDLER AZ 85225 | Tele (480)812-7362<br>Fax: (480)224-9258<br>Capacity : 145 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12754 | C.U.S.D.#80 - SANTAN ELEMENTARY - SCHOOL-AGE/PRESCHOOL<br>1550 EAST CHANDLER HEIGHTS ROAD<br>CHANDLER AZ 85248 | Tele (602)809-3464<br>Fax: (480)224-9258<br>Capacity : 265 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12756 | C.U.S.D.#80 - TARWATER ELEMENTARY - SCHOOL-AGE<br>2300 SOUTH GARDNER DRIVE<br>CHANDLER AZ 85248 | Tele (602)809-3462<br>Fax: (480)224-9258<br>Capacity : 145 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12098 | C.U.S.D.#80 - WEINBERG ELEMENTARY - SCHOOL-AGE<br>21221 SOUTH VAL VISTA<br>CHANDLER AZ 85249 | Tele (480)244-8272<br>Fax: (480)244-9258<br>Capacity : 225 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17294 | CREIGHTON PRESCHOOL PROGRAM<br>2052 NORTH 36TH STREET<br>PHOENIX AZ 85008 | Tele (602)381-6003<br>Fax: ( ) -<br>Capacity : 145 | 08/13/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16333 | D.U.S.D. #89 - RIVERVIEW ELEMENTARY<br>12701 NORTH MAIN STREET<br>EL MIRAGE AZ 85335 | Tele (623)523-8950<br>Fax: (623)523-8961<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16331 | D.U.S.D.#89 - THOMPSON RANCH ELEMENTARY<br>11800 WEST THOMPSON RANCH ROAD<br>EL MIRAGE AZ 85335 | Tele (623)523-8400<br>Fax: (623)523-8411<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12337 | D.U.S.D.#89 - ASHTON RANCH ELEMENTARY<br>14898 WEST ACOMA DRIVE<br>SURPRISE AZ 85379 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13697 | D.U.S.D.#89 - CANYON RIDGE ELEMENTARY<br>17359 WEST SURPRISE FARMS LOOP NORTH<br>SURPRISE AZ 85388 | Tele (623)876-7875<br>Fax: (623)523-8461<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11630 | D.U.S.D.#89 - CIMARRON SPRINGS ELEMENTARY<br>17032 WEST SURPRISE FARMS LOOP S<br>SURPRISE AZ 85388 | Tele (623)876-7875<br>Fax: (623)523-8611<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12339 | D.U.S.D.#89 - COUNTRYSIDE ELEMENTARY<br>15034 NORTH PARKVIEW PLACE<br>SURPRISE AZ 85379 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8438 | D.U.S.D.#89 - DYSART ELEMENTARY<br>12950 WEST VARNEY ROAD<br>EL MIRAGE AZ 85335 | Tele (623)876-7875<br>Fax: ( ) -<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16334 | D.U.S.D.#89 - EL MIRAGE ELEMENTARY | | | Tele (623)876-7875 | 07/01/2015 to 06/30/2018 |
| | 13500 NORTH EL MIRAGE ROAD | | | Fax: (623)876-7208 | |
| | EL MIRAGE | AZ | 85335 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8440 | D.U.S.D.#89 - KINGSWOOD ELEMENTARY | | | Tele (623)876-7875 | 09/01/2014 to 08/31/2017 |
| | 15150 WEST MONDELL ROAD | | | Fax: (623)876-7605 | |
| | SURPRISE | AZ | 85374 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14349 | D.U.S.D.#89 - LUKE ELEMENTARY | | | Tele (623)876-7875 | 08/01/2014 to 07/31/2017 |
| | 7300 NORTH DYSART ROAD | | | Fax: (623)876-7053 | |
| | GLENDALE | AZ | 85307 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12338 | D.U.S.D.#89 - MARLEY PARK ELEMENTARY | | | Tele (623)876-7875 | 10/01/2014 to 09/30/2017 |
| | 15042 WEST SWEETWATER ROAD | | | Fax: (623)876-7053 | |
| | SURPRISE | AZ | 85379 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13698 | D.U.S.D.#89 - MOUNTAIN VIEW ELEMENTARY | | | Tele (623)876-7875 | 08/01/2016 to 07/31/2019 |
| | 18312 WEST BURTON AVENUE | | | Fax: (623)876-7053 | |
| | WADDELL | AZ | 85355 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13696 | D.U.S.D.#89 - PARKVIEW ELEMENTARY<br>16066 NORTH PARKVIEW PLACE<br>SURPRISE AZ 85374 | Tele (623)876-7875<br>Fax: (623)523-8661<br>Capacity : 150 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12336 | D.U.S.D.#89 - RANCHO GABRIELA ELEMENTARY<br>15272 WEST GABRIELA DRIVE<br>SURPRISE AZ 85379 | Tele (623)876-7875<br>Fax: (623)523-8511<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12335 | D.U.S.D.#89 - SUNSET HILLS ELEMENTARY DEN CLUB<br>17825 WEST SIERRA MONTANA LOOP<br>SURPRISE AZ 85388 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12872 | D.U.S.D.#89 - SURPRISE ELEMENTARY<br>12907 WEST GREENWAY ROAD<br>EL MIRAGE AZ 85335 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9473 | D.U.S.D.#89 - WEST POINT ELEMENTARY SCHOOL<br>13700 WEST GREENWAY ROAD<br>SURPRISE AZ 85374 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12907 | D.U.S.D.#89 - WESTERN PEAKS ELEMENTARY<br>18063 WEST SURPRISE FARMS LOOP SOUTH<br>SURPRISE AZ 85388 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12906 | D.U.S.D.#89 -SONORAN HEIGHTS ELEMENTARY<br>11405 NORTH GREER RANCH PARKWAY<br>SURPRISE AZ 85379 | Tele (623)876-7875<br>Fax: (623)876-7053<br>Capacity : 150 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11313 | D.V.U.S.D.#97 - ANTHEM SCHOOL<br>41020 NORTH FREEDOM WAY<br>PHOENIX AZ 85086 | Tele (623)376-3732<br>Fax: (623)445-5092<br>Capacity : 59 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17214 | D.V.U.S.D.#97 - ARROWHEAD ELEMENTARY<br>7490 WEST UNION HILLS<br>GLENDALE AZ 85308 | Tele (623)445-4992<br>Fax: (623)445-4988<br>Capacity : 55 | 03/26/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6140 | D.V.U.S.D.#97 - ARROWHEAD ELEMENTARY PRESCHOOL<br>7490 WEST UNION HILLS DRIVE<br>GLENDALE AZ 85308 | Tele (623)581-7920<br>Fax: (623)376-4180<br>Capacity : 485 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6828 | D.V.U.S.D.#97 - BELLAIR SPECIAL SERVICES PRESCHOOL<br>4701 WEST GROVERS AVENUE<br>GLENDALE AZ 85308 | Tele (602)467-5750<br>Fax: (602)467-5780<br>Capacity : 44 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12701 | D.V.U.S.D.#97 - BOULDER CREEK LIL' JAGS CHILDCARE<br>40404 NORTH GAVILAN PEAK PKWY<br>PHOENIX AZ 85086 | Tele (623)455-8624<br>Fax: (623)445-8680<br>Capacity : 33 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13673 | D.V.U.S.D.#97 - CANYON SPRINGS<br>42901 NORTH 45TH AVENUE<br>PHOENIX AZ 85087 | Tele (623)376-5278<br>Fax: (623)376-5280<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7303 | D.V.U.S.D.#97 - COPPER CREEK<br>7071 WEST HILLCREST BOULEVARD<br>GLENDALE AZ 85310 | Tele (623)376-3994<br>Fax: (623)376-3980<br>Capacity : 285 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17212 | D.V.U.S.D.#97 - COPPER CREEK ELEMENTARY<br>7071 WEST HILLCREST<br>GLENDALE AZ 85310 | Tele (623)445-4992<br>Fax: (623)445-4988<br>Capacity : 25 | 06/10/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11720 | D.V.U.S.D.#97 - DEER VALLEY HEAD START-SITE V I (SUNRISE)<br>17624 NORTH 31ST AVENUE<br>PHOENIX AZ 85053 | Tele (602)467-5989<br>Fax: (623)445-4988<br>Capacity : 45 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10340 | D.V.U.S.D.#97 - DESERT MOUNTAIN<br>35959 NORTH 7TH AVENUE<br>PHOENIX AZ 85086 | Tele (623)445-3500<br>Fax: (623)445-3580<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16342 | D.V.U.S.D.#97 - DESERT MOUNTAIN DEVELOPMENTAL PRESCHOOL<br>35959 N 7TH AVENUE<br>PHOENIX AZ 85086 | Tele (623)445-4991<br>Fax: (623)445-4988<br>Capacity : 25 | 06/13/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6086 | D.V.U.S.D.#97 - DESERT SAGE CHILDCARE<br>4035 WEST ALAMEDA ROAD<br>GLENDALE AZ 85310 | Tele (623)445-4700<br>Fax: (623)445-4785<br>Capacity : 385 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12840 | D.V.U.S.D.#97 - DIAMOND CANYON<br>40004 NORTH LIBERTY BELL WAY<br>PHOENIX AZ 85086 | Tele (623)445-8000<br>Fax: (623)445-8080<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12854 | D.V.U.S.D.#97 - GAVILAN PEAK PRESCHOOL<br>2701 WEST MEMORIAL DRIVE<br>ANTHEM AZ 85086 | Tele (623)445-7400<br>Fax: (623)445-7480<br>Capacity : 36 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6256 | D.V.U.S.D.#97 - GREENBRIER ELEMENTARY<br>6150 WEST GREENBRIAR DRIVE<br>GLENDALE AZ 85308 | Tele (602)467-5500<br>Fax: (623)445-5092<br>Capacity : 59 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4134 | D.V.U.S.D.#97 - HEAD START I CONSTITUTION<br>18440 NORTH 15TH AVENUE<br>PHOENIX AZ 85023 | Tele (623)445-4991<br>Fax: (623)445-4988<br>Capacity : 55 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4140 | D.V.U.S.D.#97 - HEAD START I I I ESPERANZA<br>251 WEST MOHAWK LANE<br>PHOENIX AZ 85027 | Tele (623)581-7979<br>Fax: (623)445-4988<br>Capacity : 59 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4135 | D.V.U.S.D.#97 - HEAD START I I VILLAGE MEADOWS<br>2020 WEST MORNINGSIDE DRIVE<br>PHOENIX AZ 85023 | Tele (602)467-6400<br>Fax: (602)467-6380<br>Capacity : 125 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15979 | D.V.U.S.D.#97 - HIGHLAND LAKES<br>19000 NORTH 63RD AVENUE<br>GLENDALE AZ 85308 | Tele (623)376-4300<br>Fax: (623)376-4380<br>Capacity : 285 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6193 | D.V.U.S.D.#97 - LAS BRISAS COMMUNITY SCHOOL PROGRA<br>5805 WEST ALAMEDA ROAD<br>GLENDALE AZ 85301 | Tele (623)332-8158<br>Fax: (623)445-5580<br>Capacity : 315 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9475 | D.V.U.S.D.#97 - LEGEND SPRINGS ELEMENTARY<br>21150 NORTH ARROWHEAD LOOP ROAD<br>GLENDALE AZ 85308 | Tele (623)376-4500<br>Fax: (623)376-4580<br>Capacity : 165 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6319 | D.V.U.S.D.#97 - MIRAGE ELEMENTARY SCHOOL & PRESCHOOL<br>3910 WEST GROVERS AVENUE<br>GLENDALE AZ 85308 | Tele (602)467-5300<br>Fax: (602)467-5380<br>Capacity : 45 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7795 | D.V.U.S.D.#97 - MOUNTAIN RIDGE HIGH SCHOOL DAYCARE<br>22800 NORTH 67TH AVENUE<br>GLENDALE AZ 85310 | Tele (623)376-3139<br>Fax: (623)445-5092<br>Capacity : 42 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6148 | D.V.U.S.D.#97 - MOUNTAIN SHADOWS<br>19602 NORTH 45TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)262-2465<br>Fax: (623)445-4380<br>Capacity : 245 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14480 | D.V.U.S.D.#97 - NORTERRA CANYON<br>2200 WEST MAYA WAY<br>PHOENIX AZ 85085 | Tele (623)445-8200<br>Fax: ( ) -<br>Capacity : 378 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6150 | D.V.U.S.D.#97 - PARK MEADOWS ELEMENTARY<br>20012 NORTH 35TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)445-4100<br>Fax: (623)445-4180<br>Capacity : 305 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7831 | D.V.U.S.D.#97 - PASEO HILLS ELEMENTARY RATTLER'S DEN<br>3302 WEST LOUISE DRIVE<br>PHOENIX AZ 85027 | Tele (623)445-4579<br>Fax: (623)445-4580<br>Capacity : 59 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13037 | D.V.U.S.D.#97 - SANDRA DAY O'CONNOR HIGH SCHOOL - EAGLE NEST<br>25250 NORTH 35TH AVENUE<br>PHOENIX AZ 85083 | Tele (623)445-7257<br>Fax: (623)445-7180<br>Capacity : 45 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9516 | D.V.U.S.D.#97 - SIERRA VERDE ELEMENTARY<br>7241 WEST ROSE GARDEN LANE<br>GLENDALE AZ 85308 | Tele (602)501-3919<br>Fax: (623)376-4880<br>Capacity : 165 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17386 | D.V.U.S.D.#97 - SONORAN FOOTHILLS<br>32150 NORTH FOOTHILLS DRIVE<br>PHOENIX AZ 85085 | Tele (623)445-8400<br>Fax: (623)445-8480<br>Capacity : 256 | 08/07/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10087 | D.V.U.S.D.#97 - STETSON HILLS ELEMENTARY<br>25475 NORTH STETSON HILLS LOOP<br>GLENDALE AZ 85310 | Tele (623)445-5335<br>Fax: ( ) -<br>Capacity : 305 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6425 | D.V.U.S.D.#97 - SUNRISE ELEMENTARY<br>17624 NORTH 31ST AVENUE<br>PHOENIX AZ 85053 | Tele (602)467-5900<br>Fax: (602)467-5980<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12963 | D.V.U.S.D.#97 - SUNSET RIDGE ELEMENTARY<br>35707 NORTH 33RD LANE<br>PHOENIX AZ 85086 | Tele (623)445-7800<br>Fax: (623)445-7880<br>Capacity : 365 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12879 | D.V.U.S.D.#97 - TERRAMAR ELEMENTARY<br>7000 WEST HAPPY VALLEY ROAD<br>PEORIA AZ 85383 | Tele (623)262-1504<br>Fax: ( ) -<br>Capacity : 405 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12797 | D.V.U.S.D.#97 - WEST WING SCHOOL<br>26716 NORTH HIGH DESERT DRIVE<br>PEORIA AZ 85383 | Tele (602)501-2073<br>Fax: (623)376-5080<br>Capacity : 216 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12294 | F.E.S.D. #45 - HEAD START - SUNRIDGE ELEMENTARY SCHOOL<br>6244 WEST ROOSEVELT STREET<br>PHOENIX AZ 85043 | Tele (623)707-4600<br>Fax: (623)707-4360<br>Capacity : 80 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17369 | F.E.S.D.#45 - FOWLER ELEMENTARY SCHOOL/PRESCHOOL DEVELOPMENT PROGRAM<br>6707 WEST VAN BUREN<br>PHOENIX AZ 85043 | Tele (623)707-2500<br>Fax: ( ) -<br>Capacity : 40 | 07/29/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13634 | F.E.S.D.#45 - FOWLER HEAD START<br>6707 WEST VAN BUREN<br>PHOENIX AZ 85045 | Tele (623)707-2500<br>Fax: (623)707-2304<br>Capacity : 40 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14433 | F.E.S.D.#45 - FOWLER HEAD START/ WESTERN VALLEY CHILD CARE CENTER<br>6250 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)474-7263<br>Fax: (623)474-7260<br>Capacity : 59 | 07/31/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15330 | F.E.S.D.#45 - HEAD START AT FOWLER ELEMENTARY SCHOOL<br>6707 WEST VAN BUREN STREET<br>PHOENIX AZ 85043 | Tele (623)707-2500<br>Fax: (623)707-4680<br>Capacity : 59 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17370 | F.E.S.D.#45 - PRESCHOOL DEVELOPMENT PROGRAM - SUN CANYON<br>8150 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)707-2000<br>Fax: (623)707-2015<br>Capacity : 76 | 07/29/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17368 | F.E.S.D.#45 - PRESCHOOL DEVELOPMENT PROGRAM AT SUNDRIDGE ELEMENTARY SCHOOL<br>6244 WEST ROOSEVELT<br>PHOENIX AZ 85043 | Tele (623)707-2500<br>Fax: (623)707-4560<br>Capacity : 50 | 07/29/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17372 | F.E.S.D.#45 - PRESCHOOL DEVELOPMENT PROGRAM AT WESTERN VALLEY ELEMENTARY SCHOOL<br>6250 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)707-2100<br>Fax: (623)707-2104<br>Capacity : 27 | 07/29/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14053 | F.E.S.D.#45 - WESTERN VALLEY CHILD CARE CENTER<br>6250 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)474-7263<br>Fax: (623)474-7260<br>Capacity : 35 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14435 | F.E.S.D.#45 - WESTERN VALLEY CHILD CARE CENTER PRESCHOOL<br>6250 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)474-7260<br>Fax: (623)474-7260<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11253 | F.E.S.D.#45 - WESTERN VALLEY EXTENDED DAY<br>6250 WEST DURANGO STREET<br>PHOENIX AZ 85043 | Tele (623)707-2140<br>Fax: (623)707-2015<br>Capacity : 50 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6217 | F.H.U.S.D.#98 - MCDOWELL MOUNTAIN PRE SCHOOL<br>14825 NORTH FAYETTE DRIVE<br>FOUNTAIN HILLS AZ 85268 | Tele (480)664-5200<br>Fax: (480)664-5299<br>Capacity : 106 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17702 | F.U.S.D.#1 - SAN TAN HEIGHTS HAWKS<br>2500 WEST SAN TAN HEIGHTS BLVD<br>QUEEN CREEK AZ 85142 | Tele (480)888-2930<br>Fax: (480)888-2932<br>Capacity : 59 | 07/28/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12323 | G.B.S.D.#24 - GILA BEND SCHOOL DISTRICT PRESCHOOL<br>308 NORTH MARTIN AVENUE<br>GILA BEND AZ 85337 | Tele (928)683-2225<br>Fax: ( ) -<br>Capacity : 48 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7181 | G.E.S.D.#40 - BICENTENNIAL SOUTH COMMUNITY ED/ EXTENDED DAY<br>7240 WEST COLTER STREET<br>GLENDALE AZ 85303 | Tele (623)237-5275<br>Fax: (623)237-7211<br>Capacity : 59 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7180 | G.E.S.D.#40 - DESERT GARDEN COMMUNITY ED PRESCHOOL<br>7020 WEST OCOTILLO ROAD<br>GLENDALE AZ 85303 | Tele (623)237-5491<br>Fax: (623)842-8388<br>Capacity : 79 | 01/01/2017 to 12/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6355 | G.E.S.D.#40 - GLENDALE AMERICAN SCHOOL COMMUNITY ED. / EXTENDED DAY<br>8530 NORTH 55TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)842-8286<br>Fax: (623)237-7211<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6621 | G.E.S.D.#40 - HORIZON EXTENDED DAY<br>8520 NORTH 47TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)237-5087<br>Fax: (623)237-7287<br>Capacity : 59 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7179 | G.E.S.D.#40 - ISAAC E. IMES PRESCHOOL<br>6625 NORTH 56TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)237-4244<br>Fax: (623)237-7211<br>Capacity : 59 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6221 | G.E.S.D.#40 - SINE COMMUNITY EDUCATION PRESCHOOL<br>4932 WEST MYRTLE AVENUE<br>GLENDALE AZ 85301 | Tele (623)237-4487<br>Fax: (623)237-7292<br>Capacity : 59 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15108 | G.E.S.D.#40 - SUNSET VISTA COMMUNITY ED. / EXTENDED DAY<br>7775 WEST ORANGEWOOD AVENUE<br>GLENDALE AZ 85303 | Tele (623)237-4017<br>Fax: (623)237-7211<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9583 | G.P.S. - ASHLAND RANCH ELEMENTARY<br>1945 SOUTH ASHLAND RANCH ROAD<br>GILBERT AZ 85295 | Tele (480)917-9900<br>Fax: (602)892-8775<br>Capacity : 285 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9594 | G.P.S. - AUGUSTA RANCH ELEMENTARY<br>9430 EAST NEVILLE AVENUE<br>MESA AZ 85209 | Tele (480)635-2011<br>Fax: (480)892-8775<br>Capacity : 59 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9545 | G.P.S. - BOULDER CREEK ELEMENTARY | | | Tele (480)507-1404 | 08/01/2016 to 07/31/2019 |
| | 8045 EAST PORTOBELLO AVENUE | | | Fax: (480)892-8775 | |
| | MESA | AZ | 85212 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15629 | G.P.S. - BURK ELEMENTARY | | | Tele (480)209-0878 | 11/01/2016 to 10/31/2019 |
| | 545 NORTH BURK STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14953 | G.P.S. - CAMPO VERDE HIGH SCHOOL- TOYBOX | | | Tele (480)545-3112 | 08/01/2015 to 07/31/2018 |
| | 3870 SOUTH QUARTZ STREET | | | Fax: (480)545-3111 | |
| | GILBERT | AZ | 85297 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10078 | G.P.S. - CANYON RIM ELEMENTARY | | | Tele (480)984-3216 | 04/01/2015 to 03/31/2018 |
| | 3045 SOUTH CANYON RIM ROAD | | | Fax: (480)892-8775 | |
| | MESA | AZ | 85212 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10173 | G.P.S. - CAROL RAE RANCH ELEMENTARY | | | Tele (480)507-1359 | 04/01/2015 to 03/31/2018 |
| | 3777 EAST HOUSTON AVENUE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14800 | G.P.S. - DESERT RIDGE HIGH TOY BOX PRESCHOOL | | | Tele (480)984-8947 | 05/01/2015 to 04/30/2018 |
| | 10045 EAST MADERO AVENUE | | | Fax: (480)354-5090 | |
| | MESA | AZ | 85209 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9544 | G.P.S. - FINLEY FARMS ELEMENTARY | | | Tele (480)507-1624 | 08/01/2016 to 07/31/2019 |
| | 375 SOUTH COLUMBUS DRIVE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85296 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15947 | G.P.S. - GILBERT ELEMENTARY | | | Tele (480)892-8624 | 08/01/2014 to 07/31/2017 |
| | 175 WEST ELLIOT ROAD | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6063 | G.P.S. - GILBERT HIGH SCHOOL TOYBOX | | | Tele (480)545-8655 | 09/01/2014 to 08/31/2017 |
| | 1101 EAST ELLIOT ROAD | | | Fax: (480)492-5673 | |
| | GILBERT | AZ | 85234 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10260 | G.P.S. - GREENFIELD ELEMENTARY | | | Tele (480)892-2801 | 03/01/2015 to 02/28/2018 |
| | 2550 EAST ELLIOT ROAD | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6243 | G.P.S. - HIGHLAND HIGH SCHOOL - TOYBOX | | | Tele (480)813-0051 | 03/01/2015 to 02/28/2018 |
| | 4301 EAST GUADALUPE ROAD | | | Fax: (480)813-9361 | |
| | GILBERT | AZ | 85234 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14152 | G.P.S. - HIGHLAND JR HIGH | | | Tele (480)632-4739 | 05/01/2014 to 04/30/2017 |
| | 6915 EAST GUADALUPE ROAD | | | Fax: (480)592-8775 | |
| | MESA | AZ | 85212 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12833 | G.P.S. - HIGHLAND PARK ELEMENTARY | | | Tele (480)892-9089 | 08/01/2015 to 07/31/2018 |
| | 230 NORTH COLE DRIVE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9582 | G.P.S. - HOUSTON ELEMENTARY | | | Tele (480)497-9790 | 08/01/2016 to 07/31/2019 |
| | 500 EAST HOUSTON AVENUE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10080 | G.P.S. - ISLANDS ELEMENTARY | | | Tele (480)507-1614 | 02/01/2015 to 01/31/2018 |
| | 245 SOUTH MCQUEEN ROAD | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85233 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12303 | G.P.S. - MERIDIAN ELEMENTARY - COMMUNITY EDUCATION | | | Tele (480)497-7032 | 08/01/2014 to 07/31/2017 |
| | 3900 SOUTH MOUNTAIN ROAD | | | Fax: (480)892-8775 | |
| | MESA | AZ | 85212 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9547 | G.P.S. - MESQUITE ELEMENTARY | | | Tele (480)813-1240 | 08/01/2016 to 07/31/2019 |
| | 1000 EAST MESQUITE STREET | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85296 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8182 | G.P.S. - MESQUITE HIGH SCHOOL TOYBOX | | | Tele (480)632-4750 | 08/01/2014 to 07/31/2017 |
| | 500 SOUTH MCQUEEN ROAD | | | Fax: (480)632-4777 | |
| | GILBERT | AZ | 85233 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14140 | G.P.S. - MESQUITE JR HIGH | | | Tele (480)215-9949 | 05/01/2014 to 04/30/2017 |
| | 130 WEST MESQUITE STREET | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85233 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9586 | G.P.S. - NEELY TRADITIONAL ACADEMY | | | Tele (480)892-2805 | 09/01/2016 to 08/31/2019 |
| | 321 WEST JUNIPER AVENUE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85233 | Capacity : 305 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9548 | G.P.S. - OAK TREE ELEMENTARY | | | Tele (480)632-4785 | 08/01/2016 to 07/31/2019 |
| | 505 WEST HOUSTON AVENUE | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85296 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8958 | G.P.S. - PATTERSON ELEMENTARY SCHOOL | | | Tele (480)892-2803 | 09/01/2015 to 08/31/2018 |
| | 1211 EAST GUADALUPE ROAD | | | Fax: (480)926-3674 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9584 | G.P.S. - PIONEER ELEMENTARY | | | Tele (480)892-7977 | 08/01/2016 to 07/31/2019 |
| | 1535 NORTH GREENFIELD ROAD | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85234 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9546 | G.P.S. - PLAYA DEL REY ELEMENTARY | | | Tele (480)892-7810 | 08/01/2016 to 07/31/2019 |
| | 550 NORTH HORNE STREET | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85233 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13670 | G.P.S. - QUARTZ HILL ELEMENTARY | | | Tele (480)205-6802 | 08/01/2016 to 07/31/2019 |
| | 3680 SOUTH QUARTZ HILL | | | Fax: (480)892-8775 | |
| | GILBERT | AZ | 85296 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9551 | G.P.S. - SETTLER'S POINT ELEMENTARY<br>423 EAST SETTLERS POINT DRIVE<br>GILBERT AZ 85296 | Tele (480)507-1481<br>Fax: (480)892-8775<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9550 | G.P.S. - SONOMA RANCH ELEMENTARY<br>601 NORTH KEY BISCAYNE DRIVE<br>GILBERT AZ 85234 | Tele (480)532-7494<br>Fax: (480)892-8775<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17622 | G.P.S. - SOUTH VALLEY JR. HIGH<br>2034 SOUTH LINDSAY ROAD<br>GILBERT AZ 85296 | Tele (480)215-9949<br>Fax: (480)892-8775<br>Capacity : 465 | 05/20/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10747 | G.P.S. - SPECTRUM ELEMENTARY SCHOOL<br>2846 SOUTH SPECTRUM WAY<br>GILBERT AZ 85295 | Tele (480)917-0117<br>Fax: (480)917-6923<br>Capacity : 305 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16320 | G.P.S. - SUPERSTITION SPRING ELEMENTARY<br>7125 EAST MONTEREY AVENUE<br>MESA AZ 85209 | Tele (480)641-6413<br>Fax: ( ) -<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9595 | G.P.S. - TOWNE MEADOWS ELEMENTARY<br>1101 NORTH RECKER ROAD<br>HIGLEY AZ 85236 | Tele (480)854-1545<br>Fax: (602)892-8775<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9590 | G.P.S. - VAL VISTA LAKES ELEMENTARY<br>1030 NORTH BLUE GROTTO DRIVE<br>GILBERT AZ 85234 | Tele (480)926-6301<br>Fax: (480)892-8775<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16381 | G.U.H.S.D. #205 - MOON VALLEY HIGH SCHOOL C.O.O.P.<br>3625 WEST CACTUS ROAD<br>PHOENIX AZ 85029 | Tele (623)915-8144<br>Fax: (623)915-8070<br>Capacity : 45 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7799 | G.U.H.S.D.#205 - APOLLO PRESCHOOL C O O P<br>8045 NORTH 47TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)435-6376<br>Fax: (623)435-6369<br>Capacity : 31 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13587 | G.U.H.S.D.#205 - WASHINGTON HIGH SCHOOL COOP PRESCHOOL<br>2217 WEST GLENDALE AVENUE<br>PHOENIX AZ 85021 | Tele (623)915-8480<br>Fax: (623)915-8437<br>Capacity : 25 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17663 | H.U.S.D. - BRIDGES KIDS CLUB<br>3205 SOUTH SOBOBA STREET<br>GILBERT AZ 85298 | Tele (480)179-7000<br>Fax: ( ) -<br>Capacity : 305 | 07/14/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14935 | H.U.S.D. - CENTENNIAL ELEMENTARY<br>3507 SOUTH RANCH HOUSE PARKWAY<br>GILBERT AZ 85297 | Tele (480)318-1963<br>Fax: (480)279-7503<br>Capacity : 74 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13677 | H.U.S.D. - CHAPARRAL ELEMENTARY<br>3380 EAST FRYE ROAD<br>GILBERT AZ 85295 | Tele (480)209-2455<br>Fax: ( ) -<br>Capacity : 425 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10730 | H.U.S.D. - CORONADO ELEMENTARY SCHOOL<br>1100 SOUTH RECKER ROAD<br>GILBERT AZ 85296 | Tele (480)459-8209<br>Fax: (480)279-7503<br>Capacity : 145 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12914 | H.U.S.D. - CORTINA ELEMENTARY SCHOOL<br>19680 SOUTH 188TH STREET<br>QUEEN CREEK AZ 85142 | Tele (480)279-7800<br>Fax: (480)279-7805<br>Capacity : 114 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16617 | H.U.S.D. - ELONA P. COOLEY EARLY CHILDHOOD DEV. CENTER/COOLEY MIDDLE SCH<br>1100 SOUTH RECKER ROAD<br>GILBERT AZ 85296 | Tele (480)279-8400<br>Fax: (480)279-7053<br>Capacity : 316 | 08/05/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14486 | H.U.S.D. - GATEWAY POINTE ELEMENTARY / KIDS CLUB<br>2069 SOUTH DE LA TORRE<br>GILBERT AZ 85295 | Tele (623)256-7923<br>Fax: ( ) -<br>Capacity : 133 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14718 | H.U.S.D. - HIGLEY TRADITIONAL ACADEMY<br>3391 EAST VEST AVENUE<br>GILBERT AZ 85295 | Tele (480)459-8211<br>Fax: ( ) -<br>Capacity : 225 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10729 | H.U.S.D. - POWER RANCH ELEMENTARY SCHOOL<br>4351 SOUTH RANCH HOUSE PARKWAY<br>GILBERT AZ 85297 | Tele (480)272-3110<br>Fax: (480)279-7502<br>Capacity : 305 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9386 | H.U.S.D. - SAN TAN ELEMENTARY SCHOOL<br>3443 EAST GALISTOGA DRIVE<br>GILBERT AZ 85297 | Tele (480)279-7200<br>Fax: (480)279-7205<br>Capacity : 305 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16618 | H.U.S.D. - SUE SOSSAMAN EARLY CHILDHOOD DEVELOPMENT CENTER/ SOSSAMAN MIDDLE SC | | | Tele (480)279-8600 | 09/09/2016 to 08/31/2019 |
| | 18655 EAST JACARANDA BLVD | | | Fax: (480)279-7503 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 316 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6461 | I.E.S.D.#5 - ISAAC PRESCHOOL CAMPUS | | | Tele (602)455-6700 | 02/01/2015 to 01/31/2018 |
| | 3101 WEST MCDOWELL ROAD | | | Fax: (602)442-2999 | |
| | PHOENIX | AZ | 85009 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17592 | K.E.S.D.#28 - C.I. WAGGONER ELEMENTARY | | | Tele (480)541-5600 | 05/26/2016 to 04/30/2019 |
| | 1050 EAST CARVER ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : 200 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6299 | K.E.S.D.#28 - KYRENE KIDS CLUB - BRISAS | | | Tele (480)783-2351 | 08/01/2014 to 07/31/2017 |
| | 777 NORTH DESERT BREEZE BLVD | | | Fax: (480)783-4051 | |
| | CHANDLER | AZ | 85226 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6298 | K.E.S.D.#28 - KYRENE KIDS CLUB - CERRITOS | | | Tele (480)783-1296 | 09/01/2014 to 08/31/2017 |
| | 14620 DESERT HILLS PARKWAY | | | Fax: (480)460-0498 | |
| | PHOENIX | AZ | 85048 | Capacity : 355 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6309 | K.E.S.D.#28 - KYRENE KIDS CLUB - CIELO<br>1350 NORTH LAKESHORE DRIVE<br>CHANDLER AZ 85226 | Tele (480)783-2187<br>Fax: ( ) -<br>Capacity : 385 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10007 | K.E.S.D.#28 - KYRENE KIDS CLUB - COLINA<br>13612 SOUTH 36TH STREET<br>PHOENIX AZ 85044 | Tele (480)783-2600<br>Fax: ( ) -<br>Capacity : 225 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11523 | K.E.S.D.#28 - KYRENE KIDS CLUB - ESPERANZA<br>14841 SOUTH 41ST PLACE<br>PHOENIX AZ 85044 | Tele (480)783-1779<br>Fax: (480)783-4051<br>Capacity : 225 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-8774 | K.E.S.D.#28 - KYRENE KIDS CLUB - ESTRELLA<br>2620 EAST LIBERTY LANE<br>PHOENIX AZ 85048 | Tele (480)783-1826<br>Fax: (480)759-5776<br>Capacity : 252 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9531 | K.E.S.D.#28 - KYRENE KIDS CLUB - LAGOS<br>17001 SOUTH 34TH WAY<br>PHOENIX AZ 85048 | Tele (480)541-3230<br>Fax: (480)541-1816<br>Capacity : 225 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9540 | K.E.S.D.#28 - KYRENE KIDS CLUB - LOMAS<br>11820 SOUTH WARNER ELLIOT LOOP<br>PHOENIX AZ 85044 | Tele (480)783-2848<br>Fax: (480)783-5766<br>Capacity : 265 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6606 | K.E.S.D.#28 - KYRENE KIDS CLUB - MANITAS<br>1201 WEST COURTNEY LANE<br>TEMPE AZ 85284 | Tele (480)783-2087<br>Fax: (480)783-4051<br>Capacity : 205 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9022 | K.E.S.D.#28 - KYRENE KIDS CLUB - MILENIO<br>4630 EAST FRYE ROAD<br>PHOENIX AZ 85048 | Tele (480)783-3405<br>Fax: (480)705-4459<br>Capacity : 396 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6307 | K.E.S.D.#28 - KYRENE KIDS CLUB - MIRADA<br>5500 WEST GALVESTON STREET<br>CHANDLER AZ 85226 | Tele (480)783-2987<br>Fax: ( ) -<br>Capacity : 365 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10031 | K.E.S.D.#28 - KYRENE KIDS CLUB - MONTE VISTA<br>15221 SOUTH RAY ROAD<br>PHOENIX AZ 85048 | Tele (480)541-4430<br>Fax: ( ) -<br>Capacity : 253 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6304 | K.E.S.D.#28 - KYRENE KIDS CLUB - NINOS | | | Tele (480)783-3113 | 09/01/2014 to 08/31/2017 |
| | 1330 EAST DAVA DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : 139 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6308 | K.E.S.D.#28 - KYRENE KIDS CLUB - PALOMA | | | Tele (480)783-2727 | 08/01/2014 to 07/31/2017 |
| | 5000 WEST WHITTEN STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 265 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13653 | K.E.S.D.#28 - KYRENE KIDS CLUB - SIERRA | | | Tele (480)541-5230 | 08/01/2016 to 07/31/2019 |
| | 1122 EAST LIBERTY LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6306 | K.E.S.D.#28 - KYRENE KIDS CLUB - SURENO | | | Tele (480)783-3006 | 08/01/2014 to 07/31/2017 |
| | 3375 WEST GALVESTON STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 216 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16715 | K.E.S.D.#28 - NORTE ELEMETARY SCHOOL | | | Tele (480)541-4961 | 08/01/2016 to 07/31/2019 |
| | 1331 EAST REDFIELD ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : 186 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7516 | L.E.S.D. #65 LITTLETON ELEMENTARY SCHOOL PRESCHOOL<br>1252 SOUTH AVONDALE BOULEVARD<br>AVONDALE AZ 85323 | Tele (623)478-5736<br>Fax: (623)478-5746<br>Capacity : 146 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11589 | L.E.S.D.#25 - ESTRELLA MOUNTAIN ELEMENTARY SCHOOL<br>10301 SOUTH SAN MIGUEL<br>GOODYEAR AZ 85338 | Tele (623)327-2820<br>Fax: (623)474-6669<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17285 | L.E.S.D.#25 - LAS BRISAS ACADEMY<br>18211 WEST LAS BRISAS DRIVE<br>GOODYEAR AZ 85338 | Tele (623)327-2860<br>Fax: (623)474-6629<br>Capacity : 59 | 08/05/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11588 | L.E.S.D.#25 - WESTAR ELEMENTARY SCHOOL<br>17777 WEST WESTAR DRIVE<br>GOODYEAR AZ 85338 | Tele (623)696-7370<br>Fax: (623)474-6669<br>Capacity : 59 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14335 | L.E.S.D.#59 - CHEATHAM ELEMENTARY SCHOOL<br>4725 WEST SOUTH MOUNTAIN ROAD<br>LAVEEN AZ 85339 | Tele (602)237-7040<br>Fax: (602)304-2025<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14334 | L.E.S.D.#59 - DESERT MEADOWS ELEMENTARY SCHOOL<br>6855 WEST MEADOW LOOP EAST<br>LAVEEN AZ 85339 | Tele (480)353-1486<br>Fax: (602)304-2025<br>Capacity : 185 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15885 | L.E.S.D.#59 - LAVEEN KIDS KLUB<br>4141 WEST MCNEIL STREET<br>LAVEEN AZ 85339 | Tele (602)237-9110<br>Fax: (602)304-2025<br>Capacity : 125 | 07/21/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16710 | L.E.S.D.#59 - M.C.CASH KIDS KLUB<br>3851 WEST ROESER ROAD<br>PHOENIX AZ 85041 | Tele (602)237-9120<br>Fax: (602)237-9133<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17719 | L.E.S.D.#59 - PASEO POINT KIDS KLUB<br>8800 SOUTH 55TH AVENUE<br>LAVEEN AZ 85339 | Tele (602)237-7058<br>Fax: (602)304-2028<br>Capacity : 59 | 08/10/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16328 | L.E.S.D.#59 - ROGERS RANCH KIDS KLUB<br>6735 SOUTH 47TH AVENUE<br>LAVEEN AZ 85339 | Tele (602)237-7058<br>Fax: (602)304-2025<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13497 | L.E.S.D.#59 - TRAILSIDE POINT ELEMENTARY SCHOOL<br>7275 WEST VINEYARD ROAD<br>LAVEEN AZ 85339 | Tele (602)361-4234<br>Fax: (602)237-9135<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13499 | L.E.S.D.#59 - VISTA DEL SUR TRADITIONAL SCHOOL<br>3908 WEST SOUTH MOUNTAIN ROAD<br>LAVEEN AZ 85339 | Tele (602)361-4165<br>Fax: (602)304-2025<br>Capacity : 150 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12392 | L.E.S.D.#79 - BARBARA B. ROBEY ELEMENTARY SCHOOL<br>5340 NORTH WIGWAM CREEK BLVD<br>LITCHFIELD PARK AZ 85340 | Tele (623)547-1428<br>Fax: (623)935-9461<br>Capacity : 365 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9874 | L.E.S.D.#79 - CORTE SIERRA ELEMENTARY SCHOOL<br>3300 NORTH SANTA FE TRAIL<br>AVONDALE AZ 85392 | Tele (623)547-1007<br>Fax: (623)935-9461<br>Capacity : 345 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11627 | L.E.S.D.#79 - DREAMING SUMMIT ELEMENTARY SCHOOL<br>13335 WEST MISSOURI AVENUE<br>LITCHFIELD PARK AZ 85340 | Tele (623)547-1212<br>Fax: (623)935-9461<br>Capacity : 284 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7078 | L.E.S.D.#79 - LITCHFIELD EARLY CHILDHOOD EDUCATION<br>255 EAST WIGWAM BOULEVARD<br>LITCHFIELD PARK AZ 85340 | Tele (623)535-6042<br>Fax: (623)935-9461<br>Capacity : 605 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15413 | L.E.S.D.#79 - MABEL PADGETT ELEMENTARY<br>15430 WEST TURNEY<br>GOODYEAR AZ 85395 | Tele (623)547-3200<br>Fax: ( ) -<br>Capacity : 385 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7079 | L.E.S.D.#79 - PALM VALLEY ELEMENTARY SCHOOL<br>2801 NORTH 135TH AVENUE<br>GOODYEAR AZ 85395 | Tele (623)535-6405<br>Fax: (623)935-9461<br>Capacity : 305 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9048 | L.E.S.D.#79 - RANCHO SANTA FE ELEMENTARY SCHOOL<br>2150 NORTH RANCHO SANTA FE BOULEVARD<br>AVONDALE AZ 85392 | Tele (623)535-6567<br>Fax: (623)935-9461<br>Capacity : 205 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6249 | L.E.S.D.#79 - SCOTT LIBBY - EARLY CHILD EDUCATION<br>18701 WEST THOMAS ROAD<br>LITCHFIELD PARK AZ 85340 | Tele (623)535-6205<br>Fax: ( ) -<br>Capacity : 338 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12799 | L.E.S.D.#79 - VERRADO ELEMENTARY SCHOOL<br>20873 WEST SUNRISE LANE<br>BUCKEYE AZ 85396 | Tele (623)547-1605<br>Fax: (623)853-2358<br>Capacity : 185 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17257 | L.E.S.D.#79 - VERRADO HERITAGE ELEMENTARY SCHOOL<br>20895 WEST HAMILTON STREET<br>BUCKEYE AZ 85396 | Tele (623)535-6042<br>Fax: ( ) -<br>Capacity : 200 | 07/27/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6246 | M.E.S.D. #38 - MEADOWS M A C<br>225 WEST OCOTILLO ROAD<br>PHOENIX AZ 85016 | Tele (602)664-7670<br>Fax: (602)664-7499<br>Capacity : 145 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6237 | M.E.S.D.#38 - CAMELVIEW- E C P / M A C<br>2002 EAST CAMPBELL AVENUE<br>PHOENIX AZ 85016 | Tele (602)664-7228<br>Fax: (602)664-7998<br>Capacity : 265 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6238 | M.E.S.D.#38 - HEIGHTS E C P / M A C<br>7150 NORTH 22ND STREET<br>PHOENIX AZ 85020 | Tele (602)664-7870<br>Fax: (602)664-7998<br>Capacity : 265 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6239 | M.E.S.D.#38 - MADISON #1 M A C<br>5525 NORTH 16TH STREET<br>PHOENIX AZ 85016 | Tele (602)664-7170<br>Fax: (602)664-7981<br>Capacity : 525 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15900 | M.E.S.D.#38 - MADISON TRADITIONAL ACADEMY<br>925 EAST MARYLAND AVENUE<br>PHOENIX AZ 85014 | Tele (602)745-4070<br>Fax: (602)664-7999<br>Capacity : 332 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6247 | M.E.S.D.#38 - PARK M A C / E C P<br>1431 EAST CAMPBELL AVENUE<br>PHOENIX AZ 85014 | Tele (602)664-7570<br>Fax: (602)664-7499<br>Capacity : 325 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6236 | M.E.S.D.#38 - ROSE LANE M A C / E C P<br>1155 EAST ROSE LANE<br>PHOENIX AZ 85014 | Tele (602)664-7470<br>Fax: (602)664-7499<br>Capacity : 325 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6241 | M.E.S.D.#38 - SIMIS E C P / M A C<br>7302 NORTH 10TH STREET<br>PHOENIX AZ 85020 | Tele (602)664-7370<br>Fax: (602)664-7399<br>Capacity : 425 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1229 | M.S.D.#21 - ARTHUR M. HAMILTON - MURPHY HEAD START<br>2020 WEST DURANGO STREET<br>PHOENIX AZ 85009 | Tele (602)353-5181<br>Fax: (602)353-5188<br>Capacity : 20 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1770 | M.S.D.#21 - JACK L. KUBAN HEAD START<br>3201 WEST SHERMAN STREET<br>PHOENIX AZ 85009 | Tele (602)353-5440<br>Fax: (602)353-5479<br>Capacity : 36 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1228 | M.S.D.#21 - MURPHY HEAD START - ALFRED F. GARCIA SCHOOL<br>1441 SOUTH 27TH AVENUE<br>PHOENIX AZ 85009 | Tele (602)353-5181<br>Fax: (602)353-5188<br>Capacity : 28 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11529 | M.S.D.#21 - W.R. SULLIVAN SCHOOL HEAD START<br>2 NORTH 31ST AVENUE<br>PHOENIX AZ 85009 | Tele (602)353-5181<br>Fax: (602)233-0506<br>Capacity : 45 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12488 | M.S.D.#75 - MORRISTOWN SCHOOL DISTRICT #75<br>25950 ROCKAWAY HILLS ROAD<br>MORRISTOWN AZ 85342 | Tele (623)546-5100<br>Fax: (623)388-9368<br>Capacity : 10 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16096 | M.U.S.D. #4 - WHITMAN - M E L P | | | Tele (480)472-5030 | 01/01/2015 to 12/31/2017 |
| | 1829 NORTH GRAND | | | Fax: (602)472-7251 | |
| | MESA | AZ | 85201 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6435 | M.U.S.D.#4 - ADAMS | | | Tele (480)472-4300 | 01/01/2015 to 12/31/2017 |
| | 738 SOUTH LONGMORE | | | Fax: (480)472-7250 | |
| | MESA | AZ | 85202 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10334 | M.U.S.D.#4 - BRINTON | | | Tele (480)472-4078 | 09/01/2015 to 08/31/2018 |
| | 11455 EAST SUNLAND AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85208 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6367 | M.U.S.D.#4 - BUSH - KIDS CORNER/ PRE - K | | | Tele (480)472-8505 | 01/01/2015 to 12/31/2017 |
| | 4925 EAST INGRAM STREET | | | Fax: (480)472-0023 | |
| | MESA | AZ | 85205 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11436 | M.U.S.D.#4 - COYOTE KIDS CHILD DEVELOPMENT CENTER | | | Tele (480)472-9530 | 03/01/2014 to 02/28/2017 |
| | 845 SOUTH CRISMON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6361 | M.U.S.D.#4 - CRISMON | | | Tele (480)472-4044 | 01/01/2015 to 12/31/2017 |
| | 825 WEST MEDINA AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85210 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7565 | M.U.S.D.#4 - DOBSON HIGH MINI MUSTANGS | | | Tele (480)472-3230 | 04/01/2016 to 03/31/2019 |
| | 1501 WEST GUADALUPE ROAD | | | Fax: (480)472-3250 | |
| | MESA | AZ | 85202 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9815 | M.U.S.D.#4 - EAST MESA EARLY CHILDHOOD EDUCATION CENTER | | | Tele (480)472-3975 | 03/01/2014 to 02/28/2017 |
| | 950 NORTH SUN VALLEY BLVD | | | Fax: (480)472-0459 | |
| | MESA | AZ | 85207 | Capacity : 34 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7215 | M.U.S.D.#4 - EDISON - KIDS CORNER | | | Tele (480)292-0917 | 03/01/2016 to 02/28/2019 |
| | 545 NORTH HORNE | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16707 | M.U.S.D.#4 - EISENHOWER | | | Tele (480)472-7257 | 05/22/2014 to 04/30/2017 |
| | 848 NORTH MESA DRIVE | | | Fax: (480)472-5212 | |
| | MESA | AZ | 85201 | Capacity : 29 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15535 | M.U.S.D.#4 - ENTZ - KIDS CORNER | | | Tele (480)273-0073 | 08/01/2016 to 07/31/2019 |
| | 4132 EAST ADOBE STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-7216 | M.U.S.D.#4 - FALCON HILL - KIDS CORNER AND PRE-K | | | Tele (480)472-8592 | 04/01/2016 to 03/31/2019 |
| | 1645 NORTH STERLING | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85207 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-7217 | M.U.S.D.#4 - FIELD - KIDS CORNER | | | Tele (480)326-0909 | 04/01/2016 to 03/31/2019 |
| | 2325 EAST ADOBE STREET | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85213 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-6441 | M.U.S.D.#4 - FIRST THINGS FIRST PRE - K | | | Tele (480)472-6352 | 02/01/2015 to 01/31/2018 |
| | 930 SOUTH SIRRINE | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : 20 | Medcaid_Cert: Not Ceritified |
| CDC-17392 | M.U.S.D.#4 - FRANKLIN AT BRIMHALL KIDS CORNER | | | Tele (480)472-2600 | 08/12/2015 to 07/31/2018 |
| | 5005 EAST SOUTHERN | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85206 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17393 | M.U.S.D.#4 - GUERRERO ELEMENTARY KIDS CORNER<br>463 SOUTH ALMA SCHOOL ROAD<br>MESA AZ 85210 | Tele (480)773-7587<br>Fax: (480)472-9224<br>Capacity : 59 | 08/13/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7320 | M.U.S.D.#4 - HALE ELEMENTARY - KIDS CORNER<br>1425 NORTH 23RD STREET<br>MESA AZ 85213 | Tele (770)883-9895<br>Fax: ( ) -<br>Capacity : 59 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6434 | M.U.S.D.#4 - HAWTHORNE - KIDS CORNER - M E L P<br>630 NORTH HUNT DRIVE<br>MESA AZ 85203 | Tele (480)472-7512<br>Fax: (480)472-7474<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6377 | M.U.S.D.#4 - HERMOSA VISTA - KIDS CORNER AND PRE-K<br>2626 NORTH 24TH STREET<br>MESA AZ 85213 | Tele (480)472-7556<br>Fax: (480)472-7251<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6374 | M.U.S.D.#4 - HIGHLAND - KIDS CORNER<br>3042 EAST ADOBE DRIVE<br>MESA AZ 85213 | Tele (480)472-7657<br>Fax: (480)472-7251<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6373 | M.U.S.D.#4 - IRVING - KIDS CORNER - PRE-K | | | Tele (480)472-1655 | 02/01/2015 to 01/31/2018 |
| | 3220 EAST PUEBLO AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85204 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8084 | M.U.S.D.#4 - ISHIKAWA - KIDS CORNER | | | Tele (480)472-7250 | 06/01/2014 to 05/31/2017 |
| | 2635 NORTH 32ND STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10351 | M.U.S.D.#4 - JOHNSON - KIDS CORNER | | | Tele (480)472-6766 | 09/01/2015 to 08/31/2018 |
| | 3807 EAST PUEBLO AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85206 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6350 | M.U.S.D.#4 - JORDAN | | | Tele (480)472-3865 | 01/01/2015 to 12/31/2017 |
| | 3320 NORTH CARRIAGE LANE | | | Fax: (480)472-3888 | |
| | CHANDLER | AZ | 85224 | Capacity : 565 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6349 | M.U.S.D.#4 - KELLER KIDS CORNER | | | Tele (480)472-6201 | 01/01/2015 to 12/31/2017 |
| | 1445 EAST HILTON AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85204 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6343 | M.U.S.D.#4 - KERR - KIDS CORNER | | | Tele (480)292-0865 | 02/01/2015 to 01/31/2018 |
| | 125 EAST MCLELLAN ROAD | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85201 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-7220 | M.U.S.D.#4 - LAS SENDAS - KIDS CORNER | | | Tele (480)292-0877 | 03/01/2016 to 02/28/2019 |
| | 3120 NORTH RED MOUNTAIN | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85207 | Capacity : 205 | Medcaid_Cert: Not Ceritified |
| CDC-6440 | M.U.S.D.#4 - LONGFELLOW - M E L P | | | Tele (480)472-6551 | 01/01/2015 to 12/31/2017 |
| | 345 SOUTH HALL STREET | | | Fax: (480)472-6559 | |
| | MESA | AZ | 85204 | Capacity : 29 | Medcaid_Cert: Not Ceritified |
| CDC-7222 | M.U.S.D.#4 - MACARTHUR - KIDS CORNER | | | Tele (480)374-9184 | 03/01/2016 to 02/28/2019 |
| | 1435 EAST MCLELLAN ROAD | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85203 | Capacity : 45 | Medcaid_Cert: Not Ceritified |
| CDC-8614 | M.U.S.D.#4 - MENDOZA - KIDS CORNER | | | Tele (480)292-0866 | 12/01/2015 to 11/30/2018 |
| | 5831 EAST MCLELLAN ROAD | | | Fax: (480)472-1999 | |
| | MESA | AZ | 85205 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15437 | M.U.S.D.#4 - MESA EDUCATION CENTER | | | Tele (480)472-1002 | 08/01/2016 to 07/31/2019 |
| | 855 WEST 8TH AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85210 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12429 | M.U.S.D.#4 - MESA HIGH PRESCHOOL LAB | | | Tele (480)472-5900 | 04/01/2015 to 03/31/2018 |
| | 1630 EAST SOUTHERN AVENUE | | | Fax: (480)472-5995 | |
| | MESA | AZ | 85204 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6372 | M.U.S.D.#4 - O'CONNOR - KIDS CORNER | | | Tele (480)292-0879 | 01/01/2015 to 12/31/2017 |
| | 4840 EAST ADOBE STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8613 | M.U.S.D.#4 - PATTERSON | | | Tele (480)472-9782 | 12/01/2014 to 11/30/2017 |
| | 615 SOUTH CHESHIRE | | | Fax: (480)472-9788 | |
| | MESA | AZ | 85208 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6347 | M.U.S.D.#4 - POMEROY - KIDS CORNER | | | Tele (480)472-7258 | 01/01/2015 to 12/31/2017 |
| | 1507 WEST SHAWNEE DRIVE | | | Fax: (480)472-7251 | |
| | CHANDLER | AZ | 85224 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7224 | M.U.S.D.#4 - PORTER - KIDS CORNER | | | Tele (480)472-6746 | 04/01/2016 to 03/31/2019 |
| | 1350 SOUTH LINDSAY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7564 | M.U.S.D.#4 - RED MOUNTAIN CHILD DEVELOPMENT LAB | | | Tele (480)472-8183 | 04/01/2016 to 03/31/2019 |
| | 7301 EAST BROWN ROAD | | | Fax: (480)472-8187 | |
| | MESA | AZ | 85207 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6371 | M.U.S.D.#4 - RED MOUNTAIN RANCH - KIDS CORNER/ PRESCHOOL | | | Tele (480)649-2463 | 01/01/2015 to 12/31/2017 |
| | 6650 EAST RAFTRIVER STREET | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85215 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7194 | M.U.S.D.#4 - SALK - KIDS CORNER | | | Tele (480)472-8400 | 02/01/2016 to 01/31/2019 |
| | 7029 EAST BROWN ROAD | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85207 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6346 | M.U.S.D.#4 - SIRRINE | | | Tele (480)292-0871 | 01/01/2015 to 12/31/2017 |
| | 591 WEST MESQUITE STREET | | | Fax: (480)472-3888 | |
| | CHANDLER | AZ | 85225 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8661 | M.U.S.D.#4 - STEVENSON | | | Tele (480)472-9051 | 06/01/2015 to 05/31/2018 |
| | 638 SOUTH 96TH STREET | | | Fax: (480)472-0459 | |
| | MESA | AZ | 85208 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7331 | M.U.S.D.#4 - SUMMIT ACADEMY | | | Tele (480)472-3351 | 04/01/2016 to 03/31/2019 |
| | 1560 WEST SUMMIT PLACE | | | Fax: (480)472-7251 | |
| | CHANDLER | AZ | 85224 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6437 | M.U.S.D.#4 - TAFT - KIDS CORNER | | | Tele (480)898-7851 | 01/01/2015 to 12/31/2017 |
| | 9800 EAST QUARTERLINE ROAD | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85207 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15432 | M.U.S.D.#4 - WASHINGTON | | | Tele (480)273-0729 | 08/01/2016 to 07/31/2019 |
| | 2260 WEST ISABELLA AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85202 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13450 | M.U.S.D.#4 - WHITTIER - M E L P | | | Tele (480)472-4919 | 08/01/2016 to 07/31/2019 |
| | 733 NORTH LONGMORE | | | Fax: (480)472-4905 | |
| | MESA | AZ | 85201 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8085 | M.U.S.D.#4 - WILSON | | | Tele (480)472-7256 | 03/01/2014 to 02/28/2017 |
| | 5619 EAST GLADE AVENUE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85206 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10338 | M.U.S.D.#4 - ZAHARIS - KIDS CORNER | | | Tele (480)472-0526 | 09/01/2015 to 08/31/2018 |
| | 9410 EAST MCKELLIPS ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6375 | MESA UNIFIED SCHOOL DISTRICT #4 | | | Tele (480)472-7258 | 01/01/2015 to 12/31/2017 |
| | 849 SOUTH SUNNYVALE | | | Fax: (480)472-7251 | |
| | MESA | AZ | 85206 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16625 | N.U.S.D.#81 - DESERT OASIS ELEMENTARY SCHOOL | | | Tele (623)556-5880 | 08/01/2016 to 07/31/2019 |
| | 17161 WEST BAJADA ROAD | | | Fax: (623)556-5898 | |
| | SURPRISE | AZ | 85387 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16021 | N.U.S.D.#81 - NADABURG PRESCHOOL | | | Tele (623)388-2321 | 01/01/2015 to 12/31/2017 |
| | 21419 WEST DOVE VALLEY ROAD | | | Fax: (623)388-2915 | |
| | WITTMANN | AZ | 85361 | Capacity : 132 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17483 | O.E.S.D. #8 - LONGVIEW ELEMENTARY SCHOOL<br>1209 EAST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85014 | Tele (602)707-2500<br>Fax: (602)707-2040<br>Capacity : 25 | 01/29/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17484 | O.E.S.D. #8 - MONTECITO ELEMENTARY SCHOOL<br>715 EAST MONTECITO<br>PHOENIX AZ 85014 | Tele (602)707-2500<br>Fax: (602)707-2040<br>Capacity : 185 | 01/29/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17485 | O.E.S.D.#8 - SOLANO ELEMENTARY SCHOOL<br>1526 WEST MISSOURI AVENUE<br>PHOENIX AZ 85015 | Tele (602)707-2500<br>Fax: (602)707-2040<br>Capacity : 25 | 01/29/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16002 | P.E.S.D. - PALOMA PRESCHOOL<br>38739 W I -8<br>GILA BEND AZ 85337 | Tele (928)683-2588<br>Fax: (928)683-2093<br>Capacity : 25 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9484 | P.E.S.D. #92 - VILLA DE PAZ SCHOOL<br>4940 NORTH 103RD AVENUE<br>PHOENIX AZ 85037 | Tele (623)772-2490<br>Fax: (623)877-1028<br>Capacity : 192 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17023 | P.E.S.D. #92 - AMBERLEA ELEMENTARY SCHOOL<br>8455 WEST VIRGINIA<br>PHOENIX AZ 85037 | Tele (623)772-2900<br>Fax: ( ) -<br>Capacity : 59 | 11/20/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17030 | P.E.S.D. #92 - CANYON BREEZE ELEMENTARY SCHOOL<br>11675 WEST ENCANTO BLVD<br>AVONDALE AZ 85392 | Tele (623)772-2610<br>Fax: (623)478-9912<br>Capacity : 59 | 09/19/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17029 | P.E.S.D. #92 - COPPER KING ELEMENTARY SCHOOL<br>10730 WEST CAMPBELL AVENUE<br>PHOENIX AZ 85037 | Tele (623)772-2580<br>Fax: (623)872-7769<br>Capacity : 59 | 09/24/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6728 | P.E.S.D. #92 - DESERT MIRAGE<br>8605 WEST MARYLAND AVENUE<br>GLENDALE AZ 85305 | Tele (623)772-2550<br>Fax: (623)877-1028<br>Capacity : 105 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17027 | P.E.S.D. #92 - GARDEN LAKES ELEMENTARY SCHOOL<br>10825 WEST GARDEN LAKES PKWY<br>AVONDALE AZ 85392 | Tele (623)772-2520<br>Fax: (623)977-9545<br>Capacity : 59 | 09/19/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11776 | P.E.S.D. #92 - PENDERGAST EARLY LEARNING CENTER<br>3841 NORTH 91ST AVENUE<br>PHOENIX AZ 85037 | Tele (623)772-2370<br>Fax: (623)877-1028<br>Capacity : 113 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17025 | P.E.S.D. #92 - RIO VISTA ELEMENTARY SCHOOL<br>10237 WEST ENCANTO BLVD<br>AVONDALE AZ 85392 | Tele (623)478-1972<br>Fax: ( ) -<br>Capacity : 59 | 09/19/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17026 | P.E.S.D. #92 - SONORAN SKY ELEMENTARY SCHOOL<br>10150 WEST MISSOURI AVENUE<br>GLENDALE AZ 85307 | Tele (623)772-2640<br>Fax: (623)772-1005<br>Capacity : 59 | 12/09/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17024 | P.E.S.D. #92 - SUNSET RIDGE ELEMENTARY SCHOOL<br>8490 WEST MISSOURI AVENUE<br>GLENDALE AZ 85305 | Tele (623)772-2730<br>Fax: ( ) -<br>Capacity : 59 | 09/22/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6333 | P.E.S.D.#1 - BETHUNE ELEMENTARY SCHOOL<br>1310 SOUTH 15TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)257-4804<br>Fax: (602)416-2013<br>Capacity : 205 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6332 | P.E.S.D.#1 - CAPITOL ELEMENTARY SCHOOL<br>333 NORTH 16TH AVENUE<br>PHOENIX AZ 85007 | Tele (602)257-3835<br>Fax: (602)257-3874<br>Capacity : 345 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12397 | P.E.S.D.#1 - DUNBAR ELEMENTARY SCHOOL<br>707 WEST GRANT STREET<br>PHOENIX AZ 85007 | Tele (602)257-3837<br>Fax: ( ) -<br>Capacity : 225 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6331 | P.E.S.D.#1 - EDISON ELEMENTARY SCHOOL<br>804 NORTH 18TH STREET<br>PHOENIX AZ 85006 | Tele (602)257-3962<br>Fax: (602)257-3704<br>Capacity : 265 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6330 | P.E.S.D.#1 - EMERSON ELEMENTARY SCHOOL<br>915 EAST PALM LANE<br>PHOENIX AZ 85006 | Tele (602)257-3908<br>Fax: (602)257-3937<br>Capacity : 325 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10466 | P.E.S.D.#1 - FAITH NORTH SCHOOL<br>910 EAST WASHINGTON STREET<br>PHOENIX AZ 85034 | Tele (602)257-3901<br>Fax: (602)257-3926<br>Capacity : 140 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6312 | P.E.S.D.#1 - GARFIELD ELEMENTARY SCHOOL<br>811 NORTH 13TH STREET<br>PHOENIX AZ 85006 | Tele (602)523-8712<br>Fax: (602)257-4866<br>Capacity : 305 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6329 | P.E.S.D.#1 - HEARD ELEMENTARY SCHOOL<br>2301 WEST THOMAS<br>PHOENIX AZ 85015 | Tele (602)257-3880<br>Fax: (602)257-3881<br>Capacity : 265 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6328 | P.E.S.D.#1 - HERRERA ELEMENTARY SCHOOL<br>1350 SOUTH 11TH STREET<br>PHOENIX AZ 85034 | Tele (602)452-6942<br>Fax: (602)416-2013<br>Capacity : 505 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6326 | P.E.S.D.#1 - KENILWORTH ELEMENTARY SCHOOL<br>1210 NORTH 5TH AVENUE<br>PHOENIX AZ 85003 | Tele (602)257-3889<br>Fax: ( ) -<br>Capacity : 265 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6324 | P.E.S.D.#1 - LOWELL ELEMENTARY SCHOOL<br>1121 SOUTH 3RD AVENUE<br>PHOENIX AZ 85003 | Tele (602)523-8896<br>Fax: (602)257-6396<br>Capacity : 185 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6323 | P.E.S.D.#1 - MAGNET TRADITIONAL SCHOOL<br>2602 NORTH 23RD AVENUE<br>PHOENIX AZ 85009 | Tele (602)257-6282<br>Fax: (602)257-6281<br>Capacity : 245 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6322 | P.E.S.D.#1 - SHAW MONTESSORI SCHOOL<br>123 NORTH 13TH STREET<br>PHOENIX AZ 85034 | Tele (602)257-3909<br>Fax: (602)257-2954<br>Capacity : 225 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6321 | P.E.S.D.#1 - WHITTIER ELEMENTARY SCHOOL<br>2000 NORTH 16TH STREET<br>PHOENIX AZ 85006 | Tele (602)523-8698<br>Fax: (602)416-2013<br>Capacity : 185 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17048 | P.U.H.S.D. #210 - CENTRAL CUBS PRESCHOOL<br>4525 NORTH CENTRAL AVENUE<br>PHOENIX AZ 85012 | Tele (602)764-7591<br>Fax: (602)271-2385<br>Capacity : 25 | 09/18/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15257 | P.U.H.S.D. #210 - FAIRFAX KIDDIE COLLEGE<br>8225 SOUTH 59TH AVENUE<br>LAVEEN AZ 85339 | Tele (602)764-9014<br>Fax: ( ) -<br>Capacity : 25 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17059 | P.U.H.S.D. #210 - HAYDEN'S LITTLE FALCONS PRESCHOOL<br>3333 WEST ROOSEVELT STREET<br>PHOENIX AZ 85009 | Tele (602)764-3138<br>Fax: (602)271-2469<br>Capacity : 25 | 12/16/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1542 | P.U.H.S.D. #210 - METRO TECH CHILD CARE<br>1900 WEST THOMAS ROAD<br>PHOENIX AZ 85015 | Tele (602)764-8064<br>Fax: (602)764-8218<br>Capacity : 50 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17375 | P.U.H.S.D. #210 - SOUTH MOUNTAIN HIGH SCHOOL LITTLE JAGS<br>5401 SOUTH 7TH STREET PHOENIX, AZ 85040<br>PHOENIX AZ 85040 | Tele (602)764-5000<br>Fax: ( ) -<br>Capacity : 40 | 08/25/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6679 | P.U.S.D. # 11- FOOTHILLS ECCEL<br>15808 NORTH 63RD AVENUE<br>GLENDALE AZ 85306 | Tele (623)486-6471<br>Fax: (623)412-4635<br>Capacity : 113 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6675 | P.U.S.D.#11 - ALTA LOMA ECCEL<br>9750 NORTH 87TH AVENUE<br>PEORIA AZ 85345 | Tele (623)412-4591<br>Fax: (623)486-6466<br>Capacity : 65 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6269 | P.U.S.D.#11 - CACTUS COOP | | | Tele (623)412-5012 | 12/01/2014 to 11/30/2017 |
| | 6330 WEST GREENWAY ROAD | | | Fax: (623)412-5020 | |
| | GLENDALE | AZ | 85306 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17431 | P.U.S.D.#11 - CANYON KIDZONE | | | Tele (623)773-6675 | 10/26/2015 to 09/30/2018 |
| | 5490 WEST PARADISE LANE | | | Fax: (623)773-6680 | |
| | GLENDALE | AZ | 85306 | Capacity : 33 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6267 | P.U.S.D.#11 - CENTENNIAL COOP | | | Tele (623)412-4412 | 12/01/2014 to 11/30/2017 |
| | 14388 NORTH 79TH AVENUE | | | Fax: (623)412-4420 | |
| | PEORIA | AZ | 85381 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17276 | P.U.S.D.#11 - COPPERWOOD KIDZONE | | | Tele (623)773-6675 | 08/07/2015 to 07/31/2018 |
| | 11232 NORTH 65TH AVENUE | | | Fax: (623)773-6680 | |
| | GLENDALE | AZ | 85304 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8970 | P.U.S.D.#11 - COUNTRY MEADOWS ECCEL | | | Tele (623)412-4485 | 02/01/2016 to 01/31/2019 |
| | 8409 NORTH 111TH AVENUE | | | Fax: (623)773-7180 | |
| | PEORIA | AZ | 85345 | Capacity : 44 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13671 | P.U.S.D.#11 - DESERT HARBOR ECCEL | | | Tele (623)486-6200 | 09/01/2016 to 08/31/2019 |
| | 15585 NORTH 91ST AVENUE | | | Fax: (623)486-6466 | |
| | PEORIA | AZ | 85382 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-9652 | P.U.S.D.#11 - DESERT PALMS ECCEL | | | Tele (623)412-4600 | 04/01/2016 to 03/31/2019 |
| | 11441 NORTH 55TH AVENUE | | | Fax: (623)773-7180 | |
| | GLENDALE | AZ | 85304 | Capacity : 221 | Medcaid_Cert: Not Ceritified |
| CDC-16941 | P.U.S.D.#11 - DESERT VALLEY KIDZONE | | | Tele (623)486-6471 | 08/06/2014 to 07/31/2017 |
| | 12901 NORTH 63RD AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : 105 | Medcaid_Cert: Not Ceritified |
| CDC-13672 | P.U.S.D.#11 - FRONTIER ECCEL | | | Tele (623)412-4725 | 09/01/2016 to 08/31/2019 |
| | 21258 NORTH 81ST AVENUE | | | Fax: (623)773-7180 | |
| | PEORIA | AZ | 85382 | Capacity : 125 | Medcaid_Cert: Not Ceritified |
| CDC-17297 | P.U.S.D.#11 - HERITAGE KIDZONE | | | Tele (623)773-6675 | 08/06/2015 to 07/31/2018 |
| | 5312 WEST MOUNTAIN VIEW ROAD | | | Fax: (623)773-6680 | |
| | GLENDALE | AZ | 85302 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16211 | P.U.S.D.#11 - IRA A. MURPHY ECCEL | | | Tele (623)412-4475 | 08/07/2015 to 07/31/2018 |
| | 7231 WEST NORTH LANE | | | Fax: (623)412-4484 | |
| | PEORIA | AZ | 85345 | Capacity : 50 | Medcaid_Cert: Not Ceritified |
| CDC-6266 | P.U.S.D.#11 - IRONWOOD COOP | | | Tele (623)486-6411 | 12/01/2014 to 11/30/2017 |
| | 6051 WEST SWEETWATER AVENUE | | | Fax: (623)486-6424 | |
| | GLENDALE | AZ | 85304 | Capacity : 26 | Medcaid_Cert: Not Ceritified |
| CDC-14927 | P.U.S.D.#11 - LAKE PLEASANT ECCEL | | | Tele (623)412-4485 | 08/01/2015 to 07/31/2018 |
| | 31501 NORTH WESTLAND ROAD | | | Fax: (623)412-4494 | |
| | PEORIA | AZ | 85383 | Capacity : 40 | Medcaid_Cert: Not Ceritified |
| CDC-16236 | P.U.S.D.#11 - LIBERTY HIGH SCHOOL COOP | | | Tele (623)773-6525 | 08/01/2015 to 07/31/2018 |
| | 9621 WEST SPECKLED GECKO DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : 25 | Medcaid_Cert: Not Ceritified |
| CDC-13674 | P.U.S.D.#11 - MARSHALL RANCH KIDZONE | | | Tele (623)486-6470 | 09/01/2016 to 08/31/2019 |
| | 12995 NORTH MARSHALL RANCH DRIVE | | | Fax: (623)486-6478 | |
| | GLENDALE | AZ | 85304 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7960 | P.U.S.D.#11 - OASIS ECCEL | | | Tele (623)412-4821 | 04/01/2016 to 03/31/2019 |
| | 7841 WEST SWEETWATER | | | Fax: (623)412-4809 | |
| | PEORIA | AZ | 85381 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17254 | P.U.S.D.#11 - PARKRIDGE ECCEL | | | Tele (623)773-6675 | 08/07/2015 to 07/31/2018 |
| | 9970 WEST BEARDSLEY ROAD | | | Fax: (623)773-6680 | |
| | PEORIA | AZ | 85382 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6268 | P.U.S.D.#11 - PEORIA COOP | | | Tele (623)486-6312 | 02/01/2015 to 01/31/2018 |
| | 11200 NORTH 83RD AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6676 | P.U.S.D.#11 - PEORIA ELEMENTARY ECCEL | | | Tele (623)412-4450 | 04/01/2014 to 03/31/2017 |
| | 11501 NORTH 79TH AVENUE | | | Fax: (623)773-7180 | |
| | PEORIA | AZ | 85345 | Capacity : 142 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17639 | P.U.S.D.#11 - PIONEER ECCEL | | | Tele (623)773-6675 | 08/15/2016 to 07/31/2019 |
| | 6315 WEST PORT AU PRINCE LANE | | | Fax: (623)773-6680 | |
| | GLENDALE | AZ | 85306 | Capacity : 43 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17640 | P.U.S.D.#11 - SAHUARO RANCH KIDZONE | | | Tele (623)773-6680 | 08/04/2016 to 07/31/2019 |
| | 10401 NORTH 63RD AVENUE | | | Fax: (623)773-6675 | |
| | GLENDALE | AZ | 85302 | Capacity : 29 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7794 | P.U.S.D.#11 - SANTE FE ECCEL | | | Tele (623)486-6475 | 04/01/2016 to 03/31/2019 |
| | 9880 NORTH 77TH AVENUE | | | Fax: (623)773-7180 | |
| | PEORIA | AZ | 85345 | Capacity : 34 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17253 | P.U.S.D.#11 - SKY VIEW ECCEL | | | Tele (623)773-6675 | 08/07/2015 to 07/31/2018 |
| | 8624 WEST SWEETWATER AVENUE | | | Fax: (623)773-6680 | |
| | PEORIA | AZ | 85381 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8161 | P.U.S.D.#11 - SUNDANCE ECCEL | | | Tele (623)412-4075 | 02/01/2014 to 01/31/2017 |
| | 7051 WEST CHOLLA STREET | | | Fax: (623)486-6466 | |
| | PEORIA | AZ | 85345 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8399 | P.U.S.D.#11 - SUNRISE MOUNTAIN COOP | | | Tele (623)487-5137 | 08/01/2014 to 07/31/2017 |
| | 21200 NORTH 83RD AVENUE | | | Fax: (623)487-5140 | |
| | PEORIA | AZ | 85382 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12880 | P.U.S.D.#11 - VISTANCIA ECCEL<br>30009 NORTH SUNRISE POINT<br>PEORIA AZ 85383 | Tele (623)773-6500<br>Fax: (623)773-7180<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7138 | P.V.U.S.D.#69 - ARROWHEAD ELEMENTARY<br>3820 EAST NISBET ROAD<br>PHOENIX AZ 85032 | Tele (602)493-6050<br>Fax: (602)867-5244<br>Capacity : 36 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6874 | P.V.U.S.D.#69 - BOULDER CREEK ELEMENTARY<br>22801 NORTH 22ND STREET<br>PHOENIX AZ 85024 | Tele (602)449-4500<br>Fax: (602)449-4505<br>Capacity : 355 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7435 | P.V.U.S.D.#69 - CACTUS VIEW ELEMENTARY SCHOOL<br>17602 NORTH CENTRAL AVENUE<br>PHOENIX AZ 85022 | Tele (602)449-2520<br>Fax: (602)867-5244<br>Capacity : 57 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7139 | P.V.U.S.D.#69 - COPPER CANYON ELEMENTARY SCHOOL<br>17650 NORTH 54TH STREET<br>SCOTTSDALE AZ 85254 | Tele (602)867-5289<br>Fax: (602)867-5244<br>Capacity : 325 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6880 | P.V.U.S.D.#69 - DESERT COVE ELEMENTARY SCHOOL<br>11020 NORTH 28TH STREET<br>PHOENIX AZ 85028 | Tele (602)480-7076<br>Fax: (602)867-5244<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6961 | P.V.U.S.D.#69 - DESERT SHADOWS ELEMENTARY SCHOOL<br>5902 EAST SWEETWATER AVENUE<br>SCOTTSDALE AZ 85254 | Tele (602)449-6920<br>Fax: (602)449-6905<br>Capacity : 345 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14886 | P.V.U.S.D.#69 - DESERT SHADOWS MIDDLE SCHOOL<br>5858 EAST SWEETWATER ROAD<br>SCOTTSDALE AZ 85254 | Tele (602)449-6800<br>Fax: ( ) -<br>Capacity : 305 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6960 | P.V.U.S.D.#69 - DESERT SPRINGS ELEMENTARY SCHOOL<br>6010 EAST ACOMA DRIVE<br>SCOTTSDALE AZ 85254 | Tele (602)953-1588<br>Fax: (602)867-5244<br>Capacity : 120 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7437 | P.V.U.S.D.#69 - DESERT TRAILS ELEMENTARY SCHOOL<br>4315 EAST CASHMAN DRIVE<br>PHOENIX AZ 85050 | Tele (480)515-9141<br>Fax: (602)867-3244<br>Capacity : 270 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6962 | P.V.U.S.D.#69 - EAGLE RIDGE ELEMENTARY SCHOOL<br>19801 NORTH 13TH STREET<br>PHOENIX AZ 85024 | Tele (623)581-0538<br>Fax: (602)867-5244<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6964 | P.V.U.S.D.#69 - ECHO MOUNTAIN ELEMENTARY SCHOOL<br>1811 EAST MICHIGAN AVENUE<br>PHOENIX AZ 85022 | Tele (602)449-5500<br>Fax: (602)867-5244<br>Capacity : 25 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16347 | P.V.U.S.D.#69 - FIRESIDE ELEMENTARY SCHOOL<br>3725 EAST LONE CACTUS DRIVE<br>PHOENIX AZ 85050 | Tele (602)449-2211<br>Fax: (602)449-4720<br>Capacity : 125 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16734 | P.V.U.S.D.#69 - FOOTHILLS ELEMENTARY SCHOOL<br>17835 NORTH 44TH STREET<br>PHOENIX AZ 85032 | Tele (602)449-7413<br>Fax: (602)449-2219<br>Capacity : 625 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17052 | P.V.U.S.D.#69 - GRAYHAWK ELEMENTARY SCHOOL<br>7525 EAST GRAYHAWK<br>SCOTTSDALE AZ 85255 | Tele (602)449-6600<br>Fax: ( ) -<br>Capacity : 31 | 08/11/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6959 | P.V.U.S.D.#69 - HIDDEN HILLS ELEMENTARY SCHOOL<br>1919 EAST SHARON DRIVE<br>PHOENIX AZ 85022 | Tele (602)788-1698<br>Fax: ( ) -<br>Capacity : 59 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7426 | P.V.U.S.D.#69 - INDIAN BEND ELEMENTARY SCHOOL<br>3633 EAST THUNDERBIRD ROAD<br>PHOENIX AZ 85032 | Tele (602)449-3200<br>Fax: (602)449-3205<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9995 | P.V.U.S.D.#69 - LIBERTY ELEMENTARY<br>5125 EAST MARILYN ROAD<br>SCOTTSDALE AZ 85254 | Tele (602)485-4329<br>Fax: (602)953-3006<br>Capacity : 385 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6877 | P.V.U.S.D.#69 - MERCURY MINE ELEMENTARY<br>9640 NORTH 28TH STREET<br>PHOENIX AZ 85028 | Tele (602)449-2000<br>Fax: (602)867-5244<br>Capacity : 105 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8270 | P.V.U.S.D.#69 - NORTH CANYON HIGH SCHOOL<br>1700 EAST UNION HILLS DRIVE<br>PHOENIX AZ 85024 | Tele (602)867-5289<br>Fax: ( ) -<br>Capacity : 45 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6878 | P.V.U.S.D.#69 - NORTH RANCH ELEMENTARY SCHOOL<br>16406 NORTH 61ST PLACE<br>SCOTTSDALE AZ 85254 | Tele (602)449-6420<br>Fax: (602)449-6405<br>Capacity : 285 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14681 | P.V.U.S.D.#69 - PALOMINO ELEMENTARY<br>15833 NORTH 29TH STREET<br>PHOENIX AZ 85032 | Tele (602)449-2800<br>Fax: (602)449-2805<br>Capacity : 58 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8269 | P.V.U.S.D.#69 - PARADISE VALLEY HIGH SCHOOL<br>3950 EAST BELL ROAD<br>PHOENIX AZ 85032 | Tele (602)449-7000<br>Fax: (602)449-7005<br>Capacity : 25 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8873 | P.V.U.S.D.#69 - PINNACLE HIGH SCHOOL<br>3535 EAST MAYO BOULEVARD<br>PHOENIX AZ 85050 | Tele (602)449-4080<br>Fax: (602)449-2219<br>Capacity : 59 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15523 | P.V.U.S.D.#69 - PINNACLE PEAK ELEMENTARY SCHOOL<br>7690 EAST WILLIAMS DRIVE<br>SCOTTSDALE AZ 85255 | Tele (602)449-6720<br>Fax: (602)449-6705<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6881 | P.V.U.S.D.#69 - QUAIL RUN ELEMENTARY SCHOOL<br>3303 EAST UTOPIA ROAD<br>PHOENIX AZ 85050 | Tele (602)867-5289<br>Fax: (602)867-5244<br>Capacity : 205 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6957 | P.V.U.S.D.#69 - SANDPIPER ELEMENTARY SCHOOL<br>6724 EAST HEARN ROAD<br>SCOTTSDALE AZ 85254 | Tele (602)449-6320<br>Fax: (602)449-6305<br>Capacity : 120 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6958 | P.V.U.S.D.#69 - SONORAN SKY ELEMENTARY SCHOOL<br>12990 NORTH 75TH STREET<br>SCOTTSDALE AZ 85260 | Tele (602)449-6520<br>Fax: (602)449-6505<br>Capacity : 145 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8553 | P.V.U.S.D.#69 - SUNSET CANYON ELEMENTARY SCHOOL<br>2727 EAST SIESTA LANE<br>PHOENIX AZ 85050 | Tele (602)493-6430<br>Fax: (602)449-2219<br>Capacity : 59 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6883 | P.V.U.S.D.#69 - WHISPERING WIND ELEMENTARY SCHOOL<br>15844 NORTH 43RD STREET<br>PHOENIX AZ 85032 | Tele (602)485-7077<br>Fax: (602)449-7305<br>Capacity : 269 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12731 | P.V.U.S.D.#69 - WILDFIRE ELEMENTARY SCHOOL<br>3997 EAST LOCKWOOD DRIVE<br>PHOENIX AZ 85050 | Tele (480)346-3020<br>Fax: (602)867-5244<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17371 | PRESCHOOL DEVELOPMENT PROGRAM - TUSCANO ELEMENTARY SCHOOL<br>3850 SOUTH 79TH AVENUE<br>PHOENIX AZ 85043 | Tele (623)707-2300<br>Fax: (623)707-2304<br>Capacity : 50 | 07/29/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16413 | Q.C.U.S.D.#95 - DESERT MOUNTAIN ELEMENTARY SCHOOL<br>22301 SOUTH HAWES ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)987-5912<br>Fax: (480)987-5914<br>Capacity : 145 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16415 | Q.C.U.S.D.#95 - FRANCES BRANDON PICKETT ELEMENTARY<br>22076 EAST VILLAGE LOOP<br>QUEEN CREEK AZ 85142 | Tele (480)987-7420<br>Fax: (480)987-7439<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17351 | Q.C.U.S.D.#95 - GATEWAY POLYTECHNIC ACADEMY<br>5149 SOUTH SIGNAL BUTTE ROAD<br>MESA AZ 85212 | Tele (480)987-5935<br>Fax: (480)987-7499<br>Capacity : 59 | 07/22/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16414 | Q.C.U.S.D.#95 - JACK BARNES SCHOOL<br>20750 SOUTH 214TH STREET<br>QUEEN CREEK AZ 85142 | Tele (480)987-7400<br>Fax: (480)987-7415<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14755 | Q.C.U.S.D.#95 - QUEEN CREEK ELEMENTARY SCHOOL<br>23636 SOUTH 204TH STREET<br>QUEEN CREEK AZ 85242 | Tele (480)987-5991<br>Fax: (480)987-5991<br>Capacity : 125 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16463 | Q.C.U.S.D.#95 - QUEEN CREEK MIDDLE SCHOOL<br>20435 SOUTH OLD ELLSWORTH ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)987-5940<br>Fax: (480)987-5947<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10752 | Q.C.U.S.D.#95 - QUEEN CREEK TOY BOX<br>22149 EAST OCOTILLO ROAD<br>QUEEN CREEK AZ 85142 | Tele (480)987-5953<br>Fax: (480)882-1276<br>Capacity : 45 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12279 | R.E S.D.#66 - BERNARD BLACK SCHOOL<br>6550 SOUTH 27TH AVENUE<br>PHOENIX AZ 85042 | Tele (602)304-3180<br>Fax: (602)304-3105<br>Capacity : 40 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5026 | R.E.S.D.#66 - BUSH HEAD START | | | Tele (602)232-1946 | 12/01/2015 to 11/30/2018 |
| | 602 EAST SIESTA DRIVE | | | Fax: (602)304-4209 | |
| | PHOENIX | AZ | 85042 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1167 | R.E.S.D.#66 - CESAR CHAVEZ HEAD START | | | Tele (602)232-4947 | 09/01/2014 to 08/31/2017 |
| | 4001 SOUTH 3RD STREET | | | Fax: (602)243-2637 | |
| | PHOENIX | AZ | 85040 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5025 | R.E.S.D.#66 - DAVIS HEAD START | | | Tele (602)232-4283 | 12/01/2015 to 11/30/2018 |
| | 6209 SOUTH 15TH AVENUE | | | Fax: (602)304-4209 | |
| | PHOENIX | AZ | 85040 | Capacity : 39 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13880 | R.E.S.D.#66 - FOOT HILLS HEAD START | | | Tele (602)268-9618 | 08/01/2014 to 07/31/2017 |
| | 930 WEST ALTA VISTA ROAD | | | Fax: (602)304-3105 | |
| | PHOENIX | AZ | 85041 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9883 | R.E.S.D.#66 - KENNEDY HEAD START | | | Tele (602)232-4220 | 08/01/2014 to 07/31/2017 |
| | 6825 SOUTH 10TH STREET | | | Fax: (602)243-2637 | |
| | PHOENIX | AZ | 85040 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1174 | R.E.S.D.#66 - M L KING HEAD START<br>4615 SOUTH 22ND STREET<br>PHOENIX AZ 85040 | Tele (602)232-4919<br>Fax: (602)304-3105<br>Capacity : 305 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-1172 | R.E.S.D.#66 - T G BARR HEAD START<br>2041 EAST VINEYARD ROAD<br>PHOENIX AZ 85042 | Tele (602)232-4900<br>Fax: (602)243-2637<br>Capacity : 20 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17697 | RIVERSIDE ELEMENTARY SCHOOL DISTRICT #2<br>1414 SOUTH 51ST AVENUE<br>PHOENIX AZ 85043 | Tele (602)477-8900<br>Fax: (602)477-8921<br>Capacity : 59 | 08/12/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16428 | S.M.U.S.D.# 90 - SADDLE MOUNTAIN PRESCHOOL<br>38201 WEST INDIAN SCHOOL ROAD<br>TONOPAH AZ 85354 | Tele (623)474-5108<br>Fax: (623)474-5190<br>Capacity : 20 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17063 | S.U.S.D. #48 - TONALEA ELEMENTARY SCHOOL<br>7501 EAST OAK STREET<br>SCOTTSDALE AZ 85257 | Tele (480)484-3600<br>Fax: (480)484-3601<br>Capacity : 56 | 09/12/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13172 | S.U.S.D.#48 - ANASAZI ELEMENTARY SCHOOL<br>12121 NORTH 124TH STREET<br>SCOTTSDALE AZ 85259 | Tele (480)484-7300<br>Fax: (480)484-7901<br>Capacity : 309 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10319 | S.U.S.D.#48 - ARCADIA NEIGHBORHOOD LEARNING CENTER<br>4330 NORTH 62ND STREET<br>SCOTTSDALE AZ 85251 | Tele (480)748-6642<br>Fax: (480)484-7901<br>Capacity : 59 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6775 | S.U.S.D.#48 - CHEROKEE ELEMENTARY PRESCHOOL- PANDA<br>8801 NORTH 56TH STREET<br>PARADISE VALLEY AZ 85253 | Tele (480)484-8700<br>Fax: (480)484-7901<br>Capacity : 505 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13650 | S.U.S.D.#48 - CHEYENNE TRADITIONAL SCHOOL<br>13636 NORTH 100TH STREET<br>SCOTTSDALE AZ 85260 | Tele (480)748-6611<br>Fax: (480)484-7901<br>Capacity : 225 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13173 | S.U.S.D.#48 - COCHISE ELEMENTARY SCHOOL<br>9451 NORTH 84TH STREET<br>SCOTTSDALE AZ 85258 | Tele (480)797-6923<br>Fax: (480)484-7901<br>Capacity : 410 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17064 | S.U.S.D.#48 - COMMUNITY ED. PRE-K - HOHOKAM<br>8451 EAST OAK STREET<br>SCOTTSDALE AZ 85257 | Tele (480)484-1800<br>Fax: (480)484-1801<br>Capacity : 20 | 09/12/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10329 | S.U.S.D.#48 - COPPER RIDGE ELEMENTARY SCHOOL<br>10101 EAST THOMPSON PEAK PKWY<br>SCOTTSDALE AZ 85255 | Tele (480)748-6916<br>Fax: (480)484-8669<br>Capacity : 345 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13171 | S.U.S.D.#48 - DESERT CANYON ELEMENTARY SCHOOL<br>10203 EAST MCDOWELL MOUNTAIN RANCH ROAD<br>SCOTTSDALE AZ 85255 | Tele (480)484-6102<br>Fax: (480)484-7901<br>Capacity : 185 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11323 | S.U.S.D.#48 - HOHOKAM TRADITIONAL SCHOOL<br>8451 EAST OAK STREET<br>SCOTTSDALE AZ 85257 | Tele (480)484-1800<br>Fax: (480)484-7901<br>Capacity : 46 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11616 | S.U.S.D.#48 - HOPI ELEMENTARY SCHOOL<br>5110 EAST LAFAYETTE BOULEVARD<br>PHOENIX AZ 85018 | Tele (480)748-6915<br>Fax: (480)484-7901<br>Capacity : 145 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10330 | S.U.S.D.#48 - KIVA ELEMENTARY SCHOOL<br>6911 EAST MCDONALD DRIVE<br>SCOTTSDALE AZ 85253 | Tele (480)748-6630<br>Fax: (480)484-7901<br>Capacity : 289 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6772 | S.U.S.D.#48 - LAGUNA ELEMENTARY SCHOOL<br>10475 EAST LAKEVIEW DRIVE<br>SCOTTSDALE AZ 85258 | Tele (480)748-6913<br>Fax: (480)484-7901<br>Capacity : 408 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6773 | S.U.S.D.#48 - NAVAJO ELEMENTARY SCHOOL<br>4525 NORTH GRANITE REEF ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)484-2600<br>Fax: (480)484-2601<br>Capacity : 52 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-10328 | S.U.S.D.#48 - PIMA ELEMENTARY SCHOOL<br>8330 EAST OSBORN ROAD<br>SCOTTSDALE AZ 85251 | Tele (480)797-7077<br>Fax: (480)484-7901<br>Capacity : 185 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13174 | S.U.S.D.#48 - PUEBLO ELEMENTARY SCHOOL<br>6320 NORTH 82ND STREET<br>SCOTTSDALE AZ 85268 | Tele (480)797-3000<br>Fax: (480)484-7901<br>Capacity : 410 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11618 | S.U.S.D.#48 - REDFIELD ELEMENTARY SCHOOL<br>9181 EAST REDFIELD ROAD<br>SCOTTSDALE AZ 85260 | Tele (480)797-6416<br>Fax: (480)484-7901<br>Capacity : 445 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6777 | S.U.S.D.#48 - TAVAN ELEMENTARY SCHOOL<br>4610 EAST OSBORN ROAD<br>PHOENIX AZ 85018 | Tele (480)797-6337<br>Fax: (480)484-7901<br>Capacity : 59 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6776 | S.U.S.D.#48 - YAVAPAI ELEMENTARY SCHOOL<br>701 NORTH MILLER ROAD<br>SCOTTSDALE AZ 85257 | Tele (480)484-3800<br>Fax: (480)484-7901<br>Capacity : 56 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17701 | T.E.S.D.#17 - ARIZONA DESERT ELEMENTARY SCHOOL<br>8803 WEST VAN BUREN STREET<br>TOLLESON AZ 85353 | Tele (623)907-5260<br>Fax: ( ) -<br>Capacity : 24 | 07/25/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15521 | T.E.S.D.#17 - DESERT OASIS ELEMENTARY SCHOOL<br>8802 WEST MCDOWELL ROAD<br>PHOENIX AZ 85037 | Tele (623)533-8119<br>Fax: (623)533-3902<br>Capacity : 34 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14444 | T.E.S.D.#17 - PORFIRIO H GONZALES<br>9401 WEST GARFIELD STREET<br>TOLLESON AZ 85353 | Tele (623)907-5181<br>Fax: ( ) -<br>Capacity : 145 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15520 | T.E.S.D.#17 - SHEELY FARMS ELEMENTARY SCHOOL<br>9450 WEST ENCANTO BOULEVARD<br>PHOENIX AZ 85037 | Tele (623)907-5270<br>Fax: (623)907-5271<br>Capacity : 90 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14975 | T.E.S.D.#3 - CARMINATI T.O.T.S. PRESCHOOL<br>4001 SOUTH MCALLISTER AVENUE<br>TEMPE AZ 85282 | Tele (480)897-6233<br>Fax: (480)838-0061<br>Capacity : 35 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6823 | T.E.S.D.#3 - GETZ SCHOOL<br>625 WEST CORNELL DRIVE<br>TEMPE AZ 85283 | Tele (480)897-6233<br>Fax: (480)730-7177<br>Capacity : 325 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12942 | T.E.S.D.#3 - HOLDEMAN T.O.T.S. PRESCHOOL<br>1326 WEST 18TH STREET<br>TEMPE AZ 85281 | Tele (480)966-9934<br>Fax: (480)968-3165<br>Capacity : 36 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13100 | T.E.S.D.#3 - NEVITT T.O.T.S. PRESCHOOL<br>4525 EAST SAINT ANNE AVENUE<br>PHOENIX AZ 85042 | Tele (602)431-6640<br>Fax: (480)230-7191<br>Capacity : 59 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6456 | T.E.S.D.#3 - T.O.T.S. PRESCHOOL - FRANK ELEMENTARY<br>8409 SOUTH AVENIDA DEL YAQUI<br>GUADALUPE AZ 85283 | Tele (480)897-6202<br>Fax: (480)838-0061<br>Capacity : 45 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16371 | T.U.H.S.D. - COMPADRE ACADEMY<br>500 WEST GUADALUPE ROAD<br>GUADALUPE AZ 85283 | Tele (480)752-3560<br>Fax: (480)752-3573<br>Capacity : 10 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16286 | T.U.H.S.D.# 206 - LITTLE AZTECS LEARNING CENTER<br>9126 WEST CAMELBACK ROAD<br>GLENDALE AZ 85305 | Tele (623)478-4769<br>Fax: (623)478-4802<br>Capacity : 45 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6090 | T.U.H.S.D.#213 - CORONA DEL SOL EARLY LEARNING CENTER<br>1001 EAST KNOX ROAD<br>TEMPE AZ 85284 | Tele (480)752-8874<br>Fax: (480)752-8870<br>Capacity : 25 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7606 | T.U.H.S.D.#213 - DESERT VISTA EARLY LEARNING CENTER<br>16440 SOUTH 32ND STREET<br>PHOENIX AZ 85048 | Tele (480)706-7937<br>Fax: (480)706-7976<br>Capacity : 45 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9570 | T.U.H.S.D.#213 - MARCOS DE NIZA EARLY LEARNING CENTER<br>6000 SOUTH LAKESHORE DRIVE<br>TEMPE AZ 85283 | Tele (480)730-7622<br>Fax: (480)730-7665<br>Capacity : 25 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8887 | T.U.H.S.D.#213 - MCCLINTOCK HIGH EARLY LEARNING CENTER<br>1830 EAST DEL RIO DRIVE<br>TEMPE AZ 85282 | Tele (480)839-4222<br>Fax: (480)752-8661<br>Capacity : 25 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6126 | T.U.H.S.D.#213 - MOUNTAIN POINTE EARLY LEARNING CENTER<br>4201 EAST KNOX ROAD<br>PHOENIX AZ 85044 | Tele (480)759-6139<br>Fax: (480)759-8458<br>Capacity : 25 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7313 | W.E.S.D.#6 - ABRAHAM LINCOLN TRADITIONAL SCHOOL<br>10444 NORTH 39TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)896-6315<br>Fax: (602)347-2215<br>Capacity : 228 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6529 | W.E.S.D.#6 - ACACIA SCHOOL<br>3021 WEST EVANS DRIVE<br>PHOENIX AZ 85053 | Tele (602)896-5015<br>Fax: (602)347-5015<br>Capacity : 185 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6541 | W.E.S.D.#6 - ALTA VISTA EXTENDED DAY<br>8710 NORTH 31ST AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-2015<br>Fax: (602)347-2215<br>Capacity : 90 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6542 | W.E.S.D.#6 - ARROYO ELEMENTARY SCHOOL<br>4535 WEST CHOLLA STREET<br>GLENDALE AZ 85304 | Tele (602)896-5145<br>Fax: (602)347-2215<br>Capacity : 134 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11665 | W.E.S.D.#6 - CACTUS WREN ELEMENTARY SCHOOL<br>9650 NORTH 39TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-2100<br>Fax: ( ) -<br>Capacity : 35 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6545 | W.E.S.D.#6 - CHAPARRAL ELEMENTARY SCHOOL<br>3808 WEST JOAN D'ARC<br>PHOENIX AZ 85029 | Tele (602)896-5315<br>Fax: (602)896-5320<br>Capacity : 225 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6793 | W.E.S.D.#6 - DESERT VIEW ELEMENTARY SCHOOL<br>8621 NORTH 3RD STREET<br>PHOENIX AZ 85020 | Tele (602)347-4015<br>Fax: (602)347-2215<br>Capacity : 33 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7632 | W.E.S.D.#6 - IRONWOOD ELEMENTARY SCHOOL & EXTENDED<br>14850 NORTH 39TH AVENUE<br>PHOENIX AZ 85053 | Tele (602)896-5657<br>Fax: (602)347-2722<br>Capacity : 205 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6548 | W.E.S.D.#6 - JOHN JACOBS SCHOOLS<br>14421 NORTH 23RD AVENUE<br>PHOENIX AZ 85023 | Tele (602)896-5715<br>Fax: (602)347-2215<br>Capacity : 225 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11639 | W.E.S.D.#6 - LAKEVIEW EXTENDED DAY<br>3040 WEST YUCCA STREET<br>PHOENIX AZ 85029 | Tele (602)896-5858<br>Fax: (602)896-5820<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15711 | W.E.S.D.#6 - LOOKOUT MOUNTAIN<br>15 WEST CORAL GABLES DRIVE<br>PHOENIX AZ 85023 | Tele (602)896-5900<br>Fax: (602)347-2215<br>Capacity : 365 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6792 | W.E.S.D.#6 - MANZANITA ELEMENTARY<br>8430 NORTH 39TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-2297<br>Fax: (602)347-2772<br>Capacity : 145 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7633 | W.E.S.D.#6 - MARYLAND ELEMENTARY<br>6503 NORTH 21ST AVENUE<br>PHOENIX AZ 85015 | Tele (602)347-2365<br>Fax: (602)347-2215<br>Capacity : 34 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6794 | W.E.S.D.#6 - MOON MOUNTAIN SCHOOL<br>13425 NORTH 19TH AVENUE<br>PHOENIX AZ 85029 | Tele (602)896-6082<br>Fax: (602)347-2215<br>Capacity : 205 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11675 | W.E.S.D.#6 - MOUNTAIN VIEW ELEMENTARY<br>801 WEST PEORIA AVENUE<br>PHOENIX AZ 85029 | Tele (602)347-4196<br>Fax: (602)347-2215<br>Capacity : 72 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6526 | W.E.S.D.#6 - OCOTILLO PRESCHOOL & EXTENDED DAY<br>3225 WEST OCOTILLO ROAD<br>PHOENIX AZ 85017 | Tele (602)347-2415<br>Fax: (602)347-2420<br>Capacity : 198 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6547 | W.E.S.D.#6 - ORANGEWOOD PRESCHOOL & EXTENDED DAY<br>7337 NORTH 19TH AVENUE<br>PHOENIX AZ 85021 | Tele (602)347-2914<br>Fax: (602)347-2920<br>Capacity : 386 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17419 | W.E.S.D.#6 - PALO VERDE HEAD START<br>7502 NORTH 39TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-3945<br>Fax: (602)347-4890<br>Capacity : 20 | 08/31/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6532 | W.E.S.D.#6 - RICHARD E. MILLER ELEMENTARY SCHOOL<br>2021 WEST ALICE AVENUE<br>PHOENIX AZ 85021 | Tele (602)347-3011<br>Fax: (602)347-2722<br>Capacity : 245 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6535 | W.E.S.D.#6 - ROADRUNNER SCHOOL<br>7702 NORTH 39TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-3115<br>Fax: (602)347-2722<br>Capacity : 341 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7314 | W.E.S.D.#6 - SAHUARO SCHOOL<br>12835 NORTH 33RD AVENUE<br>PHOENIX AZ 85029 | Tele (602)896-6200<br>Fax: (602)347-2215<br>Capacity : 125 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6539 | W.E.S.D.#6 - SHAW BUTTE SCHOOL<br>12202 NORTH 21ST AVENUE<br>PHOENIX AZ 85029 | Tele (602)347-4215<br>Fax: (602)347-2215<br>Capacity : 101 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6543 | W.E.S.D.#6 - SUNBURST ELEMENTARY SCHOOL<br>14218 NORTH 47TH AVENUE<br>GLENDALE AZ 85306 | Tele (602)896-6415<br>Fax: (602)347-2722<br>Capacity : 225 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13709 | W.E.S.D.#6 - SUNNYSLOPE ELEMENTARY<br>245 EAST MOUNTAIN VIEW ROAD<br>PHOENIX AZ 85020 | Tele (602)347-4356<br>Fax: (602)347-2215<br>Capacity : 20 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6544 | W.E.S.D.#6 - SUNSET ELEMENTARY SCHOOL<br>4626 WEST MOUNTAIN VIEW ROAD<br>GLENDALE AZ 85302 | Tele (623)347-3315<br>Fax: (602)347-2215<br>Capacity : 245 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6533 | W.E.S.D.#6 - SWEETWATER PRESCHOOL AND EXTENDED DAY<br>4602 WEST SWEETWATER AVENUE<br>GLENDALE AZ 85304 | Tele (602)896-6515<br>Fax: (602)347-2215<br>Capacity : 105 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17441 | W.E.S.D.#6 - TUMBLEWEED KIDSPACE AND HEAD START<br>4001 WEST LAUREL LANE<br>PHOENIX AZ 85029 | Tele (602)896-6667<br>Fax: (602)347-4890<br>Capacity : 185 | 10/09/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6795 | W.E.S.D.#6 - WASHINGTON ELEMENTARY SCHOOL<br>8033 NORTH 27TH AVENUE<br>PHOENIX AZ 85051 | Tele (602)347-3415<br>Fax: (602)347-3420<br>Capacity : 205 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1666 | W.E.S.D.#7 - WILLSON HEAD START AND PRESCHOOL<br>500 NORTH 30TH PLACE<br>PHOENIX AZ 85008 | Tele (602)231-0373<br>Fax: (602)231-0567<br>Capacity : 225 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17655 | W.U.S.D. #9 - HASSAYAMPA ELEMENTARY SCHOOL<br>251 SOUTH TEGNER STREET<br>WICKENBURG AZ 85390 | Tele (928)684-6750<br>Fax: (928)684-6791<br>Capacity : 42 | 07/26/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15110 | W.U.S.D.#9 - FESTIVAL FOOTHILLS ELEMENTARY SCHOOL<br>26252 WEST DESERT VISTA BLVD<br>BUCKEYE AZ 85396 | Tele (928)501-6000<br>Fax: (928)501-5057<br>Capacity : 40 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : CHILD CARE SMALL GROUP HOME

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17699 | 1ST CHOICE DAYCARE | | | Tele (623)398-8537 | 08/11/2016 to 07/31/2019 |
| | 6018 NORTH KARINA CT | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13866 | 1ST STEP TO GREATNESS | | | Tele (602)276-3378 | 06/01/2014 to 05/31/2017 |
| | 6825 SOUTH 16TH WAY | | | Fax: (602)276-0412 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9030 | A BUNCH OF HUGS | | | Tele (602)788-6856 | 08/01/2015 to 07/31/2018 |
| | 2913 EAST CHARLESTON AVENUE | | | Fax: (602)485-1873 | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17330 | A TEDDY BEARS LEARNING CHILD CARE & PRESCHOOL | | | Tele (818)720-5825 | 07/20/2015 to 06/30/2018 |
| | 5007 WEST ST CATHERINE AVENUE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17477 | ABC CHILD CARE | | | Tele (480)694-5703 | 02/10/2016 to 01/31/2019 |
| | 5415 WEST ST KATER DRIVE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16038 | ALL AROUND CARING | | | Tele (602)471-6242 | 12/01/2014 to 11/30/2017 |
| | 6113 SOUTH 30TH DRIVE | | | Fax: (602)237-9319 | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-10474 | ALLISON VANDERWALL GROUP HOME | | | Tele (480)699-8727 | 04/01/2015 to 03/31/2018 |
| | 4184 EAST DUBLIN COURT | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-11911 | ANA'S DAY CARE | | | Tele (480)496-5964 | 04/01/2014 to 03/31/2017 |
| | 454 WEST LARONA LANE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-12162 | ANGIE'S CHILD CARE | | | Tele (623)907-8849 | 08/01/2014 to 07/31/2017 |
| | 8402 WEST VELIANA WAY | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17421 | ARCADIAN DAY SCHOOL | | | Tele (602)688-1748 | 01/04/2016 to 12/31/2018 |
| | 3210 EAST WELDON AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17665 | ARK ADVENTURES LEARNING CENTER, L.L.C. | | | Tele (928)684-9028 | 07/26/2016 to 06/30/2019 |
| | 1875 NORTH AGUILA DRIVE | | | Fax: (928)684-9033 | |
| | WICKENBURG | AZ | 85390 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11327 | AUNTIE ANNS CHILD CARE | | | Tele (602)276-8453 | 07/01/2016 to 06/30/2019 |
| | 2737 EAST CORONA AVENUE | | | Fax: (602)323-2745 | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15736 | BAMBINO'S HOUSE CHILD CARE | | | Tele (623)875-4894 | 04/01/2014 to 03/31/2017 |
| | 8931 WEST SANDRA TERRACE | | | Fax: (623)322-5071 | |
| | PEORIA | AZ | 85382 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17721 | BRIGHT MINDS CHILDCARE CENTER L.L.C. | | | Tele (623)428-0106 | 09/15/2016 to 08/31/2019 |
| | 3141 WEST MALDONADO ROAD | | | Fax: (480)347-2635 | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17505 | CASA DE MONTESSORI | | | Tele (480)525-1572 | 04/08/2016 to 03/31/2019 |
| | 410 NORTH VINE STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-10386 | CECY'S HOUSE CHILD CARE | | | Tele | (602)243-5682 | 08/01/2015 | to | 07/31/2018 |
| | 7032 SOUTH MONTEZUMA STREET | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85041 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-16094 | CHARTER OAK ACADEMY | | | Tele | (623)455-8942 | 03/20/2015 | to | 02/28/2018 |
| | 7307 WEST MOUNTAIN VIEW ROAD | | | Fax: | (623)455-8942 | | | |
| | PEORIA | AZ | 85345 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-14633 | CHAVITOS DAY CARE | | | Tele | (480)649-9338 | 12/01/2014 | to | 11/30/2017 |
| | 535 WEST RIO SALADO PARKWAY | | | Fax: | ( ) - | | | |
| | MESA | AZ | 85201 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-16772 | CIRCLE OF PEACE LEARNING CENTER | | | Tele | (623)451-1457 | 10/06/2014 | to | 09/30/2017 |
| | 21628 NORTH 85TH AVENUE | | | Fax: | ( ) - | | | |
| | PEORIA | AZ | 85382 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-7140 | COULEURS DE JOIE CHILD CARE | | | Tele | (480)391-2336 | 06/01/2015 | to | 05/31/2018 |
| | 8994 EAST GRAY ROAD | | | Fax: | (480)661-5911 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15571 | CUPCAKES WEST | | | Tele (480)213-5577 | 10/01/2016 to 09/30/2019 |
| | 1011 WEST STATE AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10236 | D J'S CHILD CARE GROUP HOME | | | Tele (602)268-6004 | 01/01/2015 to 12/31/2017 |
| | 6207 SOUTH 21ST STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15735 | DAFFODILS | | | Tele (602)276-9175 | 06/01/2014 to 05/31/2017 |
| | 5621 SOUTH 10TH DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17353 | DAYS OF ADVENTURE CHILD CARE | | | Tele (480)556-1660 | 10/15/2015 to 09/30/2018 |
| | 3522 SOUTH ARROYO LANE | | | Fax: (480)556-1660 | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15689 | DENISES SAFE HAVEN DAYCARE | | | Tele (480)357-1308 | 02/01/2014 to 01/31/2017 |
| | 7525 EAST NARANJA AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-6858 | DIGNA M. PALLAS CHILD CARE | | | Tele (623)412-1609 | 05/01/2015 to 04/30/2018 |
| | 6019 WEST SHAW BUTTE DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-4427 | DISCOVERY CHILD CARE | | | Tele (602)971-2453 | 03/01/2014 to 02/28/2017 |
| | 15840 NORTH 48TH PLACE | | | Fax: (602)971-1180 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13537 | DISCOVERY WORLD LEARNING CENTER | | | Tele (623)594-9772 | 08/01/2016 to 07/31/2019 |
| | 6407 WEST IRONWOOD DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11721 | DO DROP IN CHILD CARE | | | Tele (602)653-8398 | 04/01/2014 to 03/31/2017 |
| | 5625 SOUTH 11TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17229 | DOROTHY'S TENDER TOUCH | | | Tele (602)446-9493 | 08/05/2015 to 07/31/2018 |
| | 5244 SOUTH 42ND PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13924 | DRU'MO'CE DAYCARE | | | Tele (623)247-6844 | 06/01/2014 to 05/31/2017 |
| | 7832 WEST VERMONT AVENUE | | | Fax: (623)247-6844 | |
| | GLENDALE | AZ | 85303 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-5091 | EDNA'S GROUP HOME | | | Tele (480)827-9019 | 01/01/2016 to 12/31/2018 |
| | 2338 EAST CAPRI AVENUE | | | Fax: (480)827-1118 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16759 | ELITE CHILD CARE | | | Tele (623)614-5540 | 10/01/2016 to 09/30/2019 |
| | 6901 WEST SHEILA LANE | | | Fax: (623)247-2199 | |
| | PHOENIX | AZ | 85033 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17269 | EMUNAH MONTESSORI | | | Tele (480)316-2022 | 08/24/2015 to 07/31/2018 |
| | 1340 EAST MARYLAND AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16995 | ENCHANTED HOME MONTESSORI SCHOOL | | | Tele (623)878-2961 | 07/21/2014 to 06/30/2017 |
| | 5452 WEST WHISPERING WIND DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9307 | ESTES FAMILY DAY CARE | | | Tele (480)985-0598 | 03/01/2016 to 02/28/2019 |
| | 857 SOUTH 54TH CIRCLE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15791 | EXPLORA CHILDCARE | | | Tele (480)812-1681 | 11/01/2014 to 10/31/2017 |
| | 1851 WEST LANTANA DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17143 | FAITH CHILDCARE | | | Tele (480)395-5045 | 01/27/2015 to 12/31/2017 |
| | 5924 WEST COOLIDGE STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16647 | FIRST STEPS TO READING PRESCHOOL | | | Tele (480)969-0147 | 08/01/2016 to 07/31/2019 |
| | 1425 EAST 2ND PLACE | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14414 | FROM BEGINNING TO END | | | Tele (480)452-9585 | 09/01/2014 to 08/31/2017 |
| | 869 EAST BAYLOR LANE | | | Fax: (480)857-7357 | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14426 | GEE WIZ | | | Tele (480)422-2077 | 08/01/2014 to 07/31/2017 |
| | 2684 EAST DEL RIO STREET | | | Fax: (480)422-2077 | |
| | GILBERT | AZ | 85295 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13980 | GENERATIONS LINKED L L C | | | Tele (480)786-0342 | 05/01/2014 to 04/30/2017 |
| | 1192 NORTH HUDSON PLACE | | | Fax: (480)677-4013 | |
| | CHANDLER | AZ | 85225 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11451 | GERI'S HELPING HANDS | | | Tele (480)726-6791 | 06/01/2016 to 05/31/2019 |
| | 421 WEST JASPER DRIVE | | | Fax: (480)726-6791 | |
| | CHANDLER | AZ | 85225 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15869 | HAPPY FRIENDS CHILDCARE L L C | | | Tele (623)680-8799 | 08/01/2014 to 07/31/2017 |
| | 448 SOUTH 165TH LANE | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14110 | HERMOSA GIVING'S CHILD CARE | | | Tele (623)930-8342 | 08/01/2014 to 07/31/2017 |
| | 6723 NORTH 61ST AVENUE | | | Fax: (623)249-4623 | |
| | GLENDALE | AZ | 85301 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16176 | HONEY BEE'S DAY CARE | | | Tele (623)478-0431 | 09/01/2015 to 08/31/2018 |
| | 8543 WEST BERKELEY ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16789 | I CARE DAYCARE AND LEARNING | | | Tele (623)698-7105 | 12/01/2016 to 11/30/2019 |
| | 4821 WEST CAROL AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15247 | INDEPENDENCE PRESCHOOL | | | Tele (602)703-6564 | 11/01/2015 to 10/31/2018 |
| | 20515 EAST NAVAJO DRIVE | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15800 | INFANT & TODDLER CHILD CARE | | | Tele (623)386-2080 | 06/01/2014 to 05/31/2017 |
| | 179 NORTH 236TH AVENUE | | | Fax: (623)386-2080 | |
| | BUCKEYE | AZ | 85396 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17151 | IT'S A SMALL WORLD FAMILY CHILDCARE | | | Tele (602)849-5269 | 03/01/2016 to 02/28/2019 |
| | 2617 WEST APOLLO ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9927 | J & R'S FAMILY CHILD CARE | | | Tele (602)431-0247 | 08/01/2014 to 07/31/2017 |
| | 4641 EAST LASALLE STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15726 | JACKIE'S CHILDCARE | | | Tele (623)842-6150 | 03/01/2014 to 02/28/2017 |
| | 4034 WEST LAS PALMARITAS DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16601 | JULIE'S HOME | | | Tele (602)489-8455 | 07/01/2016 to 06/30/2019 |
| | 2927 WEST MEADOW DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17342 | JUS 4 ME CHILD CARE GROUP HOME | | | Tele (480)316-5538 | 09/08/2015 to 08/31/2018 |
| | 2035 WEST HILDAGO | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16380 | KIDS CLUB DAY CARE | | | Tele (602)795-5636 | 10/01/2015 to 09/30/2018 |
| | 2113 EAST GRENADINE ROAD | | | Fax: (602)795-5337 | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10096 | KIDS COMFORT CORNER | | | Tele (602)268-4324 | 01/01/2015 to 12/31/2017 |
| | 618 WEST ELLIS STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15043 | KIDZ WORLD CHILD CARE, L.L.C. | | | Tele (602)633-2046 | 08/01/2015 to 07/31/2018 |
| | 8442 SOUTH 19TH STREET | | | Fax: (602)323-1499 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17705 | KINDER'S PARADISE DAYCARE, L.L.C. | | | Tele (623)698-3395 | 08/10/2016 to 07/31/2019 |
| | 7822 SOUTH 64TH LANE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17132 | KUDDLE BUGZ | | | Tele (602)595-9673 | 08/13/2015 to 07/31/2018 |
| | 6806 NORTH 32ND AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85017 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14872 | LEARNING SAFARI GROUP HOME | | | Tele (480)650-5243 | 06/01/2015 to 05/31/2018 |
| | 9542 EAST NIDO AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-7120 | LIGIA'S CHILD CARE | | | Tele (602)438-0934 | 12/01/2015 to 11/30/2018 |
| | 2126 WEST GARDEN DRIVE | | | Fax: (602)438-0934 | |
| | TEMPE | AZ | 85282 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-5659 | LIL' BLESSINGS CHILD CARE | | | Tele (623)877-0392 | 11/01/2013 to 10/31/2016 |
| | 10069 WEST MINNEZONA AVENUE | | | Fax: (623)877-0392 | |
| | PHOENIX | AZ | 85037 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16341 | LI'L SPROUT'S MONTESSORI SCHOOL | | | Tele (480)831-8442 | 03/14/2016 to 02/28/2019 |
| | 687 EAST RAVEN WAY | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11718 | LINDA'S CHILD CARE | | | Tele (623)587-8250 | 04/01/2014 to 03/31/2017 |
| | 4902 WEST WESCOTT DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16486 | LITTLE BLESSINGS CHILDCARE CENTER | | | Tele (602)475-0114 | 05/01/2016 to 04/30/2019 |
| | 7316 WEST BEVERLY ROAD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17578 | LITTLE BUNNIES | | | Tele (602)574-2195 | 05/17/2016 to 04/30/2019 |
| | 4601 NORTH 103RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16802 | LITTLE FRIENDS MONTESORI SCHOOL | | | Tele (602)953-1874 | 12/01/2016 to 11/30/2019 |
| | 5450 EAST DAHLIA DRIVE | | | Fax: (602)996-4205 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17158 | LITTLE HANDS LEARNING CENTER | | | Tele (480)239-4702 | 06/25/2015 to 05/31/2018 |
| | 18742 EAST DRUIDS GLEN ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-8340 | LITTLE KIDS GROUP HOME | | | Tele (602)380-9762 | 11/01/2014 to 10/31/2017 |
| | 2135 EAST CORONA AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12975 | LITTLE PEOPLE CHILDCARE | | | Tele (480)970-1120 | 02/01/2016 to 01/31/2019 |
| | 227 EAST FILLMORE STREET | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13725 | LITTLE PIGGIES DAYCARE | | | Tele (623)249-5684 | 01/01/2014 to 12/31/2016 |
| | 7313 WEST SELLS DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16745 | LITTLE RAYS OF SUNSHINE CHILDCARE | | | Tele (480)480-5932 | 03/24/2014 to 02/28/2017 |
| | 812 WEST BROOKS STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16573 | LOPEZ DAY CARE | | | Tele (623)873-9595 | 04/01/2016 to 03/31/2019 |
| | 3008 NORTH 56TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-10905 | LOVE UNLIMITED | | | Tele (602)326-7195 | 08/01/2015 to 07/31/2018 |
| | 2226 EAST SCHOOL DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17226 | LOVING AND LEARNING CHILD CARE | | | Tele (623)418-1733 | 04/21/2015 to 03/31/2018 |
| | 9402 NORTH 54TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17638 | LOVING HEARTS CHILD CENTER | | | Tele (602)290-9632 | 07/07/2016 to 06/30/2019 |
| | 5439 WEST SHUMWAY FARM ROAD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17374 | LULU'S DAYCARE | | | Tele (602)237-2675 | 09/08/2015 to 08/31/2018 |
| | 4214 WEST NANCY LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17656 | LYNDA'S DAYCARE, L.L.C. | | | Tele (480)821-5123 | 06/30/2016 to 05/31/2019 |
| | 891 SOUTH 130TH STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10871 | MARGIE'S CHILD CARE | | | Tele (602)578-8961 | 09/01/2015 to 08/31/2018 |
| | 6030 WEST BEVERLY LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12831 | MARILYN'S DAYCARE | | | Tele (602)304-0791 | 01/01/2016 to 12/31/2018 |
| | 7207 SOUTH 16TH WAY | | | Fax: (602)323-2986 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-15917 | MARTHA R ARECHIGA<br>6324 WEST VINEYARD ROAD<br>LAVEEN AZ 85339 | Tele (602)690-0547<br>Fax: ( ) -<br>Capacity : 10 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SGH-15965 | MARYS CASITA CHILD CARE GROUP HOME<br>5643 SOUTH 10TH STREET<br>PHOENIX AZ 85040 | Tele (602)268-6457<br>Fax: ( ) -<br>Capacity : 10 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SGH-17684 | MASTER THE BASICS IN EARLY EDUCATION - MBEE<br>2002 EAST ROESER ROAD<br>PHOENIX AZ 85040 | Tele (602)276-2587<br>Fax: ( ) -<br>Capacity : 10 | 09/19/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| SGH-16902 | MELINDA'S 24HR CHILD CARE<br>7720 WEST PUEBLO AVENUE<br>PHOENIX AZ 85043 | Tele (623)936-3788<br>Fax: (623)936-3788<br>Capacity : 10 | 07/02/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| SGH-15011 | MINDI'S TINY TOTS PRESCHOOL & DAYCARE<br>11637 NORTH 43RD DRIVE<br>GLENDALE AZ 85304 | Tele (602)283-4212<br>Fax: ( ) -<br>Capacity : 10 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14137 | MISS MOLLY'S PRESCHOOL | | | Tele (480)633-2693 | 07/01/2014 to 06/30/2017 |
| | 2823 EAST CULLUMBER COURT | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11372 | MODESTA'S CHILD CARE HOME | | | Tele (602)870-8319 | 06/01/2016 to 05/31/2019 |
| | 700 WEST DREY DRIVE | | | Fax: (602)870-8319 | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11378 | MONTESSORI INTERNATIONAL SCHOOL TODDLER HOUSE | | | Tele (480)844-5101 | 12/01/2016 to 11/30/2019 |
| | 2447 EAST FAIRBROOK STREET | | | Fax: (480)890-1580 | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-7059 | MOTHER CARE | | | Tele (480)835-5458 | 08/01/2015 to 07/31/2018 |
| | 1715 WEST CAPRI AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16795 | MRS V'S DISCOVERY DAY SCHOOL | | | Tele (480)620-0587 | 02/26/2014 to 01/31/2017 |
| | 3417 WEST APOLLO ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12478 | MS TIFFANY'S PRESCHOOL | | | Tele (480)567-4123 | 04/01/2015 to 03/31/2018 |
| | 5420 EAST HOLMES AVENUE | | | Fax: (480)324-0389 | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SGH-11466 | MURPHY'S HOME PRESCHOOL | | | Tele (602)955-2453 | 07/01/2016 to 06/30/2019 |
| | 3734 EAST FAIRMOUNT AVENUE | | | Fax: (602)389-9881 | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SGH-14683 | MY BAMBINOS | | | Tele (480)926-3267 | 04/01/2015 to 03/31/2018 |
| | 5424 EAST EMERALD AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SGH-17502 | MY LITTLE MIRACLES, L.L.C. | | | Tele (602)245-4887 | 02/23/2016 to 01/31/2019 |
| | 5310 NORTH 186TH DRIVE | | | Fax: (623)321-1188 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SGH-11438 | NANA'S HOUSE | | | Tele (623)386-7420 | 05/01/2016 to 04/30/2019 |
| | 406 EAST CORONADO STREET | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14973 | NATALIE'S DAY CARE | | | Tele (602)486-5656 | 10/01/2015 to 09/30/2018 |
| | 133 NORTH 110TH AVENUE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16803 | NAYNEE'S NURSERY | | | Tele (602)358-7901 | 12/01/2016 to 11/30/2019 |
| | 323 WEST MINTON STREET | | | Fax: (602)358-7901 | |
| | PHOENIX | AZ | 85041 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11761 | NAZ HOME DAYCARE | | | Tele (480)785-7886 | 07/01/2014 to 06/30/2017 |
| | 4604 WEST DETROIT STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11766 | NEW BIRTH CHILD CARE | | | Tele (623)845-8006 | 11/01/2016 to 10/31/2019 |
| | 8520 WEST COLLEGE DRIVE | | | Fax: (623)845-8006 | |
| | PHOENIX | AZ | 85037 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17156 | NONNI'S LITTLE WONDERS | | | Tele (602)910-0844 | 02/11/2015 to 01/31/2018 |
| | 2749 EAST ALDINE STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15140 | NORMA RUIZ | | | Tele (623)792-8998 | 10/01/2015 to 09/30/2018 |
| | 12520 WEST ADAMS STREET | | | Fax: (623)466-0386 | |
| | AVONDALE | AZ | 85323 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17012 | NORTERRA ACADEMY | | | Tele (480)467-9918 | 08/06/2014 to 07/31/2017 |
| | 29309 NORTH 20TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17540 | OCAMPO LIGHT BRINGER LEARNING CENTER | | | Tele (602)374-3218 | 04/27/2016 to 03/31/2019 |
| | 12848 NORTH 40TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15410 | ON MY WAY TO CAROLS HOUSE | | | Tele (480)234-5257 | 05/01/2016 to 04/30/2019 |
| | 11032 NORTH 53RD STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13830 | PLAYHOUSE | | | Tele (480)213-0292 | 12/01/2016 to 11/30/2019 |
| | 1833 WEST PLATA AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12123 | POOH'S CORNER | | | Tele (480)464-7494 | 08/01/2014 to 07/31/2017 |
| | 746 SOUTH DORAN STREET | | | Fax: (480)464-7494 | |
| | MESA | AZ | 85204 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-15790 | RADFORD KIDS COLLEGE | | | Tele (480)449-9986 | 08/01/2014 to 07/31/2017 |
| | 512 EAST RIVIERA DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17061 | RISING STARS PRESCHOOL AND CHILD CARE | | | Tele (480)201-9544 | 07/28/2014 to 06/30/2017 |
| | 4904 WEST BUFFALO STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-12610 | ROSIE'S DAY CARE | | | Tele (623)478-8769 | 06/01/2015 to 05/31/2018 |
| | 7510 WEST WOOD STREET | | | Fax: (623)478-8769 | |
| | PHOENIX | AZ | 85043 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-13577 | RUCKUS KIDS | | | Tele (480)987-9384 | 01/01/2014 to 12/31/2016 |
| | 5741 SOUTH MACK AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-8851 | SANDRA WHITE | | | Tele (623)873-2964 | 02/01/2016 to 01/31/2019 |
| | 5827 WEST GLENROSA AVENUE | | | Fax: (623)247-6115 | |
| | PHOENIX | AZ | 85031 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11317 | SECURE CHILDCARE | | | Tele (602)264-3790 | 06/01/2016 to 05/31/2019 |
| | 1216 EAST WINDSOR AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17562 | SERENDIPITY PRESCHOOL | | | Tele (623)476-7879 | 05/17/2016 to 04/30/2019 |
| | 41110 NORTH REPUBLIC WAY | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11791 | SHARE AND CARE | | | Tele (602)237-1127 | 01/01/2017 to 12/31/2019 |
| | 4413 WEST CARSON ROAD | | | Fax: (602)237-1127 | |
| | LAVEEN | AZ | 85339 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-5810 | SHEILA'S ACADEMY "MINDS IN MOTION" | | | Tele (480)839-8210 | 09/01/2016 to 08/31/2019 |
| | 2735 WEST HIGHLAND STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14673 | SMALL WONDERS L L C | | | Tele (602)710-4555 | 12/01/2014 to 11/30/2017 |
| | 21925 N EAST ROSA ROAD | | | Fax: (602)677-4013 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17414 | SMALL WORLD EARLY CHILDCARE | | | Tele (480)703-4653 | 01/14/2016 to 12/31/2018 |
| | 6042 WEST JONES AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12368 | SOKO'S GROUP HOME | | | Tele (602)268-3390 | 02/01/2015 to 01/31/2018 |
| | 1613 EAST VINEYARD ROAD | | | Fax: (602)268-3390 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13445 | SPARKIDS SECOND HOME | | | Tele (480)306-5805 | 08/01/2016 to 07/31/2019 |
| | 979 WEST MYRTLE DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16151 | SPRING AHEAD PRESCHOOL | | | Tele (480)734-5044 | 05/01/2015 to 04/30/2018 |
| | 3384 EAST MARLENE DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17524 | STAY AND PLAY | | | Tele (602)472-8059 | 04/15/2016 to 03/31/2019 |
| | 1913 EAST BURGESS LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17752 | SUGAR BRITCHES LEARNING CENTER | | | Tele (214)727-2608 | 09/29/2016 to 08/31/2019 |
| | 3657 EAST ENCANTO STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17305 | THE ACADEMY OF ANGELS LEARNING CENTER | | | Tele (480)664-3453 | 09/17/2015 to 08/31/2018 |
| | 420 WEST CHANDLER BLVD | | | Fax: (866)242-3873 | |
| | CHANDLER | AZ | 85225 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15143 | THE GIFT THAT KEEPS ON GIVING L L C | | | Tele (602)369-6415 | 10/01/2015 to 09/30/2018 |
| | 5304 WEST FULTON STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15933 | THE LEARNING CONNECTION CHILD CARE | | | Tele (480)821-5087 | 08/01/2014 to 07/31/2017 |
| | 1121 EAST WINDSOR DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17567 | THE LEARNING LAB | | | Tele (602)900-6206 | 05/02/2016 to 04/30/2019 |
| | 10037 WEST HAMMOND LANE | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17116 | THE LEARNING TREE ACADEMY L.L.C. | | | Tele (480)570-2868 | 04/01/2015 to 03/31/2018 |
| | 2714 EAST KENWOOD STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13731 | THE LERNER'S PLACE DAYCARE | | | Tele (602)769-1860 | 04/01/2014 to 03/31/2017 |
| | 1508 EAST DESERT LANE | | | Fax: (602)243-5666 | |
| | PHOENIX | AZ | 85042 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17704 | TINY SPROUTS PRESCHOOL | | | Tele (480)545-7035 | 10/18/2016 to 09/30/2019 |
| | 21157 EAST CAMINA PLATA | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10206 | TINY TOES DAYCARE | | | Tele (602)323-2784 | 11/01/2014 to 10/31/2017 |
| | 2734 EAST MARGUERITE AVENUE | | | Fax: (602)323-2784 | |
| | PHOENIX | AZ | 85040 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14356 | TODDLER PREP SCHOOL SEVILLE DAYCARE | | | Tele (480)840-3155 | 09/01/2014 to 08/31/2017 |
| | 3119 EAST ISAIAH AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17646 | TRINITY CHILD CARE | | | Tele (602)383-4081 | 11/15/2016 to 10/31/2019 |
| | 1921 EAST WARNER STREET | | | Fax: (602)305-9013 | |
| | PHOENIX | AZ | 85040 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| SGH-16951 | TRINITY MONTESSORI CENTER | | | Tele (602)956-3895 | 08/08/2014 to 07/31/2017 |
| | 3516 EAST HARVARD | | | Fax: (602)956-3895 | |
| | PHOENIX | AZ | 85008 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16937 | UNIQUELY ME PRESCHOOL LLC | | | Tele (602)373-2396 | 07/21/2014 to 06/30/2017 |
| | 8041 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16858 | V LEARNING CENTER | | | Tele (602)544-1292 | 07/03/2014 to 06/30/2017 |
| | 3602 WEST PALMAIRE AVENUE | | | Fax: (602)544-1292 | |
| | PHOENIX | AZ | 85051 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16849 | VISION ONE C D C | | | Tele (623)882-9445 | 03/24/2014 to 02/28/2017 |
| | 15070 WEST FILLMORE STREET | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-5343 | WANDA'S DAY CARE | | | Tele (602)569-7228 | 11/01/2016 to 10/31/2019 |
| | 3510 EAST KERRY LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15950 | WHEELER'S DROP-A-TOT | | | Tele (602)224-7055 | 09/01/2014 to 08/31/2017 |
| | 4311 EAST MULBERRY DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17559 | YAVAPAI IN-HOME PRESCHOOL | | | Tele (623)203-6344 | 03/30/2016 to 02/28/2019 |
| | 3109 NORTH BLACK ROCK ROAD | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85396 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17395 | ZIBA FEULNER | | | Tele (480)815-0796 | 09/14/2015 to 08/31/2018 |
| | 4912 SOUTH TWINLEAF DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

Sub-Type : DD GROUP HOME 3 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2171 | A PLACE ALL MY OWN HEALTHCARE, LLC / BLACKHAWK<br>928 EAST BLACKHAWK DRIVE<br>PHOENIX AZ 85024 | Tele (623)251-6364<br>Fax: (623)444-8573<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1019 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-20<br>9405 WEST CINNABAR AVENUE<br>PEORIA AZ 85345 | Tele (623)412-7919<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH427 | MARC COMMUNITY RESOURCES, INC / 11TH PLACE<br>914 WEST 11TH PLACE<br>MESA AZ 85201 | Tele (480)834-9160<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1138 | MARC COMMUNITY RESOURCES, INC / 26TH STREET<br>2717 NORTH 26TH STREET<br>MESA AZ 85213 | Tele (480)218-4492<br>Fax: (602)864-4513<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH430 | MARC COMMUNITY RESOURCES, INC / ALAMO<br>750 SOUTH ALAMO<br>MESA AZ 85204 | Tele (480)962-7683<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH432 | MARC COMMUNITY RESOURCES, INC / CABANA<br>540 SOUTH VALENCIA STREET<br>MESA AZ 85202 | Tele (480)969-4487<br>Fax: (480)864-4513<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1707 | MARC COMMUNITY RESOURCES, INC / COVINA<br>7902 EAST COVINA<br>MESA AZ 85207 | Tele (480)777-7196<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1851 | MARC COMMUNITY RESOURCES, INC / EVERGREEN<br>4914 EAST EVERGREEN<br>MESA AZ 85205 | Tele (480)834-2192<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH434 | MARC COMMUNITY RESOURCES, INC / GARNET CIRCLE<br>3916 EAST GARNET CIRCLE<br>MESA AZ 85206 | Tele (480)832-7377<br>Fax: (602)864-4513<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1869 | MARC COMMUNITY RESOURCES, INC / GRANITE REEF<br>8454 E HAZELWOOD<br>SCOTTSDALE AZ 85251 | Tele (480)946-0738<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0774 | MARC COMMUNITY RESOURCES, INC / HALIFAX<br>7321 EAST HALIFAX STREET<br>MESA AZ 85207 | Tele (480)985-7530<br>Fax: (602)864-4513<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH437 | MARC COMMUNITY RESOURCES, INC / HOPE<br>2661 EAST HOPE<br>MESA AZ 85213 | Tele (480)969-4373<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH440 | MARC COMMUNITY RESOURCES, INC / JUANITA<br>2401 EAST JUANITA<br>MESA AZ 85204 | Tele (480)892-6119<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH441 | MARC COMMUNITY RESOURCES, INC / NASSAU<br>4026 EAST DORCAS CIRCLE<br>MESA AZ 85206 | Tele (480)981-8134<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1759 | MARC COMMUNITY RESOURCES, INC / RUTLEDGE<br>11431 EAST RUTLEDGE<br>MESA AZ 85212 | Tele (480)832-7377<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH446 | MARC COMMUNITY RESOURCES, INC / SESAME<br>1145 EAST SESAME<br>TEMPE AZ 85283 | Tele (480)730-6164<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH447 | MARC COMMUNITY RESOURCES, INC / SIGNAL BUTTE<br>502 SOUTH SIGNAL BUTTE RD<br>MESA AZ 85208 | Tele (480)986-7523<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0802 | MARC COMMUNITY RESOURCES, INC / SPENCER<br>1637 NORTH SPENCER<br>MESA AZ 85203 | Tele (480)610-9294<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH449 | MARC COMMUNITY RESOURCES, INC / TREMAINE<br>3227 EAST TREMAINE<br>GILBERT AZ 85234 | Tele (480)545-0948<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH329 | ARIZONA MENTOR / 37TH AVENUE<br>16844 N 37TH AVE<br>PHOENIX AZ 85053 | Tele (623)843-4686<br>Fax: (602)441-2740<br>Capacity : Not Applicable | 03/31/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH335 | ARIZONA MENTOR / BEVERLY | | | Tele (602)938-1042 | 03/31/2015 to 03/31/2017 |
| | 5117 WEST BEVERLY LANE | | | Fax: (602)200-9444 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0713 | ARIZONA MENTOR / ANGELA | | | Tele (602)504-8824 | 03/31/2015 to 03/31/2017 |
| | 514 E ANGELA DR | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2321 | ARIZONA MENTOR / JOURNEY | | | Tele (602)441-2638 | 07/01/2015 to 06/30/2017 |
| | 7226 N 23RD LANE | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2247 | ARIZONA MENTOR/ 48TH AVENUE | | | Tele (602)730-9262 | 07/01/2015 to 06/30/2017 |
| | 13830 N 48TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH9 | AFH / LUPINE | | | Tele (602)439-3720 | 06/01/2015 to 05/31/2017 |
| | 4520 WEST LUPINE AVENUE | | | Fax: (602)956-7610 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH13 | AFH / PARADISE | | | Tele (602)978-4203 | 07/01/2015 to 06/30/2017 |
| | 4719 W PARADISE DR | | | Fax: (602)978-2503 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2632 | AGE CARE LIMITED / NORTH 53RD AVE | | | Tele (623)000-0000 | 05/04/2016 to 04/30/2018 |
| | 9015 N 53RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0904 | AHCCMS / BECK LANE | | | Tele (602)896-0638 | 01/01/2016 to 12/31/2017 |
| | 15602 N 55TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH23 | AHCCMS / EL DORADO GROUP HOME | | | Tele (602)263-9117 | 03/31/2015 to 03/31/2017 |
| | 4242 NORTH 11TH PLACE | | | Fax: (602)230-2026 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH25 | AHCCMS / MEDLOCK | | | Tele (602)973-6627 | 03/31/2015 to 03/31/2017 |
| | 4136 WEST MEDLOCK | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH27 | AHCCMS / WHITE TANKS | | | Tele (623)853-1161 | 03/31/2015 to 03/31/2017 |
| | 1030 NORTH 192ND AVENUE | | | Fax: (602)230-2026 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0883 | AHCCMS / ZOE ELLA | | | Tele (602)938-8819 | 01/01/2016 to 12/31/2017 |
| | 5743 W ZOE ELLA WAY | | | Fax: (602)230-2222 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2530 | AIRES LLC / WAGONER | | | Tele (602)995-3591 | 05/04/2015 to 05/31/2017 |
| | 4907 WEST WAGONER ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2009 | AIRES, LLC / 23RD AVE | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 3036 WEST SHAW BUTTE DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1555 | AIRES, LLC / 60TH LANE | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 12303 N 60TH LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1266 | AIRES, LLC / 69TH AVENUE | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 19925 NORTH 69TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2143 | AIRES, LLC / 70TH | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 8720 W DIANA | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1178 | AIRES, LLC / COUNTRY GABLES | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 102 EAST COUNTRY GABLES DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2626 | AIRES, LLC / DESERT HILLS | | | Tele (602)939-3393 | 04/14/2016 to 03/31/2018 |
| | 7600 W NICOLET AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1816 | AIRES, LLC / EUGIE | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 315 E EUGIE AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2411 | AIRES, LLC / HAVEN | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 8811 W CAROLE LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH30 | AIRES, LLC / MOON VALLEY | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 14408 N 6TH PL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2467 | AIRES, LLC / NICOLET | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 8807 W NICOLET AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2687 | AIRES, LLC / NORTHVIEW | | | Tele (623)322-4017 | 11/02/2016 to 10/31/2018 |
| | 8762 W NORTHVIEW AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1049 | AIRES, LLC / VISTA | | | Tele (623)995-3591 | 04/30/2015 to 04/30/2017 |
| | 5153 W VISTA AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0726 | AIRES,LLC / CANTERBURY | | | Tele (602)995-3591 | 04/30/2015 to 04/30/2017 |
| | 7102 W CANTERBURY | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1534 | ARISE DBA RISE SERVICES, INC / LINDSAY PARK | | | Tele (480)343-3806 | 09/01/2016 to 08/31/2018 |
| | 3732 E EDGEWOOD AVE | | | Fax: (480)926-6519 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH79 | ARISE DBA RISE, INC / FLOSSMOOR CIRCLE | | | Tele (480)766-1526 | 12/01/2016 to 11/30/2018 |
| | 2354 E FLOSSMOR CIR | | | Fax: (480)926-6519 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2058 | ARISE DBA RISE, INC / HARMONT | | | Tele (480)766-1526 | 11/01/2016 to 10/31/2018 |
| | 5663 W HARMONT DR | | | Fax: (480)926-6519 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1492 | ARISE DBA RISE, INC / LION'S DEN | | | Tele (480)343-3806 | 05/01/2016 to 04/30/2018 |
| | 701 WEST CATCLAW | | | Fax: (480)917-2034 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1995 | ARISE DBA RISE, INC / PLATINA | | | Tele (480)343-3806 | 09/01/2016 to 08/31/2018 |
| | 3427 N PLATINA | | | Fax: (480)926-6519 | |
| | MESA | AZ | 85215 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1571 | ARISE DBA RISE, INC / SILVER CREEK | | | Tele (480)766-1526 | 11/01/2016 to 10/31/2018 |
| | 707 W SILVER CREEK | | | Fax: (480)926-6519 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2070 | ARISE DBA RISE, INC / SOMERSET | | | Tele (480)766-1526 | 12/01/2016 to 11/30/2018 |
| | 278 W LIBERTY LN | | | Fax: (480)926-6519 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1493 | ARIZONA FOUNDATION FOR THE HANDICAPPED / THUNDERBIRD | | | Tele (602)667-5631 | 08/01/2016 to 07/31/2018 |
| | 3132 EAST ACOMA DRIVE | | | Fax: (602)667-5631 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2046 | ARIZONA FOUNDATION FOR THE HANDICAPPED / 32ND STREET # 1114 | | | Tele (602)493-0309 | 08/01/2016 to 07/31/2018 |
| | 3040 EAST SHEA BLVD #1114 | | | Fax: (602)493-0487 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1871 | ARIZONA FOUNDATION FOR THE HANDICAPPED / 32ND STREET APT1113<br>3040 E SHEA BLVD #1113<br>PHOENIX AZ 85028 | Tele (602)493-0487<br>Fax: (602)493-0487<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0001 | ARIZONA FOUNDATION FOR THE HANDICAPPED / ACAPULCO<br>3121 WEST ACAPULCO LANE<br>PHOENIX AZ 85023 | Tele (602)789-7875<br>Fax: (602)789-7875<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1553 | ARIZONA FOUNDATION FOR THE HANDICAPPED / HEARN<br>3640 EAST HEARN RD<br>PHOENIX AZ 85032 | Tele (602)867-2609<br>Fax: (602)867-2609<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH7 | ARIZONA FOUNDATION FOR THE HANDICAPPED / LAUREL<br>3426 WEST LAUREL LANE<br>PHOENIX AZ 85029 | Tele (602)993-2519<br>Fax: (602)993-2519<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH11 | ARIZONA FOUNDATION FOR THE HANDICAPPED / MONTEBELLO<br>4216 WEST MONTEBELLO AVE<br>PHOENIX AZ 85019 | Tele (602)841-4946<br>Fax: (602)841-4946<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2190 | ARIZONA FOUNDATION FOR THE HANDICAPPED / ORCHID<br>4035 W ORCHID LANE<br>PHOENIX AZ 85051 | Tele (623)934-9284<br>Fax: (602)934-9284<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH14 | ARIZONA FOUNDATION FOR THE HANDICAPPED / SELDON<br>5111 WEST SELDON LANE<br>GLENDALE AZ 85302 | Tele (623)842-8471<br>Fax: (623)842-8471<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2207 | ARIZONA FOUNDATION FOR THE HANDICAPPED / SHEA #1093<br>3040 E SHEA BLVD#1093<br>PHOENIX AZ 85028 | Tele (602)996-1160<br>Fax: (602)482-2264<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2035 | ARIZONA FOUNDATION FOR THE HANDICAPPED / SHEA #1096<br>3040 EAST SHEA BLVD #1096<br>PHOENIX AZ 85028 | Tele (602)482-2327<br>Fax: (602)482-2264<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2037 | ARIZONA FOUNDATION FOR THE HANDICAPPED / SHEA 1095<br>3040 EAST SHEA BLVD #1095<br>PHOENIX AZ 85028 | Tele (602)482-2264<br>Fax: (602)482-2264<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2534 | ARIZONA FOUNDATION FOR THE HANDICAPPED / SHEA APT 1185<br>3040 EAST SHEA BLVD APT 1185<br>PHOENIX AZ 85028 | Tele (602)923-0179<br>Fax: (602)482-2264<br>Capacity : Not Applicable | 05/18/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1541 | ARIZONA FOUSNDATION FOR THE HADICAPPED / BELMONT<br>7611 NORTH 38TH DRIVE<br>PHOENIX AZ 85051 | Tele (602)841-5030<br>Fax: (602)841-5030<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH20 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES / BLUEFIELD<br>2737 E BLUEFIELD<br>PHOENIX AZ 85032 | Tele (602)404-9150<br>Fax: (602)404-9150<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0966 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES / CHARLESTON<br>17658 NORTH 34TH LANE<br>PHOENIX AZ 85053 | Tele (602)863-3761<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH22 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES / COLTER<br>4505 N 14TH AVE<br>PHOENIX AZ 85013 | Tele (602)265-3996<br>Fax: (602)230-2026<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1520 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES / PIUTE | | | Tele (623)879-1068 | 03/01/2016 to 02/28/2018 |
| | 914 W PIUTE AVE | | | Fax: (623)879-1068 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2597 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES / UNION HILLS | | | Tele (602)230-2222 | 01/05/2016 to 12/31/2017 |
| | 19223 N 23RD AVE | | | Fax: (602)230-7606 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1496 | ARIZONA HEALTH CARE CONTRACT MANAGEMENT SERVICES, INC / LADONNA | | | Tele (480)775-0582 | 03/01/2016 to 02/28/2018 |
| | 2171 E LADONNA DR | | | Fax: (480)775-0582 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2441 | ARIZONA MENTOR / AGAVE | | | Tele (602)687-8989 | 09/01/2016 to 08/31/2018 |
| | 12449 N 33RD ST | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2228 | ARIZONA MENTOR / 32ND PLACE | | | Tele (623)266-1464 | 10/01/2016 to 09/30/2018 |
| | 5336 W MESCAL | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH345 | ARIZONA MENTOR / 34TH AVENUE | | | Tele (602)626-7704 | 11/30/2014 to 11/30/2016 |
| | 9840 NORTH 34TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH368 | ARIZONA MENTOR / 40TH PLACE | | | Tele (623)500-2212 | 03/31/2015 to 03/31/2017 |
| | 19204 N 40TH PLACE | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2241 | ARIZONA MENTOR / 41ST AVENUE | | | Tele (602)682-7468 | 10/01/2016 to 09/30/2018 |
| | 17442 N 41ST AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2242 | ARIZONA MENTOR / 74TH LANE HOUSE | | | Tele (623)486-8481 | 02/28/2015 to 02/28/2017 |
| | 11231 N 74TH LANE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH0921 | ARIZONA MENTOR / ASTER | | | Tele (623)322-6170 | 06/01/2016 to 05/31/2018 |
| | 8019 WEST ASTER LANE | | | Fax: (623)234-9542 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1977 | ARIZONA MENTOR / BELL PARK | | | Tele (602)842-3358 | 03/01/2016 to 02/28/2018 |
| | 8235 W MISSION LN | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1975 | ARIZONA MENTOR / BLUME | | | Tele (623)362-3998 | 02/01/2016 to 01/31/2018 |
| | 20321 N 82ND AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2693 | ARIZONA MENTOR / CALYPSO | | | Tele (480)284-7546 | 10/27/2016 to 09/30/2018 |
| | 2548 E CONTESSA ST | | | Fax: (602)497-4989 | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2243 | ARIZONA MENTOR / CARLEN GROUP HOME | | | Tele (623)878-2123 | 02/28/2015 to 02/28/2017 |
| | 5251 W MESCAL | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2239 | ARIZONA MENTOR / CAVALIER | | | Tele (623)915-5675 | 10/01/2016 to 09/30/2018 |
| | 7001 W CAVALIER DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2482 | ARIZONA MENTOR / CHAPARRAL | | | Tele (602)296-5359 | 01/07/2015 to 12/31/2016 |
| | 11826 N 82ND DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH338 | ARIZONA MENTOR / COLUMBIA | | | Tele (623)580-8294 | 08/01/2016 to 07/31/2018 |
| | 22215 NORTH 34TH LANE | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2573 | ARIZONA MENTOR / DEXTER | | | Tele (602)200-9494 | 10/15/2015 to 09/30/2017 |
| | 1590 EMERSON COURT | | | Fax: (602)567-2067 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1945 | ARIZONA MENTOR / DIAMONDBACK | | | Tele (602)493-4043 | 12/01/2015 to 11/30/2017 |
| | 4137 E BERYL | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2509 | ARIZONA MENTOR / DRAGONFLY GROUP HOME | | | Tele (602)888-0523 | 03/05/2015 to 02/28/2017 |
| | 217 WEST GROVERS | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2324 | ARIZONA MENTOR / DRAKE | | | Tele (602)456-6604 | 08/01/2015 to 07/31/2017 |
| | 4246 W GAIL DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2695 | ARIZONA MENTOR / EMPIRE | | | Tele (602)769-4653 | 11/01/2016 to 10/31/2018 |
| | 3030 E LARK DR | | | Fax: (602)497-4989 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2230 | ARIZONA MENTOR / FORGE | | | Tele (480)664-1320 | 09/01/2016 to 08/31/2018 |
| | 5652 E FLOSSMORE AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2426 | ARIZONA MENTOR / FRIESS | | | Tele (602)283-4598 | 06/01/2016 to 05/31/2018 |
| | 4216 WEST WILLOW AVENUE | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2525 | ARIZONA MENTOR / HARMONY | | | Tele (602)200-9494 | 04/01/2015 to 03/31/2017 |
| | 17207 N 36TH ST | | | Fax: (602)200-9444 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2445 | ARIZONA MENTOR / HAVEN | | | Tele (480)656-8706 | 10/01/2016 to 09/30/2018 |
| | 1973 EAST DAVA DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2623 | ARIZONA MENTOR / HUMMINGBIRD | | | Tele (500)000-0000 | 05/02/2016 to 04/30/2018 |
| | 7710 E VISTA DIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2694 | ARIZONA MENTOR / INDEPENDENCE | | | Tele (602)769-4653 | 11/01/2016 to 10/31/2018 |
| | 2483 E DEL RIO CT | | | Fax: (602)497-4989 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2248 | ARIZONA MENTOR / JACKSON | | | Tele (602)233-1814 | 02/28/2015 to 02/28/2017 |
| | 3112 W JACKSON STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH | ARIZONA MENTOR / LANTANA | | | Tele (623)748-0533 | 07/01/2016 to 06/30/2018 |
| | 6521 WEST BEHREND DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1179 | ARIZONA MENTOR / LAURIE LANE | | | Tele (602)957-0008 | 05/01/2016 to 04/30/2018 |
| | 5674 WEST LAURIE LANE | | | Fax: (602)200-9444 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2244 | ARIZONA MENTOR / LIBERTY | | | Tele (623)845-5710 | 10/01/2016 to 09/30/2018 |
| | 5404 N 76TH LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2627 | ARIZONA MENTOR / MAJESTIC GROUP HOME | | | Tele (602)200-9494 | 05/10/2016 to 04/30/2018 |
| | 16231 N 45TH AVE | | | Fax: (602)497-4989 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1237 | ARIZONA MENTOR / MANISTEE | | | Tele (623)463-2020 | 11/30/2014 to 11/30/2016 |
| | 5319 W MORTEN | | | Fax: (602)497-4989 | |
| | GLENDALE | AZ | 85307 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2233 | ARIZONA MENTOR / MITCHELL | | | Tele (623)879-1184 | 02/28/2015 to 02/28/2017 |
| | 3201 W MORROW | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH353 | ARIZONA MENTOR / MONTE CRISTO | | | Tele (602)504-0614 | 08/01/2015 to 07/31/2017 |
| | 1106 W MONTE CRISTO | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2529 | ARIZONA MENTOR / MORROW | | | Tele (623)328-5544 | 04/13/2015 to 04/30/2017 |
| | 512 WEST VILLA MARIA DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0826 | ARIZONA MENTOR / MORTEN | | | Tele (623)915-0201 | 08/01/2015 to 07/31/2017 |
| | 5014 W MORTEN | | | Fax: (602)277-0803 | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1361 | ARIZONA MENTOR / MYRTLE | | | Tele (602)995-4708 | 08/01/2015 to 07/31/2017 |
| | 2833 W NORTH VIEW | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1457 | ARIZONA MENTOR / NAVAJO GROUP HOME | | | Tele (602)482-2893 | 02/01/2016 to 01/31/2018 |
| | 3508 E TOPEKA | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2218 | ARIZONA MENTOR / NEW CASTLE | | | Tele (623)780-4040 | 07/01/2016 to 06/30/2018 |
| | 551 E MORROW DR | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2461 | ARIZONA MENTOR / ODYSSEY | | | Tele (480)659-5658 | 11/03/2014 to 11/30/2016 |
| | 945 EAST JENSEN | | | Fax: (602)497-4989 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1971 | ARIZONA MENTOR / PALOMINO | | | Tele (480)393-3865 | 02/01/2016 to 01/31/2018 |
| | 1701 W PALOMINO DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2665 | ARIZONA MENTOR / PARADISE GROUP HOME | | | Tele (602)567-4961 | 09/01/2016 to 08/31/2018 |
| | 4564 E GROVERS AVE | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2245 | ARIZONA MENTOR / PERSHING | | | Tele (602)938-0542 | 08/01/2016 to 07/31/2018 |
| | 1503 W PERSHING AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2234 | ARIZONA MENTOR / PIMA | | | Tele (623)463-2086 | 10/01/2016 to 09/30/2018 |
| | 7112 W PALMAIRE AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2567 | ARIZONA MENTOR / PIUTE | | | Tele (623)561-0086 | 09/24/2015 to 08/31/2017 |
| | 6113 W PIUTE AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2140 | ARIZONA MENTOR / RIVEREDGE | | | Tele (623)388-4118 | 09/01/2015 to 08/31/2017 |
| | 7908 N 53RD DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2172 | ARIZONA MENTOR / ROSEMONTE | | | Tele (602)704-6685 | 01/01/2016 to 12/31/2017 |
| | 19015 N 41ST ST | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1979 | ARIZONA MENTOR / ROVEY GROUP HOME | | | Tele (602)314-5913 | 02/01/2016 to 01/31/2018 |
| | 6028 N 16TH AVE | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2246 | ARIZONA MENTOR / SAVANNAH | | | Tele (623)334-0056 | 08/01/2016 to 07/31/2018 |
| | 5232 W SIERRA STREET | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1305 | ARIZONA MENTOR / SERENE GROUP HOME | | | Tele (623)915-7577 | 02/28/2015 to 02/28/2017 |
| | 8526 NORTH 52ND DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2235 | ARIZONA MENTOR / SHADOW MOUNTAIN | | | Tele (623)215-2775 | 10/01/2016 to 09/30/2018 |
| | 7841 N 51ST AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH355 | ARIZONA MENTOR / SIERRA GROUP HOME | | | Tele (602)246-0724 | 03/31/2015 to 03/31/2017 |
| | 2910 WEST MYRTLE AVENUE | | | Fax: (602)200-9444 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1903 | ARIZONA MENTOR / SIMCHA | | | Tele (602)441-2740 | 08/01/2015 to 07/31/2017 |
| | 4532 E ST JOHN RD | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2237 | ARIZONA MENTOR / SURREY | | | Tele (602)466-3921 | 02/28/2015 to 02/28/2017 |
| | 1550 W SURREY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2238 | ARIZONA MENTOR / TOWNLEY HOUSE | | | Tele (623)939-3026 | 02/28/2015 to 02/28/2017 |
| | 5649 W TOWNLEY AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2304 | ARIZONA MENTOR / VISTA | | | Tele (602)237-5756 | 03/31/2015 to 03/31/2017 |
| | 2017 E ROCKWOOD DR | | | Fax: (602)567-2067 | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH1248 | ARIZONA MENTOR / WEST PARK | | | Tele (623)435-7146 | 06/01/2016 to 05/31/2018 |
| | 6857 WEST PUGET AVENUE | | | Fax: (602)497-4989 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2544 | ARIZONA MENTOR / WETHERSFIELD | | | Tele (602)293-3165 | 06/18/2015 to 06/17/2017 |
| | 18801 N 1ST AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2422 | ARIZONA MENTOR / WICKENBURG | | | Tele (928)684-0747 | 07/01/2016 to 06/30/2018 |
| | 587 NORTH MADISON STREET | | | Fax: ( ) - | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2264 | ARIZONA MENTOR / WILLARD | | | Tele (602)472-3504 | 11/01/2016 to 10/31/2018 |
| | 1228 E CHARLESTON ST | | | Fax: (602)497-4989 | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2648 | ARIZONA MENTOR / WILLOW | | | Tele (602)000-0000 | 06/29/2016 to 05/31/2018 |
| | 4333 E BLANCHE DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH340 | ARIZONA MENTOR / WINCHCOMB | | | Tele (602)218-6021 | 03/31/2015 to 03/31/2017 |
| | 4950 EAST WINCHCOMB | | | Fax: (602)200-9444 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2370 | ARIZONA MENTOR / WINDROSE | | | Tele (623)398-8901 | 02/01/2016 to 01/31/2018 |
| | 8525 N 55TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH139 | ARIZONA TRAINING & EVALUATION CENTER / R-21<br>6719 WEST DENTON<br>GLENDALE AZ 85303 | Tele (623)846-8360<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH140 | ARIZONA TRAINING & EVALUATION CENTER / R-22<br>7315 WEST ROSE LANE<br>GLENDALE AZ 85303 | Tele (623)931-3003<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH144 | ARIZONA TRAINING & EVALUATION CENTER / R-26<br>5655 WEST TOWNLEY<br>GLENDALE AZ 85302 | Tele (623)934-5876<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH126 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-1<br>5660 W PIERSON ST<br>PHOENIX AZ 85031 | Tele (623)846-2930<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1739 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-10<br>7852 W TUCKEY LN<br>GLENDALE AZ 85303 | Tele (623)847-4792<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH143 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-11<br>5349 WEST HATCHER ROAD<br>GLENDALE AZ 85302 | Tele (623)931-8004<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1185 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-12<br>7217 W MARYLAND AVE<br>GLENDALE AZ 85303 | Tele (623)847-0674<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH130 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-13<br>4829 N 64TH LN<br>PHOENIX AZ 85033 | Tele (623)846-9729<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1840 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-14<br>4701 NORTH 91ST LANE<br>PHOENIX AZ 85037 | Tele (623)877-1165<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH132 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-15<br>6102 WEST CLARENDON AVENUE<br>PHOENIX AZ 85033 | Tele (623)848-1709<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/31/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH136 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-19<br>7533 W DESERT COVE AVE<br>PEORIA AZ 85345 | Tele (623)334-8907<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1442 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-23<br>5783 W SELDON LN<br>GLENDALE AZ 85302 | Tele (623)939-0881<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0808 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-24<br>11222 NORTH 64TH LANE<br>GLENDALE AZ 85304 | Tele (623)486-2783<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1779 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-25<br>3118 W WESCOTT DRIVE<br>PHOENIX AZ 85027 | Tele (623)879-7505<br>Fax: (623)412-2888<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0697 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-28<br>7215 W OCOTILLO RD<br>GLENDALE AZ 85303 | Tele (623)939-5064<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0990 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-29<br>6445 WEST TURQUOISE AVE<br>GLENDALE AZ 85302 | Tele (623)334-9768<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0919 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-30<br>7921 WEST DESERT COVE AVENUE<br>PEORIA AZ 85345 | Tele (623)486-4626<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0989 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-33<br>12230 NORTH 46TH LANE<br>GLENDALE AZ 85304 | Tele (602)564-6578<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH149 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-4<br>5610 WEST HAZELWOOD STREET<br>PHOENIX AZ 85031 | Tele (623)848-6154<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH148 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-5<br>5955 WEST MARY JANE LANE<br>GLENDALE AZ 85306 | Tele (602)978-6284<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1690 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-6<br>6627 WEST MERCER LANE<br>GLENDALE AZ 85304 | Tele (623)412-2014<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1067 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-8<br>6882 WEST TOWNLEY<br>PEORIA AZ 85345 | Tele (623)939-1655<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0918 | ARIZONA TRAINING & EVALUATION CENTER, INC / R-9<br>3208 WEST WOOD DRIVE<br>PHOENIX AZ 85029 | Tele (602)993-5918<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH133 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-16<br>7538 W BROWN ST<br>PEORIA AZ 85345 | Tele (623)773-0121<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH138 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-17<br>5115 NORTH 77TH DRIVE<br>GLENDALE AZ 85303 | Tele (623)846-1564<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1864 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-18<br>5191 WEST ST JOHN ROAD<br>GLENDALE AZ 85308 | Tele (602)942-3188<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1040 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-2<br>7717 NORTH 46TH DRIVE<br>GLENDALE AZ 85301 | Tele (623)847-7902<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0871 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-3<br>12243 N 47TH AVE<br>GLENDALE AZ 85304 | Tele (602)863-4077<br>Fax: (602)476-4719<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0872 | ARIZONA TRAINING & EVALUATION CENTER, INC. / R-31<br>5803 W PURDUE AVE<br>GLENDALE AZ 85302 | Tele (623)847-0541<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1863 | ARIZONA TRAINING & EVALUATION CENTER, INC./ R-7<br>8559 WEST BROWN<br>PEORIA AZ 85345 | Tele (623)412-7831<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1688 | ARIZONA TRAINING & EVALUATION CENTERS, INC / R-27<br>4123 WEST SOLAR<br>PHOENIX AZ 85051 | Tele (623)937-0008<br>Fax: (623)412-2766<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1897 | ARIZONA TRAINING& EVALUATION CENTER, INC / R-32<br>8807 NORTH 66TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)930-0279<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH3 | ARIZONAFOUNDATION FOR THE HANDICAPPED/ ECHO<br>5114 WEST ECHO LANE<br>GLENDALE AZ 85302 | Tele (623)435-9311<br>Fax: (623)435-9311<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2089 | AZ FOUNDATION FOR THE HANDICAPPED / 36TH STREET<br>15214 NORTH 36TH STREET<br>PHOENIX AZ 85032 | Tele (602)485-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2483 | BERG HOMES LLC / BERG GROUP HOME<br>3311 W IRVINE RD<br>ANTHEM AZ 85086 | Tele (623)465-5997<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1088 | BETHANY RANCH HOME, INC / BETHANY RANCH HOME<br>6130 N 16TH ST<br>PHOENIX AZ 85016 | Tele (602)279-5448<br>Fax: (602)279-3691<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2659 | BRENDEL & ASSOCIATES LLC DBA GENESIS AFC / JANICE HOUSE<br>15060 N 43RD ST<br>PHOENIX AZ 85032 | Tele (480)656-6358<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/11/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2644 | BRENDEL & ASSOCS, LLC DBA GENESIS AFC / MAYA HOUSE<br>8356 W MAYA DR<br>PEORIA AZ 85383 | Tele (623)322-4929<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/14/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2353 | CABRAL HOUSE, LLC / THE CABRAL HOUSE<br>1738 N 419 AVE<br>TONOPAH AZ 85354 | Tele (623)738-7934<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1757 | CAREY GROUP HOMES / CAREY GROUP HOME V<br>917 E PASO NUEVO<br>PHOENIX AZ 85086 | Tele (623)465-9456<br>Fax: (602)513-7378<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1386 | CAREY GROUP HOMES / CAREY GROUP HOMES II<br>37326 N 13TH PL<br>PHOENIX AZ 85086 | Tele (623)465-5012<br>Fax: (623)465-8779<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1647 | CAREY GROUP HOMES / CAREY GROUP HOMES IV<br>37315 N 13TH PLACE<br>PHOENIX AZ 85086 | Tele (623)465-8779<br>Fax: (623)465-8779<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2063 | CENTER FOR FAMILY SERVICES, LLC / MAUI LANE<br>15598 W MAUI LN<br>SURPRISE AZ 85379 | Tele (623)363-1152<br>Fax: (623)432-5922<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2514 | CENTER FOR FAMILY SERVICES, LLC / WINCHCOMB DRIVE<br>16174 W WINCHCOMB DR<br>SURPRISE AZ 85379 | Tele (623)363-1152<br>Fax: (480)499-0707<br>Capacity : Not Applicable | 05/11/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1643 | CENTER FOR FAMILY SERVICES,LLC / CENTER FOR FAMILY SERVICES #1<br>14888 WEST RIVIERA DRIVE<br>SURPRISE AZ 85379 | Tele (623)363-1152<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0926 | CHANDLER GILBERT ARC / ABILENE<br>301 S ABILENE DR<br>GILBERT AZ 85233 | Tele (480)275-2348<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1275 | CHANDLER GILBERT ARC / CARTALINA<br>529 S CATALINA ST<br>GILBERT AZ 85233 | Tele (480)588-6037<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2167 | CHANDLER GILBERT ARC / COUNTRY BROOK #1024<br>4909 W JOSHUA BLVD<br>CHANDLER AZ 85226 | Tele (480)794-1711<br>Fax: (480)497-0657<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2396 | CHANDLER GILBERT ARC / COUNTRY BROOK #2094<br>4909 W JOSHUA BLVD APT 2094<br>CHANDLER AZ 85226 | Tele (480)203-2081<br>Fax: (480)497-0657<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1987 | CHANDLER GILBERT ARC / DESERT<br>507 W DESERT AVE<br>GILBERT AZ 85233 | Tele (480)621-6632<br>Fax: (480)497-0657<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2431 | CHANDLER GILBERT ARC / EVERGREEN | | | Tele (480)696-4418 | 08/01/2016 to 07/31/2018 |
| | 440 N EVERGREEN ST | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2539 | CHANDLER GILBERT ARC / HALE | | | Tele (480)284-7224 | 07/13/2015 to 06/30/2017 |
| | 2507 E HALE ST | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1736 | CHANDLER GILBERT ARC / JAY | | | Tele (480)629-5081 | 01/01/2016 to 12/31/2017 |
| | 411 S JAY ST | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH221 | CHANDLER GILBERT ARC / LA COURT | | | Tele (480)621-6630 | 03/01/2016 to 02/28/2018 |
| | 2001 N LOS ARBOLES COURT | | | Fax: (480)497-0657 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0910 | CHANDLER GILBERT ARC / POMEROY | | | Tele (480)284-5981 | 03/01/2014 to 02/28/2018 |
| | 1407 N POMEROY | | | Fax: (480)497-0657 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH225 | CHANDLER GILBERT ARC / SAILORS WAY | | | Tele (480)621-6643 | 03/01/2016 to 02/28/2018 |
| | 938 N SAILORS WAY | | | Fax: (480)497-0657 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0741 | CHANDLER GILBERT ARC / VELERO | | | Tele (480)621-8936 | 03/01/2016 to 02/28/2018 |
| | 671 S VELERO ST | | | Fax: (480)497-0657 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1677 | CHANDLER/GILBERT ARC / JOSHUA | | | Tele (480)699-7264 | 07/01/2015 to 06/30/2017 |
| | 4909 WEST JOSHUA BLVD #1103 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2181 | CHAVELA'S GROUP HOME LLC / CHAVELA'S GROUP HOME | | | Tele (480)258-7327 | 12/31/2014 to 12/31/2016 |
| | 18436 NORTH 56TH AVENUE | | | Fax: (602)682-7279 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2647 | CHAVELAS GROUP HOME, LLC / CHAVELA'S GROUP HOME | | | Tele (480)258-7327 | 06/30/2016 to 05/31/2018 |
| | 8903 W JENNIFER ROSE COURT | | | Fax: (623)215-3804 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1771 | CHEZ GROUP HOMES, LLC / CHEZ GROUP HOME I<br>36212 N 28TH ST<br>CAVE CREEK AZ 85331 | Tele (480)474-4987<br>Fax: (602)513-7378<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1781 | CHEZ GROUP HOMES, LLC / CHEZ GROUP HOME II<br>37321 N 13TH PL<br>PHOENIX AZ 85086 | Tele (623)465-2707<br>Fax: (602)513-7378<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1796 | CHEZ GROUP HOMES, LLC / CHEZ GROUP HOME III<br>931 PASO NUEVO<br>PHOENIX AZ 85086 | Tele (623)465-8716<br>Fax: (602)513-7378<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2128 | CHEZ GROUP HOMES, LLC / CHEZ GROUP HOME IV<br>29394 NORTH 74TH STREET<br>SCOTTSDALE AZ 85266 | Tele (480)671-0710<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1214 | COMMUNITY PROVIDER OF ENRICHMENT SERV / GLENROSA<br>13443 NORTH 18TH DRIVE<br>PHOENIX AZ 85029 | Tele (602)863-7045<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH261 | COMMUNITY PROVIDER OF ENRICHMENT SERV, INC / LODGE<br>1124 EAST LODGE DRIVE<br>TEMPE AZ 85282 | Tele (480)313-2433<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2039 | COMMUNITY PROVIDER OF ENRICHMENT SERVICE / HAMPTON<br>1719 EAST IRWIN AVENUE<br>MESA AZ 85204 | Tele (480)634-8983<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1551 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES / JUNIPER<br>7740 EAST OLLA AVENUE<br>MESA AZ 85212 | Tele (480)813-5113<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2050 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES / LONGMORE<br>1720 EAST TULSA<br>CHANDLER AZ 85225 | Tele (480)786-0188<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1539 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES / NORTH HAVEN<br>3072 WEST PATRICK LANE<br>PHOENIX AZ 85027 | Tele (623)434-5707<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2546 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC | | | Tele | (480)303-0147 | 06/11/2015 | to | 06/30/2017 |
| | 306 E HERMOSA | | | Fax: | (602)431-9538 | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1086 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC / INDIGO | | | Tele | (602)564-2983 | 10/01/2015 | to | 09/30/2017 |
| | 4212 W DESERT COVE AVE | | | Fax: | (520)884-0383 | | | |
| | PHOENIX | AZ | 85029 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH0820 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC / LINDSAY | | | Tele | (480)633-1874 | 11/30/2014 | to | 11/30/2016 |
| | 820 NORTH BULL MOOSE | | | Fax: | (520)884-0383 | | | |
| | CHANDLER | AZ | 85224 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1562 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC / NORTH PALMS | | | Tele | (480)730-0187 | 10/01/2016 | to | 09/30/2018 |
| | 614 WEST PORTOBELLO AVENUE | | | Fax: | (520)884-0383 | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1093 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / HAMILTON | | | Tele | (480)821-6494 | 11/01/2016 | to | 10/31/2018 |
| | 1960 NORTH HAMILTON PLACE | | | Fax: | (520)884-0383 | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2078 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / MOHRIA<br>916 WEST ST CHARLES AVENUE<br>PHOENIX AZ 85041 | Tele (602)275-0459<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1501 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / SHAVON<br>7953 EAST ONZA<br>MESA AZ 85212 | Tele (480)354-3849<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2434 | COMMUNITY PROVIDERS OF ENRICHMENT SERVICES INC / FREEDOM<br>5255 SOUTH MILL AVENUE<br>TEMPE AZ 85283 | Tele (480)833-2121<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2468 | COMMUNITY PROVIDERS OF ENRICHMENT SERVICES INC. / LABELLE<br>1909 EAST CARSON DRIVE<br>TEMPE AZ 85282 | Tele (480)354-9407<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 12/08/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH1920 | COMPASSIONATE CARE LLC / PIUTE<br>728 EAST PIUTE AVENUE<br>PHOENIX AZ 85024 | Tele (602)692-3797<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1744 | COMPASSIONATE CARE, LLC / 37TH DRIVE<br>13221 N 37TH DR<br>PHOENIX AZ 85029 | Tele (602)388-4329<br>Fax: (623)444-2601<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1613 | CONSUMER ADVOCACY PROJECTS / LOS FELIZ<br>1916 EAST LIBRA DRIVE<br>TEMPE AZ 85283 | Tele (480)491-1332<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2543 | CONSUMER ADVOCACY PROJECTS INC<br>857 S CERISE<br>MESA AZ 85208 | Tele (480)636-1581<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 06/11/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1445 | CONSUMER ADVOCACY PROJECTS INC / JUNIPER<br>5924 SOUTH JUNIPER STREET<br>TEMPE AZ 85283 | Tele (480)839-5600<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| DDH2586 | CONSUMER ADVOCACY PROJECTS INC/ EDGEWOOD<br>8458 E EDGEWOOD AVE<br>MESA AZ 85208 | Tele (602)569-0891<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 11/25/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2326 | CONSUMER ADVOCACY PROJECTS, INC / IOWA<br>3003 N IOWA<br>CHANDLER AZ 85225 | Tele (480)878-5845<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1666 | CONSUMER ADVOCACY PROJECTS, INC / RIVIERA<br>2439 E RIVIERA DR<br>TEMPE AZ 85282 | Tele (480)839-0291<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2636 | CONSUMER ADVOCACY PROJECTS, INC / 39TH STREET<br>2615 N 39TH ST<br>PHOENIX AZ 85008 | Tele (602)273-1695<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/02/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1461 | CONSUMER ADVOCACY PROJECTS, INC / 43RD ST<br>10808 N 43RD ST<br>PHOENIX AZ 85028 | Tele (602)569-1540<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1830 | CONSUMER ADVOCACY PROJECTS, INC / 83RD<br>7206 NORTH 83RD DRIVE<br>GLENDALE AZ 85305 | Tele (623)455-3123<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1874 | CONSUMER ADVOCACY PROJECTS, INC / 89TH DRIVE | | | Tele (623)322-3507 | 03/01/2016 to 02/28/2018 |
| | 6280 NORTH 89TH DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2639 | CONSUMER ADVOCACY PROJECTS, INC / 98TH PLACE | | | Tele (480)607-5533 | 06/02/2016 to 05/31/2018 |
| | 14434 N 98TH PL | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2617 | CONSUMER ADVOCACY PROJECTS, INC / CHARTER OAK | | | Tele (602)569-0891 | 03/16/2016 to 02/28/2018 |
| | 3701 E CHARTER OAK | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2198 | CONSUMER ADVOCACY PROJECTS, INC / EVERGREEN | | | Tele (480)668-5423 | 06/01/2016 to 05/31/2018 |
| | 2416 E WESLEYAN DR | | | Fax: (602)569-0891 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0870 | CONSUMER ADVOCACY PROJECTS, INC / FULL HOUSE | | | Tele (602)404-7579 | 11/01/2015 to 10/31/2017 |
| | 12033 N 28TH PL | | | Fax: (602)569-0891 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1693 | CONSUMER ADVOCACY PROJECTS, INC / GARRETT<br>1681 N GARRETT DR<br>CHANDLER AZ 85225 | Tele (480)726-6978<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2689 | CONSUMER ADVOCACY PROJECTS, INC / HILLERY<br>1985 E HILLERY DR<br>PHOENIX AZ 85022 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/26/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1928 | CONSUMER ADVOCACY PROJECTS, INC / JEANINE<br>1827 E JEANINE DRIVE<br>TEMPE AZ 85284 | Tele (480)907-5099<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0772 | CONSUMER ADVOCACY PROJECTS, INC / LIBRA<br>1512 E LIBRA<br>TEMPE AZ 85283 | Tele (480)456-3751<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2510 | CONSUMER ADVOCACY PROJECTS, INC / MINTON<br>573 W MINTON DR<br>TEMPE AZ 85282 | Tele (602)569-0830<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 03/16/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1212 | CONSUMER ADVOCACY PROJECTS, INC / MOLLY<br>3138 W MOLLY LANE<br>PHOENIX AZ 85083 | Tele (623)582-1203<br>Fax: (602)695-0891<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2457 | CONSUMER ADVOCACY PROJECTS, INC / PAMPA<br>8547 EAST PAMPA CIRCLE<br>MESA AZ 85212 | Tele (480)625-3716<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1986 | CONSUMER ADVOCACY PROJECTS, INC / PARADISE<br>4701 E PARADISE LANE<br>PHOENIX AZ 85032 | Tele (602)374-5044<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1708 | CONSUMER ADVOCACY PROJECTS, INC / PARK<br>760 W PARK AVE<br>CHANDLER AZ 85225 | Tele (480)821-1989<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2589 | CONSUMER ADVOCACY PROJECTS, INC / PRINCETON<br>665 W PRINCETON AVE<br>GILBERT AZ 85234 | Tele (480)659-7451<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 12/23/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2654 | CONSUMER ADVOCACY PROJECTS, INC / ROOSEVELT<br>591 W MINTON DR<br>TEMPE AZ 85282 | Tele (480)264-4756<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 08/09/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0928 | CONSUMER ADVOCACY PROJECTS, INC / TURQUOISE<br>7531 EAST TURQUOISE AVE<br>SCOTTSDALE AZ 85258 | Tele (480)778-1726<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1784 | CONSUMER ADVOCACY PROJECTS, INC / WESLEYAN<br>1225 EAST WESLEYAN DRIVE<br>TEMPE AZ 85282 | Tele (480)699-3764<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2570 | CONSUMER ADVOCACY PROJECTS, INC / WILLOW<br>3930 S WILLOW DR<br>TEMPE AZ 85282 | Tele (480)794-1574<br>Fax: (602)569-0891<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2071 | CONSUMER ADVOCACY PROJECTS, INC. / 38TH<br>15036 NORH 38TH AVENUE<br>PHOENIX AZ 85053 | Tele (602)368-4177<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1809 | CONSUMER ADVOCACY PROJECTS, INC. / ELLIS | | | Tele (480)264-4756 | 10/01/2016 to 09/30/2018 |
| | 1965 EAST ELLIS DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1112 | CPES / CACTUS | | | Tele (480)635-9473 | 11/01/2015 to 10/31/2017 |
| | 1142 E SAN PEDRO AVE | | | Fax: (520)884-0383 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2301 | CPES / ELLIOTS CROSSING #1031 | | | Tele (602)000-0000 | 04/30/2015 to 04/30/2017 |
| | 6445 S MAPLE AVENUE, APT # 1031 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1426 | CPES / HUNTINGTON A | | | Tele (623)581-3020 | 11/01/2015 to 10/31/2017 |
| | 1716 W SEQUOIA DR | | | Fax: (520)884-0383 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1425 | CPES / HUNTINGTON B | | | Tele (623)581-3020 | 11/01/2015 to 10/31/2017 |
| | 1716 W SEQUOIA DR | | | Fax: (520)884-0383 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2564 | CPES / LIBERTY | | | Tele (602)290-1483 | 09/16/2015 to 08/31/2017 |
| | 5403 W BROWN ST | | | Fax: (520)884-0383 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1405 | CPES / QUAIL POINT CENTRAL | | | Tele (602)273-3551 | 11/01/2015 to 10/31/2017 |
| | 4108 E CORONADO RD | | | Fax: (520)884-0383 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0857 | CPES / WEST MONTE | | | Tele (480)966-3868 | 11/01/2015 to 10/31/2017 |
| | 1137 W MANHATTON DR | | | Fax: (520)884-0383 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2177 | CPES, INC / 44TH PLACE | | | Tele (480)897-1054 | 02/01/2016 to 01/31/2018 |
| | 3336 S PINE ST | | | Fax: (520)884-0383 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1875 | CPES, INC / BRENTWOOD NORTH | | | Tele (602)228-2954 | 02/28/2015 to 02/28/2017 |
| | 3924 WEST QUAIL AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1357 | CPES, INC / CASTLE GROUP HOME | | | Tele (480)736-2562 | 02/28/2015 to 02/28/2017 |
| | 2317 EAST ALAMEDA DRIVE | | | Fax: (602)431-9538 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2303 | CPES, INC / ELLIOTS CROSSING 1017 | | | Tele (602)000-0000 | 04/30/2015 to 04/30/2017 |
| | 6445 S MAPLE AVENUE, APT 1017 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2656 | CPES, INC / HARVARD | | | Tele (480)755-3961 | 08/08/2016 to 07/31/2018 |
| | 111 E MANHATTON DR | | | Fax: (520)884-0383 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0960 | CPES, INC / NEW HORIZON #101 | | | Tele (480)733-0835 | 05/01/2016 to 04/30/2018 |
| | 853 EAST 4TH PLACE #101 | | | Fax: (520)884-0383 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1292 | CPES, INC / NEW HORIZON #102 | | | Tele (480)733-0835 | 05/01/2016 to 04/30/2018 |
| | 853 EAST 4TH PLACE #102 | | | Fax: (520)884-0383 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2144 | CPES, INC / VAL VISTA | | | Tele (480)507-6368 | 09/01/2015 to 08/31/2017 |
| | 2107 W EL ALBA WAY | | | Fax: (520)884-0383 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2302 | CPES, INC / WEST #1019 | | | Tele (602)000-0000 | 04/30/2015 to 04/30/2017 |
| | 6445 S MAPLE AVENUE, APT 1019 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2615 | CPES, INC / WEST MONTE | | | Tele (480)966-3868 | 03/16/2016 to 02/28/2018 |
| | 1509 S WINTHROP | | | Fax: (520)884-0383 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2592 | CREATIVE INNERVISION, LLC / DENALI GROUP HOME | | | Tele (602)513-8306 | 11/23/2015 to 10/31/2017 |
| | 556 E PEBBLE BEACH DRIVE | | | Fax: (602)265-8007 | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2282 | CREATIVE INNERVISION, LLC / PATTERSON | | | Tele (480)466-7401 | 01/31/2015 to 01/31/2017 |
| | 3444 E LUDLOW DRIVE | | | Fax: (602)265-8013 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2471 | CREATIVE INNERVISIONS / JACKSON GROUP HOME<br>2543 E MALIBU DRIVE<br>TEMPE AZ 85282 | Tele (480)625-0533<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 12/11/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH2526 | CREATIVE INNERVISIONS LLC / ACOMA GROUP HOME<br>9405 NORTH 34TH PLACE<br>PHOENIX AZ 85028 | Tele (602)626-7869<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/08/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2503 | CREATIVE INNERVISIONS LLC / CAMELBACK GROUP HOME<br>1914 EAST CROCUS DRIVE<br>PHOENIX AZ 85022 | Tele (602)626-7869<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/13/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2010 | CREATIVE INNERVISIONS LLC / DEER VALLEY<br>4354 EAST ABRAHAM LANE<br>PHOENIX AZ 85050 | Tele (480)621-7933<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2409 | CREATIVE INNERVISIONS LLC / EMILE ZOLA<br>13623 NORTH 38TH STREET<br>PHOENIX AZ 85032 | Tele (602)293-3773<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2318 | CREATIVE INNERVISIONS, LLC / DENALI GROUP HOME<br>3240 E PERSHING AVENUE<br>PHOENIX AZ 85032 | Tele (602)513-8306<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1755 | CREATIVE INNERVISIONS, LLC / EVANS<br>4841 E KATHLEEN RD<br>SCOTTSDALE AZ 85254 | Tele (602)441-5072<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1918 | CREATIVE INNERVISIONS, LLC / HEARNS<br>4730 E MOSSMAN RD<br>PHOENIX AZ 85050 | Tele (623)236-8585<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2187 | CREATIVE INNERVISIONS, LLC / LOOKOUT MOUNTAIN<br>14214 N 20TH WAY<br>PHOENIX AZ 85022 | Tele (602)441-3310<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1508 | CREATIVE INNERVISIONS, LLC / NEPTUNE GROUP HOME<br>14609 N 28TH ST<br>PHOENIX AZ 85032 | Tele (602)374-8686<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2653 | CREATIVE INNERVISIONS, LLC / OLYMPUS<br>419 W GARY WAY<br>PHOENIX AZ 85041 | Tele (602)622-5068<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2338 | CREATIVE INNERVISIONS, LLC / PERSHING GROUP HOME<br>2315 E MONTE CRISTO AVE<br>PHOENIX AZ 85022 | Tele (602)283-5675<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1689 | CREATIVE INNERVISIONS, LLC / THUNDERBIRD<br>4327 E BETTY ELYSE LN<br>PHOENIX AZ 85032 | Tele (602)354-8538<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2153 | CREATIVE INNERVISIONS, LLC / WILLOW GROUP HOME<br>6839 S WILLOW DR<br>TEMPE AZ 85283 | Tele (480)659-4291<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2678 | CREATIVE INNERVISIONS, LLC / ZOLA<br>514 E SEQUOIA DR<br>PHOENIX AZ 85024 | Tele (602)626-7863<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 09/22/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1310 | CREATIVE INNERVISIONS, LLC/ 45TH PLACE<br>4624 E EMILE ZOLA AVE<br>PHOENIX AZ 85032 | Tele (602)595-3381<br>Fax: (602)265-8013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2417 | CREATIVE LIVING SUPPORT SERVICES LLC / GARY HOME<br>419 WEST GARY WAY<br>PHOENIX AZ 85041 | Tele (602)249-2155<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2197 | CREATIVE LIVING SUPPORT SERVICES, LLC / DAVA HOME<br>1067 W DAVA<br>TEMPE AZ 85283 | Tele (480)491-2140<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2362 | DESERT COVE /ARIZONA MENTOR<br>4231 EAST KAREN DRIVE<br>PHOENIX AZ 85028 | Tele (602)368-6330<br>Fax: (602)595-0721<br>Capacity : Not Applicable | 02/01/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1703 | DESERT DARLING DAYCARE & PRESCHOOL CORP / DESERT DARLING GROUP HOME 1<br>11114 W ROMA AVE<br>PHOENIX AZ 85037 | Tele (623)877-9789<br>Fax: (623)925-0181<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1342 | ECCLISIA HOUSE & HOME, LLC / ECCLISIA #1<br>831 EAST GREENWAY ROAD<br>PHOENIX AZ 85042 | Tele (602)268-8421<br>Fax: (602)268-2877<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2675 | ECCLISIA HOUSE & HOME, LLC / ECCLISIA #3<br>2612 E SIERRA ST<br>PHOENIX AZ 85028 | Tele (602)243-3687<br>Fax: (602)268-2877<br>Capacity : Not Applicable | 10/07/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2674 | ECCLISIA HOUSE & HOME, LLC / ECCLISIA #4<br>1002 W 17TH ST<br>TEMPE AZ 85281 | Tele (602)243-3687<br>Fax: (602)268-2877<br>Capacity : Not Applicable | 10/07/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2277 | ECCLISIA HOUSE & HOME, LLC / ECCLISIA 2<br>4547 W BEAUTIFUL LANE<br>LAVEEN AZ 85339 | Tele (602)323-2249<br>Fax: (602)268-2877<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2423 | ESEMONU'S GROUP HOME INC / THUNDERBIRD HOUSE<br>3642 EAST THUNDERBIRD ROAD<br>PHOENIX AZ 85032 | Tele (602)374-5688<br>Fax: (602)795-9466<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1961 | ESEMONU'S GROUP HOME, INC / LUDLOW #2<br>3460 EAST LUDLOW DRIVE<br>PHOENIX AZ 85032 | Tele (602)687-8333<br>Fax: (602)795-9466<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2061 | ESEMONU'S GROUP HOME, INC / MARILYN<br>3213 EAST MARILYN<br>PHOENIX AZ 85032 | Tele (602)283-4591<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1852 | ESEMONU'S GROUP HOME, INC / NISBET<br>3343 E NISBET RD<br>PHOENIX AZ 85032 | Tele (602)687-8661<br>Fax: (602)795-9466<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1084 | FIRST CHOICE CARE, INC / FCCI<br>12446 NORTH 36TH PLACE<br>PHOENIX AZ 85032 | Tele (602)368-6895<br>Fax: (602)368-6895<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2613 | GUILD CARE GROUP, LLC / CATHERINE'S GROUP HOME<br>5139 E CACTUS RD<br>SCOTTSDALE AZ 85254 | Tele (480)823-0200<br>Fax: (281)664-5255<br>Capacity : Not Applicable | 03/16/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2650 | GUILD CARE GROUP, LLC / NORTHRIDGE HOUSE | | | Tele (480)823-0200 | 07/05/2016 to 06/30/2018 |
| | 2853 E NORTHRIDGE ST | | | Fax: (281)664-5255 | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2476 | GUTHRIE MAINSTREAM SERVICES / PRINCESS | | | Tele (480)633-8881 | 12/24/2014 to 12/31/2016 |
| | 9259 EAST PRINCESS | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2287 | H & ILS / ANODYNE-81ST AVENUE | | | Tele (623)937-2480 | 02/28/2015 to 02/28/2017 |
| | 7121 N 81ST AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2364 | HABILITATION & INDEPENDANT LIVING SPECIALIST, INC | | | Tele (602)217-8277 | 02/01/2016 to 01/31/2018 |
| | 2522 W CARSON RD | | | Fax: (602)298-2866 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1820 | HABILITATION & INDEPENDENT LIVING SPECIALIST / 82ND AVE | | | Tele (623)847-6200 | 09/01/2015 to 08/31/2017 |
| | 7340 N 82ND AVE | | | Fax: (602)298-2866 | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2588 | HABILITATION & INDEPENDENT LIVING SPECIALIST, INC / VILLA MARIA HOME<br>4519 E VILLA MARIA DR<br>PHOENIX AZ 85032 | Tele (602)374-4130<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/20/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1558 | HACIENDA / STERLING PEDIATRIC MEDICAL GROUP HOME<br>638 WEST STERLING PLACE<br>CHANDLER AZ 85225 | Tele (480)361-1122<br>Fax: (602)454-9082<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0893 | HACIENDA HEALTH CARE / TOWNLEY<br>1129 WEST TOWNLEY<br>PHOENIX AZ 85021 | Tele (602)943-4736<br>Fax: (602)218-3215<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1888 | HACIENDA HEALTH CARE / WILLOW<br>8226 SOUTH 15TH ST<br>PHOENIX AZ 85042 | Tele (602)824-9609<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1914 | HACIENDA HEALTHCARE / ALAMEDA<br>7019 SOUTH 19TH PLACE<br>PHOENIX AZ 85042 | Tele (602)268-4411<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH376 | HACIENDA HEALTHCARE / BROWN | | | Tele (602)494-9318 | 04/30/2015 to 04/30/2017 |
| | 2661 EAST BROWN STREET | | | Fax: (602)218-3215 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2347 | HACIENDA HEALTHCARE / SIENNA VISTA MEDICAL GH | | | Tele (623)243-5822 | 11/01/2015 to 10/31/2017 |
| | 4106 S 74TH LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2346 | HACIENDA, INC / BEAUTIFUL MEDICAL GROUP HOME | | | Tele (602)268-4172 | 11/01/2015 to 10/31/2017 |
| | 922 E BEAUTIFUL LANE | | | Fax: (602)296-7445 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2460 | HACIENDA, INC / KACHINA | | | Tele (602)535-5110 | 12/01/2016 to 11/30/2018 |
| | 2315 W KACHINA TRAIL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2261 | HEALTH CAR ALTERNATIVES, INC / ROBIN HOUSE | | | Tele (480)654-8450 | 10/01/2016 to 09/30/2018 |
| | 2613 N ROBIN CIRCLE | | | Fax: (480)383-6373 | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2442 | HEALTH CARE ALTERNATIVES, INC / ELMWOOD<br>4446 EAST ELMWOOD STREET<br>MESA AZ 85205 | Tele (480)497-3241<br>Fax: (480)497-3741<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2669 | HEALTH CARE ALTERNATIVES, INC / FOUNTAIN<br>2941 E FOUNTAIN ST<br>MESA AZ 85213 | Tele (480)924-3589<br>Fax: (602)357-4996<br>Capacity : Not Applicable | 09/07/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH373 | HEALTH CARE ALTERNATIVES, INC / LAZONA<br>2110 NORTH LAZONA DRIVE<br>MESA AZ 85203 | Tele (480)284-4418<br>Fax: (480)659-8450<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1661 | HEALTH CARE ALTERNATIVES, INC. / DORCAS HOUSE<br>4025 EAST DORCAS CIRCLE<br>MESA AZ 85206 | Tele (480)830-7757<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2508 | HI -TECH HOME CARE, INC./ BARRY AND MARGIE'S HOUSE<br>1107 EAST LOCKWOOD STREET<br>MESA AZ 85203 | Tele (602)809-4810<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/02/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1686 | HORIZON HEALTH AND WELLNESS, INC. / GENEVA<br>2338 E GENEVA DRIVE<br>TEMPE AZ 85282 | Tele (480)456-0742<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH314 | HORIZON HEALTH AND WELLNESS, INC / DORSEY<br>3706 SOUTH DORSEY<br>TEMPE AZ 85282 | Tele (480)456-6502<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1349 | HORIZON HEALTH AND WELLNESS, INC. / 13TH PLACE<br>1336 WEST 13TH PLACE<br>TEMPE AZ 85283 | Tele (480)831-1539<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1007 | HORIZON HEALTH AND WELLNESS, INC. / FOREST<br>6522 SOUTH FOREST AVENUE<br>TEMPE AZ 85283 | Tele (480)755-3088<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1676 | HORIZON HEALTH AND WELLNESS, INC. / LOMA VISTA #2<br>1807 EAST LOMA VISTA DRIVE<br>TEMPE AZ 85282 | Tele (480)491-1318<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH313 | HORIZON HEALTH AND WELLNESS, INC. / 29TH STREET<br>10010 NORTH 29TH STREET<br>PHOENIX AZ 85028 | Tele (602)493-4955<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/31/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH326 | HORIZON HEALTH AND WELLNESS, INC. / WINCHCOMB<br>1801 E WINCHCOMB DR<br>PHOENIX AZ 85022 | Tele (602)788-4288<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1747 | HORIZON HEALTH AND WELLNESS, INC. / 35TH PLACE<br>13414 N 35TH PL<br>PHOENIX AZ 85032 | Tele (602)788-4288<br>Fax: (480)967-2975<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2420 | JUST ALL ABOUT YOU INC / HELENA 3<br>3244 WEST HELENA DRIVE<br>PHOENIX AZ 85053 | Tele (602)281-6310<br>Fax: (602)595-8420<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2296 | JUST ALL ABOUT YOU, INC / HELENA 2<br>3201 W HELENA DRIVE<br>PHOENIX AZ 85053 | Tele (602)824-9620<br>Fax: (602)466-2770<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2561 | JUST ALL ABOUT YOU, INC / HELENA HOUSE 4<br>17412 N 34TH LN<br>PHOENIX AZ 85053 | Tele (602)281-6310<br>Fax: (602)595-8420<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2111 | JUST ALL ABOUT YOU, INC. / HELENA HOUSE 1<br>308 EAST HELENA DRIVE<br>PHOENIX AZ 85022 | Tele (602)441-5669<br>Fax: (602)595-8420<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1195 | KIDS OUTREACH KIDS, LLC / KIDS OUTREACH KIDS<br>4102 NORTH 63RD DRIVE<br>PHOENIX AZ 85033 | Tele (623)849-1511<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2497 | LAURA PIFER / PIFER GROUP HOME III<br>17522 WEST OCTILLO AVENUE<br>GOODYEAR AZ 85338 | Tele (623)386-5575<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/02/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH425 | LURA TURNER HOMES, INC / LYNWOOD HOUSE<br>317 WEST LYNWOOD<br>PHOENIX AZ 85003 | Tele (602)258-1006<br>Fax: (602)682-6299<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH426 | LURA TURNER HOMES, INC / MARLETTE HOUSE<br>4001 WEST MARLETTE<br>PHOENIX AZ 85019 | Tele (602)973-7658<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2638 | MARC COMMUNITY RESOURCES, INC / MCLELLAN<br>457 S BAHAMA<br>GILBERT AZ 85296 | Tele (480)827-8692<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 05/17/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2661 | MARC COMMUNITY RESOURCES, INC / REDMON<br>1779 S SPARTAN COURT<br>GILBERT AZ 85233 | Tele (480)831-5932<br>Fax: (480)831-5932<br>Capacity : Not Applicable | 09/19/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1943 | MEAR GROUP HOME / MEAR GROUP HOME 1<br>323 E LAGUNA DR<br>TEMPE AZ 85282 | Tele (480)219-1628<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1761 | MEAR GROUP HOME / MEAR GROUP HOME II<br>4604 S LA ROSA DRIVE<br>TEMPE AZ 85282 | Tele (480)699-5219<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2188 | MEAR GROUP HOME / MEAR GROUP HOME III<br>4422 S POPLAR ST<br>TEMPE AZ 85282 | Tele (602)904-0912<br>Fax: (480)704-3162<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2697 | MEAR GROUP HOME / MEAR GROUP HOME IV<br>606 W 15TH ST<br>TEMPE AZ 85281 | Tele (480)659-9362<br>Fax: (480)659-9362<br>Capacity : Not Applicable | 11/21/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1876 | MOUNTAIN VILLAGE GROUP HOMES INC. / BUTTE HOME<br>7721 EAST BUTTE STREET<br>MESA AZ 85207 | Tele (480)699-1643<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2587 | MOUNTAIN VILLAGE GROUP HOMES, INC / BUTTE HOME<br>11171 W CHASE DR<br>AVONDALE AZ 85323 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/25/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2582 | NEXT LEVEL ADULT DEVELOPMENTAL CARE / ARDMORE HOUSE<br>1243 E ARDMORE<br>PHOENIX AZ 85042 | Tele (602)368-8182<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/02/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2662 | NEXT LEVEL ADULT DEVELOPMENTAL CARE / HIDALGO HOUSE<br>2157 W HIDALGO AVE<br>PHOENIX AZ 85041 | Tele (602)633-6643<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/06/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2368 | ON ANGELS WINGS / LATHAM GROUP HOME<br>7431 E LATHAM ST<br>SCOTTSDALE AZ 85257 | Tele (480)718-9661<br>Fax: (480)718-9725<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1516 | ON ANGEL'S WINGS INC / ZOE ELLA GROUP HOME<br>8097 WEST ZOE ELLA WAY<br>PEORIA AZ 85382 | Tele (623)518-6810<br>Fax: (623)780-5692<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2286 | ON ANGELS WINGS INC. / SUNRISE<br>21263 N 92ND LANE<br>PEORIA AZ 85382 | Tele (623)780-5690<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2348 | OPEN ARMS LLC<br>5504 W MOUNTAIN VIEW RD<br>GLENDALE AZ 85302 | Tele (623)915-7583<br>Fax: (602)943-4038<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2183 | OPEN ARMS, LLC / CAROL HOUSE | | | Tele (623)792-5544 | 04/01/2016 to 03/31/2018 |
| | 7603 W HOPE DRIVE | | | Fax: (623)792-5544 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2327 | OPEN ARMS, LLC / CAROLE PLACE | | | Tele (623)249-7588 | 09/01/2015 to 08/31/2017 |
| | 8610 W CAROLE LN | | | Fax: (623)249-7588 | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2297 | OPEN ARMS, LLC / DESERT COVE | | | Tele (602)435-4365 | 03/31/2015 to 03/31/2017 |
| | 5534 W DESERT COVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2596 | OPEN ARMS, LLC / MONTEBELLO PLACE | | | Tele (623)234-4586 | 01/14/2016 to 12/31/2017 |
| | 5265 W CAROL AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1794 | OPEN ARMS, LLC / OMIE'S HOUSE | | | Tele (623)486-3272 | 07/01/2016 to 06/30/2018 |
| | 5353 WEST GARDEN DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2339 | OPEN ARMS, LLC / PASEO PLACE | | | Tele (623)934-0240 | 09/01/2015 to 08/31/2017 |
| | 5622 W MESCAL ST | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2663 | OPEN ARMS, LLC / TRANSITION HOUSE | | | Tele (602)000-0000 | 08/15/2016 to 07/31/2018 |
| | 9618 N 51ST DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2137 | ORION HOMES, LLC / ASTER | | | Tele (602)374-3223 | 10/01/2016 to 09/30/2018 |
| | 4635 W ASTER DRIVE | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1606 | ORION HOMES, LLC / COLUMBINE | | | Tele (623)234-2554 | 10/01/2016 to 09/30/2018 |
| | 4509 WEST COLUMBINE DRIVE | | | Fax: (602)441-3981 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2091 | ORION HOMES, LLC / COLUMBINE #2 | | | Tele (602)687-7883 | 10/01/2016 to 09/30/2018 |
| | 3902 WEST COLUMBINE DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2109 | ORION HOMES, LLC / REMUDA | | | Tele (623)444-6195 | | 10/01/2016 | to | 09/30/2018 |
| | 6786 WEST REMUDA DRIVE | | | Fax: (602)441-3981 | | | | |
| | PEORIA | AZ | 85383 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH2053 | ORION HOMES, LLC / TOWNLEY | | | Tele (623)234-2554 | | 10/01/2016 | to | 09/30/2018 |
| | 5806 WEST TOWNLEY DRIVE | | | Fax: (602)441-3981 | | | | |
| | GLENDALE | AZ | 85302 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH2023 | PIFER GROUP HOMES / PIFER GROUP HOME 2 | | | Tele (480)488-9521 | | 07/01/2016 | to | 06/30/2018 |
| | 31401 NORTH BLACK CROSS ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85262 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH2446 | PLEASANT LIVING FAMILY GROUP HOME LLC / BEAUTIFUL LANE | | | Tele (602)374-7253 | | 10/01/2016 | to | 09/30/2018 |
| | 417 WEST BEAUTIFUL LANE | | | Fax: (623)322-9103 | | | | |
| | PHOENIX | AZ | 85041 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH2599 | PLEASANT LIVING FAMILY GROUP HOME, LLC / RANCHO SANTE FE | | | Tele (623)986-8015 | | 01/21/2016 | to | 12/31/2017 |
| | 12750 W ALVARADO RD | | | Fax: (623)322-9103 | | | | |
| | AVONDALE | AZ | 85392 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2515 | PROVERBS GROUP HOME LLC / CARSON HOUSE<br>2613 WEST MALDONADO ROAD<br>PHOENIX AZ 85041 | Tele (623)266-7899<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/02/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2449 | PROVERBS GROUP HOME LLC / DESERT COVE<br>4737 WEST DESERT COVE<br>GLENDALE AZ 85304 | Tele (623)455-3271<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2156 | PROVERBS GROUP HOME LLC / ENCANTO<br>2326 N 87TH AVE<br>PHOENIX AZ 85037 | Tele (623)000-0000<br>Fax: (602)795-5808<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2549 | PROVERBS GROUP HOME LLC / GREENWAY HOUSE<br>15201 N 35TH DR<br>PHOENIX AZ 85053 | Tele (602)595-2177<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/13/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2652 | PROVERBS GROUP HOME LLC / IDAHO HOUSE<br>1661 S 97TH ST<br>MESA AZ 85209 | Tele (480)272-6574<br>Fax: (602)795-5808<br>Capacity : Not Applicable | 07/12/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2366 | PROVERBS GROUP HOME LLC / PALM LANE<br>2001 N 88TH AVENUE<br>PHOENIX AZ 85037 | Tele (602)000-0000<br>Fax: (602)795-5808<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2547 | PROVERBS GROUP HOME LLC / PENNY HOUSE<br>2009 W NANCY LANE<br>PHOENIX AZ 85041 | Tele (623)377-4966<br>Fax: (602)795-5808<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2336 | PROVERBS GROUP HOME LLC / THOMAS HOUSE<br>9047 W PINCHOT<br>PHOENIX AZ 85037 | Tele (623)271-9550<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2593 | PROVERBS GROUP HOME, LLC / CACTUS<br>2107 W LAUREL LN<br>PHOENIX AZ 85029 | Tele (602)000-0000<br>Fax: (602)795-5808<br>Capacity : Not Applicable | 12/16/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2664 | PROVERBS GROUP HOME, LLC / CARRIE HOUSE<br>3442 E KERRY LN<br>PHOENIX AZ 85050 | Tele (602)633-2254<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/29/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1847 | PROVERBS GROUP HOME, LLC / MALDONADO | | | Tele (602)237-9446 | 11/01/2016 to 10/31/2018 |
| | 4716 WEST MALDONADO | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2684 | PROVERBS GROUP HOME, LLC / THUNDERBIRD HOUSE | | | Tele (623)377-4966 | 10/17/2016 to 09/30/2018 |
| | 5226 W EUGIE AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2584 | RAY OF HOPE, LLC / TED I | | | Tele (602)722-3464 | 11/04/2015 to 10/31/2017 |
| | 28507 N 25TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2351 | RESCARE ARIZONA INC / PIMA HOUSE | | | Tele (623)236-8073 | 10/01/2015 to 09/30/2017 |
| | 8636 W PIMA STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2210 | RESCARE ARIZONA INC / CONFLUENCE HOUSE | | | Tele (623)478-2170 | 07/01/2016 to 06/30/2018 |
| | 4803 N 93RD DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1992 | RESCARE ARIZONA INC / GARDEN HOUSE | | | Tele (623)388-4182 | 07/01/2016 to 06/30/2018 |
| | 11245 WEST CAMPBELL AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2203 | RESCARE ARIZONA INC / GARRISON HOUSE | | | Tele (480)491-5877 | 07/01/2016 to 06/30/2018 |
| | 4423 S KENNETH PLACE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2115 | RESCARE ARIZONA INC / GOODYEAR HOUSE | | | Tele (623)455-9820 | 07/01/2015 to 06/30/2017 |
| | 16285 W TONTO ST | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2489 | RESCARE ARIZONA INC / PLACID HOUSE | | | Tele (623)931-1720 | 05/01/2015 to 01/31/2017 |
| | 1144 EAST TEMPLE COURT | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2307 | RESCARE ARIZONA INC / VOGEL HOUSE | | | Tele (602)464-9707 | 05/01/2015 to 04/30/2017 |
| | 7404 W SOLANO DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2448 | RESCARE ARIZONA, INC / EAGLE POINTE | | | Tele (480)201-9936 | 10/01/2016 to 09/30/2018 |
| | 12870 W WILSHIRE DR | | | Fax: (623)931-1834 | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2620 | RESCARE ARIZONA, INC / FORT SERENITY | | | Tele (480)659-9884 | 04/27/2016 to 03/31/2018 |
| | 2016 E FREMONT DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2692 | RESCARE ARIZONA, INC / HEATHERBRAE HOME | | | Tele (480)201-9936 | 11/23/2016 to 10/31/2018 |
| | 12357 W HEATHERBRAE DR | | | Fax: (623)931-1834 | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1469 | RISE SERVICES, INC / SUNRISE | | | Tele (480)343-3806 | 02/01/2016 to 01/31/2018 |
| | 717 W CATCLAW | | | Fax: (480)917-2034 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2480 | SECOND CHANCE GROUP HOMES / FAITH | | | Tele (623)476-5564 | 01/09/2015 to 01/31/2017 |
| | 13318 NORTH 126TH DRIVE | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2556 | SECOND CHANCE GROUP HOMES LLC / PEACE<br>12413 W ASTER DR<br>EL MIRAGE AZ 85335 | Tele (623)322-5067<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 07/28/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2651 | SECOND CHANCE GROUP HOMES, LLC / CAREFREE<br>12331 DESERT OASIS CIR<br>EL MIRAGE AZ 85335 | Tele (623)476-5564<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 07/20/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2284 | SECOND CHANCE GROUP HOMES, LLC / GRACE<br>14650 W ACAPULCO LANE<br>SURPRISE AZ 85379 | Tele (623)242-6885<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2672 | SECOND CHANCE GROUP HOMES, LLC / HARMONY<br>14773 W BLOOMFIELD<br>SUN CITY AZ 85379 | Tele (623)476-5564<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 09/28/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2666 | SECOND CHANCE GROUP HOMES, LLC / HOPE<br>18104 W DESERT LN<br>SURPRISE AZ 85388 | Tele (623)249-7032<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 09/22/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2673 | SECOND CHANCE GROUP HOMES, LLC / JOY<br>14270 N 134TH LN<br>SURPRISE AZ 85379 | Tele (623)466-7021<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 09/20/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2667 | SECOND CHANCE GROUP HOMES, LLC / SERENITY<br>17302 N 184TH DR<br>SURPRISE AZ 85374 | Tele (623)251-3077<br>Fax: (623)476-7308<br>Capacity : Not Applicable | 09/22/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2634 | SECOND CHANCE GROUP HOMES, LLC / TRANQUILITY<br>11880 W WESTERN AVE<br>AVONDALE AZ 85323 | Tele (623)000-0000<br>Fax: (623)476-5564<br>Capacity : Not Applicable | 05/25/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2682 | SECOND CHANCE GROUP HOMES, LLC / UNITY<br>16903 W CARMEN DR<br>SURPRISE AZ 85388 | Tele (602)476-7308<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2462 | SONORAN SKY COMMUNITY SERVICES / 41ST LANE<br>4134 W MARCO POLO RD<br>GLENDALE AZ 85308 | Tele (623)792-5305<br>Fax: (602)674-0942<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1844 | SONORAN SKY COMMUNITY SERVICES / 56TH AVENUE<br>5671 W HARMONT DR<br>GLENDALE AZ 85302 | Tele (623)398-8479<br>Fax: (602)674-0942<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1171 | SONORAN SKY COMMUNITY SERVICES, INC / 51ST DRIVE<br>19014 NORTH 51ST DRIVE<br>GLENDALE AZ 85308 | Tele (623)780-3583<br>Fax: (602)216-3704<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1697 | SONORAN SKY COMMUNITY SERVICES, INC / ORCHID LANE<br>5710 WEST ORCHID LANE<br>GLENDALE AZ 85302 | Tele (623)937-1567<br>Fax: (602)216-3704<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1702 | SONORAN SKY COMMUNITY SERVICES, INC. / BEHREND<br>4214 W BEHREND<br>GLENDALE AZ 85308 | Tele (623)580-0758<br>Fax: (602)674-0942<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1428 | SONORAN SKY COMMUNITY SERVICES, INC. / EL CAMINITO<br>4508 W EL CAMINITO<br>GLENDALE AZ 85302 | Tele (623)934-3748<br>Fax: (623)674-0749<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2098 | SONORAN SKY COMMUNITY SERVICES, INC. / GRISWOLD<br>3740 WEST GRISWOLD<br>PHOENIX AZ 85051 | Tele (602)283-4976<br>Fax: (602)216-3704<br>Capacity : Not Applicable | 04/30/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1269 | SONORAN SKY COMMUNITY SERVICES, INC. / MARCO POLO<br>4226 W MARCO POLO<br>GLENDALE AZ 85308 | Tele (623)869-6882<br>Fax: (623)674-0749<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2107 | SONORON SKY COMMUNITY SERVICES, INC./ ASTER<br>2036 WEST ASTER DRIVE<br>PHOENIX AZ 85029 | Tele (602)368-7056<br>Fax: (602)216-3704<br>Capacity : Not Applicable | 04/30/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2668 | SPECTRUM HOME HEALTHCARE, LLC / PARADISE LANE HOME<br>625 E PARADISE LANE<br>PHOENIX AZ 85022 | Tele (480)429-2825<br>Fax: (480)423-6993<br>Capacity : Not Applicable | 09/20/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2565 | SPECTRUM HOME HEALTHCARE, LLC / THE HAPPY VALLEY HOUSE<br>25636 N LAWLER LOOP<br>PHOENIX AZ 85083 | Tele (480)429-2825<br>Fax: (480)423-6993<br>Capacity : Not Applicable | 10/07/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1889 | STELLAR HEALTHCARE / STELLAR 2 | | | Tele (480)661-1164 | 06/01/2015 to 05/31/2017 |
| | 9362 EAST SHARON DRIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2349 | STELLAR HEALTHCARE INC / STELLAR 3 | | | Tele (480)659-3552 | 12/01/2015 to 11/30/2017 |
| | 12202 N 64TH ST | | | Fax: (480)659-3576 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2474 | TENDER HEARTS LLC / JOES HOME | | | Tele (623)500-3454 | 01/01/2017 to 12/31/2018 |
| | 11148 WEST MADISEN ELLISE DRIVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2397 | TENDER HEARTS LLC / MOLLY'S HOME | | | Tele (623)594-7728 | 04/01/2016 to 03/31/2018 |
| | 15257 WEST TASHA DRIVE | | | Fax: (623)466-8095 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2566 | TENDER HEARTS, LLC / DESEAN'S HOME | | | Tele (623)217-2368 | 09/16/2015 to 08/31/2017 |
| | 16983 W LUNDBERG ST | | | Fax: (623)466-8095 | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2412 | TENDER HEARTS, LLC / JAMIES HOME<br>10231 E OLLA AVE<br>MESA AZ 85212 | Tele (480)986-6552<br>Fax: (623)466-8095<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1913 | THE CENTERS FOR HABILITATION / 47TH PLACE<br>9611 S 47TH PL<br>PHOENIX AZ 85044 | Tele (480)966-5404<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1912 | THE CENTERS FOR HABILITATION / APOLLO<br>2169 EAST APOLLO AVENUE<br>TEMPE AZ 85283 | Tele (480)491-6194<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1057 | THE CENTERS FOR HABILITATION / CARMEN<br>922 WEST CARMEN STREET<br>TEMPE AZ 85283 | Tele (480)777-7634<br>Fax: (480)730-5214<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH515 | THE CENTERS FOR HABILITATION / COUNTRY CLUB<br>5804 SOUTH COUNTRY CLUB WAY<br>TEMPE AZ 85283 | Tele (480)456-5051<br>Fax: (480)456-0672<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH517 | THE CENTERS FOR HABILITATION / DON CARLOS<br>2245 EAST DON CARLOS<br>TEMPE AZ 85283 | Tele (480)446-7313<br>Fax: (480)730-5214<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1762 | THE CENTERS FOR HABILITATION / FROST<br>1061 EAST FROST<br>TEMPE AZ 85283 | Tele (480)838-0981<br>Fax: (480)755-2432<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH523 | THE CENTERS FOR HABILITATION / MCARTHUR<br>2244 EAST MCARTHUR DRIVE<br>TEMPE AZ 85281 | Tele (480)557-9101<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0689 | THE CENTERS FOR HABILITATION / MCNAIR<br>1535 EAST MCNAIR<br>TEMPE AZ 85283 | Tele (480)609-7361<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1064 | THE CENTERS FOR HABILITATION / MITCHELL GROUP HOME<br>6603 S MITCHELL DR<br>TEMPE AZ 85283 | Tele (480)967-5673<br>Fax: (480)730-5214<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH531 | THE CENTERS FOR HABILITATION / STANDAGE | | | Tele (480)733-3753 | 07/01/2015 to 06/30/2017 |
| | 845 NORTH STANDAGE | | | Fax: (480)730-5214 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH535 | THE CENTERS FOR HABILITATION / TULANE | | | Tele (480)456-9656 | 03/31/2015 to 03/31/2017 |
| | 1849 EAST TULANE | | | Fax: (480)730-5214 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH537 | THE CENTERS FOR HABILITATION / WILLOW | | | Tele (480)956-5404 | 02/28/2015 to 02/28/2017 |
| | 6607 SOUTH WILLOW DRIVE | | | Fax: (480)730-5214 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1143 | THE CENTERS FOR HABILITATION TCH / DEL RIO | | | Tele (480)609-7361 | 07/01/2015 to 06/30/2017 |
| | 2610 E DEL RIO DR | | | Fax: (480)730-5214 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2166 | THE TUNGLAND CORPORTATION / SAHUARO | | | Tele (623)847-4287 | 12/01/2015 to 11/30/2017 |
| | 8915 N 56TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1564 | THE TUNGLAND CORPORATION / PIMA<br>8133 WEST PIMA STREET<br>PHOENIX AZ 85043 | Tele (623)936-6697<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2453 | THE TUNGLAND CORPORATION / 42ND DRIVE<br>13230 NORTH 42ND DRIVE<br>PHOENIX AZ 85029 | Tele (602)494-2725<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2313 | THE TUNGLAND CORPORATION / 47TH AVENUE<br>12029 N 47TH AVENUE<br>GLENDALE AZ 85304 | Tele (602)942-4028<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0787 | THE TUNGLAND CORPORATION / 64TH AVENUE<br>14623 N 64TH AVENUE<br>GLENDALE AZ 85306 | Tele (602)439-8871<br>Fax: (602)606-8065<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2563 | THE TUNGLAND CORPORATION / 69TH DRIVE<br>6402 N 69TH DR<br>GLENDALE AZ 85303 | Tele (623)873-0686<br>Fax: (602)224-9536<br>Capacity : Not Applicable | 09/16/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2578 | THE TUNGLAND CORPORATION / 71ST AVE<br>7103 W SHANGRI LA RD<br>PEORIA AZ 85345 | Tele (480)946-5436<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/23/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH561 | THE TUNGLAND CORPORATION / 79TH DRIVE<br>11219 NORTH 79TH DRIVE<br>PEORIA AZ 85345 | Tele (623)486-4509<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1905 | THE TUNGLAND CORPORATION / ALTA VISTA<br>1932 WEST ALTA VISTA<br>PHOENIX AZ 85041 | Tele (602)276-0597<br>Fax: (602)606-8065<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1465 | THE TUNGLAND CORPORATION / AMBER<br>1326 N AMBER DR<br>MESA AZ 85203 | Tele (480)832-9180<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2206 | THE TUNGLAND CORPORATION / ANGELA<br>1212 W ANGELA ST<br>PHOENIX AZ 85023 | Tele (602)992-7572<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2216 | THE TUNGLAND CORPORATION / AVENGERS<br>5642 W VOGEL AVENUE<br>GLENDALE AZ 85302 | Tele (623)934-0544<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2026 | THE TUNGLAND CORPORATION / BAHAMAS<br>14837 N 25TH DRIVE #3<br>PHOENIX AZ 85023 | Tele (602)375-0837<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH566 | THE TUNGLAND CORPORATION / BECKER<br>4009 E BECKER LANE<br>PHOENIX AZ 85028 | Tele (602)494-7279<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1793 | THE TUNGLAND CORPORATION / BERYL<br>3610 WEST BERYL AVENUE<br>PHOENIX AZ 85051 | Tele (602)938-4473<br>Fax: (602)808-9114<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2614 | THE TUNGLAND CORPORATION / CAMELBACK<br>4815 N 87TH AVE<br>PHOENIX AZ 85053 | Tele (602)375-0559<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/23/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1003 | THE TUNGLAND CORPORATION / CAMPOBELLO | | | Tele (602)866-5088 | 03/01/2016 to 02/28/2018 |
| | 2831 WEST CAMPO BELLO | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1927 | THE TUNGLAND CORPORATION / CARTER HOUSE | | | Tele (602)276-2503 | 08/01/2015 to 07/31/2017 |
| | 2012 W CARTER RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2295 | THE TUNGLAND CORPORATION / CATALINA | | | Tele (480)981-1278 | 02/28/2015 to 02/28/2017 |
| | 5726 E GROVE CIRCLE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2463 | THE TUNGLAND CORPORATION / CHERRY HILLS | | | Tele (623)979-7520 | 12/01/2014 to 12/31/2016 |
| | 6727 WEST CHERRY HILLS DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2399 | THE TUNGLAND CORPORATION / CHRISTY | | | Tele (623)979-7520 | 04/01/2016 to 03/31/2018 |
| | 6403 NORTH CHRISTY DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2557 | THE TUNGLAND CORPORATION / CITRUS | | | Tele (623)463-8403 | 08/11/2015 to 07/31/2017 |
| | 6814 W CITRUS WAY | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH0963 | THE TUNGLAND CORPORATION / COLTER | | | Tele (623)877-2616 | 04/01/2016 to 03/31/2018 |
| | 8524 WEST COLTER ST | | | Fax: (602)808-8067 | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH0814 | THE TUNGLAND CORPORATION / CORSICA | | | Tele (480)963-0510 | 05/01/2016 to 04/30/2018 |
| | 380 N CORSICA PLACE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH1236 | THE TUNGLAND CORPORATION / COYOTE | | | Tele (623)776-9772 | 04/01/2016 to 03/31/2018 |
| | 12025 N 53RD AVE | | | Fax: (602)808-8067 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2024 | THE TUNGLAND CORPORATION / CROWN | | | Tele (602)992-7231 | 07/01/2016 to 06/30/2018 |
| | 4014 W BETHANY HOME RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2506 | THE TUNGLAND CORPORATION / DAVA DRIVE<br>1301 EAST DAVA DRIVE<br>TEMPE AZ 85283 | Tele (602)224-9536<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/04/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2288 | THE TUNGLAND CORPORATION / DEER VALLEY<br>3534 W EUGIE AVENUE<br>PHOENIX AZ 85029 | Tele (623)780-1453<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1177 | THE TUNGLAND CORPORATION / DES MOINES<br>4145 EAST DES MOINES STREET<br>MESA AZ 85205 | Tele (480)854-3471<br>Fax: (602)606-8065<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH584 | THE TUNGLAND CORPORATION / DESERT HILLS<br>5410 WEST DESERT HILLS DRIVE<br>GLENDALE AZ 85304 | Tele (623)487-1315<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1331 | THE TUNGLAND CORPORATION / EL PASO<br>9351 EAST EL PASO STREET<br>MESA AZ 85207 | Tele (480)986-8910<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1053 | THE TUNGLAND CORPORATION / EMILE ZOLA | | | Tele (602)485-4075 | 02/01/2016 to 01/31/2018 |
| | 4422 EAST JOAN D' ARC | | | Fax: (602)808-8067 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2092 | THE TUNGLAND CORPORATION / EVANS | | | Tele (623)463-6775 | 01/31/2015 to 01/31/2017 |
| | 4435 WEST SUNNYSLOPE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2478 | THE TUNGLAND CORPORATION / FREEWAY | | | Tele (602)938-9222 | 01/08/2015 to 01/31/2017 |
| | 2320 WEST FREEWAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2258 | THE TUNGLAND CORPORATION / GELDING | | | Tele (602)943-2833 | 10/01/2016 to 09/30/2018 |
| | 3128 W GELDING | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1563 | THE TUNGLAND CORPORATION / GEORGIA | | | Tele (623)877-9046 | 04/01/2016 to 03/31/2018 |
| | 8569 WEST GEORGIA AVEENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0915 | THE TUNGLAND CORPORATION / GOLD DUST<br>9634 NORTH 94TH AVENUE<br>PEORIA AZ 85345 | Tele (623)979-7891<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0994 | THE TUNGLAND CORPORATION / HEATHERBRAE<br>11131 W HEATHERBRAE DRIVE<br>PHOENIX AZ 85037 | Tele (623)877-8210<br>Fax: (602)606-8065<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2003 | THE TUNGLAND CORPORATION / JAMAICA<br>3701 WEST EL CAMINO DRIVE<br>PHOENIX AZ 85051 | Tele (602)995-0674<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2591 | THE TUNGLAND CORPORATION / JUNIPER<br>3161 W JUNIPER AVE<br>PHOENIX AZ 85053 | Tele (602)849-3385<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/20/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2274 | THE TUNGLAND CORPORATION / KINGS<br>13439 N 16TH AVE<br>PHOENIX AZ 85029 | Tele (602)942-0232<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2204 | THE TUNGLAND CORPORATION / KIVA | | | Tele (480)380-0742 | 06/01/2016 to 05/31/2018 |
| | 9724 E KIVA AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2421 | THE TUNGLAND CORPORATION / LA SALLE | | | Tele (602)268-1128 | 07/01/2016 to 06/30/2018 |
| | 2756 W LA SALLE ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2451 | THE TUNGLAND CORPORATION / LEWIS | | | Tele (480)949-6037 | 11/01/2016 to 10/31/2018 |
| | 6601 E LEWIS AVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2308 | THE TUNGLAND CORPORATION / MADDEN | | | Tele (623)842-8407 | 04/30/2015 to 04/30/2017 |
| | 4027 W HATCHER ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2174 | THE TUNGLAND CORPORATION / MCFADDEN | | | Tele (602)955-0387 | 11/01/2015 to 10/31/2017 |
| | 4011 N 44TH PL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1289 | THE TUNGLAND CORPORATION / MIDWAY<br>7004 W MIDWAY AVENUE<br>GLENDALE AZ 85303 | Tele (623)847-2351<br>Fax: (602)606-8065<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2609 | THE TUNGLAND CORPORATION / MISSOURI<br>5510 NORTH 10TH STREET<br>PHOENIX AZ 85014 | Tele (602)996-6187<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/14/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2268 | THE TUNGLAND CORPORATION / MITCHELL<br>5743 S ROOSEVELT STREET<br>TEMPE AZ 85283 | Tele (480)941-4667<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2227 | THE TUNGLAND CORPORATION / MOUNTAIN VIEW<br>5145 W PURDUE LANE<br>GLENDALE AZ 85302 | Tele (623)931-1084<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2269 | THE TUNGLAND CORPORATION / NANCY<br>4101 E NANCY LN<br>PHOENIX AZ 85042 | Tele (602)438-9350<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2458 | THE TUNGLAND CORPORATION / NORTHVIEW | | | Tele (602)224-5052 | 12/01/2016 to 11/30/2018 |
| | 3740 W NORTHVIEW AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2376 | THE TUNGLAND CORPORATION / ONEIDA | | | Tele (480)598-2730 | 02/01/2016 to 01/31/2018 |
| | 5015 E ONEIDA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH625 | THE TUNGLAND CORPORATION / ONYX | | | Tele (623)939-9231 | 04/01/2016 to 03/31/2018 |
| | 4904 WEST ONYX AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2148 | THE TUNGLAND CORPORATION / ORCHID | | | Tele (623)937-2088 | 09/01/2015 to 08/31/2017 |
| | 5205 W BERYL AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1578 | THE TUNGLAND CORPORATION / PALISADES | | | Tele (602)569-3367 | 05/01/2016 to 04/30/2018 |
| | 4432 WEST GARDEN DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1273 | THE TUNGLAND CORPORATION / PARADISE | | | Tele (623)772-5886 | 03/01/2016 to 02/28/2018 |
| | 4819 NORTH 95TH LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1347 | THE TUNGLAND CORPORATION / PARK COURT | | | Tele (480)917-7038 | 04/01/2016 to 03/31/2018 |
| | 1202 WEST PARK COURT | | | Fax: (602)808-9114 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2027 | THE TUNGLAND CORPORATION / PARKER | | | Tele (602)435-7023 | 12/01/2016 to 11/30/2018 |
| | 6331 WEST CARON STREET | | | Fax: (602)606-8065 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1197 | THE TUNGLAND CORPORATION / PERALTA | | | Tele (480)354-2139 | 04/01/2016 to 03/31/2018 |
| | 8748 EAST PERALTA AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1948 | THE TUNGLAND CORPORATION / PRINCESS | | | Tele (623)931-1108 | 03/01/2016 to 02/28/2018 |
| | 8303 N 56TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2029 | THE TUNGLAND CORPORATION / PURDUE<br>3208 WEST GRANDVIEW AVE<br>PHOENIX AZ 85053 | Tele (602)298-6586<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2405 | THE TUNGLAND CORPORATION / QUAIL<br>3340 W QUAIL AVE<br>PHOENIX AZ 85027 | Tele (623)869-6827<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2055 | THE TUNGLAND CORPORATION / QUEENS<br>9037 NORTH 36TH DRIVE<br>PHOENIX AZ 85051 | Tele (602)504-1829<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1767 | THE TUNGLAND CORPORATION / RED MOUNTAIN<br>510 NORTH 53RD STREET<br>PHOENIX AZ 85008 | Tele (602)275-2661<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2311 | THE TUNGLAND CORPORATION / RIO VISTA<br>16739 RIO VISTA LANE<br>GOODYEAR AZ 85338 | Tele (602)942-0457<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH636 | THE TUNGLAND CORPORATION / ROOSEVELT<br>6844 SOUTH ROOSEVELT STREET<br>TEMPE AZ 85283 | Tele (480)491-3087<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2262 | THE TUNGLAND CORPORATION / ROSE LANE<br>6213 N 36TH AVENUE<br>PHOENIX AZ 85019 | Tele (602)841-0785<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2066 | THE TUNGLAND CORPORATION / SKYHAWK<br>10249 NORTH 65TH AVENUE<br>GLENDALE AZ 85302 | Tele (623)544-4073<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2312 | THE TUNGLAND CORPORATION / ST CATHERINE<br>4521 E ST CATHERINE AVE<br>PHOENIX AZ 85042 | Tele (602)437-6935<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2516 | THE TUNGLAND CORPORATION / SUMMIT PLACE<br>2502 WEST SUMMIT PLACE<br>CHANDLER AZ 85224 | Tele (602)224-5052<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/06/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1826 | THE TUNGLAND CORPORATION / SURREY | | | Tele (602)841-1508 | 03/01/2016 to 02/28/2018 |
| | 3779 WEST SURREY AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH647 | THE TUNGLAND CORPORATION / SWEETWATER | | | Tele (602)942-1852 | 03/01/2016 to 02/28/2018 |
| | 2534 W SWEETWATER AVE | | | Fax: (602)952-2073 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1348 | THE TUNGLAND CORPORATION / TEMPE GROVE | | | Tele (480)785-0350 | 04/01/2016 to 03/31/2018 |
| | 932 W LODGE DR | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2606 | THE TUNGLAND CORPORATION / THUNDERBIRD | | | Tele (600)000-0000 | 12/23/2015 to 11/30/2017 |
| | 13810 N 34TH AVE | | | Fax: (602)224-9536 | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2180 | THE TUNGLAND CORPORATION / TILLMAN | | | Tele (623)934-1822 | 02/01/2016 to 01/31/2018 |
| | 4918 WEST TOWNLEY | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0914 | THE TUNGLAND CORPORATION / VAUGHN | | | Tele (480)756-6722 | 04/01/2016 to 03/31/2018 |
| | 648 WEST VAUGHN STREET | | | Fax: (602)994-8749 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2178 | THE TUNGLAND CORPORATION / VOGEL | | | Tele (623)931-1625 | 02/01/2016 to 01/31/2018 |
| | 5524 W VOGEL | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2093 | THE TUNGLAND CORPORATION / WARNER | | | Tele (623)847-8133 | 01/31/2015 to 01/31/2017 |
| | 4109 WEST SELDON LANE | | | Fax: (602)792-5396 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2163 | THE TUNGLAND CORPORATION / WILLOW | | | Tele (602)843-1584 | 12/01/2015 to 11/30/2017 |
| | 13150 N 22ND AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1506 | THE TUNGLAND CORPRATION / TARO | | | Tele (623)587-9386 | 02/01/2016 to 01/31/2018 |
| | 413 EAST TARO LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2159 | THE TUNGLAND GROUP / CACTUS | | | Tele (602)277-0406 | 10/01/2015 to 09/30/2017 |
| | 522 W TURNEY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1504 | THETUNGLAND CORPORATION / CANCUN | | | Tele (602)923-3597 | 02/01/2016 to 01/31/2018 |
| | 4027 E DESERT COVE AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1937 | TINA LORING GROUP HOME / TINA LORING GROUP HOME 3 | | | Tele (602)237-0226 | 11/01/2015 to 10/31/2017 |
| | 6323 S 69TH GLEN | | | Fax: (623)431-0023 | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2040 | TINA LORING GROUP HOME, LLC / NOVAK WAY | | | Tele (602)682-7700 | 09/01/2016 to 08/31/2018 |
| | 5025 WEST NOVAK WAY | | | Fax: (602)900-4128 | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2658 | TRACK HOUSE LIFE, LLC / AMELIA HOUSE | | | Tele (602)326-4627 | 08/09/2016 to 07/31/2018 |
| | 820 W AMELIA AVE | | | Fax: (602)258-4996 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2600 | TRACK HOUSE LIFE, LLC / BETHANY HOUSE 1 | | | Tele (602)354-3922 | 01/21/2016 to 12/31/2017 |
| | 6107 N 19TH AVE | | | Fax: (602)258-4996 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2619 | TRACK HOUSE LIFE, LLC / GLENDALE HOUSE | | | Tele (602)326-4627 | 04/18/2016 to 03/31/2018 |
| | 6634 N 16TH DR | | | Fax: (602)258-4996 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2681 | TRACK HOUSE LIFE, LLC / KRALL HOUSE | | | Tele (602)328-4627 | 11/01/2016 to 10/31/2018 |
| | 3015 W KRALL ST | | | Fax: (602)258-4996 | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2640 | TRACK HOUSE LIFE, LLC / OSBORN HOUSE | | | Tele (602)326-4627 | 05/25/2016 to 04/30/2018 |
| | 3224 N 20TH PLACE | | | Fax: (602)258-4996 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1341 | TRILOGY, INC. / 45TH | | | Tele (602)550-2261 | 06/01/2015 to 05/31/2017 |
| | 16231 N 45TH AVE | | | Fax: (602)595-7640 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH662 | VALLEY IFE / 39TH AVENUE GROUP HOME | | | Tele (602)843-1033 | | 10/01/2016 | to | 09/30/2018 |
| | 14208 NORTH 39TH AVENUE | | | Fax: (602)216-6370 | | | | |
| | PHOENIX | AZ | 85053 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH660 | VALLEY LIFE / 16TH AVE GROUP HOME | | | Tele (602)216-9455 | | 10/01/2016 | to | 09/30/2018 |
| | 8402 NORTH 16TH AVENUE | | | Fax: (602)216-6370 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1048 | VALLEY LIFE / 56TH DRIVE | | | Tele (623)930-4954 | | 10/01/2016 | to | 09/30/2018 |
| | 10533 N 56TH AVE | | | Fax: (602)216-6370 | | | | |
| | GLENDALE | AZ | 85302 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH665 | VALLEY LIFE / 57TH DR GROUP HOME | | | Tele (623)439-5140 | | 10/01/2016 | to | 09/30/2018 |
| | 15619 NORTH 57TH DRIVE | | | Fax: (602)216-6370 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1018 | VALLEY LIFE / ALEX GROUP HOME | | | Tele (623)566-6733 | | 10/01/2016 | to | 09/30/2018 |
| | 9415 WEST ALEX AVE | | | Fax: (602)216-6370 | | | | |
| | PEORIA | AZ | 85382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH668 | VALLEY LIFE / BROWN GROUP HOME | | | Tele (623)930-5332 | 10/01/2016 to 09/30/2018 |
| | 4925 W BROWN ST | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH0764 | VALLEY LIFE / CAROL GROUP HOME | | | Tele (623)930-7993 | 10/01/2016 to 09/30/2018 |
| | 4509 WEST CAROL AVENUE | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH672 | VALLEY LIFE / ESTRID GROUP HOME | | | Tele (602)485-0199 | 10/01/2016 to 09/30/2018 |
| | 5743 EAST ESTRID AVE | | | Fax: (602)216-6370 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH674 | VALLEY LIFE / EVERGREEN GROUP HOME | | | Tele (623)937-2447 | 10/01/2016 to 09/30/2018 |
| | 8418 NORTH 57TH DRIVE | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH675 | VALLEY LIFE / FRIER GROUP HOME | | | Tele (623)931-1748 | 10/01/2016 to 09/30/2018 |
| | 4707 WEST FRIER | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH676 | VALLEY LIFE / GLENN GROUP HOME | | | Tele (602)906-1911 | | 10/01/2016 | to | 09/30/2018 |
| | 847 WEST GLENN DRIVE | | | Fax: (602)216-6370 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH677 | VALLEY LIFE / HANA MAUI GROUP HOME | | | Tele (602)866-0335 | | 10/01/2016 | to | 09/30/2018 |
| | 15201 NORTH HANA MAUI | | | Fax: (602)216-6370 | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH678 | VALLEY LIFE / HAYWARD GROUP HOME | | | Tele (623)435-5689 | | 10/01/2016 | to | 09/30/2018 |
| | 4649 WEST HAYWARD CIRCLE | | | Fax: (602)216-6370 | | | | |
| | GLENDALE | AZ | 85301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH679 | VALLEY LIFE / HEARN GROUP HOME | | | Tele (602)439-9595 | | 10/01/2016 | to | 09/30/2018 |
| | 5626 WEST HEARN | | | Fax: (602)216-6370 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| DDH680 | VALLEY LIFE / KUSSELL GROUP HOME | | | Tele (623)435-1541 | | 10/01/2016 | to | 09/30/2018 |
| | 5752 W BELMONT AVE | | | Fax: (602)216-6370 | | | | |
| | GLENDALE | AZ | 85301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH682 | VALLEY LIFE / LARKSPUR GROUP HOME | | | Tele (602)993-1521 | 10/01/2016 to 09/30/2018 |
| | 3123 WEST LARKSPUR DRIVE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH683 | VALLEY LIFE / MARCONI GROUP HOME | | | Tele (602)863-3498 | 10/01/2016 to 09/30/2018 |
| | 2356 WEST MARCONI AVE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH684 | VALLEY LIFE / PHELPS GROUP HOME | | | Tele (602)942-8584 | 10/01/2016 to 09/30/2018 |
| | 16801 NORTH 47TH AVENUE | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1996 | VALLEY LIFE / THUNDERBIRD GROUP HOME | | | Tele (602)996-0751 | 10/01/2016 to 09/30/2018 |
| | 5812 E THUNDERBIRD | | | Fax: (602)216-6370 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1027 | VALLEY LIFE / VOLTAIRE GROUP HOME | | | Tele (623)878-5420 | 10/01/2016 to 09/30/2018 |
| | 7746 WEST VOLTAIRE | | | Fax: (602)216-6370 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH663 | VALLEYLIFE / 40TH AVE GROUP HOME | | | Tele (623)938-8988 | 10/01/2016 to 09/30/2018 |
| | 10207 NORTH 40TH AVENUE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH666 | VALLEYLIFE / 6TH PLACE GROUP HOME | | | Tele (602)678-4464 | 10/01/2016 to 09/30/2018 |
| | 8031 NORTH 6TH PLACE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH671 | VALLEYLIFE / DESERT COVE | | | Tele (602)789-8499 | 06/01/2016 to 05/31/2018 |
| | 3002 WEST DESERT COVE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH673 | VALLEYLIFE / EVANS GROUP HOME | | | Tele (602)938-3416 | 12/01/2016 to 11/30/2018 |
| | 5102 WEST EVANS | | | Fax: (602)216-6370 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH681 | VALLEYLIFE / LANE GROUP HOME | | | Tele (602)435-1695 | 10/01/2016 to 09/30/2018 |
| | 3937 WEST LANE | | | Fax: (602)216-6370 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1022 | VALLEYLIFE / TONTO GROUP HOME<br>5239 WEST TONTO ROAD<br>GLENDALE AZ 85308 | Tele (623)566-3904<br>Fax: (602)216-6370<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2294 | VEMA CORPORATION / VILLA ENCANTO #155<br>13602 N 44TH ST #155<br>PHOENIX AZ 85032 | Tele (602)293-3697<br>Fax: (602)368-6355<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1137 | VEMA CORPORATION / VILLA ENCANTO #156<br>13602 N 44TH ST #156<br>PHOENIX AZ 85032 | Tele (602)293-3697<br>Fax: (602)368-6355<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2624 | WOODWARD FOUNDATION FOR THE DISABLED, LLC / TEMPE GROUP HOME<br>1822 E MANHATTON DR<br>TEMPE AZ 85282 | Tele (480)347-0738<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/26/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2541 | YOUR CHOICE GROUP HOME LLC / YOUR CHOICE GROUP HOME LLC<br>8939 NORTH 10TH STREET<br>PHOENIX AZ 85020 | Tele (480)467-9714<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/19/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2519 | ZION COMPASSION CARE LLC / MT MORIAH<br>353 WEST THOMPSON PLACE<br>CHANDLER AZ 85286 | Tele (480)217-1058<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/15/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2517 | ZION COMPASSION CARE LLC / MT OLIVET<br>7326 NORTH 86TH LANE<br>GLENDALE AZ 85305 | Tele (480)217-1056<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/10/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2513 | ZION COMPASSION CARE, LLC / MT<br>11403 E DRAGOON AVE<br>MESA AZ 85208 | Tele (480)233-2099<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/15/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2685 | ZION COMPASSION CARE, LLC / MT CALVARY<br>2702 E TORRE PINES LN<br>CHANDLER AZ 85249 | Tele (480)233-2099<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/18/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2686 | ZION COMPASSION CARE, LLC / MT CARMEL<br>2637 E HICKORY ST<br>GILBERT AZ 85298 | Tele (480)333-2099<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/09/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8848 | DENNIS, LEILANI E | | | Tele (623)876-2101 | 06/01/2016 to 05/31/2018 |
| | 13041 N DELWEBB BLVD | | | Fax: (623)876-2393 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7605 | ADAMOVICH, STEPHANIE L | | | Tele (602)000-0000 | 02/01/2016 to 01/31/2018 |
| | PO BOX 870102 - 975 S MYRTLE AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6278 | ADAMS, CHRISTINA M | | | Tele (602)944-3311 | 09/01/2016 to 08/31/2018 |
| | 50 DUNLAP AVE STE #102 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9881 | ALICIA COLLEEN NANCE | | | Tele (602)688-6500 | 03/14/2016 to 03/13/2018 |
| | 3805 E BELL RD, STE 5800 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9479 | ANDERSON, ALORA DANIELLE | | | Tele (415)000-0000 | 06/18/2015 to 06/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5254 | ANNE PATRICIA TEIXEIRA | | | Tele (480)000-0000 | 06/29/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9693 | APARNA RAO | | | Tele (480)965-2373 | 09/04/2015 to 09/30/2017 |
| | 975 S MYRTLE AVE, LATTIE F COOR HALL | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4731 | ARISS, AMY L | | | Tele (480)965-2373 | 07/01/2016 to 06/30/2018 |
| | 975 S MYRTLE AVE COOR HALL 2351A | | | Fax: (480)965-0076 | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4099 | BAJUSCAK, LESLIE D. | | | Tele (602)258-0298 | 03/01/2016 to 02/28/2018 |
| | 515 W BUCKEYE ROAD, #106 | | | Fax: (602)254-8401 | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1804 | BALTODANO, SHELLEY L. | | | Tele (480)472-0510 | 07/01/2016 to 06/30/2018 |
| | MESA PUBLIC SCHOOLS | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6116 | BARY EARL WILLIAMS | | | Tele (480)245-6055 | 03/21/2016 to 03/31/2018 |
| | 5010 E WARNER RD, STE 114 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5905 | BAYES, CARLIE L. | | | Tele (785)000-0000 | 12/01/2016 to 12/31/2017 |
| | NO EMPLOYER ADDRESS SPECFIED | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA978 | BEAGLE, CHRISTINE E. | | | Tele (480)451-0220 | 01/01/2016 to 12/31/2017 |
| | 9777 N, 91ST ST SUITE 101 | | | Fax: (480)661-5625 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5111 | BEATRIZ O. WEGE | | | Tele (480)273-8688 | 08/01/2016 to 07/31/2018 |
| | 8952 E DESERT COVE AVE STE 205 | | | Fax: (480)273-8689 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA907 | BELUS, GAIL S. | | | Tele (480)412-4099 | 01/01/2016 to 12/31/2017 |
| | 1400 S DOBSON RD | | | Fax: (480)412-4013 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1507 | BERRY, JANETTE M. | | | Tele (480)273-8680 | 03/01/2016 to 02/28/2018 |
| | 4140 E BASELINE RD SUITE 211 | | | Fax: (480)306-7683 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1454 | BLAYLOCK, DEBORAH J. | | | Tele (602)564-6204 | 01/01/2016 to 12/31/2017 |
| | 5620 W THUNDERBIRD RD, STE F-1 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6250 | BODIE, ERICA M | | | Tele (480)397-2800 | 07/01/2016 to 06/30/2018 |
| | 3285 S VAL VISTA DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8090 | BOGLE, JAMIE M | | | Tele (480)301-5256 | 12/01/2015 to 11/30/2017 |
| | 13400 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8541 | BOHN, AMANDA E. | | | Tele (480)513-0336 | 09/01/2016 to 08/31/2018 |
| | 9097 E DESERT COVE STE 200 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7335 | BRESHIN, REBECCA FERENCE | | | Tele (602)224-5970 | 09/01/2016 to 08/31/2018 |
| | 3104 E INDIAN SCHOOL RD, #120 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9236 | BRIANNE ELIZABETH FINK | | | Tele (480)556-1756 | 02/02/2015 to 02/28/2017 |
| | 9777 N 91ST ST STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1849 | BUCK, TABITHA C. PARENT | | | Tele (480)219-6021 | 02/01/2016 to 01/31/2018 |
| | 5850 EAST STILL CIRCLE | | | Fax: (480)219-6110 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6264 | BURKE, ASHLEY E | | | Tele (602)222-6412 | 08/01/2016 to 07/31/2018 |
| | 650 E INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7242 | BUSEN, JACQUELINE E. | | | Tele (480)965-4616 | 05/01/2016 to 05/31/2018 |
| | 975 S MYRTLE AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7782 | CAGINGIN, ARMI KRISPY C. | | | Tele (480)397-2898 | 06/01/2016 to 05/31/2018 |
| | 3285 S VAL VISTA DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5675 | CAROL ERICKSON CARRILLO | | | Tele (480)342-2645 | 10/01/2016 to 09/30/2018 |
| | 5779 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10227 | CAROLINE ALCOTT LINDSEY | | | Tele (602)000-0000 | 08/29/2016 to 08/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6474 | CARR, KRISTEN M. | | | Tele (623)266-8490 | 10/01/2016 to 09/30/2018 |
| | 13985 WEST GRAND AVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA486 | CARTER, RITA GAIL | | | Tele (602)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (928)000-0000 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA892 | CEVETTE, MICHAEL J. | | | Tele (480)342-2983 | 02/01/2016 to 01/31/2018 |
| | 13400 E SHEA BLVD | | | Fax: (480)301-9165 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9760 | CHELSEA DANIELLE GIBBONS | | | Tele (808)000-0000 | 11/13/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9495 | CHENIER, LAURA JEAN | | | Tele (480)558-5306 | 06/25/2015 to 06/30/2017 |
| | 225 S DOBSON RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9643 | CHRISTINE RAE BURRIS | | | Tele (619)000-0000 | 08/19/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1776 | CLARIN, GAIL PADISH | | | Tele (480)412-4099 | 12/01/2015 to 11/30/2017 |
| | 1400 S DOBSON | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1316 | CLARK, KRISTEN M. | | | Tele (520)000-0000 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1924 | CLARK, SHANNON N. | | | Tele (602)222-6412 | 10/01/2015 to 09/30/2017 |
| | 650 E INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1137 | CLARK, STEPHANIE E. | | | Tele (602)866-0147 | 03/01/2016 to 02/28/2018 |
| | 13934 N 59TH AVE STE 120 | | | Fax: (602)547-9644 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1666 | CLARKE, JENNIFER R. | | | Tele (602)257-4228 | 02/01/2016 to 01/31/2018 |
| | 1515 N 9TH STREET #B | | | Fax: (602)277-9550 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9937 | CLIFFORD RYAN OLSON | | | Tele (602)277-4327 | 07/08/2016 to 07/31/2018 |
| | 2627 N 3RD STREET SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1973 | CONROY, KELLY P. | | | Tele (480)301-5351 | 03/01/2016 to 02/28/2018 |
| | 13400 E SHEA BLVD | | | Fax: (480)301-9165 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8814 | COSKEY, JOSEPH C | | | Tele (251)366-9178 | 06/01/2016 to 05/31/2018 |
| | NO NMAE GIVEN | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8236 | CRAMMER, KATHRYN C. | | | Tele (575)000-0000 | 04/01/2016 to 03/31/2018 |
| | NO EMPLOYER SPECIDIED | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8278 | DABROWSKI, PATRICIA | | | Tele (480)265-8057 | 06/01/2016 to 05/31/2018 |
| | 5850 EAST STILL CIRCLE | | | Fax: (480)219-6124 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1359 | DARLAND, JULIE F. | | | Tele (602)512-3251 | 06/01/2016 to 05/31/2018 |
| | 3141 N 3RD AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1713 | DAVIS, CAROL M. | | | Tele (602)914-1520 | 04/01/2016 to 03/31/2018 |
| | 3141 NORTH 3RD AVENUE SUITE 100 | | | Fax: (602)406-6310 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA747 | DAY, DANA L. | | | Tele (602)265-9000 | 01/01/2016 to 12/31/2017 |
| | 333 W THOMAS RD STE 208A | | | Fax: (602)528-1901 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8426 | DEWSNUP - MORTENSEN, SHANNA | | | Tele (623)428-0727 | 07/01/2016 to 06/30/2018 |
| | 8877 WEST UNION HILLS DRIVE SUITE 350 | | | Fax: (623)738-3918 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA357 | DEXTER, STEPHEN R. | | | Tele (602)863-4203 | 04/01/2016 to 03/31/2018 |
| | 5750 W THUNDERBIRD STE F620 | | | Fax: (602)863-4216 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10086 | DIANA ROSE WARNCKE | | | Tele (480)753-1459 | 06/13/2016 to 06/30/2018 |
| | 5110 E WARNER RD STE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9157 | DIANE MARIE COLE | | | Tele (417)000-0000 | 10/01/2016 to 09/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2043 | DIPUCCIO, ADAM | | | Tele (480)218-1328 | 07/01/2016 to 06/30/2018 |
| | 5202 E MAIN ST STE 105 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA531 | DOBBINS, EDWARD A, | | | Tele (602)978-5187 | 12/01/2015 to 11/30/2017 |
| | 5757 W THUNDERBIRD ROAD SUITE E 156 | | | Fax: (602)978-0776 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1934 | ECKLES, JENNIFER L. | | | Tele (602)222-6412 | 12/01/2015 to 11/30/2017 |
| | 650 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1707 | EICHORST, CAROL M. | | | Tele (602)771-5200 | 03/01/2016 to 02/28/2018 |
| | 2051 W NORTHERN AVE #200 | | | Fax: (602)544-1704 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4890 | ELLIS, ANNA M | | | Tele (480)807-5410 | 11/01/2015 to 10/31/2017 |
| | 1237 S VAL VISTA | | | Fax: (480)396-2590 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10109 | ENOCH JOSEPH COX | | | Tele (801)486-9309 | 06/20/2016 to 06/30/2018 |
| | 7373 E DOUBLETREE RANCH RD STE 165 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4270 | ERICA JEAN WILLIAMS | | | Tele (480)965-2373 | 09/01/2016 to 08/31/2018 |
| | PO BOX 870102 | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7047 | ERIN MICHELLE WALKER | | | Tele (602)576-2988 | 01/01/2016 to 12/31/2017 |
| | 11811 N TATUM BLVD STE 3031 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8709 | ESKWITT, DONNA L. | | | Tele (714)692-2270 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTIC ADDRESS NOT REGISTERED | | | Fax: (714)685-1089 | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8827 | EYDE, LYNNMARRIE | | | Tele (602)933-0905 | 06/01/2016 to 05/31/2018 |
| | 1919 E THOMAS RD | | | Fax: (602)933-2470 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5560 | FANNING, ROBERT J. | | | Tele (602)933-0905 | 07/01/2016 to 06/30/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7411 | FARROW, MELISSA D | | | Tele (602)944-3311 | 06/01/2016 to 05/31/2018 |
| | 50 E DUNLAP AVE STE 102 | | | Fax: (602)944-1968 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6998 | FATEH, SADAF | | | Tele (602)690-9669 | 11/01/2015 to 10/31/2017 |
| | 1492 SMILL AVE STE 301 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6608 | FIORE, DEIDRE L | | | Tele (480)820-1200 | 04/01/2016 to 03/31/2018 |
| | 2131 EAST SOUTHERN | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1559 | FLYNN, DEBORAH A. | | | Tele (602)933-0845 | 10/01/2015 to 09/30/2017 |
| | 1919 E THOMAS RD AUDIOLOGY DEPARTMENT | | | Fax: (602)546-0849 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7704 | FOX, ABBY | | | Tele (480)684-1080 | 04/01/2016 to 03/31/2018 |
| | 8752 E VIA DE COMMERCIO | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1883 | FOX-HURKETT, JOAN | | | Tele (602)277-5551 | 06/01/2016 to 05/31/2018 |
| | 650 EAST INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1798 | FYNES, CASSANDRA M. | | | Tele (480)456-0176 | 03/01/2016 to 02/28/2018 |
| | 2058 S DOBSON ROAD SUITE 9 | | | Fax: (480)302-4165 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4977 | GABLER, CHRISTINA | | | Tele (480)218-1328 | 09/01/2016 to 08/31/2018 |
| | 5202 E MAIN ST #105 | | | Fax: (480)218-1330 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9463 | GARZA, KRISTINA ELIZABETH | | | Tele (480)753-1459 | 05/14/2015 to 05/31/2017 |
| | VALLEY ENT | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA1505 | GATES, KIMBERLY R. | | | Tele (480)981-3384 | 10/01/2015 to 09/30/2017 |
| | 6553 E BAYWOOD AVE SUITE 104 | | | Fax: (480)924-8944 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA7570 | GAUTEREAUX, ELIZABETH A | | | Tele (480)558-5306 | 12/01/2015 to 11/30/2017 |
| | 225 S DOBSON ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA1725 | GREEN, SHEILA C. | | | Tele (480)833-4330 | 05/01/2016 to 04/30/2018 |
| | 2501 E SOUTHERN SUITE 20 | | | Fax: (480)833-1902 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA852 | GREGORY ROBERT MOORE | | | Tele (623)825-0999 | 03/01/2016 to 02/28/2018 |
| | 10505 W THUNDERBIRD BLVD SUITE 114 | | | Fax: (623)876-6917 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1797 | GREGORY, REBECCA S. | | | Tele (480)730-7232 | 03/01/2016 to 02/28/2018 |
| | 3205 SOUTH RURAL RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1822 | GROSSTICK, JENNIFER A. | | | Tele (623)523-8573 | 10/01/2015 to 09/30/2017 |
| | 11405 N GREER RANCH PKWY | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1759 | GROTSKY, CANDICE L. | | | Tele (480)464-6870 | 12/01/2015 to 11/30/2017 |
| | 1840 SOUTH STAPELY DRIVE SUITE 101 | | | Fax: (480)464-6943 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4117 | GRUSECKI, JAMIE L. | | | Tele (623)583-1737 | 04/01/2016 to 03/31/2018 |
| | 12691 W SMOKEY DR STE 131 | | | Fax: (623)583-0607 | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8536 | GUERRA, HEATHER IRENE | | | Tele (480)389-2428 | 09/01/2016 to 08/31/2018 |
| | 6262 E BROADWAY STE 103 | | | Fax: (480)981-2747 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6015 | HALE, TROY D | | | Tele (480)265-8067 | 08/01/2016 to 07/31/2018 |
| | 5850 E STILL CIRCLE | | | Fax: (480)656-6316 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4669 | HALES, LAINIE DEE ANN | | | Tele (480)273-8680 | 03/01/2016 to 02/28/2018 |
| | 4140 E BASELINE ROAD SUITE 211 | | | Fax: (480)833-3040 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7844 | HALTERMAN, KELLY JEAN | | | Tele (602)866-0147 | 07/01/2016 to 06/30/2018 |
| | 13934 E 59TH AVE STE 120 | | | Fax: (623)535-1525 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1986 | HAMILA, DEBRA L. | | | Tele (480)684-1080 | 05/01/2016 to 04/30/2018 |
| | 8752 EAST VIA DE COMMERCIO SUITE #1 | | | Fax: (480)684-1081 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1376 | HANSEN, KIM LAMBERT | | | Tele (602)257-4228 | 03/01/2016 to 02/28/2018 |
| | 1515 NORTH 9TH STREET #B | | | Fax: (602)252-6416 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8621 | HARDING, MOLLIE M | | | Tele (480)412-4099 | 11/01/2015 to 10/31/2017 |
| | BANNER DESERT MEDICAL CENTER | | | Fax: (480)412-4103 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9477 | HAROLD ANDREW COUCH | | | Tele (602)633-3848 | 06/05/2015 to 06/30/2017 |
| | 9250 N 3RD ST, STE 4010 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA718 | HARPER, SANDRA ANN | | | Tele (480)838-1212 | 04/01/2016 to 03/31/2018 |
| | 10 S KYRENE ROAD SUITE 1 | | | Fax: (480)838-4334 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5873 | HAWKINS, ANDREA J | | | Tele (480)412-6349 | 06/01/2016 to 05/31/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1730 | HENRIE, CHRISTINA J. | | | Tele (602)512-3214 | 03/01/2016 to 02/28/2018 |
| | 3141 N 3RD AVE STE 100 | | | Fax: (602)468-4516 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA815 | HEOB, WILLIAM G. | | | Tele (480)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9171 | HIXSON, NAOMI HIMMITA | | | Tele (405)000-0000 | 06/01/2015 to 06/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8548 | HOWARD, NATACIA | | | Tele (480)684-1080 | 09/01/2016 to 08/31/2018 |
| | 8752 E VIA DE COMMERCIO | | | Fax: (480)684-1081 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1406 | HUFF, STEVEN J. | | | Tele (602)843-4844 | 01/01/2016 to 12/31/2017 |
| | 16841 N 31ST AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4746 | HUNSAKER, MELISSA MILLER | | | Tele (623)234-4640 | 06/01/2016 to 05/31/2018 |
| | 14877 WEST BELL ROAD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7986 | HUNT, KRISTINE E. | | | Tele (623)251-2884 | 09/01/2016 to 08/31/2018 |
| | 13985 W GRAND AVE SUITE 101 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8916 | IMBODEN, JENNIFER L | | | Tele (602)263-1200 | 07/01/2016 to 06/30/2018 |
| | 4212 N 16TH STREET | | | Fax: (602)263-1635 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10110 | JACQUELYNN MARIE DEY | | | Tele (602)277-4327 | 09/08/2016 to 09/07/2018 |
| | 2627 NORTH 3RD STREET SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10176 | JANINA JANELL JEFFERSON | | | Tele (480)497-3285 | 08/16/2016 to 08/15/2018 |
| | 6124 E BROWN ROAD STE 102 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1662 | JEANETTE MARIE FITZKE | | | Tele (623)692-3866 | 10/01/2016 to 09/30/2018 |
| | AZ PRACTICE ADDR REGISTERED PRIVATE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10282 | JENNIE LYNN MOLLERUP | | | Tele (623)445-5000 | 09/12/2016 to 09/11/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10082 | JENNIFER ELISABETH GONZALEZ | | | Tele (310)000-0000 | 06/07/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA0060 | JESSEE, TINA J. | | | Tele (480)497-0780 | 05/01/2016 to 04/30/2018 |
| | 201 W GUADALUPE RD SUITE 315 | | | Fax: (480)497-0790 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5875 | JOHNSON II, GARY M. | | | Tele (480)429-0026 | 07/01/2016 to 06/30/2018 |
| | 7025 E MCDOWELL RD STE 1 C | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1308 | JOHNSON, DARRYL E. | | | Tele (480)335-2928 | 04/01/2016 to 03/31/2018 |
| | 19423 R H JOHNSON BLVD 127 | | | Fax: (480)391-8667 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA673 | JONES, CYNTHIA W. | | | Tele (877)848-9962 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5106 | JUVAN-SMITH, JILL M. | | | Tele (480)894-5550 | 11/01/2015 to 10/31/2017 |
| | 1492 S MILL AVE STE 301 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5822 | KAO-HUTT, PATRICIA L. | | | Tele (480)652-0680 | 04/01/2016 to 03/31/2018 |
| | 15825 SOUTH 46TH ST #127 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9182 | KARIANNE HELEN BARWICK | | | Tele (480)472-0506 | 11/01/2016 to 10/31/2018 |
| | MESA PUBLIC SCHOOLS | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5812 | KELLY ELIZABETH HERNANDEZ | | | Tele (480)558-5306 | 04/01/2016 to 03/31/2018 |
| | 225 S DOBSON RD | | | Fax: (480)558-5307 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10238 | KELLY MARIE KOLONAY | | | Tele (412)000-0000 | 08/18/2016 to 08/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA9474 | KELLY MICHELLE LEWIS | | | Tele (480)429-0026 | 05/29/2015 to 05/31/2017 |
| | 7025 E MCDOWELL RD, STE 1 C | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA5999 | KELSO, CHRISTINA M | | | Tele (480)000-0000 | 08/01/2016 to 07/31/2018 |
| | 11829 S 46TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA1916 | KIMBERLY SUE NOLDE | | | Tele (480)273-8680 | 09/01/2016 to 08/31/2018 |
| | 4140 E BASELINE RD SUITE 211 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA1303 | KNIGHTON, ROGER T. | | | Tele (480)969-3775 | 10/01/2015 to 09/30/2017 |
| | 2058 S DOBSON RD #9 | | | Fax: (480)820-3309 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1468 | KOCHMAN, MARY KAY | | | Tele (480)899-0076 | 02/01/2016 to 01/31/2018 |
| | 595 N DOBSON STE D 79 | | | Fax: (480)786-0152 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7112 | KOEHN, KAREN L | | | Tele (480)948-2056 | 11/01/2015 to 10/31/2017 |
| | 6565 E GREENWAY PARKWAY #101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4551 | KRAUSE, JENNIFER M. | | | Tele (480)614-5405 | 06/01/2016 to 05/31/2018 |
| | 9097 DESERT COVE STE 260 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2019 | KRISTALOVICH, ANDREA S | | | Tele (602)938-3205 | 10/01/2016 to 09/30/2018 |
| | 5750 W THUNDERBIRD A-100 | | | Fax: (602)938-5799 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2024 | KRISTALOVICH, KEVIN A. | | | Tele (623)535-8770 | 01/01/2016 to 12/31/2017 |
| | 2700 N 140TH AVE SUITE 107 | | | Fax: (623)535-8771 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9192 | KRISTI ANN PETERSEN | | | Tele (602)263-1200 | 12/01/2016 to 11/30/2018 |
| | 4212 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1771 | KRUPPA, RACHEL E. | | | Tele (480)472-0508 | 10/01/2015 to 09/30/2017 |
| | 1025 N COUNTRY CLUB DR SUITE 102 | | | Fax: (480)472-0587 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA415 | KURTH, CATHY E. | | | Tele (480)451-0220 | 01/01/2016 to 12/31/2017 |
| | 9777 N 91ST STREET SUITE 101 | | | Fax: (480)946-4030 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7614 | LAREAU, JODI L | | | Tele (480)301-5351 | 01/01/2016 to 12/31/2017 |
| | 13400 E SHEA BLVD DEPT OF AUDIOLOGY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5187 | LASSEIGNE, KAREN K. | | | Tele (623)876-2101 | 09/01/2016 to 08/31/2018 |
| | 13041 N DEL WEBB BLVD | | | Fax: (623)876-2393 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1271 | LAURIE RENAE DAVIS | | | Tele (480)301-5351 | | 01/01/2017 | to | 12/31/2018 |
| | 13400 EAST SHEA BLVD | | | Fax: (480)301-9165 | | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9642 | LISA R AKEY | | | Tele (602)000-0000 | | 08/19/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85042 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA6837 | LOWE, BRENDA J. | | | Tele (623)214-8085 | | 09/01/2016 | to | 08/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SUN CITY WEST | AZ | 85375 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5043 | LUNA RADOUS, CHRISTINA | | | Tele (623)512-4119 | | 06/01/2016 | to | 05/31/2018 |
| | 13555 W MCDOWELL RD STE 202 | | | Fax: (623)512-4107 | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5962 | MACK, CARA D. | | | Tele (602)222-6412 | | 08/01/2016 | to | 07/31/2018 |
| | 650 E INDIAN SCHOOL ROAD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85012 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4914 | MAH, KIMBERLY T. | | | Tele (480)899-0076 | 06/01/2016 to 05/31/2018 |
| | 595 N DOBSON RD #D79 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA0091 | MAHBOOBEH HATEFI | | | Tele (480)684-1365 | 09/01/2016 to 08/31/2018 |
| | 20201 N SCOTTSDALE HEALTHCARE DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8304 | MAXWELL, MARK S. | | | Tele (623)566-4718 | 07/01/2016 to 06/30/2018 |
| | 18700 N 64TH DR STE 201 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6160 | MAXWELL, MICHAEL A | | | Tele (623)566-4718 | 04/01/2016 to 03/31/2018 |
| | 18700 N 64TH DRIVE SUITE 201 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4789 | MAXWELL, STEPHEN A. | | | Tele (623)566-4718 | 08/01/2016 to 07/31/2018 |
| | 9097 E DESERT COVE AVE STE 260 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA825 | MCBRIDE, DAVID L | | | Tele (480)981-3384 | 05/01/2016 to 04/30/2018 |
| | 6553 E BAYWOOD AVE #104 | | | Fax: (480)924-8944 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA829 | MCBRIDE, INGRID K. | | | Tele (480)965-0614 | 05/01/2016 to 04/30/2018 |
| | COOR HALL 2211 PO BOX 870102 | | | Fax: (480)965-8516 | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1328 | MCCOY, LINDA L. | | | Tele (602)404-5250 | 01/01/2016 to 12/31/2017 |
| | 3805 E BELL RD STE 2100 | | | Fax: (602)404-5240 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1293 | MCKARNS, SHARON A. | | | Tele (480)861-9106 | 06/01/2016 to 05/31/2018 |
| | 7650 S MCLINTOCK DRIVE SUITE 103-390 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8535 | MCLINDSAY, JESSICA M | | | Tele (480)830-0994 | 09/01/2016 to 08/31/2018 |
| | 6262 E BROADWAY RD STE 103 | | | Fax: (480)981-2747 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4754 | MEHTA, ZARIN | | | Tele (480)245-6261 | 01/01/2016 to 12/31/2018 |
| | 5850 EAST STILL CIRCLE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6997 | MEYERS, JARED D. | | | Tele (602)264-4834 | 09/01/2016 to 08/31/2018 |
| | 2222 E HIGHLAND AVE STE 204 | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2172 | MOORE, MELANIE L. | | | Tele (480)273-8688 | 09/01/2016 to 08/31/2018 |
| | 8952 E DESERT COVE AVE STE 205 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5824 | MORGAN, MONICA L. | | | Tele (480)981-3384 | 04/01/2016 to 03/31/2018 |
| | 6550 E BROADWAY SUITE 104 | | | Fax: (480)924-8944 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10323 | NICOLE ELIZABETH WOLF | | | Tele (602)277-5551 | 10/12/2016 to 10/11/2018 |
| | 650 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7327 | NICOLE MARIE DOYLE | | | Tele (480)619-6150 | 07/01/2016 to 06/30/2018 |
| | 595 N DOBSON RD STE D79 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8812 | NYDIA MARIE QUINTERO-VANTURE | | | Tele (480)214-9000 | 09/23/2015 to 09/30/2017 |
| | 2015 W CHANDLER BLVD STE 5 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5968 | OAKLEY HOLBERT, SARAH | | | Tele (480)301-5510 | 08/01/2016 to 07/31/2018 |
| | 13400 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1779 | OLSEN, LYLIS ELAINE | | | Tele (602)690-3975 | 05/01/2016 to 04/30/2018 |
| | PO BOX 11359 | | | Fax: (602)296-0425 | |
| | GLENDALE | AZ | 85318 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA804 | ONG, KAREN J. | | | Tele (602)222-6412 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (602)222-6588 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1602 | PARADISE-SHUE, ANNETTE D | | | Tele (602)277-5551 | 01/01/2016 to 12/31/2017 |
| | 650 EAST INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA9275 | PARRISH, HEATHER KATHLEEN | | | Tele (480)325-9097 | 02/09/2015 to 02/28/2017 |
| | 319 S POWER RD # 101 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA9556 | PAUL GAUDIANO | | | Tele (602)866-0147 | 07/22/2015 to 07/31/2017 |
| | 15934 N 59TH AVE STE 120 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA8903 | PEDERSON, ASHLEY J | | | Tele (602)263-1200 | 06/01/2016 to 05/31/2018 |
| | 4212 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA9586 | PETERS, CATHERINE A | | | Tele (623)594-5095 | 08/05/2015 to 08/31/2017 |
| | 13985 W GRAND AVE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA348 | PETERSON, KATHLEEN E. | | | Tele (480)538-3200 | 01/01/2016 to 12/31/2017 |
| | 6950 E CHAUNCEY LN #100 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1076 | PUETZ, BECKY J | | | Tele (623)561-5252 | 01/01/2016 to 12/31/2017 |
| | 20199 N 75TH AVE | | | Fax: (480)301-3373 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8695 | PULLMAN, KELLY L | | | Tele (480)464-6870 | 02/01/2016 to 01/31/2018 |
| | 1840 S STAPLEY DR #101 | | | Fax: (480)464-6943 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1408 | QUINN, BONNIE E. | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA719 | RAY, GEORGINE | | | Tele (602)254-6041 | 04/01/2016 to 03/31/2018 |
| | 4545 E SHEA BLVD SUITE 174 | | | Fax: (602)254-6735 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8401 | REBECCA CURTIS LARSEN | | | Tele (602)771-5335 | 01/01/2017 to 12/31/2018 |
| | 7654 N 19TH AVE | | | Fax: (602)771-4871 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1975 | ROHE, ALLEN W. | | | Tele (480)831-6159 | 08/01/2016 to 07/31/2018 |
| | 2034 E SOUTHERN AVE STE I | | | Fax: (480)347-0945 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2003 | ROHE, AMY C | | | Tele (480)831-6159 | 11/01/2015 to 10/31/2017 |
| | 2034 E SOUTHERN AVE, STE 1 | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1363 | RONALD WAYNE MILLER | | | Tele (602)224-5970 | 04/01/2016 to 03/31/2018 |
| | 3104 EAST INDIAN SCHOOL ROAD SUITE 120 | | | Fax: (623)875-9171 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7711 | ROSINSKI, DHURAT A. | | | Tele (480)813-8400 | 06/01/2016 to 05/31/2018 |
| | 9365 S MCKEMY ST #105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA695 | RUNGE, CHERYL A.<br>ARIZONA PRACTICE ADDRESS NOT REGISTERED<br>SCOTTSDALE AZ 85259 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA9109 | RUNNION, ELIZABETH A.<br>8952 E DESERT COVE AVE STE 205<br>SCOTTSDALE AZ 85260 | Tele (480)273-8688<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA1350 | SADOWSKY, GABRIELLE<br>6124 E BROWN RD STE 102<br>MESA AZ 85205 | Tele (480)497-3285<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DA1423 | SAGE, SHAYNE M.<br>12301 W BELL RD STE B104<br>SURPRISE AZ 85378 | Tele (623)876-0317<br>Fax: (623)876-0034<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DA2030 | SANCHEZ, BETH I<br>13555 W MCDOWELL RD STE 104<br>GOODYEAR AZ 85395 | Tele (623)512-4199<br>Fax: (623)512-4176<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6450 | SANDRE, LISA M. | | | Tele (602)914-1520 | 11/01/2015 to 10/31/2017 |
| | 3141 N 3RD AVE STE #100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9727 | SARA MARJORIE PIEH | | | Tele (480)397-2800 | 11/18/2015 to 11/30/2017 |
| | 3285 S VAL VISTA DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA430 | SCHARBER, ROBERT J. | | | Tele (480)830-0994 | 02/01/2015 to 01/31/2018 |
| | 6262 E BROADWAY SUITE 103 | | | Fax: (480)981-2747 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5963 | SCHEIBLER, LYNSEY SUZANNE | | | Tele (702)791-9056 | 08/01/2016 to 07/31/2018 |
| | 6900 N PECOS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7175 | SCHMIDT, CASSANDRA M. | | | Tele (480)218-1328 | 03/01/2016 to 02/28/2018 |
| | 5202 EAST MAIN STREET SUITE 105 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA2001 | SCHMIDT, SUSAN R. | | | Tele (602)406-3605 | 01/01/2016 to 12/31/2017 |
| | 333 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5901 | SEIDL, ELIZABETH T. | | | Tele (480)985-2544 | 08/01/2016 to 07/31/2018 |
| | 1423 S HIGLEY RD STE 119 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA535 | SEILER, SUSAN E. | | | Tele (602)279-0003 | 02/01/2016 to 01/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1894 | SHARP, JENNIFER POWERS | | | Tele (602)751-4643 | 07/01/2016 to 06/30/2018 |
| | 29661 N 48TH PLACE | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8006 | SHROYER, LINDSAY A. | | | Tele (480)558-5306 | 08/01/2016 to 07/31/2018 |
| | 225 S DOBSON ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA828 | SHULTZ, DIANE C. | | | Tele (602)938-3777 | | 02/01/2016 | to | 01/31/2018 |
| | 5757 W THUNDERBIRD RD SUITE #301 | | | Fax: (602)547-0379 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5195 | SLEPAK, ELAINE | | | Tele (602)956-3900 | | 09/01/2016 | to | 08/31/2018 |
| | 4400N 32ND STREET SUITE 220 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1566 | STACEY JAIN MATSON | | | Tele (602)222-6412 | | 10/01/2016 | to | 09/30/2018 |
| | 650 E INDIAN SCHOOL RD | | | Fax: (602)222-6588 | | | | |
| | PHOENIX | AZ | 85012 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA7446 | STEPHANIE RACHAEL JOHNSON-HINES | | | Tele (480)515-0200 | | 09/01/2016 | to | 08/31/2018 |
| | 21803 N SCOTTSDALE RD SUITE 125B | | | Fax: (480)515-0207 | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5680 | SUSSMAN, MARVIN | | | Tele (623)972-1299 | | 09/01/2016 | to | 08/31/2018 |
| | 10724 W BELL RD | | | Fax: ( ) - | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9729 | TAMMIE YOUNG LEBLANC | | | Tele (602)264-4834 | 10/20/2015 to 10/31/2017 |
| | 2222 E HIGHLAND AVE STE 204 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10226 | TANIA KRISTA-LEE EDWARDS | | | Tele (480)200-1363 | 08/12/2016 to 08/11/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA720 | TEODORO, SALLY A. | | | Tele (602)439-4321 | 03/01/2016 to 02/28/2018 |
| | 13065 W MCDOWELL SUITE C111 | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA529 | TEODORO, STEPHEN F. | | | Tele (602)439-4321 | 03/01/2016 to 02/28/2018 |
| | 13065 W MCDOWELL RD SUITE C111 | | | Fax: (602)547-9644 | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1290 | THOMPSON, LISA C. | | | Tele (602)476-5025 | 11/01/2015 to 10/31/2017 |
| | 2222 E HIGHLAND AVE STE 204 | | | Fax: (602)254-5178 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7445 | THORNTON, BRIANA J. | | | Tele (480)472-0506 | 09/01/2015 to 08/31/2017 |
| | 5250 E MAIN ST STE 105 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA817 | TILTMAN, LINDA S. | | | Tele (602)347-2600 | 02/01/2016 to 01/31/2018 |
| | 4650 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4516 | TRIMBLE, DAN L. | | | Tele (602)866-0147 | 05/01/2016 to 04/30/2018 |
| | 13934 N 59TH AVE STE 120 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4680 | TRIMBLE, JARED P. | | | Tele (602)866-0147 | 06/01/2016 to 05/31/2018 |
| | 13934 N 59TH AVE STE 120 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8956 | TRISSAN DIANA WHITE | | | Tele (602)771-4431 | 11/01/2016 to 10/31/2018 |
| | 7654 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1931 | TURNER, BARI | | | Tele (480)945-4323 | 09/01/2016 to 08/31/2018 |
| | 7920 E CORONADO RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8792 | TVRDY, FRANCINE M. | | | Tele (602)933-0905 | 04/01/2016 to 03/31/2018 |
| | 1919 E THOMAS RD STE C | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9845 | VALARIE ANN STREICH | | | Tele (480)497-0780 | 02/03/2016 to 02/28/2018 |
| | 201 W GUADALUPE RD STE 315 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10187 | VANESSA MARIA VILCHES | | | Tele (602)264-4834 | 08/11/2016 to 08/10/2018 |
| | 2222 E HIGHLAND AVE STE 204 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9155 | VANTURE, CURTIS HUDDLESTON | | | Tele (480)214-9000 | 06/05/2015 to 06/30/2017 |
| | 2051 W CHANDLER BLVD, STE 5 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1670 | VENKATESH, DEBRA K. | | | Tele (480)833-4330 | 02/01/2016 to 01/31/2018 |
| | 2501 EAST SOUTHERN AVE #20 | | | Fax: (480)833-1902 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA4649 | WAISER, JUDITH A. | | | Tele (623)975-0879 | 02/01/2016 to 01/31/2018 |
| | 13949 W MEEKER BOULVARD | | | Fax: (623)975-1654 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA6440 | WATSON, STEPHANIE A. | | | Tele (928)214-3728 | 10/01/2015 to 09/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA9099 | WEHRHO, KAITLYN C. | | | Tele (602)264-4834 | 09/01/2016 to 08/31/2018 |
| | 2222 E HIGHLAND RD #204 | | | Fax: (602)254-5178 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA1347 | WELLS, KRISTIN S. | | | Tele (602)494-6237 | 01/01/2016 to 12/31/2017 |
| | 18404 N TATUM BLVD #101 | | | Fax: (602)494-6415 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7325 | WESELY, TRISHA M. | | | Tele (480)753-1459 | 11/01/2015 to 10/31/2017 |
| | 5110 E WARNER RD STE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4871 | WESTER, MATTHEW E. | | | Tele (480)301-5256 | 11/01/2016 to 10/31/2018 |
| | 13400 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1178 | WEXLER, KATHRYN F. | | | Tele (480)965-2373 | 04/01/2016 to 03/31/2018 |
| | PO BOX 870102 975 S MYRTLE | | | Fax: (480)965-8516 | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1832 | WHISENHUNT, JANE | | | Tele (480)614-0499 | 12/01/2015 to 11/30/2017 |
| | 9097 E DESERT COVE, SUITE 200 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6472 | WITBECK, ERIK P. | | | Tele (480)833-8620 | 01/01/2016 to 12/31/2017 |
| | 726 N GREENFIELD RD #101 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA520 | WONG, JUDY Y.<br>3141 N 3RD AVE STE 100<br>PHOENIX AZ 85013 | Tele (602)512-3231<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/01/2016 to 03/31/2018 |
| DA3685 | WOODS, TRACI B.<br>4545 E SHEA BLVD SUITE 174<br>PHOENIX AZ 85028 | Tele (602)254-6041<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/01/2016 to 06/30/2018 |
| DA7246 | WRIGHT, SARAH E.<br>3271 NORTH CIVIC CENTER PLAZA SUITE 4<br>SCOTTSDALE AZ 85251 | Tele (480)941-0519<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 06/01/2016 to 05/31/2018 |
| DA1919 | ZAVOS, DOUGLAS S.<br>13967 WEST GRAND AVE #105<br>SURPRISE AZ 85374 | Tele (623)266-3003<br>Fax: (623)251-6387<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 12/01/2015 to 11/30/2017 |

## Sub-Type : DUI/DVTX

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DUI0010 | MESA COUNSELING CENTER<br>1150 NORTH COUNTRY CLUB DRIVE, SUITE 10<br>MESA AZ 85201 | Tele (480)962-8883<br>Fax: (480)962-4308<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/01/2017 to 12/31/2017 |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4389 | ARROWHEAD LAKES DIALYSIS CENTER<br>20325 NORTH 51ST AVENUE, BLDG 11, SUITE 184 & 186<br>GLENDALE AZ 85308 | Tele (623)533-6521<br>Fax: (623)533-6579<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0110 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>13090 NORTH 94TH DRIVE, SUITE 100<br>PEORIA AZ 85381 | Tele (623)974-5851<br>Fax: (623)972-8156<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3005 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>14510 WEST SHUMWAY DRIVE, SUITE 100<br>SUN CITY WEST AZ 85375 | Tele (623)546-2718<br>Fax: ( ) -<br>Capacity : 18 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0705 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>16844 NORTH 59TH AVENUE<br>GLENDALE AZ 85306 | Tele (602)439-8200<br>Fax: (602)439-8600<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0184 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>1021 SOUTH 7TH AVENUE, SUITE 108<br>PHOENIX AZ 85007 | Tele (602)254-1954<br>Fax: (602)253-1958<br>Capacity : 18 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7811 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC- NORTH MOUNTAIN<br>16605 NORTH 28TH AVENUE, SUITE #101<br>PHOENIX AZ 85053 | Tele (602)863-7954<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Certified |
| OTC7658 | BMA ARCADIA DIALYSIS<br>4021 NORTH 30TH STREET<br>PHOENIX AZ 85016 | Tele (602)957-2142<br>Fax: (602)957-8232<br>Capacity : 25 | 04/26/2016 to 03/31/2017<br><br>Medcaid_Cert: Not Ceritified |
| OTC0332 | BMA CENTRAL PHOENIX DIALYSIS<br>3421 NORTH 7TH AVENUE<br>PHOENIX AZ 85013 | Tele (602)274-2293<br>Fax: (602)274-0127<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br><br>Medcaid_Cert: Not Ceritified |
| OTC0609 | BMA DIALYIS SERVICES SUN CITY WEST<br>12213 WEST BELL ROAD, SUITE 110<br>SURPRISE AZ 85374 | Tele (623)583-8865<br>Fax: (623)583-8970<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br><br>Medcaid_Cert: Not Ceritified |
| OTC0501 | BMA ESTRELLA DIALYSIS<br>5546 WEST ROOSEVELT ROAD, SUITE 1<br>PHOENIX AZ 85043 | Tele (602)352-0724<br>Fax: (602)352-1014<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br><br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC1244 | BMA RED MOUNTAIN | | | Tele | (480)833-7440 | 12/01/2016 | to | 11/30/2017 |
| | 1211 NORTH COUNTRY CLUB DRIVE | | | Fax: | (480)833-7764 | | | |
| | MESA | AZ | 85201 | Capacity : | 13 | Medcaid_Cert: | | Not Ceritified |
| OTC4614 | BROOKWOOD DIALYSIS CENTER | | | Tele | (623)937-2735 | 04/01/2016 | to | 03/31/2017 |
| | 8910 NORTH 43RD AVENUE, SUITE 107 | | | Fax: | (623)937-2758 | | | |
| | GLENDALE | AZ | 85302 | Capacity : | 24 | Medcaid_Cert: | | Not Ceritified |
| OTC0114 | CAMELBACK DIALYSIS SERVICES | | | Tele | (615)341-6376 | 06/01/2016 | to | 05/31/2017 |
| | 7321 EAST OSBORN DRIVE | | | Fax: | (480)421-9345 | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 8 | Medcaid_Cert: | | Not Ceritified |
| OTC4482 | CENTRAL MESA DIALYSIS CENTER | | | Tele | (480)464-3851 | 10/01/2016 | to | 09/30/2017 |
| | 1134 EAST UNIVERSITY DRIVE, SUITES 101-109 | | | Fax: | (480)668-1460 | | | |
| | MESA | AZ | 85203 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| OTC5245 | DESERT DIALYSIS | | | Tele | (623)583-3131 | 12/01/2015 | to | 11/30/2016 |
| | 13000 NORTH 103RD AVENUE, SUITE 66 | | | Fax: | (623)583-5414 | | | |
| | SUN CITY | AZ | 85351 | Capacity : | 20 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0403 | DESERT MOUNTAIN DIALYSIS CENTER<br>9220 EAST MOUNTAIN VIEW ROAD, SUITE 105<br>SCOTTSDALE AZ 85258 | Tele (480)357-8009<br>Fax: (480)451-8331<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4396 | ESTRELLA DIALYSIS CENTER<br>8410 WEST THOMAS ROAD, BUILDING 1, SUITE 100<br>PHOENIX AZ 85037 | Tele (623)247-0808<br>Fax: (623)247-9757<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5637 | ESTRELLA MOUNTAIN DIALYSIS, LLC<br>9250 WEST THOMAS ROAD, SUITE 120<br>PHOENIX AZ 85037 | Tele (623)772-7363<br>Fax: (623)772-7364<br>Capacity : 18 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC0439 | FMC DIALYSIS OF DESERT VALLEY<br>15846 NORTH CAVE CREEK ROAD, SUITE 2<br>PHOENIX AZ 85032 | Tele (602)971-4555<br>Fax: (602)971-4160<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC2761 | FMC DIALYSIS SERVICES - DEER VALLEY<br>21241 NORTH 23RD AVENUE SUITE 11<br>PHOENIX AZ 85027 | Tele (623)869-6089<br>Fax: (623)869-6717<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0382 | FMC DIALYSIS SERVICES GLENDALE<br>5957 WEST NORTHERN AVENUE, SUITE 108<br>GLENDALE AZ 85301 | Tele (623)435-1155<br>Fax: (623)435-1883<br>Capacity : Not Applicable | 08/01/2016 to 07/24/2017<br>Medcaid_Cert: Not Ceritified |
| OTC1407 | FMC DIALYSIS SERVICES NORTH SCOTTSDALE DIALYSIS<br>16101 NORTH 82ND STREET, SUITES 6 & 7<br>SCOTTSDALE AZ 85260 | Tele (480)998-1842<br>Fax: (480)607-2921<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2401 | FMC DIALYSIS SERVICES PALM VALLEY<br>13657 WEST MCDOWELL ROAD, SUITE 106<br>GOODYEAR AZ 85395 | Tele (623)536-1096<br>Fax: (623)536-1143<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0603 | FMC SOUTH MOUNTAIN<br>26 EAST BASELINE ROAD, SUITE 142<br>PHOENIX AZ 85042 | Tele (602)268-8158<br>Fax: (602)268-8312<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7505 | FOUNTAIN HILLS DIALYSIS<br>13430 NORTH SAGUARO BOULEVARD<br>FOUNTAIN HILLS AZ 85268 | Tele (615)341-6398<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/05/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4995 | FRESENIUS MEDICAL CARE - GILBERT<br>3511 SOUTH MERCY ROAD, SUITE 101<br>GILBERT AZ 85297 | Tele (480)857-8338<br>Fax: (480)857-2234<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| OTC4098 | FRESENIUS MEDICAL CARE - TEMPE<br>1449 WEST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)967-6360<br>Fax: (480)967-6184<br>Capacity : 20 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7660 | FRESENIUS MEDICAL CARE GLENDALE TOWN CENTER<br>4407 WEST PEORIA AVENUE<br>GLENDALE AZ 85302 | Tele (623)934-9091<br>Fax: (623)934-9860<br>Capacity : Not Applicable | 05/03/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC3738 | FRESENIUS MEDICAL CARE OF AVONDALE<br>10750 WEST MCDOWELL ROAD, BUILDING E-500<br>AVONDALE AZ 85392 | Tele (623)643-9334<br>Fax: (623)643-9332<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4354 | FRESENIUS MEDICAL CARE-GOODYEAR<br>500 NORTH BULLARD AVENUE, C34<br>GOODYEAR AZ 85338 | Tele (623)925-8955<br>Fax: (623)925-8959<br>Capacity : 24 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | GILA RIVER DIALYSIS WEST | | | Tele (602)271-7950 | | | to | |
| | 9721 WEST PECOS ROAD | | | Fax: (480)620-9206 | | | | |
| | LAVEEN | AZ | 85339 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4391 | GILBERT DIALYSIS CENTER | | | Tele (480)832-6996 | | 01/01/2016 | to | 12/31/2016 |
| | 5222 EAST BASELINE ROAD, SUITE 104 | | | Fax: (480)832-7337 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | 24 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | GLENDALE FAMILY HEALTH CENTER AND DIALYSIS SERVICES | | | Tele (623)344-6781 | | | to | |
| | 5141 WEST LAMAR ROAD | | | Fax: (602)344-6775 | | | | |
| | GLENDALE | AZ | 85301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4394 | GRAND HOME DIALYSIS | | | Tele (623)546-6120 | | 05/01/2016 | to | 04/30/2017 |
| | 14674 WEST MOUNTAIN VIEW BOULEVARD, SUITE 204 | | | Fax: (623)546-2693 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | 8 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | MARICOPA MEDICAL CENTER - ESRD | | | Tele (602)344-1601 | | | to | |
| | 2601 EAST ROOSEVELT | | | Fax: (602)344-1604 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4805 | MARYVALE DIALYSIS CENTER<br>4845 WEST MC DOWELL ROAD, SUITE 10<br>PHOENIX AZ 85035 | Tele (602)278-8349<br>Fax: (602)272-2674<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0566 | MESA DIALYSIS CENTER<br>1525 NORTH GILBERT ROAD, SUITE 121<br>GILBERT AZ 85234 | Tele (480)497-1127<br>Fax: (480)487-4559<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4509 | MOUNTAIN VISTA DIALYSIS CENTER<br>10238 EAST HAMPTON AVENUE, SUITE 108<br>MESA AZ 85209 | Tele (480)357-8009<br>Fax: (480)357-0372<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0654 | NORTH PHOENIX DIALYSIS CENTER<br>1957 WEST DUNLAP AVENUE, SUITE 6C<br>PHOENIX AZ 85021 | Tele (602)943-1763<br>Fax: (602)943-7088<br>Capacity : 19 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4749 | OCOTILLO DIALYSIS<br>975 WEST CHANDLER HEIGHTS ROAD, UNIT 101<br>CHANDLER AZ 85248 | Tele (480)802-4405<br>Fax: (480)802-5390<br>Capacity : 12 | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3476 | PALM BROOK DIALYSIS CENTER<br>14664 NORTH DEL WEBB BOULEVARD<br>SUN CITY AZ 85351 | Tele (623)583-6550<br>Fax: (623)977-2514<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S HOSPITAL - DIALYSIS CENTER<br>1920 EAST CAMBRIDGE AVENUE, SUITE 102<br>PHOENIX AZ 85016 | Tele (602)546-4722<br>Fax: (602)546-1965<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC4430 | PHOENIX DIALYSIS CENTER<br>337 EAST CORONADO ROAD, SUITE 101<br>PHOENIX AZ 85004 | Tele (602)253-9006<br>Fax: (602)253-9465<br>Capacity : 24 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7195 | PHOENIX HOME DIALYSIS<br>5115 EAST THOMAS ROAD, SUITE 100<br>PHOENIX AZ 85018 | Tele (615)341-6376<br>Fax: (602)956-1405<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC5566 | POWER ROAD DIALYSIS<br>301 SOUTH POWER ROAD, SUITE 104<br>MESA AZ 85206 | Tele (480)641-1193<br>Fax: (480)807-3388<br>Capacity : 17 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4548 | RAVEN DIALYSIS CENTER<br>3540 EAST BASELINE ROAD, SUITE 110<br>PHOENIX AZ 85042 | Tele (602)431-2110<br>Fax: (602)431-2153<br>Capacity : 24 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4097 | RENAL CARE GROUP - CHANDLER<br>912 WEST CHANDLER BOULEVARD, BUILDING A<br>CHANDLER AZ 85225 | Tele (480)821-9801<br>Fax: (480)821-7879<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4192 | RENAL CARE GROUP - EAST VALLEY DIALYSIS<br>135 SOUTH POWER ROAD, SUITE 103<br>MESA AZ 85206 | Tele (480)985-4911<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5092 | RENAL CARE GROUP - MARYVALE<br>4502 WEST INDIAN SCHOOL ROAD, SUITE A4-11<br>PHOENIX AZ 85031 | Tele (623)247-0695<br>Fax: ( ) -<br>Capacity : 28 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4044 | RENAL CARE GROUP - SCOTTSDALE<br>1495 NORTH HAYDEN, SUITE D1-D4<br>SCOTTSDALE AZ 85257 | Tele (480)949-7844<br>Fax: (480)949-8265<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4049 | RENAL CARE GROUP - SUN CITY | | | Tele (623)815-1770 | 09/01/2016 to 08/31/2017 |
| | 10050 WEST BELL ROAD, SUITE 29-31 | | | Fax: (623)815-1775 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4043 | RENAL CARE GROUP ARIZONA, LLC | | | Tele (480)883-1301 | 10/01/2016 to 09/30/2017 |
| | 9666 EAST RIGGS ROAD, SUITE 143 | | | Fax: (480)883-1308 | |
| | SUN LAKES | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4125 | RENAL CARE GROUP OF ARIZONA, LLC | | | Tele (602)439-9502 | 07/01/2016 to 06/30/2017 |
| | 5750 WEST THUNDERBIRD RD, SUITE G-750 | | | Fax: (602)439-8648 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3900 | RENAL CARE GROUP OF ARIZONA, LLC | | | Tele (480)926-9222 | 05/01/2016 to 04/30/2017 |
| | 1337 SOUTH GILBERT ROAD, SUITE 106 | | | Fax: (480)926-9520 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NONE | RENAL CARE GROUP-SALT RIVER | | | Tele (480)362-1044 | to |
| | 10301 EAST OSBORN ROAD | | | Fax: (480)632-3283 | |
| | SCOTTSDALE | AZ | 85256 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3944 | RENAL CARE GROUP-SOUTHEAST VALLEY<br>22715 SOUTH ELLSWORTH ROAD, BUILDING D<br>QUEEN CREEK AZ 85142 | Tele (480)677-2463<br>Fax: (480)677-2453<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4222 | RENAL DIMENSIONS, LLC<br>15930 SOUTH 48TH STREET, SUITE 100<br>PHOENIX AZ 85048 | Tele (480)785-2270<br>Fax: (480)785-7199<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6945 | SCOTTSDALE DIALYSIS<br>5705 NORTH SCOTTSDALE ROAD, SUITE 120<br>SCOTTSDALE AZ 85250 | Tele (480)941-3860<br>Fax: (480)941-4191<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OTC5698 | SWEETWATER RIDGE DIALYSIS<br>7362 WEST THUNDERBIRD ROAD, SUITE 104<br>PEORIA AZ 85381 | Tele (623)586-0327<br>Fax: (623)878-5264<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4390 | TEMPE DIALYSIS CENTER<br>2149 EAST WARNER ROAD, SUITE 110<br>TEMPE AZ 85284 | Tele (480)730-3531<br>Fax: (480)491-5964<br>Capacity : 24 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7668 | TOTAL RENAL CARE, INC.<br>5115 EAST THOMAS ROAD, SUITE 115<br>PHOENIX AZ 85018 | Tele (602)956-1831<br>Fax: (602)956-0334<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5187 | U S RENAL CARE AVONDALE DIALYSIS<br>13055 WEST MCDOWELL ROAD, SUITE F-101<br>AVONDALE AZ 85323 | Tele (214)736-2700<br>Fax: (623)935-5465<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5186 | U S RENAL CARE TEMPE DIALYSIS<br>8820 SOUTH KYRENE ROAD<br>TEMPE AZ 85281 | Tele (480)893-2299<br>Fax: (480)893-2910<br>Capacity : Not Applicable | 03/24/2016 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5183 | U.S. RENAL CARE MESA DIALYSIS<br>1337 SOUTH GILBERT ROAD, SUITE 109<br>MESA AZ 85204 | Tele (480)926-1906<br>Fax: (480)926-1909<br>Capacity : Not Applicable | 03/24/2016 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5188 | U.S. RENAL CARE NORTHEAST PHOENIX DIALYSIS<br>3305 EAST GREENWAY ROAD, SUITE 1<br>PHOENIX AZ 85032 | Tele (214)736-2700<br>Fax: (602)765-9017<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5184 | U.S. RENAL CARE SOUTH PHOENIX DIALYSIS | | | Tele | (602)304-1977 | 03/24/2016 | to | 09/30/2016 |
| | 4621 SOUTH CENTRAL AVE | | | Fax: | (602)304-1870 | | | |
| | PHOENIX | AZ | 85040 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5185 | U.S. RENAL CARE SOUTHWEST MESA DIALYSIS | | | Tele | (480)894-5411 | 03/24/2016 | to | 09/30/2016 |
| | 1457 WEST SOUTHERN AVENUE, SUITE D-19 | | | Fax: | (480)894-2607 | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4393 | WESTBROOK DIALYSIS CENTER | | | Tele | (623)214-7088 | 05/01/2016 | to | 04/30/2017 |
| | 13907 WEST CAMINO DEL SOL, SUITE 103 | | | Fax: | (623)214-0109 | | | |
| | SUN CITY WEST | AZ | 85375 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5450 | WICKENBURG DIALYSIS | | | Tele | (615)341-6376 | 07/01/2016 | to | 06/30/2017 |
| | 811 NORTH TEGNER STREET, SUITE 101, 103, 105, 107 | | | Fax: | ( ) - | | | |
| | WICKENBURG | AZ | 85390 | Capacity : | 9 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5041 | ADELANTE HEALTHCARE | | | Tele | (623)583-3007 | 02/01/2016 | to | 01/31/2017 |
| | 3400 NORTH DYSART ROAD, SUITE F-121 | | | Fax: | (623)792-8397 | | | |
| | AVONDALE | AZ | 85392 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4728 | ADELANTE HEALTHCARE | | | Tele (623)583-3001 | 11/01/2016 to 10/31/2017 |
| | 7725 NORTH 43RD AVENUE, SUITE 510 | | | Fax: (623)583-3007 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0802 | ADELANTE HEALTHCARE - BUCKEYE | | | Tele (623)583-3001 | 01/01/2016 to 12/31/2016 |
| | 306 EAST MONROE | | | Fax: (623)583-3007 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0277 | ADELANTE HEALTHCARE - GILA BEND | | | Tele (623)583-3001 | 01/01/2016 to 12/31/2016 |
| | 100 NORTH GILA AVENUE | | | Fax: (623)583-3007 | |
| | GILA BEND | AZ | 85337 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5243 | ADELANTE HEALTHCARE - SURPRISE | | | Tele (623)583-3001 | 12/01/2015 to 11/30/2016 |
| | 15351 WEST BELL ROAD | | | Fax: (623)583-3007 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5536 | ADELANTE HEALTHCARE MESA | | | Tele (623)583-3001 | 10/01/2016 to 09/30/2017 |
| | 1705 WEST MAIN STREET | | | Fax: (623)523-3007 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4510 | ADELANTE HEALTHCARE, INC | | | Tele (877)809-5092 | 11/01/2016 to 10/31/2017 |
| | 811 NORTH TEGNER STREET, SUITE 113 | | | Fax: (623)583-8330 | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC5520 | CIRCLE THE CITY | | | Tele (602)776-9000 | 10/01/2016 to 09/30/2017 |
| | 333 WEST INDIAN SCHOOL ROAD | | | Fax: (602)776-9001 | |
| | PHOENIX | AZ | 85013 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0106 | JESSE OWENS URGENT CARE | | | Tele (602)824-4352 | 08/01/2016 to 07/31/2017 |
| | 325 EAST BASELINE ROAD | | | Fax: (602)824-4215 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4015 | MOUNTAIN PARK HEALTH CENTER | | | Tele (602)323-3470 | 11/01/2016 to 10/31/2017 |
| | 1492 SOUTH MILL AVENUE, SUITE 312 | | | Fax: (602)323-3496 | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| | MOUNTAIN PARK HEALTH CENTER | | | Tele (602)323-3470 | to |
| | 3830 EAST VAN BUREN STREET | | | Fax: (602)323-3496 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7223 | MOUNTAIN PARK HEALTH CENTER - ATKINSON<br>4315 NORTH MARYVALE PARKWAY<br>PHOENIX AZ 85031 | Tele (602)323-3470<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7201 | MOUNTAIN PARK HEALTH CENTER - CHRISTOWN<br>5517 NORTH 17TH AVENUE<br>PHOENIX AZ 85015 | Tele (602)323-3470<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4974 | MOUNTAIN PARK HEALTH CENTER - GOODYEAR<br>140 NORTH LITCHFIELD ROAD, SUITE 200<br>GOODYEAR AZ 85338 | Tele (602)323-3470<br>Fax: (602)323-3496<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5161 | MOUNTAIN PARK HEALTH CENTER - MARYVALE CLINIC<br>6601 WEST THOMAS ROAD<br>PHOENIX AZ 85033 | Tele (602)243-7277<br>Fax: (602)323-3496<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7221 | MOUNTAIN PARK HEALTH CENTER- SUNRISE<br>17624 NORTH 31ST AVENUE<br>PHOENIX AZ 85053 | Tele (602)323-3470<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5870 | NATIVE HEALTH<br>4041 NORTH CENTRAL AVENUE, BUILDING C<br>PHOENIX AZ 85012 | Tele (602)279-5262<br>Fax: (602)626-1050<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7279 | NEIGHBORHOOD OUTREACH ACCESS TO HEALTH (NOAH) DESERT MISSION COMMUNITY CENTER<br>9201 NORTH FIFTH STREET<br>PHOENIX AZ 85020 | Tele (602)323-3685<br>Fax: (602)331-7855<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7838 | NEIGHBORHOOD OUTREACH ACCESS TOHEALTH<br>3525 WEST CALAVAR ROAD<br>PHOENIX AZ 85053 | Tele (480)323-6214<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/25/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC4655 | NHW COMMUNITY HEALTH CENTER<br>2423 WEST DUNLAP AVENUE, SUITE 140<br>PHOENIX AZ 85021 | Tele (602)279-5351<br>Fax: (602)279-5361<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5160 | NOAH BALSZ HEALTH CENTER<br>1300 NORTH 48TH STREET<br>PHOENIX AZ 85008 | Tele (480)882-4841<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5798 | NOAH HEUSER FAMILY MEDICINE<br>7301 EAST SECOND STREET, SUITE 210<br>SCOTTSDALE AZ 85251 | Tele (480)882-4841<br>Fax: (480)946-6997<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5799 | NOAH PALOMINO HEALTH CENTER<br>15833 NORTH 29TH STREET<br>PHOENIX AZ 85032 | Tele (480)882-4841<br>Fax: (602)449-2812<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7285 | PARSONS FAMILY HEALTH CENTER AT CIRCLE THE CITY<br>3522 NORTH 3RD AVENUE<br>PHOENIX AZ 85013 | Tele (602)776-9000<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6020 | TERROS, INC.<br>3864 NORTH 27TH AVENUE<br>PHOENIX AZ 85017 | Tele (602)512-2970<br>Fax: (602)685-6001<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC5659 | TERROS, INC-GLENDALE CARE CLINIC<br>6153 WEST OLIVE AVENUE<br>GLENDALE AZ 85302 | Tele (602)512-2970<br>Fax: (602)685-6001<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5327 | VALLE DEL SOL, INC | | | Tele (602)258-6797 | 02/01/2016 to 01/31/2017 |
| | 3807 NORTH 7TH STREET | | | Fax: (602)248-8113 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5153 | VALLE DEL SOL, INC | | | Tele (602)258-6797 | 08/01/2016 to 07/31/2017 |
| | 1209 SOUTH 1ST AVENUE | | | Fax: (602)248-8113 | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7307 | WESLEY COMMUNITY CENTER INC. | | | Tele (602)257-5624 | 09/01/2016 to 08/31/2017 |
| | 1625 NORTH 39TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4146 | WESLEY HEALTH CENTER, INC | | | Tele (602)257-4323 | 05/01/2016 to 04/30/2017 |
| | 1300 SOUTH 10TH STREET, BUILDING 1 | | | Fax: (602)257-4338 | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7777 | ADAM DIPUCCIO LLC | | | Tele (480)218-1328 | 06/01/2016 to 05/31/2018 |
| | 5202 E MAIN ST STE 105 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>14814 N DEL WEBB BLVD<br>SUN CITY AZ 85351 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>20449 N LAKE PLEASANT RD STE 106<br>PEORIA AZ 85382 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>20350 CAVE CREEK RD STE 130<br>PHOENIX AZ 85024 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD10232 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>14239 W BELL RD # 216<br>SURPRISE AZ 85374 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>5250 E SOUTHERN AVE<br>MESA AZ 85206 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>1626 N LITCHFIELD RD #110<br>GOODYEAR AZ 85395 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>14175 W INDIAN SCHOOL RD STE D-3<br>GOODYEAR AZ 85395 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD9152 | AFFILIATED AUDIOLOGY CONSULTANTS INC<br>4545 E SHEA BLVD STE 174<br>PHOENIX AZ 85028 | Tele (602)254-6041<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD4612 | AFFILIATED HEARING CARE CENTER, LLC<br>5620 WEST THUNDERBIRD RD STE F-1, C-1, G-2<br>GLENDALE AZ 85306 | Tele (602)938-6960<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD9873 | AFFILIATED HEARING CARE CENTER, LLC<br>9150 W INDIAN SCHOOL RD, STE 118<br>PHOENIX AZ 85037 | Tele (602)938-6960<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE7509 | ALEMAN, KATHLEEN R. | | | Tele (602)824-5511 | 06/01/2016 to 05/31/2018 |
| | 700 N 54TH STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5032 | ALLAN CHARLES GEIMAN | | | Tele (623)925-2299 | 10/01/2016 to 09/30/2018 |
| | 1459 N DYSART RD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7801 | ALOHA HEARING SOLUTIONS, LLC | | | Tele (480)652-0680 | 08/01/2016 to 07/31/2018 |
| | 15825 SOUTH 46TH STREET STE 127 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7065 | ANDREA JOHNSON | | | Tele (480)375-2061 | 11/01/2015 to 10/31/2017 |
| | 2887 SOUTH MARKET ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4978 | ANDREW, BRANDON D. | | | Tele (623)201-4461 | 11/01/2015 to 10/31/2017 |
| | 7075 WEST BELL RD SUITE #A-13 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD8088 | ARIZONA BALANCE & HEARING ASSOCIATES, LLC<br>333 W THOMAS RD STE 208 A<br>PHOENIX AZ 85013 | Tele (602)265-9000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| BHAD7453 | ARIZONA LISTENING CENTER, LLC<br>2627 N 3RD STREET, SUITE 100<br>PHOENIX AZ 85005 | Tele (602)277-4327<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| BHAD7453 | ARIZONA LISTENING CENTER, LLC<br>14418 W MEEKER BLVD, BLDG B, SUITE 102<br>SUN CITY AZ 85375 | Tele (602)277-4327<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/13/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| BHAD8794 | ARIZONA MINIMALLY INVASIVE SINUS INSTITUTE, PLLC<br>6320 W UNION HILLS DR STE 2500 B<br>GLENDALE AZ 85308 | Tele (602)788-0088<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD8794 | ARIZONA MINIMALLY INVASIVE SINUS INSTITUTE, PLLC<br>3815 E BELL RD STE 3200<br>PHOENIX AZ 85032 | Tele (602)788-0088<br>Fax: (602)931-4544<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC<br>4545 E CHANDLER BLVD STE 202<br>PHOENIX AZ 85048 | Tele (480)659-2330<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC<br>2222 E HIGHLAND AVE STE 204<br>PHOENIX AZ 85016 | Tele (602)264-4834<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC<br>5750 W THUNDERBIRD RD STE A-100<br>GLENDALE AZ 85306 | Tele (602)938-3205<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC<br>6565 E GREENWAY PKWY STE 101<br>SCOTTSDALE AZ 85254 | Tele (480)948-2056<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC<br>1520 S DOBSON RD STE 305<br>MESA AZ 85202 | Tele (480)539-4000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD333 | ARIZONA OTOLARYNGOLOGY CONSULTANTS, PC | | | Tele (623)215-0434 | | 03/01/2016 | to | 02/28/2018 |
| | 2910 N LITCHFIELD RD BLDG 12 | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9313 | ASAY, JUDD L. | | | Tele (480)990-1653 | | 02/19/2015 | to | 02/28/2017 |
| | 7034 E INDIAN SCHOOL RD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD7113 | ATKINS, DOUGLAS M | | | Tele (623)582-6699 | | 05/01/2016 | to | 04/30/2018 |
| | 10001 W BELL ROAD SUITE 144 | | | Fax: ( ) - | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD6817 | ATKINS, JENNIFER L. | | | Tele (623)582-6699 | | 10/01/2015 | to | 09/30/2017 |
| | 4727 E BELL RD #61 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD551 | AUDIOLOGY & HEARING AID CENTER, LTD | | | Tele (480)941-0519 | | 01/01/2016 | to | 12/31/2017 |
| | 3271 N CIVIC CENTER PLZ STE 4 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD551 | AUDIOLOGY & HEARING AID CENTER, LTD | | | Tele (480)515-0200 | 01/01/2016 to 12/31/2017 |
| | 21803 N SCOTTSDALE RD STE 125 B | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD551 | AUDIOLOGY & HEARING AID CENTER, LTD | | | Tele (480)451-0220 | 01/01/2016 to 12/31/2017 |
| | 9777 NORTH 91ST ST STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7953 | AUDIOLOGY DISTRIBUTION LLC | | | Tele (480)245-6622 | 10/19/2016 to 10/18/2018 |
| | 1246 S GREENFIELD RD STE 104 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9258 | AUDIOLOGY DISTRIBUTION LLC | | | Tele (480)214-4909 | 01/27/2015 to 01/31/2017 |
| | 245 E BELL ROAD STE B23 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9725 | AUDIOLOGY DISTRIBUTION LLC | | | Tele (480)614-5929 | 11/16/2015 to 11/30/2017 |
| | 10135 E VIA LINDA DR STE C-117 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9726 | AUDIOLOGY DISTRIBUTION LLC | | | Tele (623)584-4952 | 11/16/2015 to 11/30/2017 |
| | 19423 R H JOHNSON BLVD STE 127 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7952 | AUDIOLOGY DISTRIBUTION LLC | | | Tele (623)933-0000 | 10/19/2016 to 10/18/2018 |
| | 8215 W BELL RD STE 124 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8133 | AURALCARE HEARING CENTERS OF AMERICA, LLC | | | Tele (623)201-4461 | 07/01/2016 to 06/30/2018 |
| | 7075 W BELL RD STE A-13 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8133 | AURALCARE HEARING CENTERS OF AMERICA, LLC | | | Tele (623)565-9102 | 07/01/2016 to 06/30/2018 |
| | 15278 W BELL RD STE 105 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5553 | AUZAS, DAWN M. | | | Tele (480)389-3491 | 10/01/2016 to 09/30/2018 |
| | 9301 E SHEA BLVD STE 113 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5543 | BAKER, MARK C. | | | Tele (602)841-9424 | 10/01/2015 to 09/30/2017 |
| | 18275 N 59TH AVE | | | Fax: (602)841-3713 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1993 | BANNER HEALTH | | | Tele (480)321-4240 | 04/01/2016 to 03/31/2018 |
| | 6644 E BAYWOOD AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1993 | BANNER HEALTH | | | Tele (480)412-4099 | 04/01/2016 to 03/31/2018 |
| | 1400 S DOBSON RD | | | Fax: (602)239-3388 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5540 | BAUMGART, ROY | | | Tele (602)439-9852 | 04/01/2016 to 03/31/2018 |
| | 1525 W BELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5385 | BELNAP, TRAVIS H. | | | Tele (623)362-2800 | 09/01/2016 to 08/31/2018 |
| | 145373 W GRAND AVE #120 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1923 | BETTER HEARING CENTERS | | | Tele (623)582-1331 | 10/01/2015 to 09/30/2017 |
| | 19232 N 43RD DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4691 | BIRKHOLD, BRUCE R. | | | Tele (480)648-6788 | 04/01/2016 to 03/31/2018 |
| | 8776 EAST SHEA BLVD BLDG 106 STE 484 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4303 | BLAIR, JANELLE L. | | | Tele (602)203-9076 | 04/01/2016 to 03/31/2018 |
| | 15442 N 99TH AVE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8129 | BOURASSA, CHRISTINA M | | | Tele (623)582-6699 | 02/01/2016 to 01/31/2018 |
| | 2222 W PINNICLE PEAK RD #170 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9804 | BRIAN G. LEE, M.D., PLLC | | | Tele (480)994-9667 | 12/08/2015 to 12/31/2017 |
| | 7245 E OSBORN RD STE 2 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8424 | BROCKMAN, JONATHAN | | | Tele (480)333-6570 | 06/01/2016 to 05/31/2018 |
| | 1444 S SOSSAMAN RD | | | Fax: (480)333-6571 | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1292 | BROCKMAN-FERNANDEZ, CARLOS RAFAEL | | | Tele (480)964-2386 | 10/01/2015 to 09/30/2017 |
| | 7165 E UNIVERSITY DR SUITE 167 | | | Fax: (480)964-1134 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7275 | BROWNRIGG, AILEEN | | | Tele (480)000-0000 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8029 | CANUHEARWELL HEARING SERVICES, LLC | | | Tele (480)964-2386 | 10/28/2016 to 10/27/2018 |
| | 7165 E UNIVERSITY DR BLDG 17, STE 167 | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8592 | CARE HEARING AZ, LLC | | | Tele (623)977-1912 | 10/01/2015 to 09/30/2017 |
| | 9720 W PEORIA AVE STE 115 | | | Fax: (623)977-1972 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD677 | CAREFREE HEARING, INC | | | Tele (623)582-6699 | 12/01/2015 to 11/30/2017 |
| | 2222 WEST PINNACLE PEAK RD, STE #170 | | | Fax: (623)582-6723 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9082 | CASE JR., MARTIN M | | | Tele (480)372-8383 | 09/01/2016 to 08/31/2018 |
| | 17100 E SHEA BLVD STE 616-620 | | | Fax: (480)878-5045 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD936 | CATES, PERRY JAY | | | Tele (623)825-8640 | 03/01/2016 to 02/28/2018 |
| | 18501 N 83RD AVE | | | Fax: (623)849-7074 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8124 | CERVANTES, LAURA L. | | | Tele (602)476-5024 | 01/01/2016 to 12/31/2017 |
| | 2222 E HIGHLAND #204 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9844 | CHANDLER HEARING CARE PROFESSIONALS, LLC | | | Tele (480)857-2056 | 01/29/2016 to 01/31/2018 |
| | 333 N DOBSON RD STE 5 #153 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8783 | CHRYSTA NICOLLE FETHERSTON | | | Tele (480)893-8975 | 01/01/2017 to 12/31/2018 |
| | 1445 W ELLIOT RD | | | Fax: (480)893-9215 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD873 | CIGNA HEALTHCARE OF ARIZONA, INC. | | | Tele (480)464-6870 | 03/01/2016 to 02/28/2018 |
| | 1840 S STAPLEY RD STE 101 | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD873 | CIGNA HEALTHCARE OF ARIZONA, INC. | | | Tele (602)404-5250 | 03/01/2016 to 02/28/2018 |
| | 3805 E BELL RD 2ND FLOOR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD873 | CIGNA HEALTHCARE OF ARIZONA, INC. | | | Tele (823)876-2101 | 03/01/2016 to 02/28/2018 |
| | 13041 N DEL WEBB BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1954 | CLAUSEN, BRENDA K. | | | Tele (602)843-4844 | 03/01/2016 to 02/28/2018 |
| | 16841 N 31ST AVE BUILDING 2 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4888 | COCHRAN, DONALD J. | | | Tele (480)633-1830 | 04/01/2016 to 03/31/2018 |
| | 75 WEST BASELINE ROAD #9 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5033 | COFFMAN, DEBRA A. | | | Tele (623)975-0108 | 10/01/2016 to 09/30/2018 |
| | 14545 W GRANDE AVE STE 105 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5441 | COLFACK, ELYNN E. | | | Tele (623)214-6062 | 11/01/2015 to 10/31/2017 |
| | 2333 N PEBBLE CREEK PARKWAY | | | Fax: (623)328-7835 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (480)807-5410 | 04/01/2016 to 03/31/2018 |
| | 1237 S VAL VISTA DR, STE 111 | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (623)876-0346 | 04/01/2016 to 03/31/2018 |
| | 12301 W BELL RD, STE B-104 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (623)977-0506 | 04/01/2016 to 03/31/2018 |
| | 15440 N 99TH AVE, STE 17 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (623)915-5568 | 04/01/2016 to 03/31/2018 |
| | 8751 N 51ST AVE STE 109 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (480)633-1830 | 04/01/2016 to 03/31/2018 |
| | 75 W BASELINE, STE 9 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8784 | CONNECT HEARING, INC. | | | Tele (480)305-2033 | 04/01/2016 to 03/31/2018 |
| | 17470 N PACESETTER WAY, STE 117 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6204 | COSTCO WHOLESALE CORPORATION | | | Tele (623)293-4400 | 05/01/2016 to 04/30/2018 |
| | 19001 NORTH 27TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6199 | COSTCO WHOLESALE CORPORATION | | | Tele (602)293-4524 | 05/01/2016 to 04/30/2018 |
| | 1646 WEST MONTEBELLO AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6416 | COSTCO WHOLESALE CORPORATION | | | Tele (602)808-0101 | 05/01/2016 to 04/30/2018 |
| | 4502 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6205 | COSTCO WHOLESALE CORPORATION | | | Tele (480)333-6552 | 05/01/2016 to 04/30/2018 |
| | 1444 SOUTH SOSSAMAN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6203 | COSTCO WHOLESALE CORPORATION | | | Tele (480)366-3952 | 05/01/2016 to 04/30/2018 |
| | 2887 SOUTH MARKET STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6201 | COSTCO WHOLESALE CORPORATION | | | Tele (480)948-5040 | 05/01/2016 to 04/30/2018 |
| | 15255 NORTH HAYDEN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6196 | COSTCO WHOLESALE CORPORATION | | | Tele (480)375-2051 | 05/01/2016 to 04/30/2018 |
| | 595 SOUTH GALLERIA WAY | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6195 | COSTCO WHOLESALE CORPORATION | | | Tele (480)375-2850 | 05/01/2016 to 04/30/2018 |
| | 2450 EAST BEARDSLEY ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6297 | COSTCO WHOLESALE CORPORATION | | | Tele (480)308-7046 | 05/01/2016 to 04/30/2018 |
| | 4570 E CACTUS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6194 | COSTCO WHOLESALE CORPORATION | | | Tele (480)496-6651 | 05/01/2016 to 04/30/2018 |
| | 1445 WEST ELLIOT ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6193 | COSTCO WHOLESALE CORPORATION | | | Tele (480)293-0053 | 05/01/2016 to 04/30/2018 |
| | 1415 NORTH ARIZONA AVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6192 | COSTCO WHOLESALE CORPORATION | | | Tele (623)907-5663 | 05/01/2016 to 04/30/2018 |
| | 10000 WEST MCDOWELL ROAD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6198 | COSTCO WHOLESALE CORPORATION | | | Tele (623)776-4003 | 05/01/2016 to 04/30/2018 |
| | 17550 NORTH 79TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9915 | CRAIG MARTIN STEINKE | | | Tele (480)807-6335 | 09/13/2016 to 09/12/2018 |
| | 1155 S POWER ROAD STE 109 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1392 | CVETKO, JAMES A. | | | Tele (623)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9509 | CYNTHIA ANN POPOFF | | | Tele (870)000-0000 | 06/08/2015 to 06/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9352 | D' ADAMO, CHRISTOPHER MICHAEL | | | Tele (602)000-0000 | 04/06/2015 to 04/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10283 | DANCYNMMS, PLLC | | | Tele (602)863-4203 | 09/22/2016 to 09/21/2018 |
| | 12361 W BOLA DR STE 109 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10283 | DANCYNMMS, PLLC | | | Tele (602)863-4203 | 09/22/2016 to 09/21/2018 |
| | 5750 W THUNDERBIRD RD F-620 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5934 | DANIEL JOSEPH HEWSON | | | Tele (602)652-2099 | 10/01/2015 to 09/30/2017 |
| | 5750 W THUNDERBIRD RD STE F260 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1130 | DAVIDSON, SILVIA | | | Tele (602)870-3311 | 09/01/2016 to 08/31/2018 |
| | 4212 W CACTUS RD SUITE 1109 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4501 | DEBORAH ANN TEGARDEN | | | Tele (623)872-6757 | 08/01/2016 to 07/31/2018 |
| | 9380 W GLENDALE AVE | | | Fax: (623)584-7962 | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7958 | DISTRICT MEDICAL GROUP | | | Tele (602)914-1520 | 09/01/2016 to 08/31/2018 |
| | 3141 N THIRD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR10172 | DONALD PAUL ZIETZ | | | Tele (360)000-0000 | 07/27/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9083 | DREW MICHAEL BARCLAY | | | Tele (623)974-9666 | 10/01/2016 to 09/30/2018 |
| | 10404 W COGGINS DR STE 110 | | | Fax: (623)974-4813 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9268 | DWAYNE PAUL BREEDLOVE | | | Tele (602)765-7800 | 09/11/2015 to 09/30/2017 |
| | 4807 E GREENWAY RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5681 | EAST VALLEY HEARING CENTER, INC | | | Tele (480)830-0994 | 12/01/2015 to 11/30/2017 |
| | 6262 EAST BROADWAY ROAD, #103 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8648 | EDUCATIONAL AUDIOLOGY RESOURCES LLC | | | Tele (480)809-5637 | 12/01/2015 to 11/30/2017 |
| | 9151 E BELL RD STE 130 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8057 | ELIAS, CELESTE M | | | Tele (602)955-0130 | 06/01/2016 to 05/31/2018 |
| | 3837 E WIER AVE STE 4 | | | Fax: (602)954-8259 | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR10112 | ELISABETH GRACE LAWRENCE | | | Tele (855)523-9355 | 07/05/2016 to 07/31/2018 |
| | 4425 E COTTON CENTER BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD285 | ELLEN F. ALLISON | | | Tele (602)469-7328 | 08/01/2016 to 07/31/2018 |
| | PO BOX 6149 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85312 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9148 | EMERY HEARING CENTERS, LLC | | | Tele (480)556-1756 | 10/01/2016 to 09/30/2018 |
| | 7115 E BASELINE RD STE 107 | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9806 | EMERY HEARING CENTERS, LLC | | | Tele (480)771-3456 | 10/01/2016 to 09/30/2018 |
| | 3350 N HAYDEN RD STE 113 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9149 | EMERY HEARING CENTERS, LLC | | | Tele (602)455-1331 | 10/01/2016 to 09/30/2018 |
| | 9133 W THUNDERBIRD RD STE 102 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8405 | EMERY HEARING CENTERS, LLC | | | Tele (623)792-7151 | 10/01/2016 to 09/30/2018 |
| | 13711 W CAMINO DEL SOL | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE6184 | EMERY, BRIAN S | | | Tele (623)792-7151 | 10/01/2015 to 09/30/2017 |
| | 13711 CAMINO DEL SOL SUITE 9 | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9041 | EMERY, KEITH L | | | Tele (602)455-1331 | 07/07/2015 to 07/31/2017 |
| | 9133 W THUNDERBIRD RD STE 102 | | | Fax: (623)792-7395 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8632 | ENT 4 YOU, LLC | | | Tele (623)512-4199 | 11/01/2015 to 10/31/2017 |
| | 13555 W MCDOWELL RD STE 104 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD2031 | ENT SPECIALISTS OF ARIZONA, P.C. | | | Tele (480)964-4415 | 02/16/2016 to 02/28/2018 |
| | 10238 E HAMPTON AVE STE 411 | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD2031 | ENT SPECIALISTS OF ARIZONA, P.C. | | | Tele (480)894-5550 | 03/01/2016 to 02/28/2018 |
| | 1492 S MILL AVE STE 301 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1532 | ERICKSON, GENE K. | | | Tele (480)985-2544 | 12/01/2015 to 11/30/2017 |
| | 1423 S HIGLEY RD #119 | | | Fax: (480)985-7198 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7710 | ESTRELLA EAR NOSE AND THROAT, PC | | | Tele (623)535-8770 | | 08/01/2016 | to | 07/31/2018 |
| | 2700 N 140TH AVE STE 107 | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7710 | ESTRELLA EAR NOSE AND THROAT, PC | | | Tele (623)535-8770 | | 08/01/2016 | to | 07/31/2018 |
| | 14420 W MEEKER BLVD BLDG A STE 202 | | | Fax: ( ) - | | | | |
| | SUN CITY | AZ | 85375 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1765 | EVANS, KATHRYN | | | Tele (480)308-7068 | | 04/01/2016 | to | 03/31/2018 |
| | 4570 E CACTUS RD | | | Fax: (480)308-7070 | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD9150 | EXCEPTIONAL HEARING CARE LLC | | | Tele (480)245-6055 | | 10/01/2016 | to | 09/30/2018 |
| | 5010 E WARNER RD STE 114 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85044 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADE8267 | FAASSE, TODD M | | | Tele (623)582-6699 | | 01/15/2015 | to | 01/31/2017 |
| | CAREFREE HEARING INC | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5458 | FLORES, MARIANO | | | Tele (623)776-4000 | 10/01/2015 to 09/30/2017 |
| | 17550 N 79TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9159 | FREDERICK ALLEN PHILLIPS | | | Tele (480)809-5637 | 09/09/2015 to 09/30/2017 |
| | 9151 E BELL RD STE 103 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1657 | FREDERICK WILLIAM DANDO | | | Tele (623)825-8640 | 10/01/2016 to 09/30/2018 |
| | 18501 N 83RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8597 | FREELAND, JENNIFER DIANE | | | Tele (480)899-6819 | 02/27/2015 to 02/28/2017 |
| | 312 N ALMA SCHOOL RD STE 8 | | | Fax: (602)467-3186 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1331 | FRIEDMAN, BARBARA L | | | Tele (602)576-2988 | 10/01/2016 to 09/30/2018 |
| | 11811 N TATUM BLVD SUITE 3031 | | | Fax: (480)391-9258 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8561 | FYNES AUDIOLOGY, LLC | | | Tele (480)456-0176 | 09/01/2016 to 08/31/2018 |
| | 2058 S DOBSON RD STE 9 | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4496 | GABALDON, TODD M. | | | Tele (623)875-7323 | 10/01/2015 to 09/30/2017 |
| | 88880 E VIA LINDA | | | Fax: (623)972-8108 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5182 | GABRIEL GASTON JACOTT | | | Tele (480)333-6570 | 04/01/2016 to 03/31/2018 |
| | 1444 S SOSSAMAN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7828 | GARY JOHNSON LLC | | | Tele (480)429-0026 | 07/01/2016 to 06/30/2018 |
| | 7025 E MCDOWELL RD STE 1-C | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7829 | GARY JOHNSON LLC | | | Tele (480)429-0026 | 07/01/2016 to 06/30/2018 |
| | 9445 E IRONWOOD SQUARE DRIVE SUITE 100 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1979 | GAUDREAU, LESA R. | | | Tele (480)443-9119 | 03/01/2016 to 02/28/2018 |
| | 10893 NORTH SCOTTSDALE ROAD SUITE 115 | | | Fax: (480)443-9799 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7776 | GOOD SOUND AUDIOLOGY, PLLC | | | Tele (480)883-2842 | 09/01/2016 to 08/31/2018 |
| | 10450 E RIGGS RD STE 116 | | | Fax: ( ) - | |
| | SUN LAKES | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7776 | GOOD SOUND AUDIOLOGY, PLLC | | | Tele (480)634-6100 | 09/01/2016 to 08/31/2018 |
| | 6816 E BROWN RD STE 102 | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7776 | GOOD SOUND AUDIOLOGY, PLLC | | | Tele (480)497-0780 | 09/01/2016 to 08/31/2018 |
| | 201 W GUADALUPE RD STE 315 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6979 | GOOD SPORTSMAN MARKETING, LLC | | | Tele (623)872-6757 | 05/01/2016 to 04/30/2018 |
| | 9380 W GLENDALE AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10303 | GOODEAR HEARING, LLC | | | Tele (623)433-9752 | 10/03/2016 to 10/02/2018 |
| | 3004 N 148TH DR | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5938 | GRATO, MICHAEL C. | | | Tele (602)921-8026 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4531 | GRIFFIN, JAY L. | | | Tele (602)364-2079 | 04/01/2016 to 03/31/2018 |
| | 150 NORTH 18TH AVENUE STE 410 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD2015 | GROCE, EDWARD S. | | | Tele (480)661-1529 | 09/01/2016 to 08/31/2018 |
| | 2941 W BELL RD SUITE 3 | | | Fax: (623)972-8108 | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8215 | GROWTH FACTOR CONSULTING INC | | | Tele (623)933-6525 | 04/20/2016 to 04/30/2018 |
| | 10050 W BELL RD STE 25 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7297 | GRUSECKI AUDIOLOGY & HEARING AID SERVICES, LLC | | | Tele (623)583-1737 | 08/01/2016 to 07/31/2018 |
| | 12691 W SMOKEY DR STE 131 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9686 | HAPPY EARS HEARING CENTER, LLC | | | Tele (623)428-0727 | 08/25/2015 to 08/31/2017 |
| | 8877 W UNION HILLS DR STE 350 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9686 | HAPPY EARS HEARING CENTER, LLC | | | Tele (623)428-0727 | 05/17/2016 to 08/31/2017 |
| | 15015 W BELL RD STE 101 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8595 | HAXBY, ASHLEY D | | | Tele (480)450-0220 | 06/17/2015 to 06/30/2017 |
| | 9773 N 91ST ST STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4969 | HAYDEN, LINDA P. | | | Tele (602)375-1437 | 10/01/2015 to 09/30/2017 |
| | SELF EMPLOYEED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9267 | HEALEY, CHRISTOPHER J. | | | Tele (423)384-8586 | 02/03/2015 to 02/28/2017 |
| | 18275 N 59TH AVE BLDG N 184 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7128 | HEARING LAB TECHNOLOGY, LLC | | | Tele (623)925-2299 | 05/01/2016 to 04/30/2018 |
| | 1459 N DYSART RD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7130 | HEARING LAB TECHNOLOGY, LLC | | | Tele (623)975-0289 | 05/01/2016 to 04/30/2018 |
| | 16573 WEST BELL RD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8681 | HEARING LAB TECHNOLOGY, LLC | | | Tele (602)978-2975 | 01/01/2016 to 12/31/2017 |
| | 1525 W BELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8682 | HEARING LAB TECHNOLOGY, LLC | | | Tele (480)926-2213 | 01/01/2016 to 12/31/2017 |
| | 1225 N GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8683 | HEARING LAB TECHNOLOGY, LLC | | | Tele (623)825-8640 | 01/01/2016 to 12/31/2017 |
| | 18501 N 83RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9386 | HEARING LAB TECHNOLOGY, LLC | | | Tele (480)893-1555 | 04/22/2015 to 04/30/2017 |
| | 700 NORTH 54TH STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1691 | HEARING SOLUTIONS OF ARIZONA LLC | | | Tele (480)833-4330 | 12/01/2015 to 11/30/2017 |
| | 7525 E BROADWAY STE 7 | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1691 | HEARING SOLUTIONS OF ARIZONA, LLC | | | Tele (480)833-4330 | 12/01/2015 to 11/30/2017 |
| | 2501 E SOUTHERN AVE STE 20 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8731 | HENDRICKSON HEARING, LLC | | | Tele (480)735-9234 | 02/01/2016 to 01/31/2018 |
| | 8490 S POWER RD STE 105-216 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD2033 | HENDRICKSON, WADE L. | | | Tele (480)735-9234 | 09/01/2016 to 08/31/2018 |
| | 2475 S HIGLEY RD STE 104 PMB 205 | | | Fax: (480)907-1440 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD217 | HESKETT, DAVID J. | | | Tele (602)558-8493 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD297 | HUNTER, MERRILL B. | | | Tele (928)684-2000 | 09/01/2016 to 08/31/2018 |
| | 2017 W WICKENBURG WAY | | | Fax: (928)684-8989 | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8661 | JANOSIK, CHAD E | | | Tele (480)336-3974 | 06/01/2016 to 05/31/2018 |
| | 2887 S MARKET STREET | | | Fax: (480)366-3974 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9143 | JASON KENNETH VIEIRA | | | Tele (480)308-7068 | 10/01/2015 to 10/31/2017 |
| | 4570 E CACTUS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE4944 | JASON PAUL BRAUN | | | Tele (480)305-2033 | 10/01/2015 to 09/30/2017 |
| | 17470 N PACESETTER WAY STE 117 | | | Fax: (602)391-2995 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5007 | JEFFREY ALLEN BROWN | | | Tele (623)262-3090 | 10/01/2016 to 09/30/2018 |
| | 9170 E BAHIA RD #103D | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE5320 | JEFFREY SUTTON SCHETTER | | | Tele (928)284-5200 | 04/01/2016 to 03/31/2018 |
| | 10503 W THUNDERBIRD, #114 | | | Fax: (928)875-6632 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1673 | JENNIFER KRISTI SALISBURY | | | Tele (480)807-6335 | 01/01/2016 to 12/31/2017 |
| | 1155 S POWER RD STE 109 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8841 | JOANNA FRANCINE MAVRIS | | | Tele (480)807-6335 | 06/15/2015 to 06/30/2017 |
| | 1155 S POWER RD STE 109 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10320 | JOHN C. LINCOLN, LLC | | | Tele (602)788-0088 | 10/12/2016 to 10/11/2018 |
| | 6320 W UNION HILLS DR STE B 2500 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10320 | JOHN C. LINCOLN, LLC | | | Tele (602)861-1168 | 10/12/2016 to 10/11/2018 |
| | 9250 N 3RD ST STE 3010 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10320 | JOHN C. LINCOLN, LLC | | | Tele (602)992-1900 | 10/12/2016 to 10/11/2018 |
| | 18404 N TATUM BLVD STE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8761 | JOSEPH VALENTE | | | Tele (480)375-2061 | 01/01/2017 to 12/31/2018 |
| | 595 S GALLERIA WAY | | | Fax: (480)375-2084 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR10030 | KATHRYN ANN ZIETZ | | | Tele (480)305-2033 | 06/09/2016 to 06/30/2018 |
| | 17470 N PACESETTER WAY, STE #117 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1279 | KATICH JR., RONALD E. | | | Tele (480)895-7636 | 02/01/2016 to 01/31/2018 |
| | 25229 S SUN LAKES BLVD #120 | | | Fax: (480)802-0300 | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7695 | KELLER, JOSEPH B. | | | Tele (623)977-1912 | 01/01/2016 to 12/31/2017 |
| | 9720 W PEORIA AVE SUITE 115 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8630 | KENNEDY, CHADRICK L | | | Tele (614)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD406 | KIDDER, RONALD L. | | | Tele (480)375-2861 | 10/01/2015 to 09/30/2017 |
| | 2450 E BEARDSLEY ROAD | | | Fax: (480)375-2884 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD4761 | KS HEALTHLINE, LLC | | | Tele (480)899-6919 | 02/01/2016 to 01/31/2018 |
| | 312 N ALMA SCHOOL RD STE 8 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1878 | KUETTEL, MIKE B. | | | Tele (480)325-9097 | 09/01/2016 to 08/31/2018 |
| | 319 S POWER RD SUITE 101 | | | Fax: (480)924-7930 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4217 | KUETTEL, RHONDA L. | | | Tele (480)325-9097 | 09/01/2016 to 08/31/2018 |
| | 319 S POWER RD STE 101 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9346 | KYLE ALLEN FUNFSINN | | | Tele (480)926-9006 | 02/22/2016 to 02/28/2018 |
| | 1225 N GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6049 | L. & G. HEARING AID CENTERS, INC. | | | Tele (602)788-1046 | 07/01/2016 to 06/30/2018 |
| | 4001 EAST BELL ROAD, SUITE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6049 | L. & G. HEARING AID CENTERS, INC. | | | Tele (623)935-5277 | 07/01/2016 to 06/30/2018 |
| | 1485 N DYSART RD #104 | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4233 | LAHTI, ARDYTHE G | | | Tele (623)293-4431 | 03/01/2016 to 02/28/2018 |
| | 19001 N 27TH AVE | | | Fax: (623)293-4432 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1268 | LARRY DEAN WEBB | | | Tele (623)214-5885 | 09/01/2016 to 08/31/2018 |
| | 14755 W R H JOHNSON BLVD #102 | | | Fax: (623)214-0045 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD579 | LAVERTY, DAVID | | | Tele (480)609-1420 | 08/01/2016 to 07/31/2018 |
| | 15255 N HAYDEN RD | | | Fax: (480)609-1457 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4306 | LAWRENCE EDWARD ECKELS | | | Tele (623)433-9752 | 09/01/2016 to 08/31/2018 |
| | 3004 N 148TH DR | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1974 | LEHNERER, THOMAS EARL. | | | Tele (623)546-1061 | 03/01/2016 to 02/28/2018 |
| | 13565 WEST CAMINO DEL SOL | | | Fax: (623)972-8108 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1807 | LIFESTYLE HEARING CORPORATION | | | Tele (480)497-3285 | 11/01/2015 to 10/31/2017 |
| | 6124 EAST BROWN ROAD, SUITE 102 | | | Fax: (480)833-2513 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8316 | LINETTE LUCY PADUA | | | Tele (623)776-4028 | 08/18/2015 to 08/31/2017 |
| | 17550 N 79TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4782 | LINEWEAVER, KIM | | | Tele (480)899-6819 | 04/01/2016 to 03/31/2018 |
| | 312 N ALMA SCHOOL RD STE 8 | | | Fax: (480)619-6243 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4173 | LINEWEAVER, SCOTT E. | | | Tele (480)899-6819 | 09/01/2016 to 08/31/2018 |
| | 312 N ALMA SCHOOL RD STE 8 | | | Fax: (602)467-3186 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6974 | LOSTUMO, SHAUNA N. | | | Tele (480)813-8400 | 01/01/2016 to 12/31/2017 |
| | 9635 S MCKEMY ST STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1474 | LUKENS, DIANE T. | | | Tele (480)338-6691 | 04/01/2016 to 03/31/2018 |
| | 2222 W PINNACLE PEAK ROAD SUITE 170 | | | Fax: (480)507-6500 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8284 | LYNDSEY KAY BUCHANAN | | | Tele (602)455-1331 | 06/01/2016 to 05/31/2018 |
| | 9133 W THUNDERBIRD RD SUITE 102 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4446 | MANDER, LISA K. | | | Tele (623)933-3088 | 03/01/2016 to 02/28/2018 |
| | 10503 W THUNDERBIRD BLVD SUITE 101A | | | Fax: (623)975-0289 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5912 | MARIE-CHANTAL MAHALA KNOX | | | Tele (602)808-0117 | 10/01/2016 to 09/30/2018 |
| | 4502 EAST OAK STREET | | | Fax: (602)224-4399 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1622 | MAYO CLINIC ARIZONA | | | Tele (480)301-8000 | 02/01/2016 to 01/31/2018 |
| | 13400 E SHEA BOULEVARD | | | Fax: (480)301-4570 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4599 | MAZNIO, EDWARD A. | | | Tele (602)405-1102 | 03/01/2016 to 02/28/2018 |
| | 7023 WEST BLACKHAWK DRIVE | | | Fax: (623)877-9906 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4656 | MCCLURE, JASON E. | | | Tele (480)830-4685 | 10/01/2015 to 09/30/2017 |
| | 14816 DEL WEBB BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8669 | MELLAS, ROXANE RUBY | | | Tele (602)808-0117 | 12/29/2014 to 12/31/2016 |
| | 4502 E OAK ST | | | Fax: (602)224-4309 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7682 | MERE, MARCUS C. | | | Tele (480)926-2213 | 06/01/2016 to 05/31/2018 |
| | 1225 NORTH GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6284 | MERE, TONJA | | | Tele (480)926-2213 | 04/01/2016 to 03/31/2018 |
| | 1225 N GILBERT RD | | | Fax: (623)882-3879 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1529 | METRO HEARING ASSOCIATES, LLC | | | Tele (602)866-0147 | 09/01/2016 to 08/31/2018 |
| | 4045 E BELL RD #135 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1529 | METRO HEARING ASSOCIATES, LLC | | | Tele (602)866-0147 | 09/01/2016 to 08/31/2018 |
| | 13203 N 103RD AVE J 4 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1529 | METRO HEARING ASSOCIATES, LLC | | | Tele (602)866-0147 | 09/01/2016 to 08/31/2018 |
| | 13657 W MCDOWELL RD #200 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1529 | METRO HEARING ASSOCIATES, LLC | | | Tele (602)866-0147 | 09/01/2016 to 08/31/2018 |
| | 14506 W GRANITE VALLEY DR #117 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1529 | METRO HEARING ASSOCIATES, LLC | | | Tele (602)866-0147 | 09/01/2016 to 08/31/2018 |
| | 13934 N 59TH AVE #120 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4755 | MEYER, MARY V. | | | Tele (480)994-9667 | 10/01/2015 to 09/30/2017 |
| | 7245 EAST OSBORNE ROAD STE 2 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1761 | MICHAEL EVAN MOLUMBY | | | Tele (480)732-9800 | 10/01/2016 to 09/30/2018 |
| | 1900 W CHANDLER BLVD STE B13 | | | Fax: (480)732-9824 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1606 | MICHAEL GEORGE LANG | | | Tele (623)975-1700 | 04/01/2016 to 03/31/2018 |
| | 14175 W INDIAN SCHOOL RD SUITE D-3 | | | Fax: (623)975-1701 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7485 | MILLERS HEARING AID CENTERS INC | | | Tele (928)232-0245 | 01/01/2016 to 12/31/2017 |
| | 108 N FRONTIER STREET | | | Fax: ( ) - | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1603 | MILLS, ZACHARY K. | | | Tele (623)875-7323 | 04/01/2016 to 03/31/2018 |
| | 4120 N 108TH AVE | | | Fax: (623)218-1544 | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10223 | MOBILE AUDIOLOGY, LLC. | | | Tele (801)486-9309 | 08/11/2016 to 08/10/2018 |
| | 7373 E DOUBLETREE RANCH BLVD STE 165 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD890 | MONTELEONE, ANTHONY J | | | Tele (623)972-1880 | 09/01/2016 to 08/31/2018 |
| | 10001 WEST BELL RD #144 | | | Fax: (623)972-6079 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5377 | MOON, JUNG HUN | | | Tele (602)993-0139 | 01/01/2016 to 12/31/2017 |
| | 3425 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7803 | MOON, JUNG KUK | | | Tele (623)933-6525 | 01/01/2016 to 12/31/2017 |
| | 10050 W BELL RD #25 | | | Fax: (602)391-2995 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8095 | MYERS JR., ROBERT W. | | | Tele (480)609-1420 | 11/01/2015 to 10/31/2017 |
| | 15255 N HAYDEN | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD2044 | NADIA ANGELIC HUSSEIN BENAVIDEZ | | | Tele (480)807-6335 | 10/01/2016 to 09/30/2018 |
| | 1155 S POWER RD STE 104 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1675 | NASCA, JOE S. | | | Tele (480)895-7636 | 02/01/2016 to 01/31/2018 |
| | 25229 S SUN LAKES BLVD #120 | | | Fax: (480)802-0300 | |
| | SUN LAKES | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8730 | NICKOLAS CARLETON HENDRICKSON | | | Tele (480)735-9234 | 09/14/2015 to 09/30/2017 |
| | 8490 S POWER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4457 | NIELSEN, DONALD C. | | | Tele (480)899-6819 | 12/01/2015 to 11/30/2017 |
| | 312 N ALMA SCHOOL RD STE 8 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8127 | NORTHLAND HEARING CENTERS INC | | | Tele (623)214-1700 | 01/01/2016 to 12/31/2017 |
| | 2293 N PEBBLE CREEK PARKWAY STE 105 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8207 | NORTHLAND HEARING CENTERS INC | | | Tele (623)974-9666 | 01/01/2016 to 12/31/2017 |
| | 10404 W COGGINS DR #110 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8208 | NORTHLAND HEARING CENTERS INC | | | Tele (623)214-1700 | 01/01/2016 to 12/31/2017 |
| | 18747 N REEMS ROAD BLDG E #540 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8322 | NORTHLAND HEARING CENTERS, INC. | | | Tele (480)374-5635 | 06/01/2016 to 05/31/2018 |
| | 3415 S MCCLINTOCK DRIVE STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7380 | NORTHLAND HEARING CENTERS, INC. | | | Tele (480)374-5668 | 07/01/2016 to 06/30/2018 |
| | 319 S POWER ROAD #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD2041 | NORTHLAND HEARING CENTERS, INC. | | | Tele (602)841-9424 | 04/01/2016 to 03/31/2018 |
| | 18275 N 59TH AVE, STE 184, BLDG N | | | Fax: (602)841-3713 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1351 | NOWICKI, BERNARD D | | | Tele (602)863-1020 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1828 | NOWICKI, KAREN A. | | | Tele (623)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9172 | NURSING HOME DENTAL CARE LTD | | | Tele (877)929-0030 | 11/01/2016 to 10/31/2018 |
| | 19820 N 7TH ST STE 290 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6177 | OBRIEN, CHRISTOPHER | | | Tele (480)924-5925 | 10/01/2015 to 09/30/2017 |
| | 4406 E MAIN ST | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6158 | O'CONNOR, SANDRA S | | | Tele (602)293-4557 | 05/01/2016 to 04/30/2018 |
| | 1646 WEST MONTEBELLO | | | Fax: (602)293-4558 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7641 | OPTUMRX, INC | | | Tele (855)523-9355 | 09/01/2016 to 08/31/2018 |
| | 20414 N 27TH AVE STE 400 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7641 | OPTUMRX, INC. | | | Tele (855)523-9355 | 09/01/2016 to 08/31/2018 |
| | 4425 E COTTON CENTER BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7641 | OPTUMRX, INC. | | | Tele (855)523-9355 | 09/01/2016 to 08/31/2018 |
| | 16165 N 83RD AVE STE 200 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7641 | OPTUMRX, INC. | | | Tele (855)523-9355 | 09/01/2016 to 08/31/2018 |
| | 7702 E DOUBLETREE RANCH RD STE 300 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6191 | PATTON, CHRISTINA | | | Tele (480)245-6055 | 10/01/2016 to 09/30/2018 |
| | 5010 E WARNER RD #114 | | | Fax: (480)993-3124 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6138 | PAVELL, CARRIE M | | | Tele (623)977-1912 | 04/01/2016 to 03/31/2018 |
| | 9720 W PEORIA AVE SUITE 115 | | | Fax: (623)977-1972 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1976 | PICKERING, JANE A. | | | Tele (480)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7264 | PREMIER HEARING CENTER, LLC. | | | Tele (602)259-3532 | 08/04/2016 to 08/31/2018 |
| | 1515 N 9TH STREET SUITE A3 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6638 | PREMIER HEARING CENTER, LLC. | | | Tele (623)933-3088 | 08/04/2016 to 08/31/2018 |
| | 12621 N 103RD AVENUE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7263 | PREMIER HEARING CENTER, LLC. | | | Tele (602)279-0003 | 08/04/2016 to 08/31/2018 |
| | 240 W OSBORN ROAD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD1927 | PROFESSIONAL HEARING CONSULTANTS LLC<br>1228 S SOSSAMAN RD STE 103<br>MESA AZ 85209 | Tele (480)984-4327<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD1927 | PROFESSIONAL HEARING CONSULTANTS, LLC<br>25229 S SUN LAKES BLVD STE 120<br>SUN LAKES AZ 85248 | Tele (480)895-7636<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR8933 | RANDALL WAYNE HENDERSON<br>18747 N REEMS RD, SUITE 540<br>SUN CITY AZ 85374 | Tele (623)748-7895<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR5414 | ROBBINS, LYNDA L.<br>NO EMPLOYER SPECIFIED<br>MESA AZ 85207 | Tele (480)390-2341<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD656 | ROBERT CHARLES BABER<br>2222 W PINNACLE PEAK ROAD SUITE 170<br>PHOENIX AZ 85027 | Tele (623)582-6699<br>Fax: (623)582-6723<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5556 | ROCHELLE LYNN JONES-STRODE | | | Tele (480)214-9000 | 10/01/2015 to 09/30/2017 |
| | 3420 S MERCY RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE1953 | ROGER ALLEN CALDWELL | | | Tele (480)813-8400 | 06/24/2015 to 06/30/2017 |
| | 9365 S MCKENY ST STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5539 | ROSE, KARLI R. | | | Tele (480)258-6039 | 04/01/2016 to 03/31/2018 |
| | 9365 S MCKEMY STREET STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6703 | SAGRARIO EUNICE COWELL | | | Tele (623)776-4028 | 11/01/2016 to 10/31/2018 |
| | 17550 N 79TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1990 | SALINAS, GILBERTO R. | | | Tele (602)788-1046 | 02/01/2016 to 01/31/2018 |
| | 4001 E BELL ROAD #110 | | | Fax: (602)788-4237 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1440 | SALINAS, LISA N. | | | Tele (602)788-1046 | 02/01/2016 to 01/31/2018 |
| | 4001 E BELL RD #110 | | | Fax: (602)788-4237 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7610 | SALO, DEVON E | | | Tele (480)293-0081 | 05/01/2016 to 04/30/2018 |
| | 1415 NORTH ARIZONA AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4266 | SANCHEZ, DAWN M. | | | Tele (480)964-2386 | 11/01/2015 to 10/31/2017 |
| | 7165 E UNIVERSITY DR | | | Fax: (480)964-1134 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5537 | SARAH DIANE LIPPMANN | | | Tele (480)245-6622 | 04/01/2016 to 03/31/2018 |
| | 1246 S GREENFIELD RD STE 104 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5194 | SCOTT DAVID ANFINSON | | | Tele (480)375-2061 | 04/01/2016 to 03/31/2018 |
| | 595 S GALLERIA WAY | | | Fax: (480)375-2084 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD973 | SHIRLEY A HAARHUES | | | Tele (602)000-0000 | 11/01/2014 to 10/31/2016 |
| | 14605 N BOSWELL BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5323 | SILVA, JAIME | | | Tele (602)971-3800 | 06/01/2016 to 05/31/2018 |
| | 4856 E BASELINE RD SUITE 104 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7580 | STAMBAUGH, NICOLE L | | | Tele (480)777-3990 | 01/01/2016 to 12/31/2017 |
| | 7650 S MCCLINTOCK DR | | | Fax: (480)802-7725 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1920 | STEPHANIE ANN ZAVODJANCIK | | | Tele (480)893-8975 | 10/01/2016 to 09/30/2018 |
| | 1445 W ELLIOT RD | | | Fax: (480)893-9215 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9503 | STEPHENS, JR. CURTIS LYNN | | | Tele (602)765-7800 | 07/21/2015 to 07/31/2017 |
| | 4807 E GREENWAY RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4991 | STUCKI, THOMAS W. | | | Tele (623)262-1499 | 10/01/2015 to 09/30/2017 |
| | 10732 W BELL RD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1764 | TACKETT, APRIL S. | | | Tele (480)924-6330 | 04/03/2015 to 04/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (480)924-5764 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6827 | TAMARA KAY RIKE. | | | Tele (480)649-8474 | 10/01/2016 to 09/30/2018 |
| | 1863 N STAPLEY | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8392 | TEMPLE, CYNTHIA L. | | | Tele (602)000-0000 | 01/21/2015 to 01/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9675 | THBELNAP, LLC | | | Tele (623)362-2800 | 08/19/2015 to 08/31/2017 |
| | 14537 W GRAND AVE STE 120 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE7607 | THEODORE LEONARD ANDERSON | | | Tele (623)455-8139 | 12/17/2014 to 12/31/2016 |
| | 17220 N BOSWELL BLVD STE 117 W | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85373 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6670 | THOMAS ANTHONY IPPOLITO | | | Tele (623)776-4028 | 04/01/2016 to 03/31/2018 |
| | 17550 N 79TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1493 | THOMPSON, TIMOTHY L. | | | Tele (480)258-6050 | 06/01/2016 to 05/31/2018 |
| | 801 S POWER RD SUITE 111 | | | Fax: (602)678-4727 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9043 | TINNITUS AND HYPERACUSIS CENTER OF ARIZONA, LLC | | | Tele (480)619-5257 | 08/01/2016 to 07/31/2018 |
| | 2034 E SOUTHERN AVE STE I | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9332 | TOD LOUIS HUETHER | | | Tele (480)609-1420 | 03/14/2016 to 03/31/2018 |
| | 15255 N HAYDEN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD364 | TRI-CITY AUDIOLOGY, LLC | | | Tele (480)981-3384 | 12/01/2015 to 11/30/2017 |
| | 6553 E BAYWOOD AVE STE 104 | | | Fax: (480)924-8944 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD364 | TRI-CITY AUDIOLOGY, LLC | | | Tele (480)899-0076 | 12/01/2015 to 11/30/2017 |
| | 595 N DOBSON RD STE D79 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD364 | TRI-CITY AUDIOLOGY, LLC | | | Tele (480)831-6159 | 12/01/2015 to 11/30/2017 |
| | 2034 E SOUTHERN AVE STE I | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4398 | TURNER, PATRICK A. | | | Tele (480)333-6570 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)357-7502 | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)753-1459 | 05/01/2016 to 04/30/2018 |
| | 5110 E WARNER RD STE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)684-1360 | 05/01/2016 to 04/30/2018 |
| | 20201 N SCOTTSDALE HEALTHCARE DR STE 230 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)614-0499 | 05/01/2016 to 04/30/2018 |
| | 9097 E DESERT COVE AVE STE 200 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)273-8688 | 05/01/2016 to 04/30/2018 |
| | 8952 E DESERT COVE AVE STE 205 | | | Fax: (480)273-8689 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)753-1459 | 05/01/2016 to 04/30/2018 |
| | 2081 W FRYE RD STE 100 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)833-8620 | 05/01/2016 to 04/30/2018 |
| | 726 N GREENFIELD RD STE 106 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)558-5306 | 05/01/2016 to 04/30/2018 |
| | 225 S DOBSON RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (623)566-4718 | 05/01/2016 to 04/30/2018 |
| | 18700 N 64TH DR STE 201 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)273-8680 | 05/01/2016 to 04/30/2018 |
| | 4140 E BASELINE RD STE 211 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (480)273-8448 | 05/01/2016 to 04/30/2018 |
| | 3501 N SCOTTSDALE RD STE 160 | | | Fax: (480)273-8720 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (623)848-8890 | 05/01/2016 to 04/30/2018 |
| | 9250 W THOMAS RD STE 350 | | | Fax: (623)848-7848 | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (602)684-1080 | 05/01/2016 to 04/30/2018 |
| | 8752 E VIA DE COMMERCIO STE 1 | | | Fax: (480)684-1081 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6207 | VANDERLIP, BENJAMIN C | | | Tele (480)775-0950 | 10/01/2015 to 09/30/2017 |
| | 3415 S MCCLINTOCK DR #105 | | | Fax: (480)839-1653 | |
| | SCOTTSDALE | AZ | 85252 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9882 | VANESSA ANN MAYERS | | | Tele (623)825-0999 | 07/26/2016 to 07/31/2018 |
| | 10503 W THUNDERBIRD BLVD STE 114 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1854 | VITTORIA GIOVANNUCCI | | | Tele (623)933-3088 | 09/01/2016 to 08/31/2018 |
| | 10503 W THUNDERBIRD BLVD STE 101A | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9303 | VUICH, PATRICK JASON | | | Tele (480)990-1653 | 03/02/2015 to 03/31/2017 |
| | 7034 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6060 | W. REED FENTON - SOLE PROP. | | | Tele (480)649-9609 | 09/01/2016 to 08/31/2018 |
| | 4020 EAST MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1799 | WADE REED FENTON | | | Tele (602)618-5591 | 10/01/2015 to 09/30/2017 |
| | 4020 EAST MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR10000 | WANDA ELIZABETH EURASQUIN | | | Tele (623)933-0000 | 06/03/2016 to 06/30/2018 |
| | 8215 W BELL ROAD SUITE 124 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4968 | WEBB, AARON T. | | | Tele (623)214-5885 | 04/01/2016 to 03/31/2018 |
| | 14755 WEST R H JOHNSON BLVD STE 102 | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD322 | WEINBERG, JUDITH | | | Tele (602)866-7082 | 08/01/2016 to 07/31/2018 |
| | 1512 W BELL RD #5 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD4570 | WEST VALLEY HEARING AIDS CENTER, INC<br>16841 N 31ST AVE BLDG 2<br>PHOENIX AZ 85053 | Tele (602)843-4844<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD4570 | WEST VALLEY HEARING AIDS CENTER, INC.<br>14877 W BELL RD STE 101<br>SURPRISE AZ 85374 | Tele (623)234-4640<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| HAD1887 | YOHLER, ALISON D<br>5512 W DESERT HOLLOW DRIVE<br>PHOENIX AZ 85083 | Tele (480)200-9551<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD8636 | ZAVOS HEARING AIDS AND AUDIOLOGY, LLC<br>13967 W GRAND AVE STE 105<br>SUN CITY AZ 85374 | Tele (623)266-3003<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| BHAD5231 | ZOUNDS HEARING, INC<br>15331 W BELL RD # 212 UNIT 4<br>SURPRISE AZ 85374 | Tele (623)584-7817<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 10/12/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)802-7725 | 10/13/2016 to 10/12/2018 |
| | 10440 E RIGGS RD STE 250 | | | Fax: ( ) - | |
| | SUN LAKES | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)777-3990 | 10/13/2016 to 10/12/2018 |
| | 1600 W CHANDLER BLVD #120 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)813-8400 | 10/13/2016 to 10/12/2018 |
| | 9365 S MCKEMY ST #105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)331-7004 | 10/13/2016 to 10/12/2018 |
| | 4747 N 7TH ST #140 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)993-0139 | 10/13/2016 to 10/12/2018 |
| | 3425 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)753-0275 | 10/13/2016 to 10/12/2018 |
| | 7272 E INDIAN SCHOOL RD STE 540 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)753-0582 | 10/13/2016 to 10/12/2018 |
| | 2990 N LITCHFIELD RD STE 5 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)551-8537 | 10/13/2016 to 10/12/2018 |
| | 16165 N 83RD AVE STE 200 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)753-0580 | 10/13/2016 to 10/12/2018 |
| | 2550 W UNION HILLS DR STE 350 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (602)765-7800 | 10/13/2016 to 10/12/2018 |
| | 4807 E GREENWAY RD STE 113 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)420-3835 | 10/13/2016 to 10/12/2018 |
| | 1166 E WARNER RD STE 101 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)389-3455 | 10/13/2016 to 10/12/2018 |
| | 9170 E BAHIA DR #103 D | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)830-0007 | 10/13/2016 to 10/12/2018 |
| | 801 S POWER RD #111 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)447-4006 | 10/13/2016 to 10/12/2018 |
| | 16810 AVENUE OF THE FOUNTAINS #216 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (480)777-3990 | 10/13/2016 to 10/12/2018 |
| | 7650 S MCCLINTOCK DR STE 101 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC.<br>19082 R H JOHNSON BLVD STE D<br>SURPRISE AZ 85374 | Tele (623)584-7817<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 10/12/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD5231 | ZOUNDS HEARING, INC.<br>1955 N VAL VISTA DR #103<br>MESA AZ 85213 | Tele (602)456-4401<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 10/12/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD5231 | ZOUNDS HEARING, INC.<br>10732 W BELL RD<br>SUN CITY AZ 85351 | Tele (623)972-1299<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 10/12/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5823 | 24 HOUR HOME HEALTH, LLC<br>10405 EAST MCDOWELL MOUNTAIN RANCH ROAD, SUITE 276<br>SCOTTSDALE AZ 85255 | Tele (623)738-5766<br>Fax: (877)812-7761<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA5335 | A PLUS HOME HEALTH SERVICES, LLC<br>1631 EAST GUADALUPE ROAD, SUITE 200<br>TEMPE AZ 85283 | Tele (480)917-6994<br>Fax: (480)203-2678<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA6341 | ACCUCARE HOME HEALTH SERVICES | | | Tele (480)213-7898 | 03/01/2016 to 02/28/2017 |
| | 1555 EAST UNIVERSITY DRIVE, SUITE 3 B | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7532 | ADVANCE HOME HEALTH CARE LLC | | | Tele (480)264-7866 | 01/26/2016 to 12/31/2016 |
| | 1837 SOUTH MESA DRIVE, SUITE C202 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4479 | ADVANCED CLINICAL ASSOCIATES | | | Tele (602)373-0540 | 10/01/2016 to 09/30/2017 |
| | 10752 NORTH 89TH PLACE, SUITE 203 | | | Fax: (480)477-6571 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5406 | AEGIS HOMECARE, INC | | | Tele (480)219-4790 | 05/01/2016 to 04/30/2017 |
| | 2350 EAST GERMANN ROAD, SUITE 31 | | | Fax: (480)584-5871 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4392 | AHC HOME HEALTH OF ARIZONA LLC | | | Tele (480)214-2448 | 05/01/2016 to 04/30/2017 |
| | 5755 EAST MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ALL CARE INTEGRATED HEALTH SERVICES PLLC | Tele (602)953-5115 | to |
| | 3420 EAST SHEA BOULEVARD, SUITE 250 | Fax: (602)391-2031 | |
| | PHOENIX AZ 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4148 | ALL N ONE HOME HEALTH AGENCY | Tele (602)368-3471 | 03/01/2015 to 02/28/2017 |
| | 2922 NORTH 7TH AVENUE | Fax: (602)368-3482 | |
| | PHOENIX AZ 85013 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4588 | ALPHA HEALTHCARE, LLC | Tele (602)374-6944 | 03/01/2016 to 02/28/2017 |
| | 16042 NORTH 32ND STREET, SUITE B2 | Fax: (602)374-5722 | |
| | PHOENIX AZ 85032 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7673 | ALWAYS BEST CARE HOME HEALTH | Tele (480)306-8862 | 05/13/2016 to 04/30/2017 |
| | 10752 NORTH 89TH PLACE, SUITE 106A | Fax: ( ) - | |
| | SCOTTSDALE AZ 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3720 | AMEDISYS HOME HEALTH CARE | Tele (602)395-1999 | 02/01/2016 to 01/31/2017 |
| | 5045 NORTH 12TH STREET, SUITE 100 | Fax: (602)395-6678 | |
| | PHOENIX AZ 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5666 | AMERICAN HOME HEALTH SERVICES, INC<br>1837 SOUTH MESA DRIVE, SUITE C201<br>MESA AZ 85210 | Tele (480)696-4980<br>Fax: (480)686-8263<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| HHA5313 | AMERICAN MEDICAL HOMECARE ALLIANCE, INC<br>2355 EAST CAMELBACK ROAD, SUITE 615<br>PHOENIX AZ 85016 | Tele (480)359-3998<br>Fax: (480)385-6785<br>Capacity : Not Applicable | 02/01/2016 to 02/05/2017<br>Medcaid_Cert: Certified |
| HHA7352 | AQUARIUS HOME HEALTH<br>10000 NORTH 31ST AVENUE, SUITE C100-123<br>PHOENIX AZ 85051 | Tele (602)466-3686<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/02/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HHA7475 | ARIZONA HARMONY HOME HEALTHCARE, LLC<br>5070 NORTH 40TH STREET, SUITE 120<br>PHOENIX AZ 85018 | Tele (480)719-1550<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA0268 | ARIZONA HOME CARE<br>1626 SOUTH EDWARD DRIVE<br>TEMPE AZ 85281 | Tele (602)252-5000<br>Fax: (602)323-5070<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5562 | ARIZONA HOME HEALTH, LLC<br>14631 NORTH CAVE CREEK ROAD, SUITE 104<br>PHOENIX AZ 85022 | Tele (602)923-0111<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| HHA6895 | ARIZONA SELECT HOME HEALTH, INC<br>13416 NORTH 32ND STREET, SUITE 109<br>PHOENIX AZ 85032 | Tele (480)428-3526<br>Fax: (480)428-3545<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA5444 | ARIZONA VISITING NURSES<br>2659 WEST GUADALUPE ROAD, SUITE D108<br>MESA AZ 85202 | Tele (480)820-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2016<br>Medcaid_Cert: Certified |
| HHA6478 | ARIZONA'S CHOICE HOME HEALTH AGENCY, LLC<br>12301 WEST BELL ROAD, SUITE B106<br>SURPRISE AZ 85378 | Tele (623)444-6765<br>Fax: (623)444-9088<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA5029 | ASPIRE HOME HEALTHCARE OF ARIZONA, INC.<br>9449 NORTH 90TH STREET, SUITE 107<br>SCOTTSDALE AZ 85258 | Tele (602)283-0263<br>Fax: (602)283-0281<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3163 | ASSISTED HEALTHCARE SERVICES<br>8165 EAST INDIAN BEND ROAD, SUITE 101<br>SCOTTSDALE AZ 85250 | Tele (480)860-2345<br>Fax: (480)860-2340<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA4386 | ASSISTEO HOME HEALTH<br>2929 NORTH 44TH STREET, SUITE 130<br>PHOENIX AZ 85018 | Tele (602)535-0610<br>Fax: (602)293-3717<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA4584 | ATLANTIC HOME HEALTH CARE, LLC<br>15551 NORTH GREENWAY HAYDEN LOOP, SUITE 155A<br>SCOTTSDALE AZ 85260 | Tele (480)948-9900<br>Fax: (480)948-9911<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA5611 | AVANZAR HOME HEALTH CARE, LLC<br>455 NORTH MESA DRIVE, SUITE 9<br>MESA AZ 85201 | Tele (480)840-5818<br>Fax: (888)311-8883<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA5645 | AVOCARE HOME HEALTH PLUS, INC<br>250 NORTH LITCHFIELD ROAD, SUITE 200<br>GOODYEAR AZ 85338 | Tele (623)932-3552<br>Fax: (623)882-3273<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5018 | A-Z HOME CARE OPTIONS | | | Tele (602)604-0900 | 02/01/2016 to 01/31/2017 |
| | 4745 NORTH 7TH STREET, SUITE 108 | | | Fax: (602)604-0906 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA0015 | BANNER HOME CARE | | | Tele (480)657-1000 | 10/01/2016 to 09/30/2017 |
| | 275 EAST GERMANN ROAD, SUITE 110S | | | Fax: (480)657-1795 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA3635 | BAYADA HOME HEALTH CARE INC. | | | Tele (602)870-6364 | 08/01/2016 to 07/31/2017 |
| | 706 EAST BELL ROAD, SUITE 111 | | | Fax: (602)997-8893 | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA6343 | BAYADA HOME HEALTH CARE, INC. | | | Tele (623)979-5266 | 03/01/2016 to 02/28/2017 |
| | 18001 NORTH 79TH AVENUE, SUITE A-3 | | | Fax: (623)776-9223 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5600 | BEATITUDES HOME HEALTH | | | Tele (602)544-5000 | 12/01/2015 to 11/30/2016 |
| | 1712 WEST GLENDALE AVENUE, SUTE HH | | | Fax: (602)544-5005 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5211 | BEECH HOME CARE AND MEDICAL INC | | | Tele (480)339-4400 | | 10/01/2016 | to | 09/30/2017 |
| | 2017 EAST ADOBE STREET | | | Fax: (602)357-4604 | | | | |
| | MESA | AZ | 85213 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7421 | BEST CARE HEALTH SERVICES, INC. | | | Tele (602)687-8353 | | 11/01/2016 | to | 10/31/2017 |
| | 11225 NORTH 28TH DRIVE, SUITE D, 220E | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85029 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4180 | CARE PARTNERS HEALTH SERVICES, INC. | | | Tele (623)535-9607 | | 07/01/2016 | to | 06/30/2017 |
| | 14122 WEST MCDOWELL ROAD, SUITE 203 | | | Fax: (877)334-1390 | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5237 | CAREMINDERS HOME CARE | | | Tele (480)219-3369 | | 11/01/2015 | to | 10/31/2016 |
| | 8989 EAST VIA LINDA, SUITE 215 | | | Fax: (480)219-5037 | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4187 | CELEBRITY HOMECARE, INC | | | Tele (480)966-8888 | | 06/01/2016 | to | 05/31/2017 |
| | 1801 SOUTH JENTILLY LANE SUITE A-10 | | | Fax: (480)966-8892 | | | | |
| | TEMPE | AZ | 85281 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4807 | CHRISTIAN CARE HOME HEALTH AGENCY<br>11830 NORTH 19TH AVENUE (PENDLETON CENTER)<br>PHOENIX AZ 85029 | Tele (602)443-5441<br>Fax: (602)443-5499<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| HHA5637 | COMFORT HOME HEALTH CARE, INC.<br>1016 WEST ADAMS, SUITE B<br>PHOENIX AZ 85007 | Tele (602)253-0559<br>Fax: (602)253-0559<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| HHA7612 | CORAM CVS/SPECIALTY INFUSION SERVICES<br>20650 NORTH 29TH PLACE, SUITE 105<br>PHOENIX AZ 85050 | Tele (602)788-3400<br>Fax: (602)788-3405<br>Capacity : Not Applicable | 02/29/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| HHA4941 | COVENANT HOME HEALTH<br>3033 NORTH 44TH STREET, SUITE 269<br>PHOENIX AZ 85018 | Tele (480)354-5829<br>Fax: (480)986-2189<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA3726 | COZY HOME HEALTH CARE<br>1930 SOUTH ALMA SCHOOL ROAD, SUITE D-103<br>MESA AZ 85210 | Tele (602)978-4663<br>Fax: (602)978-9079<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7282 | DELTA HOME HEALTH CARE, INC.<br>2800 NORTH CENTRAL AVENUE, SUITE 1020<br>PHOENIX AZ 85004 | Tele (602)368-2045<br>Fax: (480)264-5220<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HHA5101 | DESERT SUN HOME HEALTH, LLC<br>4150 NORTH 108TH AVENUE, SUITE 138<br>PHOENIX AZ 85037 | Tele (623)271-9755<br>Fax: (623)271-9756<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| HHA4843 | DIVINE FAVOUR HEALTH SERVICES, LLC<br>10640 NORTH 28TH DRIVE, SUITE C205-20<br>PHOENIX AZ 85029 | Tele (602)795-5450<br>Fax: (602)795-6782<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| HHA7050 | DIVINE HOME HEALTH CARE, LLC<br>3029 NORTH ALMA SCHOOL ROAD, SUITE 130<br>CHANDLER AZ 85224 | Tele (480)812-3680<br>Fax: (480)732-0050<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HHA5754 | EL SOL HOME HEALTH, LLC<br>6336 EAST BROWN ROAD, SUITE 102<br>MESA AZ 85205 | Tele (520)421-0447<br>Fax: (520)421-0775<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5164 | ELITE HOME HEALTH SERVICES, LLC | | | Tele (602)626-8462 | 08/01/2016 to 07/31/2017 |
| | 2140 WEST GREENWAY ROAD, SUITE 100 | | | Fax: (602)626-5746 | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA6969 | EMBLEM HOME HEALTH | | | Tele (480)821-8338 | 01/01/2016 to 12/31/2016 |
| | 90 WEST BOSTON STREET | | | Fax: (480)444-7900 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7239 | ENCOMPASS HOME HEALTH OF ARIZONA | | | Tele (623)878-8800 | 11/01/2016 to 07/31/2017 |
| | 7121 WEST BELL ROAD, SUITE 10L | | | Fax: (623)334-5364 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7017 | EPIC HEALTH SERVICES | | | Tele (602)433-1200 | 02/01/2017 to 01/31/2018 |
| | 711 EAST MISSOURI AVENUE, SUITE 110 | | | Fax: (602)279-9796 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4897 | EVEREST HEALTHCARE SOLUTIONS | | | Tele (630)405-7244 | 08/01/2016 to 07/31/2017 |
| | 637 SOUTH 48TH STREET, SUITE 201 | | | Fax: (480)223-6264 | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3699 | FIRSTAT HOME HEALTH SERVICES,LLC<br>7330 NORTH 16TH STREET, SUITE C-117<br>PHOENIX AZ 85020 | Tele (602)279-0000<br>Fax: (602)279-6666<br>Capacity : Not Applicable | 01/25/2016 to 11/30/2016<br>Medcaid_Cert: Certified |
| HHA0110 | FOUNDATION FOR SENIOR LIVING HOME HEALTH AGENCY<br>1201 EAST THOMAS ROAD<br>PHOENIX AZ 85014 | Tele (602)285-1800<br>Fax: (602)604-2254<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA0039 | GENTIVA HEALTH SERVICES<br>16620 NORTH 40TH STREET, SUITE D4<br>PHOENIX AZ 85032 | Tele (602)992-0709<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| | GOOD LIFE HOME CARE OF ARIZONA<br>7373 NORTH SCOTTSDALE ROAD, SUITE D200<br>SCOTTSDALE AZ 85253 | Tele (480)275-4472<br>Fax: (480)275-4887<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| HHA4679 | GRACE HOME HEALTH CARE<br>1930 SOUTH ALMA SCHOOL ROAD, SUITE B-219<br>MESA AZ 85210 | Tele (480)497-0302<br>Fax: (480)497-0305<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7049 | GRAND CANYON HOME CARE, INC | | | Tele (602)441-2722 | 03/01/2016 to 02/28/2017 |
| | 13201 NORTH 35TH AVENUE, SUITE B16 | | | Fax: (602)795-0080 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4508 | GUARDIAN ANGEL HOME CARE, INC | | | Tele (248)293-2400 | 10/01/2015 to 09/30/2016 |
| | 10000 NORTH 31ST AVENUE, SUITE B111 | | | Fax: (602)866-5368 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA3650 | HAGGAI HEALTHCARE CORP | | | Tele (602)943-5963 | 06/01/2016 to 05/31/2017 |
| | 4531 NORTH 16TH STREET, SUITE 102 | | | Fax: (602)943-4516 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4877 | HEALTH AT HOME | | | Tele (480)413-9087 | 07/01/2016 to 06/30/2017 |
| | 2421 EAST SOUTHERN AVENUE, SUITE 8 | | | Fax: (480)413-9092 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4088 | HEALTH MAX GROUP, LLC | | | Tele (602)287-0003 | 05/30/2016 to 04/30/2017 |
| | 4745 NORTH 7TH STREET, SUITE 240 | | | Fax: (602)287-0005 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5825 | HEALTHY LIVING AT HOME ARIZONA, LLC<br>8767 EAST VIA DE VENTURA, SUITE 170<br>SCOTTSDALE AZ 85258 | Tele (888)502-7629<br>Fax: (800)656-9751<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA4166 | HERITAGE HOME HEALTHCARE OF ARIZONA, INC<br>7310 NORTH 16TH STREET, SUITE 228<br>PHOENIX AZ 85020 | Tele (602)745-2900<br>Fax: (602)745-2901<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA6997 | HOLISTIC WELLNESS ALLIANCE, LLC<br>1910 SOUTH STAPLEY DRIVE, SUITE 221<br>MESA AZ 85204 | Tele (480)489-1740<br>Fax: (888)348-0221<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA7300 | HOPE HEALTHCARE, LLC<br>3233 WEST PEORIA AVENUE, #218<br>PHOENIX AZ 85029 | Tele (602)314-6490<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/28/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA3642 | HORIZON HOME HEALTH OF PHOENIX<br>7500 NORTH DREAMY DRAW DRIVE, SUITE 225<br>PHOENIX AZ 85020 | Tele (480)894-5113<br>Fax: (480)894-5134<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0157 | HOSPICE OF THE VALLEY HOME HEALTH AGENCY<br>1510 EAST FLOWER STREET<br>PHOENIX AZ 85014 | Tele (602)530-6900<br>Fax: (602)530-6904<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA4034 | INTEGRITY HOME HEALTH CARE SERVICES, LLC<br>4150 WEST PEORIA AVENUE, SUITE 112<br>PHOENIX AZ 85029 | Tele (602)997-0500<br>Fax: (602)997-4934<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA5892 | INTERIM HEALTHCARE OF PHOENIX<br>7740 NORTH 16TH STREET, SUITE 150<br>PHOENIX AZ 85020 | Tele (602)443-0111<br>Fax: (602)443-0110<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA3973 | KC'S HOME HEALTH CARE, LLC<br>20612 NORTH CAVE CREEK ROAD, SUITE F151<br>PHOENIX AZ 85024 | Tele (602)283-4089<br>Fax: (602)283-4498<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| HHA5140 | LA PALOMA HOMECARE, LLC<br>13416 NORTH 32ND STREET, SUITE 108<br>PHOENIX AZ 85032 | Tele (602)795-0739<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6792 | LHCG, LVI, LLC<br>1550 EAST MISSOURI AVENUE, SUITE 102<br>PHOENIX AZ 85014 | Tele (337)233-1307<br>Fax: (480)922-4944<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA3379 | LOS NINOS HOSPITAL INNOVATIVE HOME HEALTH CARE<br>2601 EAST THOMAS ROAD, SUITE 230<br>PHOENIX AZ 85016 | Tele (602)305-9500<br>Fax: (602)305-9501<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HHA3362 | MAXICARE HOME HEALTH, INC.<br>2432 WEST PEORIA AVENUE, SUITE 1120<br>PHOENIX AZ 85029 | Tele (602)246-1115<br>Fax: (602)246-1114<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA4711 | MAXIM HEALTHCARE SERVICES, INC. - WEST PHOENIX<br>3030 NORTH CENTRAL AVENUE, SUITE 1510<br>PHOENIX AZ 85012 | Tele (602)216-0110<br>Fax: (877)339-7707<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| HHA0178 | MD HOME HEALTH<br>7310 NORTH 16TH STREET, SUITE 165<br>PHOENIX AZ 85020 | Tele (602)266-9971<br>Fax: (602)266-9968<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7621 | MERIDIAN HEALTHCARE PROVIDERS, INC. | | | Tele (480)857-0037 | | 03/15/2016 | to | 02/28/2017 |
| | 575 WEST CHANDLER BOULEVARD, SUITE 129 | | | Fax: (480)857-1098 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA3532 | MGA HOME HEALTHCARE-PHOENIX | | | Tele (602)508-1883 | | 06/01/2016 | to | 05/31/2017 |
| | 3131 EAST CAMELBACK ROAD, SUITE 200 | | | Fax: (602)385-4930 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA6630 | MY HOME HEALTH, INC | | | Tele (623)214-8664 | | 06/01/2016 | to | 05/31/2017 |
| | 17126 NORTH 134TH DRIVE, UNIT 3 | | | Fax: (623)214-8683 | | | | |
| | SURPRISE | AZ | 85378 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA0248 | NIGHTINGALE HOMECARE | | | Tele (602)504-1555 | | 07/01/2016 | to | 06/30/2017 |
| | 2411 WEST ROSE GARDEN LANE, SUITE 110 | | | Fax: (602)504-1552 | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5789 | NURSE ON CALL OF ARIZONA, INC | | | Tele (602)273-9222 | | 08/01/2016 | to | 07/31/2017 |
| | 3150 SOUTH 48TH STREET, SUITE 100 | | | Fax: (602)275-2093 | | | | |
| | PHOENIX | AZ | 85040 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0275 | NURSECORE OF PHOENIX<br>7000 NORTH 16TH STREET, SUITE 156<br>PHOENIX AZ 85020 | Tele (817)575-1136<br>Fax: (602)234-0577<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HHA0191 | NURSING SOLUTIONS<br>15255 NORTH 40TH STREET, SUITE 141<br>PHOENIX AZ 85032 | Tele (602)331-1100<br>Fax: (602)331-1204<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| | NURU HOME HEALTHCARE, LLC<br>136 WEST MAIN STREET, SUITE 201/202<br>MESA AZ 85201 | Tele (480)964-6878<br>Fax: (480)964-6879<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| | OPTIMUM HEALTHCARE, INC<br>1050 EAST UNIVERSITY, SUITE 9<br>MESA AZ 85203 | Tele (480)833-7514<br>Fax: (480)733-2487<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| HHA3480 | PHOENIX HOME HEALTH NURSING SERVICES, INC<br>16841 NORTH 31ST AVENUE, SUITE 170<br>PHOENIX AZ 85053 | Tele (602)789-8282<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7609 | PREMIER HOME HEALTH | | | Tele (602)714-1410 | 03/07/2016 to 02/28/2017 |
| | 4530 EAST SHEA BOULEVARD, SUITE 175 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7720 | PREMIER ONE HOME CARE, LLC | | | Tele (480)773-6837 | 06/21/2016 to 05/31/2017 |
| | 931 EAST SOUTHERN AVENUE, #107 | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA4536 | PRESTIGE HOME HEALTHCARE, LLC | | | Tele (602)279-8471 | 12/01/2016 to 11/30/2017 |
| | 3120 NORTH 19TH AVENUE, SUITE 170 | | | Fax: (602)279-0296 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA5646 | PRINCE OF PEACE HOME HEALTH, LLC | | | Tele (480)861-1002 | 10/01/2015 to 09/30/2016 |
| | 6336 EAST BROWN ROAD | | | Fax: (602)441-5988 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7042 | PRIVATE NURSING, INC | | | Tele (480)755-8888 | 02/01/2016 to 01/31/2017 |
| | 2405 EAST SOUTHERN AVENUE, SUITES 8-9 | | | Fax: (480)730-9797 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA1950 | PROFESSIONAL HOME CARE SERVICES<br>7600 NORTH 16TH STREET, SUITE 140<br>PHOENIX AZ 85020 | Tele (602)263-5000<br>Fax: (602)263-5061<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA3941 | QUALITY HOME HEALTH CARE<br>1112 EAST WASHINGTON STREET<br>PHOENIX AZ 85034 | Tele (602)266-2203<br>Fax: (602)266-2215<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA5095 | SANCTUARY HOME HEALTH<br>7418 EAST HELM DRIVE, SUITE 264<br>SCOTTSDALE AZ 85260 | Tele (602)842-6100<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| HHA4561 | SANTE HOME HEALTH AND REHABILITATION SERVICES<br>8502 EAST PRINCESS DRIVE, SUITE 200<br>SCOTTSDALE AZ 85255 | Tele (480)264-4568<br>Fax: (480)264-4566<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA0163 | SCOTTSDALE HEALTHCARE HOME HEALTH SERVICES<br>7301 E 2ND STREET, SUITE 300<br>SCOTTSDALE AZ 85251 | Tele (480)882-4222<br>Fax: (480)882-4531<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5306 | SELECT HOME CARE LLC | | | Tele (623)256-8098 | | 01/01/2016 | to | 12/31/2016 |
| | 7381 EAST 6TH AVENUE, SUITE #1 & 2 | | | Fax: (866)602-6851 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4989 | SONORA HOME HEALTH, PLLC | | | Tele (602)993-1333 | | 11/01/2015 | to | 10/31/2017 |
| | 11124 WEST ALABAMA AVENUE, SUITE G-1 & G-2 | | | Fax: (602)993-1912 | | | | |
| | YOUNGTOWN | AZ | 85363 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4781 | SOUTHLAND HOME CARE | | | Tele (602)773-7300 | | 02/01/2016 | to | 01/31/2017 |
| | 4527 NORTH 16TH STREET, SUITE 101 | | | Fax: (602)773-7301 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5100 | SPECTRUM HOME HEALTHCARE LLC | | | Tele (480)429-2825 | | 05/01/2016 | to | 04/30/2017 |
| | 1951 WEST CAMELBACK ROAD, SUITE 130 | | | Fax: (480)423-6993 | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA6690 | ST. ELIZABETH HOME HEALTH, INC. | | | Tele (480)456-4400 | | 05/01/2016 | to | 04/30/2017 |
| | 123 EAST BASELINE ROAD, SUITE D108 | | | Fax: (480)755-3472 | | | | |
| | TEMPE | AZ | 85283 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA7015 | STRONG HOLD HOME HEALTH, INC. | | | Tele (602)944-1790 | 02/01/2016 to 01/31/2017 |
| | 2301 WEST DUNLAP AVENUE, SUITE 107 | | | Fax: (602)943-1055 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA3958 | SUNRISE HEALTH SERVICES | | | Tele (480)926-0133 | 08/01/2016 to 07/31/2017 |
| | 1840 EAST UNIVERSITY DRIVE, SUITE 1 | | | Fax: (480)926-6377 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA3554 | SUPREME HOME CARE, INC. | | | Tele (602)454-0155 | 06/01/2016 to 05/31/2017 |
| | 2737 WEST BASELINE ROAD, SUITE 28 | | | Fax: (602)454-0156 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA3590 | TEAM SELECT HOME CARE | | | Tele (602)382-8500 | 09/01/2016 to 08/31/2017 |
| | 2999 NORTH 44TH STREET, SUITE 100 | | | Fax: (602)253-5656 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HHA0271 | THEMA HEALTH SERVICES | | | Tele (602)888-4400 | 08/01/2016 to 07/31/2017 |
| | 1500 EAST BETHANY HOME ROAD, SUITE 250 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6274 | THERAPY HOME HEALTH SERVICES, INC<br>8115 EAST INDIAN BEND ROAD, SUITE 123<br>SCOTTSDALE AZ 85250 | Tele (480)951-6452<br>Fax: (480)951-6464<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| HHA3392 | THRIVE SKILLED PEDIATRIC CARE<br>8687 EAST VIA DE VENTURA, SUITE 110<br>SCOTTSDALE AZ 85258 | Tele (480)609-9000<br>Fax: (480)609-9021<br>Capacity : Not Applicable | 11/02/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| HHA6898 | UNITED HOME HEALTH<br>13760 NORTH 93RD AVENUE, SUITE 105A<br>PEORIA AZ 85381 | Tele (844)400-0005<br>Fax: (844)215-1241<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Certified |
| HHA5357 | UNIVERSAL HOME HEALTH, INC.<br>40 WEST BASELINE ROAD #103<br>TEMPE AZ 85283 | Tele (480)621-7388<br>Fax: (480)621-7485<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HHA6215 | V A HEALTH CARE GROUP, INC<br>6718 WEST GREENWAY ROAD, SUITE 208<br>PEORIA AZ 85381 | Tele (844)824-3577<br>Fax: (623)374-6269<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3923 | VALLEY HOME CARE, LLC<br>2730 WEST AQUA FRIA FREEWAY, SUITE 104<br>PHOENIX AZ 85027 | Tele (623)842-0900<br>Fax: (623)842-0123<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| HHA7922 | VALLEY HOME HEALTH CARE LLC<br>3150 NORTH ARIZONA AVENUE, SUITE 116<br>CHANDLER AZ 85225 | Tele (801)471-5574<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/27/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HHA7384 | VALLEY HOMEHEALTH AGENCY<br>1350 EAST MCKELLIPS, SUITE #2<br>MESA AZ 85203 | Tele (480)643-0599<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/30/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| HHA4947 | VALLEY OF THE SUN HOME HEALTH CARE, LLC<br>2432 WEST PEORIA AVENUE, BUILDING 13 SUITE 1343<br>PHOENIX AZ 85029 | Tele (602)358-7106<br>Fax: (602)419-2255<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA3549 | VICTORY HOME CARE AGENCY<br>1212 NORTH SPENCER STREET, SUITE 1<br>MESA AZ 85203 | Tele (480)726-6553<br>Fax: (480)726-3329<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4404 | VITAL WELLNESS HOME HEALTH<br>10451 WEST PALMERAS DRIVE, SUITE 115E<br>SUN CITY AZ 85373 | Tele (623)933-1896<br>Fax: (623)933-4015<br>Capacity : Not Applicable Medcaid_Cert: Certified | 06/01/2016 to 05/31/2017 |
| HHA5093 | WELLSTREET HOME THERAPY & MEDICAL SERVICES, LLC<br>14980 NORTH 78TH WAY, SUITE 208<br>SCOTTSDALE AZ 85260 | Tele (480)836-2240<br>Fax: (480)836-2217<br>Capacity : Not Applicable Medcaid_Cert: Certified | 05/01/2016 to 04/30/2017 |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5407 | AEGIS HOSPICE, INC<br>2350 EAST GERMANN ROAD, SUITE 31<br>CHANDLER AZ 85286 | Tele (480)219-4790<br>Fax: (480)584-5871<br>Capacity : Not Applicable Medcaid_Cert: Certified | 05/01/2016 to 04/30/2017 |
| HSPC5707 | ALLEGIANT HOSPICE, L L C<br>1234 SOUTH POWER ROAD, SUITE 150<br>MESA AZ 85206 | Tele (480)397-7577<br>Fax: (888)504-1670<br>Capacity : Not Applicable Medcaid_Cert: Certified | 04/01/2016 to 03/31/2017 |
| HSPC6237 | AMERICAN MEDICAL HOMECARE ALLIANCE, LLC<br>2355 EAST CAMELBACK ROAD, SUITE 615<br>PHOENIX AZ 85016 | Tele (480)359-3998<br>Fax: (480)385-6785<br>Capacity : Not Applicable Medcaid_Cert: Certified | 02/01/2016 to 01/31/2017 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC3710 | AMERICARE HOSPICE AND PALLIATIVE CARE<br>1212 NORTH SPENCER STREET, SUITE 2<br>MESA AZ 85203 | Tele (480)726-7773<br>Fax: (480)726-7790<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7259 | ARIZONA CARE HOSPICE<br>12035 NORTH SAGUARO BOULEVARD, SUITE 201<br>FOUNTAIN HILLS AZ 85268 | Tele (480)588-8200<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| HSPC4911 | ARIZONA FAMILY HOSPICE, LLC<br>15551 NORTH GREENWAY-HAYDEN LOOP, SUITE #155<br>SCOTTSDALE AZ 85260 | Tele (480)991-8200<br>Fax: (480)443-0375<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7570 | ARIZONA HOSPICE AT HOME, LLC<br>8767 EAST VIA DE VENTURA, SUITE 170<br>SCOTTSDALE AZ 85258 | Tele (844)681-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/10/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC6896 | ARIZONA SELECT HOSPICE, INC<br>13416 NORTH 32ND STREET, SUITE 107<br>PHOENIX AZ 85032 | Tele (480)336-2706<br>Fax: (480)336-2750<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC7265 | ARIZONA'S CHOICE HOSPICE, LLC | | | Tele (623)444-6044 | 08/01/2016 to 07/31/2017 |
| | 12301 WEST BELL ROAD, SUITE B107 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC7921 | ASSISTED HOSPICE CARE | | | Tele (480)860-2345 | 11/01/2016 to 10/31/2017 |
| | 8165 EAST INDIAN BEND ROAD, SUITE 101B | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC0037 | BANNER HOSPICE | | | Tele (480)657-1100 | 10/01/2016 to 09/30/2017 |
| | 275 EAST GERMANN ROAD, SUITE 110N | | | Fax: (480)657-1790 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC5580 | BANNER HOSPICE AT GRANDVIEW TERRACE (031520) | | | Tele (623)524-3930 | 12/01/2016 to 11/30/2017 |
| | 14505 WEST GRANITE VALLEY DRIVE, NORTH WEST | | | Fax: (623)524-3931 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| | BANNER HOSPICE PHOENIX OFFICE | | | Tele (602)279-0677 | to |
| | 202 EAST EARLL DRIVE, SUITE 160 | | | Fax: (602)279-1085 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7953 | BEST HOSPICE, LLC<br>7725 NORTH 43RD AVENUE, SUITE 611<br>PHOENIX AZ 85051 | Tele (623)322-8686<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/17/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| HSPC4987 | BROOKDALE HOSPICE CHANDLER<br>2545 WEST FRYE ROAD, SUITE 10B<br>CHANDLER AZ 85224 | Tele (615)564-8181<br>Fax: (480)471-8106<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| HSPC6509 | CELEBRITY HOMECARE, INC<br>1801 SOUTH JENTILLY LANE, SUITE A-10<br>TEMPE AZ 85281 | Tele (480)966-8888<br>Fax: (480)966-8892<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| HSPC6443 | COMFORT CARE HOSPICE, INC.<br>1016 WEST ADAMS, SUITE A<br>PHOENIX AZ 85007 | Tele (602)258-1480<br>Fax: (602)253-0565<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HSPC5697 | COMPANION HOSPICE AND PALLIATIVE CARE OF MARICOPA, LLC<br>1930 SOUTH ALMA SCHOOL ROAD, SUITE D105<br>MESA AZ 85210 | Tele (714)741-0273<br>Fax: (866)230-5692<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7011 | COMPLETE HOSPICE CARE OF PHOENIX, LLC<br>1819 EAST MORTEN AVENUE, SUITE 240<br>PHOENIX AZ 85020 | Tele (602)900-1793<br>Fax: (877)439-1622<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| HSPC5084 | COMPREHENSIVE HOSPICE AND PALLIATIVE CARE, LLC<br>2111 EAST HIGHLAND AVENUE, SUITE B-425<br>PHOENIX AZ 85016 | Tele (602)795-9705<br>Fax: (602)595-2108<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HSPC5322 | COPPER COMMUNITIES HOSPICE, LLC<br>1640 SOUTH STAPLEY DRIVE, SUITE 245<br>MESA AZ 85204 | Tele (480)398-2411<br>Fax: (928)425-5411<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC7414 | DIVINE HOSPICE AND PALLIATIVE CARE, LLC<br>16165 NORTH 83RD AVENUE, SUITE 200-237<br>PEORIA AZ 85382 | Tele (623)888-3016<br>Fax: (602)384-7496<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HSPC4245 | EAST VALLEY HOSPICE, PLC<br>1311 WEST CHANDLER BOULEVARD, SUITE 200<br>CHANDLER AZ 85224 | Tele (480)895-5434<br>Fax: (480)305-5782<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5777 | EL SOL HOSPICE AND PALLIATIVE CARE, LLC<br>6336 EAST BROWN ROAD, SUITE 101<br>MESA AZ 85205 | Tele (520)484-8484<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5656 | EMBLEM HOSPICE<br>88 SOUTH SAN MARCOS PLACE<br>CHANDLER AZ 85225 | Tele (480)821-8338<br>Fax: (480)897-2601<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7945 | ETERNITY HOSPICE & PALLIATIVE CARE<br>14122 WEST MCDOWELL ROAD, SUITE 204<br>GOODYEAR AZ 85395 | Tele (602)374-6878<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/09/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC6200 | FAMILY COMFORT HOSPICE<br>7975 NORTH HAYDEN ROAD, SUITE A200<br>SCOTTSDALE AZ 85258 | Tele (480)745-3015<br>Fax: (480)745-3019<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7917 | GEMINI HOSPICE, LLC<br>3960 EAST RIGGS ROAD, SUITE 4<br>CHANDLER AZ 85249 | Tele (480)883-1353<br>Fax: (480)883-1613<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4514 | GRACE HOSPICE OF ARIZONA, INC.<br>2141 EAST BROADWAY ROAD, SUITE 110<br>TEMPE AZ 85282 | Tele (480)775-2599<br>Fax: (480)775-3714<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| HSPC5800 | HARMONY HOSPICE<br>4300 NORTH MILLER ROAD, SUITE 110<br>SCOTTSDALE AZ 85251 | Tele (480)946-0520<br>Fax: (480)423-6852<br>Capacity : Not Applicable | 05/01/2014 to 04/30/2015<br>Medcaid_Cert: Not Ceritified |
| HSPC1110 | HIGHWAY CHRISTIAN HOSPICE<br>67 EAST WELDON AVENUE, SUITE 317<br>PHOENIX AZ 85012 | Tele (602)274-1952<br>Fax: (602)274-2338<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC7468 | HOMESTEAD HOSPICE OF PHOENIX, LLC<br>14800 WEST MOUNTAIN VIEW BOULEVARD, SUITE 210<br>SURPRISE AZ 85374 | Tele (602)283-7474<br>Fax: (602)283-7479<br>Capacity : Not Applicable | 10/29/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC5664 | HORIZON HOSPICE<br>7500 DREAMY DRAW DRIVE, SUITE 225<br>PHOENIX AZ 85020 | Tele (602)997-0722<br>Fax: (480)894-5134<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7605 | HOSPICE AT HOME OF ARIZONA<br>1423 SOUTH HIGLEY ROAD, SUITE 121<br>MESA AZ 85206 | Tele (480)478-0643<br>Fax: (866)931-5418<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| HSPC6444 | HOSPICE FAMILY CARE, INC.<br>13540 WEST CAMINO DEL SOL, SUITE #1<br>SUN CITY WEST AZ 85375 | Tele (704)662-0416<br>Fax: (704)664-1306<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HSPC0044 | HOSPICE FAMILY CARE, INC.<br>1550 SOUTH ALMA SCHOOL ROAD, SUITE 102<br>MESA AZ 85210 | Tele (704)662-0416<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| | HOSPICE OF ARIZONA<br>19820 NORTH SEVENTH AVENUE, SUITE 130<br>PHOENIX AZ 85027 | Tele (602)678-1313<br>Fax: (623)535-0834<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| HSPC7475 | HOSPICE OF HOPE LLC<br>15270 WEST BROOKSIDE LANE, SUITE 121<br>SURPRISE AZ 85379 | Tele (602)420-3305<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/21/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC0018 | HOSPICE OF THE VALLEY - CENTRAL | | | Tele (602)287-7000 | | 05/01/2016 | to | 04/30/2017 |
| | 1510 EAST FLOWER STREET, BUILDING 2 | | | Fax: (602)278-7007 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC0022 | HOSPICE OF THE VALLEY - WEST | | | Tele (623)583-4848 | | 10/01/2016 | to | 09/30/2017 |
| | 9435 WEST PEORIA AVENUE | | | Fax: (623)583-3285 | | | | |
| | PEORIA | AZ | 85345 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC6923 | HOSPICE OF THE VALLEY AT DIGNITY HEALTH, ST JOSEPH'S HOSPITAL & MEDICAL CENTER | | | Tele (602)265-3642 | | 11/01/2015 | to | 10/31/2016 |
| | 350 WEST THOMAS ROAD | | | Fax: (602)530-6904 | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC3589 | HOSPICE OF THE VALLEY DOBSON HOME | | | Tele (480)786-1900 | | 10/01/2016 | to | 09/30/2017 |
| | 1188 NORTH DOBSON ROAD | | | Fax: (480)786-8849 | | | | |
| | CHANDLER | AZ | 85224 | Capacity : | 11 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC0001 | HOSPICE OF THE VALLEY EAST | | | Tele (480)730-5980 | | 10/01/2016 | to | 09/30/2017 |
| | 2020 EAST WOODSIDE COURT | | | Fax: (602)730-6078 | | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC0049 | HOSPICE OF THE VALLEY GARDINER HOSPICE HOME | | | Tele (602)995-9323 | 02/01/2016 to 01/31/2017 |
| | 1522 WEST MYRTLE AVENUE | | | Fax: (602)995-4153 | |
| | PHOENIX | AZ | 85021 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC4802 | HOSPICE OF THE VALLEY RYAN HOUSE | | | Tele (602)234-6750 | 03/01/2016 to 02/28/2017 |
| | 110 WEST MERRELL STREET | | | Fax: (602)266-0895 | |
| | PHOENIX | AZ | 85013 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC4181 | HOSPICE OF THE VALLEY SURPRISE PCU | | | Tele (623)975-9292 | 05/01/2016 to 04/30/2017 |
| | 14066 WEST WADDELL ROAD | | | Fax: (602)530-6904 | |
| | SURPRISE | AZ | 85379 | Capacity : 18 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC5552 | HOSPICE OF THE VALLEY'S DR. ALBERT ECKSTEIN CENTER FOR PALLIATIVE CARE | | | Tele (480)661-4500 | 11/01/2016 to 10/31/2017 |
| | 9808 NORTH 95TH STREET | | | Fax: (480)661-6001 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 12 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC3567 | HOSPICE OF THE VALLEY'S FRIENDSHIP VILLAGE PCU | | | Tele (480)831-3281 | 05/01/2016 to 04/30/2017 |
| | 2525 EAST SOUTHERN AVENUE | | | Fax: (602)530-6904 | |
| | TEMPE | AZ | 85282 | Capacity : 14 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4730 | HOSPICE OF THE VALLEY'S LUND FAMILY HOSPICE HOME<br>1982 EAST WOODSIDE COURT<br>GILBERT AZ 85297 | Tele (480)786-4482<br>Fax: (480)786-4590<br>Capacity : 12 | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| HSPC3917 | HOSPICE OF THE VALLEY'S SHERMAN HOSPICE HOME<br>5801 EAST MAYO BOULEVARD<br>PHOENIX AZ 85054 | Tele (480)585-0909<br>Fax: (480)538-5779<br>Capacity : 12 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5705 | HOSPICE OF THE VALLEY'S THUNDERBIRD PALLIATIVE CARE<br>13614 NORTH 59TH AVENUE<br>GLENDALE AZ 85304 | Tele (602)978-1343<br>Fax: (602)993-0012<br>Capacity : 10 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC4886 | HOSPICE OF THE WEST, LLC<br>21410 NORTH 19TH AVENUE, SUITE 100<br>PHOENIX AZ 85027 | Tele (602)343-0422<br>Fax: (602)343-6297<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC6197 | HOSPICE PROMISE, LLC<br>12211 WEST BELL ROAD, SUITE 101<br>SURPRISE AZ 85378 | Tele (623)209-7003<br>Fax: (623)209-7008<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5232 | HOSPICE SANCTUARY<br>13845 NORTH NORTHSIGHT BOULEVARD, SUITE 101<br>SCOTTSDALE AZ 85260 | Tele (602)633-6100<br>Fax: (602)633-6111<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC3842 | INFINITY HOSPICE CARE, LLC<br>5110 NORTH 40TH STREET, SUITE 107<br>PHOENIX AZ 85018 | Tele (602)381-0375<br>Fax: (602)381-0385<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7330 | NEW BEGINNING HOSPICE AND PALLIATIVE<br>18001 NORTH 79TH AVENUE, SUITE A-6<br>GLENDALE AZ 85308 | Tele (623)234-8918<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC3566 | OPTUM PALLIATIVE AND HOSPICE CARE, INC.<br>3003 NORTH CENTRAL AVENUE, SUITE 800<br>PHOENIX AZ 85012 | Tele (602)749-5900<br>Fax: (602)749-5999<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5648 | PILLARS HOSPICE CARE, LLC<br>10221 NORTH 32ND STREET, SUITE H<br>PHOENIX AZ 85028 | Tele (602)788-1138<br>Fax: (602)788-1136<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4076 | PREMIER HOSPICE AND PALLIATIVE CARE, LLC<br>4530 EAST SHEA BOULEVARD, SUITES 165<br>PHOENIX AZ 85028 | Tele (602)274-7572<br>Fax: (602)274-5465<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC4331 | PRIME CARE HOSPICE, LLC<br>4225 WEST GLENDALE AVENUE, SUITE A-200<br>PHOENIX AZ 85051 | Tele (623)847-2323<br>Fax: (623)847-2626<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5262 | QUALITY HOSPICE CARE, INC.<br>1122 EAST WASHINGTON STREET<br>PHOENIX AZ 85034 | Tele (602)621-4995<br>Fax: (602)621-4990<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC4985 | REFLECTIONS HOSPICE<br>1840 EAST UNIVERSITY DRIVE, SUITE 6<br>MESA AZ 85203 | Tele (480)246-3560<br>Fax: (480)246-3561<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| HSPC7001 | REFLECTIONS HOSPICE OF ARIZONA<br>105 NORTH PASADENA STREET<br>GILBERT AZ 85233 | Tele (480)268-2695<br>Fax: (480)268-2696<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5715 | RENAISSANCE HEALTHCARE, LLC<br>1840 EAST UNIVERSITY DRIVE, SUITE 3<br>MESA AZ 85203 | Tele (480)268-2660<br>Fax: (480)268-2661<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| HSPC4126 | SACRED HEART HOSPICE<br>15255 NORTH 40TH STREET, SUITE 125<br>PHOENIX AZ 85032 | Tele (602)476-2047<br>Fax: (602)443-2993<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5667 | SAGE HOSPICE LLC<br>5111 NORTH SCOTTSDALE ROAD, SUITE 204<br>SCOTTSDALE AZ 85250 | Tele (480)777-5117<br>Fax: (480)304-3155<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HSPC0026 | SCOTTSDALE HOSPICE OF THE VALLEY<br>16117 NORTH 76TH STREET<br>SCOTTSDALE AZ 85260 | Tele (480)663-6500<br>Fax: (480)663-6501<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5171 | SEASONS HOSPICE OF ARIZONA LLC<br>2020 NORTH CENTRAL AVENUE, SUITE 170<br>PHOENIX AZ 85004 | Tele (480)606-1011<br>Fax: (480)606-1012<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC3731 | SERENITY HOSPICE & PALLIATIVE CARE | | | Tele (602)216-2273 | 05/01/2016 to 04/30/2017 |
| | 2999 NORTH 44TH STREET, SUITE 225 | | | Fax: (602)443-5398 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC4736 | SERENITY HOUSE | | | Tele (602)216-2273 | 10/01/2016 to 09/30/2017 |
| | 4122 NORTH 17TH STREET | | | Fax: (602)443-5398 | |
| | PHOENIX | AZ | 85016 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC7204 | SHANTI HOSPICE LLC | | | Tele (480)788-7284 | 07/01/2016 to 06/30/2017 |
| | 501 WEST RAY ROAD, SUITE 6 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC7224 | SOLACE HOSPICE, LLC | | | Tele (602)888-7037 | 07/01/2016 to 06/30/2017 |
| | 2942 NORTH 24TH STREET, SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC7342 | SOUTHLAND HOSPICE, LLC | | | Tele (602)497-4100 | 10/08/2015 to 09/30/2016 |
| | 4527 NORTH 16TH STREET, SUITE 104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7758 | SUNCREST HOSPICE PHOENIX, LLC<br>4650 EAST COTTON CENTER BOULEVARD, SUITE 110<br>PHOENIX AZ 85040 | Tele (602)633-1828<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/22/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC3646 | THE CROSSING HOSPICE, INC.,<br>1500 EAST BETHANY HOME ROAD, SUITE #250<br>PHOENIX AZ 85014 | Tele (602)889-4400<br>Fax: (602)216-6112<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5793 | UNITY HOSPICE<br>7418 EAST HELM DRIVE, SUITES 207-208<br>SCOTTSDALE AZ 85260 | Tele (602)842-6100<br>Fax: (602)842-6106<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2016<br>Medcaid_Cert: Certified |
| HSPC6648 | V A HOSPICE 1, INC.<br>6718 WEST GREENWAY ROAD, SUITE 205<br>PEORIA AZ 85381 | Tele (844)824-3577<br>Fax: (623)374-6269<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HSPC5790 | VALLEY HOSPICE OF ARIZONA, INC.<br>1350 EAST MCKELLIPS, SUITE #5<br>MESA AZ 85203 | Tele (480)878-4561<br>Fax: (480)921-4115<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4948 | VALLEY OF THE SUN HOSPICE, LLC<br>1717 WEST NORTHERN AVENUE, SUITE 117<br>PHOENIX AZ 85021 | Tele (602)535-8255<br>Fax: (602)535-8255<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Certified |
| HSPC5156 | VILLA, THE<br>1103 SOUTH MESA DRIVE<br>MESA AZ 85210 | Tele (480)292-7205<br>Fax: (480)219-7405<br>Capacity : 6 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HSPC6340 | WINGS OF HOPE HOSPICE AND PALLIATIVE CARE, INC<br>11811 NORTH TATUM BOULEVARD, SUITE 3031A - 110<br>PHOENIX AZ 85028 | Tele (602)971-0304<br>Fax: (347)710-1969<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7353 | AQUARIUS HOSPICE<br>10000 NORTH 31ST AVENUE, SUITE C100-125<br>PHOENIX AZ 85051 | Tele (602)466-3686<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/02/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7693 | BANNER HOSPICE<br>13950 WEST MEEKER BOULEVARD, SUITE 102<br>SUN CITY AZ 85375 | Tele (602)747-8899<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/18/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7535 | BEECH HOSPICE, LLC<br>2017 EAST ADOBE STREET<br>MESA AZ 85213 | Tele (480)461-9370<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/28/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC7786 | HOLY CROSS HOSPICE<br>6124 EAST BROWN ROAD, SUITE 101<br>MESA AZ 85205 | Tele (480)718-5678<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/12/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7926 | HOSPICE OF PHOENIX<br>1626 SOUTH EDWARD DRIVE<br>TEMPE AZ 85281 | Tele (602)252-5000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/02/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7062 | LIBERTY HOSPICE, LLC<br>1811 S ALMA SCHOOL ROAD, SUITE 146, ROOM 2<br>MESA AZ 85210 | Tele (602)456-9993<br>Fax: (888)907-1732<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| HSPC7556 | LOVING CARE HOSPICE, LLC<br>1930 SOUTH ALMA SCHOOL ROAD, SUITE B213<br>MESA AZ 85210 | Tele (480)831-3095<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC6757 | NEW CENTURY HOSPICE, INC. | | | Tele (602)258-1301 | | 08/01/2016 | to | 07/31/2017 |
| | 1016 WEST ADAMS STREET, SUITE G | | | Fax: (602)258-1724 | | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7606 | SANTE HOSPICE, LLC | | | Tele (480)563-2402 | | 03/09/2016 | to | 02/28/2017 |
| | 8502 EAST PRINCESS DRIVE, SUITE 200 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7617 | SELECT HOSPICE CARE, LLC | | | Tele (623)256-8098 | | 03/18/2016 | to | 02/28/2017 |
| | 7381 EAST 6TH AVENUE, UNIT 2 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - CHILDRENS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH7283 | HACIENDA CHILDREN'S HOSPITAL, INC. | | | Tele (602)243-4231 | | 08/01/2016 | to | 07/31/2019 |
| | 610 WEST JEROME AVENUE | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85210 | Capacity : | 24 | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH0188 | LOS NINOS HOSPITAL, INC. | | | Tele (602)954-7311 | | 04/01/2016 | to | 03/31/2017 |
| | 2303 EAST THOMAS | | | Fax: (602)954-7355 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | 15 | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - CHILDRENS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH3107 | PHOENIX CHILDREN'S HOSPITAL<br>1919 EAST THOMAS ROAD<br>PHOENIX AZ 85016 | Tele (602)933-1000<br>Fax: (602)933-0394<br>Capacity : 411 | to<br>Medcaid_Cert: Certified |
| SH6849 | PHOENIX CHILDREN'S HOSPITAL AT DIGNITY HEALTH'S MERCY GILBERT MEDICAL CENTER<br>3555 SOUTH VAL VISTA DRIVE<br>GILBERT AZ 85297 | Tele (602)933-4900<br>Fax: (602)933-4948<br>Capacity : 22 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RGH3505 | WICKENBURG COMMUNITY HOSPITAL<br>520 ROSE LANE<br>WICKENBURG AZ 85390 | Tele (928)684-5421<br>Fax: (928)684-5081<br>Capacity : 19 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - LONG TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH7870 | CURAHEALTH NORTHWEST PHOENIX<br>13216 NORTH PLAZA DEL RIO BOULEVARD<br>PEORIA AZ 85381 | Tele (214)707-9606<br>Fax: ( ) -<br>Capacity : 58 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| H7871 | CURAHEALTH PHOENIX<br>40 EAST INDIANOLA AVENUE<br>PHOENIX AZ 85012 | Tele (214)707-9606<br>Fax: ( ) -<br>Capacity : 58 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - LONG TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH5048 | PROMISE HOSPITAL OF PHOENIX, INC.<br>433 EAST 6TH STREET<br>MESA AZ 85203 | Tele (480)427-3001<br>Fax: (480)427-3030<br>Capacity : 48 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| SH0190 | SELECT SPECIALTY HOSPITAL - PHOENIX<br>350 WEST THOMAS ROAD, 3RD FLOOR<br>PHOENIX AZ 85013 | Tele (602)406-6810<br>Fax: (602)406-6891<br>Capacity : 48 | 10/01/2013 to 09/30/2018<br>Medcaid_Cert: Certified |
| | SELECT SPECIALTY HOSPITAL ARIZONA INC.<br>7400 EAST OSBORN RD, 3RD FLOOR<br>SCOTTSDALE AZ 85251 | Tele (717)972-1100<br>Fax: (480)882-6041<br>Capacity : 29 | to<br>Medcaid_Cert: Not Ceritified |
| SH3050 | SELECT SPECIALTY HOSPITAL-ARIZONA-PHOENIX DOWNTOWN<br>1012 EAST WILETTA, 4TH FLOOR<br>PHOENIX AZ 85006 | Tele (717)972-1100<br>Fax: (602)406-6891<br>Capacity : 33 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | HOSPITAL - INDIAN SCHOOL ROAD<br>650 EAST INDIAN SCHOOL RD<br>PHOENIX AZ 85012 | Tele (602)277-5551<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| FED ONLY | US AIR FORCE HOSPITAL-CHANDLER | | | Tele (000)111-2222 | | | to |
| | WILLIAMS AFB | | | Fax: ( ) - | | | |
| | CHANDLER | AZ | 85224 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| FED ONLY | US AIR FORCE HOSPITAL-GLENDALE - CLOSED | | | Tele (602)111-1111 | | | to |
| | LUKE AFB | | | Fax: ( ) - | | | |
| | GLENDALE | AZ | 85301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| SH5391 | ARIZONA STATE FORENSIC HOSPITAL | | | Tele (602)220-6000 | | 04/01/2016 | to 03/31/2017 |
| | 501 NORTH 24TH STREET | | | Fax: (602)220-6292 | | | |
| | PHOENIX | AZ | 85008 | Capacity : | 143 | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| SH0059 | ARIZONA STATE HOSPITAL | | | Tele (602)220-6000 | | 11/01/2014 | to 10/31/2017 |
| | 2500 EAST VAN BUREN STREET | | | Fax: (602)220-6292 | | | |
| | PHOENIX | AZ | 85008 | Capacity : | 475 | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| SH4018 | AURORA BEHAVIORAL HEALTH SYSTEM | | | Tele (623)344-4400 | | 08/01/2016 | to 07/31/2017 |
| | 6015 WEST PEORIA AVENUE | | | Fax: (623)776-0343 | | | |
| | GLENDALE | AZ | 85302 | Capacity : | 100 | Medcaid_Cert: | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH4823 | AURORA BEHAVIORAL HEALTHCARE-TEMPE | | | Tele | (480)345-5400 | 06/29/2016 | to | 03/31/2018 |
| | 6350 SOUTH MAPLE AVENUE | | | Fax: | (480)345-5450 | | | |
| | TEMPE | AZ | 85283 | Capacity : | 138 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH0147 | BANNER BEHAVIORAL HEALTH HOSPITAL | | | Tele | (480)448-7500 | 02/01/2015 | to | 01/31/2018 |
| | 7575 EAST EARLL DRIVE | | | Fax: | (480)941-7548 | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 78 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH7665 | COPPER SPRINGS HOSPITAL, INC. | | | Tele | (480)565-3035 | 05/05/2016 | to | 04/30/2017 |
| | 10550 WEST MCDOWELL ROAD | | | Fax: | (480)565-3036 | | | |
| | AVONDALE | AZ | 85392 | Capacity : | 48 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH4511 | HAVEN SENIOR HORIZONS | | | Tele | (623)236-2000 | 12/01/2015 | to | 11/30/2016 |
| | 1201 SOUTH 7TH AVENUE, SUITE 200 | | | Fax: | (602)252-0032 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | 45 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH6929 | QUAIL RUN BEHAVIORAL HEALTH | | | Tele | (602)455-5694 | 11/01/2015 | to | 10/31/2016 |
| | 2545 WEST QUAIL AVENUE | | | Fax: | (940)384-0402 | | | |
| | PHOENIX | AZ | 85027 | Capacity : | 102 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH5614 | REMUDA RANCH CENTER FOR ANOREXIA AND BULIMIA, INC<br>1245 JACK BURDEN ROAD<br>WICKENBURG AZ 85390 | Tele (800)445-1900<br>Fax: (928)668-4567<br>Capacity : 46 | 12/01/2013 to 11/30/2016<br>Medcaid_Cert: Certified |
| SH6172 | SOUTHWESTERN CHILDREN'S HEALTH SERVICES INC DBA OASIS BEHAVIORAL HEALTH HOSPITAL<br>2190 NORTH GRACE BOULEVARD<br>CHANDLER AZ 85225 | Tele (480)917-9301<br>Fax: (480)917-0503<br>Capacity : 82 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| SH0149 | ST. LUKE'S BEHAVIORAL HOSPITAL, LP<br>1800 EAST VAN BUREN<br>PHOENIX AZ 85006 | Tele (602)251-8535<br>Fax: (602)251-8707<br>Capacity : 124 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| SH4992 | VALLEY HOSPITAL<br>3550 EAST PINCHOT AVENUE<br>PHOENIX AZ 85018 | Tele (602)957-4000<br>Fax: (602)952-3921<br>Capacity : 122 | 11/12/2015 to 11/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH7524 | COBALT REHABILITATION HOSPITAL IV, LLC<br>13060 WEST BELL ROAD<br>SURPRISE AZ 85378 | Tele (623)499-9100<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/13/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH7869 | DIGNITY HEALTH EAST VALLEY REHABILITATION HOSPITAL<br>1515 WEST CHANDLER BOULEVARD<br>CHANDLER AZ 85224 | Tele (480)389-9529<br>Fax: ( ) -<br>Capacity : 50 | 10/13/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| SH4706 | HEALTHSOUTH EAST VALLEY REHABILITATION HOSPITAL, LLC<br>5652 EAST BASELINE ROAD<br>MESA AZ 85206 | Tele (480)567-0350<br>Fax: (480)567-0352<br>Capacity : 60 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| SH0176 | HEALTHSOUTH SCOTTSDALE REHABILITATION HOSPITAL<br>9630 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85260 | Tele (480)551-5400<br>Fax: (480)614-2155<br>Capacity : 60 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SH0178 | HEALTHSOUTH VALLEY OF THE SUN REHABILITATION<br>13460 NORTH 67TH AVENUE<br>GLENDALE AZ 85304 | Tele (623)878-8800<br>Fax: (623)878-5254<br>Capacity : 75 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Certified |
| SH5682 | HONORHEALTH REHABILITATION HOSPITAL<br>8850 EAST PIMA CENTER PARKWAY<br>SCOTTSDALE AZ 85258 | Tele (480)800-3900<br>Fax: (480)800-3986<br>Capacity : 50 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : HOSPITAL - SHORT TERM

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H7326 | ABRAZO ARIZONA HEART HOSPITAL | | | Tele (602)532-1000 | 10/01/2016 to 09/30/2019 |
| | 1930 EAST THOMAS ROAD | | | Fax: (602)532-2000 | |
| | PHOENIX | AZ | 85016 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H0175 | ABRAZO ARROWHEAD CAMPUS | | | Tele (623)561-1000 | 12/01/2015 to 11/30/2018 |
| | 18701 NORTH 67TH AVENUE | | | Fax: (623)561-7142 | |
| | GLENDALE | AZ | 85308 | Capacity : 217 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H0112 | ABRAZO CENTRAL CAMPUS | | | Tele (602)249-0212 | 03/13/2015 to 12/31/2016 |
| | 2000 WEST BETHANY HOME ROAD | | | Fax: (602)246-5849 | |
| | PHOENIX | AZ | 85015 | Capacity : 221 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H0101 | ABRAZO MARYVALE CAMPUS | | | Tele (623)848-5000 | 03/13/2015 to 10/31/2017 |
| | 5102 WEST CAMPBELL AVENUE | | | Fax: (623)848-5553 | |
| | PHOENIX | AZ | 85031 | Capacity : 232 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H3446 | ABRAZO WEST CAMPUS | | | Tele (623)882-1515 | 08/01/2015 to 07/31/2018 |
| | 13677 WEST MCDOWELL ROAD | | | Fax: (623)882-1510 | |
| | GOODYEAR | AZ | 85395 | Capacity : 188 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH3571 | ARIZONA ORTHOPEDIC AND SURGICAL SPECIALITY HOSPITAL<br>2905 WEST WARNER ROAD<br>CHANDLER AZ 85224 | Tele (480)603-9000<br>Fax: (480)603-9107<br>Capacity : 24 | 11/01/2013 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| SH3711 | ARIZONA SPINE AND JOINT HOSPITAL<br>4620 EAST BASELINE ROAD<br>MESA AZ 85206 | Tele (480)832-4770<br>Fax: (480)824-1269<br>Capacity : 23 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| H0016 | BANNER - UNIVERSITY MEDICAL CENTER PHOENIX<br>1111 EAST MCDOWELL ROAD<br>PHOENIX AZ 85006 | Tele (602)239-2000<br>Fax: (602)239-3749<br>Capacity : 733 | 11/14/2016 to 02/28/2018<br>Medcaid_Cert: Certified |
| H0155 | BANNER BAYWOOD MEDICAL CENTER<br>6644 EAST BAYWOOD AVENUE<br>MESA AZ 85206 | Tele (480)684-5898<br>Fax: (480)981-4198<br>Capacity : 388 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| H4436 | BANNER BOSWELL MEDICAL CENTER<br>10401 WEST THUNDERBIRD BOULEVARD<br>SUN CITY AZ 85351 | Tele (623)832-4000<br>Fax: (623)876-5795<br>Capacity : 454 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H4434 | BANNER DEL E. WEBB MEDICAL CENTER | | | Tele | (623)524-4000 | 09/01/2016 | to | 08/31/2019 |
| | 14502 WEST MEEKER BOULEVARD | | | Fax: | (623)524-4105 | | | |
| | SUN CITY WEST | AZ | 85375 | Capacity : | 375 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0137 | BANNER DESERT MEDICAL CENTER | | | Tele | (480)412-3000 | 02/01/2016 | to | 01/31/2019 |
| | 1400 SOUTH DOBSON ROAD | | | Fax: | (480)412-8711 | | | |
| | MESA | AZ | 85202 | Capacity : | 617 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H3690 | BANNER ESTRELLA MEDICAL CENTER | | | Tele | (623)327-4000 | 09/29/2016 | to | 02/28/2019 |
| | 9201 WEST THOMAS ROAD | | | Fax: | (623)327-5110 | | | |
| | PHOENIX | AZ | 85037 | Capacity : | 317 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H4237 | BANNER GATEWAY MEDICAL CENTER | | | Tele | (480)543-2000 | 09/01/2014 | to | 08/31/2017 |
| | 1900 NORTH HIGLEY ROAD | | | Fax: | (480)543-2299 | | | |
| | GILBERT | AZ | 85234 | Capacity : | 177 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH3034 | BANNER HEART HOSPITAL | | | Tele | (480)854-5050 | 07/01/2015 | to | 06/30/2018 |
| | 6750 EAST BAYWOOD AVENUE | | | Fax: | (480)854-5011 | | | |
| | MESA | AZ | 85206 | Capacity : | 111 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H0092 | BANNER THUNDERBIRD MEDICAL CENTER | | | Tele (480)684-5898 | 08/08/2016 to 03/31/2019 |
| | 5555 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : 561 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H3002 | CHANDLER REGIONAL MEDICAL CENTER | | | Tele (480)728-3000 | 05/01/2016 to 04/30/2019 |
| | 1955 WEST FRYE ROAD | | | Fax: (480)899-5548 | |
| | CHANDLER | AZ | 85224 | Capacity : 338 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SH3773 | CORE INSTITUTE SPECIALTY HOSPITAL, THE | | | Tele (602)795-6020 | 07/01/2016 to 06/30/2019 |
| | 6501 NORTH 19TH AVENUE | | | Fax: (602)795-6022 | |
| | PHOENIX | AZ | 85015 | Capacity : 33 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H6937 | DIGNITY HEALTH - ARIZONA GENERAL HOSPITAL | | | Tele (623)584-5100 | 10/05/2016 to 11/30/2019 |
| | 7171 SOUTH 51ST AVENUE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| H3907 | GILBERT HOSPITAL | | | Tele (480)840-3715 | 05/01/2016 to 04/30/2017 |
| | 5656 SOUTH POWER ROAD | | | Fax: (480)279-5836 | |
| | GILBERT | AZ | 85295 | Capacity : 19 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH3394 | GREENBAUM SPECIALITY SURGICAL HOSPITAL | | | Tele (480)882-4657 | | 03/30/2015 | to | 05/31/2017 |
| | 3535 NORTH SCOTTSDALE ROAD | | | Fax: (480)882-4084 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 26 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H7081 | HONORHEALTH DEER VALLEY MEDICAL CENTER | | | Tele (623)879-6100 | | 10/01/2016 | to | 09/30/2019 |
| | 19829 NORTH 27TH AVENUE | | | Fax: (623)879-5410 | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | 204 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | IHS PHOENIX INDIAN MEDICAL CENTER | | | Tele (602)263-1200 | | | to | |
| | 4212 NORTH 16TH STREET | | | Fax: (602)263-1618 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H7088 | JOHN C. LINCOLN MEDICAL CENTER | | | Tele (602)870-6060 | | 01/01/2016 | to | 12/31/2016 |
| | 250 EAST DUNLAP AVENUE | | | Fax: (602)944-9610 | | | | |
| | PHOENIX | AZ | 85020 | Capacity : | 262 | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H3673 | MARICOPA MEDICAL CENTER | | | Tele (602)344-5011 | | 10/01/2016 | to | 09/30/2019 |
| | 2601 EAST ROOSEVELT STREET | | | Fax: (602)344-5190 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | 540 | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H2027 | MAYO CLINIC HOSPITAL | | | Tele | (480)342-2000 | 05/01/2014 | to | 04/30/2017 |
| | 5777 EAST MAYO BOULEVARD | | | Fax: | (480)342-2525 | | | |
| | PHOENIX | AZ | 85054 | Capacity : | 268 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H3972 | MERCY GILBERT MEDICAL CENTER | | | Tele | (480)728-8000 | 06/01/2015 | to | 05/31/2018 |
| | 3555 SOUTH VAL VISTA DRIVE | | | Fax: | (480)728-9600 | | | |
| | GILBERT | AZ | 85296 | Capacity : | 198 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H4208 | MOUNTAIN VISTA MEDICAL CENTER, LP | | | Tele | (480)358-6100 | 03/01/2016 | to | 02/28/2019 |
| | 1301 SOUTH CRISMON ROAD | | | Fax: | (480)354-2678 | | | |
| | MESA | AZ | 85209 | Capacity : | 178 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH7391 | SCOTTSDALE LIBERTY HOSPITAL | | | Tele | (480)586-2300 | 11/01/2015 | to | 10/31/2016 |
| | 17500 NORTH PERIMETER DRIVE | | | Fax: | ( ) - | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | 12 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0107 | SCOTTSDALE OSBORN MEDICAL CENTER | | | Tele | (480)882-4000 | 11/15/2016 | to | 04/30/2017 |
| | 7400 EAST OSBORN ROAD | | | Fax: | (480)882-4989 | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 324 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0154 | SCOTTSDALE SHEA MEDICAL CENTER | | | Tele | (480)323-3009 | 03/30/2015 | to | 03/31/2017 |
| | 9003 EAST SHEA BOULEVARD | | | Fax: | (480)323-3510 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | 432 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H4267 | SCOTTSDALE THOMPSON PEAK MEDICAL CENTER | | | Tele | (480)324-7004 | 03/30/2015 | to | 09/30/2017 |
| | 7400 EAST THOMPSON PEAK PARKWAY | | | Fax: | (480)324-7010 | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | 92 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH5128 | SOUTHWEST ORTHOPEDIC AND SPINE HOSPITAL, LLC | | | Tele | (602)797-7700 | 06/01/2016 | to | 05/31/2019 |
| | 750 NORTH 40TH STREET | | | Fax: | (602)797-7979 | | | |
| | PHOENIX | AZ | 85008 | Capacity : | 64 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H6522 | ST JOSEPH'S WESTGATE MEDICAL CENTER | | | Tele | (602)406-0000 | 05/01/2015 | to | 04/30/2018 |
| | 7300 NORTH 99TH AVENUE | | | Fax: | (602)798-0140 | | | |
| | GLENDALE | AZ | 85307 | Capacity : | 24 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0019 | ST LUKE'S MEDICAL CENTER, LP | | | Tele | (602)251-8156 | 12/01/2013 | to | 11/30/2016 |
| | 1800 EAST VAN BUREN STREET | | | Fax: | (602)251-8685 | | | |
| | PHOENIX | AZ | 85006 | Capacity : | 219 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H3003 | ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER<br>350 WEST THOMAS ROAD<br>PHOENIX AZ 85013 | Tele (602)406-5001<br>Fax: (602)406-7143<br>Capacity : 571 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Certified |
| H0047 | TEMPE ST LUKE'S HOSPITAL, A CAMPUS OF ST LUKE'S MEDICAL CENTER<br>1500 SOUTH MILL AVENUE<br>TEMPE AZ 85281 | Tele (480)784-5500<br>Fax: (480)784-5539<br>Capacity : 87 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Certified |
| H3027 | VHS ACQUISITION SUBSIDIARY NUMBER 1, INC<br>3929 EAST BELL ROAD<br>PHOENIX AZ 85032 | Tele (602)923-5000<br>Fax: (602)923-5657<br>Capacity : 136 | 03/13/2015 to 10/31/2017<br>Medcaid_Cert: Certified |
| SH4529 | WESTERN REGIONAL MEDICAL CENTER CANCER HOSPITAL<br>14200 WEST CELEBRATE LIFE WAY<br>GOODYEAR AZ 85338 | Tele (623)207-3000<br>Fax: (623)207-3003<br>Capacity : 38 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - TRANSPLANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | BANNER GOOD SAMARITAN MEDICAL CENTER<br>1300 NORTH 12TH STREET, SUITE 404<br>PHOENIX AZ 85006 | Tele (602)239-2716<br>Fax: (602)239-3749<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : HOSPITAL - TRANSPLANT

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NONE | MAYO CLINIC HOSPITAL | | | Tele (480)342-1900 | | | to |
| | 5777 EAST MAYO BOULEVARD | | | Fax: (480)342-2525 | | | |
| | PHOENIX | AZ | 85054 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NONE | PHOENIX CHILDRENS HOSPITAL | | | Tele (602)546-1000 | | | to |
| | 1919 EAST THOMAS ROAD | | | Fax: (602)546-0394 | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NONE | ST JOSEPH'S HOSPITAL AND MEDICAL CENTER | | | Tele (602)406-3792 | | | to |
| | 350 WEST THOMAS ROAD, SUITE #500 | | | Fax: (602)798-9884 | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF PHOENIX - CAMPBELL | | | Tele (602)230-8494 | | | to |
| | 2327 WEST CAMPBELL | | | Fax: (602)264-8561 | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF PHOENIX - EARLL | | | Tele (602)224-9986 | | | to |
| | 3043 NORTH 37TH STREET | | | Fax: (602)957-4259 | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF PHOENIX - PINCHOT<br>3322 EAST PINCHOT<br>PHOENIX AZ 85018 | Tele (602)956-7782<br>Fax: (602)957-4250<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| | ARIZONA TRAINING PROGRAM OF PHOENIX - WINDSOR<br>1750 EAST WINDSOR<br>PHOENIX AZ 85006 | Tele (602)266-9571<br>Fax: (602)266-9588<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| | HACIENDA DE LOS ANGELES<br>1402 EAST SOUTH MOUNTAIN AVENUE<br>PHOENIX AZ 85040 | Tele (602)243-4231<br>Fax: (602)243-1217<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

## Sub-Type : LVL 1 SPECIALIZED TRANSITIONAL AGENCY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| STBH6882 | ADHS /ARIZONA COMMUNITY PROTECTION AND TREATMENT CENTER<br>2500 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)220-6191<br>Fax: (602)220-6383<br>Capacity : 131 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | ABRAZO BUCKEYE EMERGENCY CENTER<br>525 SOUTH WATSON ROAD<br>BUCKEYE AZ 85326 | Tele (623)882-1505<br>Fax: (623)882-1510<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | ABRAZO PEORIA EMERGENCY CENTER<br>26900 NORTH LAKE PLEASANT PARKWAY, SUITE 100<br>PEORIA AZ 85383 | Tele (623)561-2022<br>Fax: (615)665-6197<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ADVANCED WOUND HEALING AND HYPERBARIC MEDICINE CENTER<br>124 WEST THOMAS ROAD, SUITE 103<br>PHOENIX AZ 85013 | Tele (602)406-3000<br>Fax: (602)406-7143<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ARROWHEAD HOSPITAL CARDIAC REHABILITATION SERVICES<br>ARROWHD MED OFC BLDG II, STE 105, 18700 N 64TH DR<br>GLENDALE AZ 85308 | Tele (623)561-7489<br>Fax: (623)572-4583<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ARROWHEAD HOSPITAL WOUND HEALING AND HYPERBARIC CENTER<br>18700 NORTH 64TH DRIVE, SUITE 312<br>GLENDALE AZ 85308 | Tele (623)561-1000<br>Fax: (623)561-7278<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ASHLYN DYER AQUATICS CENTER<br>222 WEST THOMAS ROAD, SUITE 101<br>PHOENIX AZ 85013 | Tele (602)406-6715<br>Fax: (602)406-6104<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | AVONDALE FAMILY HEALTH CENTER<br>950 EAST VAN BUREN<br>AVONDALE AZ 85323 | Tele (623)344-6800<br>Fax: (623)344-6801<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER - UNIVERSITY MEDICINE INSTITUTES 1441<br>1441 NORTH 12TH STREET, 2ND & 3RD FLOORS<br>PHOENIX AZ 85006 | Tele (602)521-4755<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER - UNIVERSITY MEDICINE INSTITUTES 755<br>755 EAST MCDOWELL ROAD<br>PHOENIX AZ 85006 | Tele (844)242-4664<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER - UNIVERSITY MEDICINE RHEUMATOLOGY INSTITUTE<br>1300 NORTH 12TH STREET, SUITE 614<br>PHOENIX AZ 85006 | Tele (602)839-2120<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER BOSWELL MED CENTER MD ANDERSON CANCER CENTER RADIATION TREATMENT<br>10424 WEST SANTA FE DRIVE<br>SUN CITY AZ 85351 | Tele (623)832-3400<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER BOSWELL MED CTR CARDIAC & PULMONARY REHAB<br>10503 WEST THUNDERBIRD BOULEVARD, SUITE 301<br>SUN CITY AZ 85351 | Tele (623)832-5390<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER BOSWELL MEDICAL CENTER - WOUND CENTER<br>13203 NORTH 103RD AVENUE, SUITE I-1<br>SUN CITY AZ 85351 | Tele (623)832-6580<br>Fax: (623)974-8413<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER BOSWELL MEDICAL CENTER- BANNER LAKES IMAGING CENTER<br>10474 WEST THUNDERBIRD ROAD, SUITE 100<br>SUN CITY AZ 85351 | Tele (623)832-5390<br>Fax: (623)876-5499<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER BOSWELL MEDICAL CENTER PHYSICAL THERAPY<br>10503 WEST THUNDERBIRD BOULEVARD, SUITE 200<br>SUN CITY AZ 85351 | Tele (623)832-5349<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER BOSWELL MEDICAL CENTER-CARDIAC CENTER<br>10415 WEST THUNDERBIRD BOULEVARD<br>SUN CITY AZ 85351 | Tele (623)832-0398<br>Fax: (623)977-6899<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DEL E WEBB MEDICAL CENTER- OUTPATIENT REHABILITATION CENTER, SUITE 103<br>14418 WEST MEEKER BLVD, BUILDING B, SUITE 103<br>SUN CITY WEST AZ 85375 | Tele (623)214-4038<br>Fax: (623)975-8350<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DEL E WEBB MEDICAL CTR-OUTPT REHAB CENTER<br>14418 WEST MEEKER BOULEVARD, SUITE 301<br>SUN CITY WEST AZ 85375 | Tele (623)214-4038<br>Fax: (623)815-6674<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DEL E. WEBB MEDICAL CENTER - OUTPATIENT DIAGNOSTICS<br>14420 WEST MEEKER BOULEVARD, SUITE A101<br>SUN CITY AZ 85375 | Tele (623)876-5652<br>Fax: (623)876-5499<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | BANNER DEL E. WEBB SURGERY CENTER<br>18301 NORTH 79TH AVENUE, SUITE E150<br>GLENDALE AZ 85308 | Tele (623)487-7500<br>Fax: (623)776-8800<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DESERT MEDICAL CENTER CARDIAC & PULMONARY REHAB<br>1520 SOUTH DOBSON ROAD, SUITE 201<br>MESA AZ 85202 | Tele (480)412-3123<br>Fax: (480)412-8772<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DESERT MEDICAL CENTER REHABILITATION SERVICES<br>2225 WEST SOUTHERN AVENUE, BUILDING 1300<br>MESA AZ 85202 | Tele (480)412-4101<br>Fax: (480)412-8729<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER DESERT MEDICAL CENTER SLEEP CENTER<br>2225 WEST SOUTHERN AVENUE, BUILDING 1400<br>MESA AZ 85202 | Tele (480)412-3684<br>Fax: (480)412-8788<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER ESTRELLA WEIGHT LOSS CENTER<br>9305 WEST THOMAS ROAD, SUITE 360<br>PHOENIX AZ 85037 | Tele (623)327-8200<br>Fax: (623)327-8201<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | BANNER GATEWAY SURGERY CENTER<br>2940 EAST BANNER GATEWAY DRIVE SUITE 100<br>GILBERT AZ 85234 | Tele (480)543-3200<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER GATEWAY WEIGHT LOSS CENTER<br>1920 NORTH HIGLEY ROAD, SUITE 306<br>GILBERT AZ 85234 | Tele (480)543-2606<br>Fax: (480)543-2672<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER MD ANDERSON CANCER CENTER<br>2946 EAST BANNER GATEWAY DRIVE<br>GILBERT AZ 85234 | Tele (480)246-6444<br>Fax: (480)246-6444<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER MD ANDERSON CANCER CENTER-BOSWELL THORACIC SURGERY<br>13188 NORTH 103RD DRIVE, SUITE 200<br>SUN CITY AZ 85351 | Tele (623)832-4444<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER MD ANDERSON CANCER CTR- IMAGING CENTER<br>2940 EAST BANNER GATEWAY DRIVE, SUITE 150<br>GILBERT AZ 85234 | Tele (480)543-6909<br>Fax: (480)543-6985<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER THUNDERBIRD MEDICAL CENTER BANNER CHILDREN'S REHAB SERVICES<br>5605 WEST EUGIE AVENUE, SUITE 212<br>GLENDALE AZ 85304 | Tele (602)865-5830<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER THUNDERBIRD MEDICAL CENTER CARDIAC & PULMONARY/PRE-ADMITTING TESTING<br>5601 WEST EUGIE AVENUE, SUITE 211 A & B<br>GLENDALE AZ 85304 | Tele (602)865-2005<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER THUNDERBIRD MEDICAL CENTER REHABILITATION SERVICES<br>5605 WEST EUGIE AVENUE, SUITE 206<br>GLENDALE AZ 85304 | Tele (602)865-5830<br>Fax: (602)865-2096<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER THUNDERBIRD REHAB SERVICES<br>5605 WEST EUGIE AVENUE, SUITE 215<br>GLENDALE AZ 85304 | Tele (602)865-5830<br>Fax: (602)865-5857<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICINE BEHAVIORAL HEALTH<br>925 EAST MCDOWELL ROAD, 4TH FLOOR<br>PHOENIX AZ 85006 | Tele (602)239-6880<br>Fax: (602)239-6988<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICINE FAMILY MEDICINE<br>1300 NORTH 12TH STREET, SUITE 605<br>PHOENIX AZ 85006 | Tele (602)839-2601<br>Fax: (602)839-2601<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICINE INFECTIOUS DISEASE<br>1300 NORTH 12TH STREET, SUITE 600<br>PHOENIX AZ 85006 | Tele (602)255-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICINE INTERNAL MEDICINE<br>1300 NORTH 12TH STREET, SUITE 508<br>PHOENIX AZ 85006 | Tele (602)839-3927<br>Fax: (602)839-4233<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER-UNIVERSITY MEDICINE SPECIALTY CLINIC<br>925 EAST MCDOWELL ROAD, 3RD FLOOR<br>PHOENIX AZ 85006 | Tele (602)239-4777<br>Fax: (602)239-5806<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | CENTER FOR DIABETES MANAGEMENT<br>1760 EAST PECOS ROAD, SUITE 235<br>GILBERT AZ 85296 | Tele (480)728-8000<br>Fax: (480)899-5548<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | CENTER FOR TRANSITIONAL NEURO REHABILITATION<br>222 WEST THOMAS ROAD, SUITE 401<br>PHOENIX AZ 85013 | Tele (602)406-3473<br>Fax: (602)406-4406<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | CENTER FOR VALVULAR DISEASES<br>1910 EAST THOMAS ROAD<br>PHOENIX AZ 85016 | Tele (602)532-1001<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | CHANDLER FAMILY HEALTH CENTER | | | Tele (480)344-6100 | | | to |
| | 811 SOUTH HAMILTON | | | Fax: (480)344-6101 | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DESERT VISTA ACT TEAM | | | Tele (480)344-2255 | | | to |
| | 570 WEST BROWN ROAD | | | Fax: ( ) - | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DESERT VISTA OUTPATIENT CLINIC | | | Tele (480)344-2000 | | | to |
| | 570 WEST BROWN ROAD | | | Fax: (480)344-0213 | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMEERGENCY ROOM | | | Tele (480)732-7540 | | | to |
| | 2977 EAST GERMANN ROAD | | | Fax: ( ) - | | | |
| | CHANDLER | AZ | 85286 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (623)584-5100 | | | to |
| | 1910 SOUTH GILBERT ROAD | | | Fax: ( ) - | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (480)454-3630 | | | to |
| | 4328 EAST CHANDLER BOULEVARD | | | Fax: ( ) - | | | |
| | PHOENIX | AZ | 85048 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (480)398-7340 | | | to |
| | 1833 NORTH POWER ROAD | | | Fax: ( ) - | | | |
| | MESA | AZ | 85205 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (480)494-5100 | | | to |
| | 1064 EAST RAY ROAD | | | Fax: ( ) - | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (480)494-5000 | | | to |
| | 4760 EAST GERMANN ROAD | | | Fax: ( ) - | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM | | | Tele (623)546-5340 | | | to |
| | 14267 WEST BELL ROAD | | | Fax: ( ) - | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM<br>5171 WEST OLIVE AVENUE<br>GLENDALE AZ 85302 | Tele (602)900-4780<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |
| OTC | DIGNITY HEALTH ARIZONA GENERAL HOSPITAL EMERGENCY ROOM<br>251 NORTH ESTRELLA PARKWAY<br>GOODYEAR AZ 85338 | Tele (623)322-6900<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |
| OTC | DIGNITY HEALTH COMPREHENSIVE CANCER CLINIC - GILBERT<br>3686 SOUTH ROME STREET, SUITE 201<br>GILBERT AZ 85297 | Tele (480)728-8000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/19/2016 to 05/31/2018<br><br>Medcaid_Cert: Not Ceritified |
| OTC | DIGNITY HEALTH COMPREHENSIVE CANCER CLINIC-CHANDLER<br>685 SOUTH DOBSON ROAD, SUITE 100<br>CHANDLER AZ 85224 | Tele (480)728-3000<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |
| OTC | DIGNITY HEALTH URGENT CARE - AHWATUKEE<br>4545 EAST CHANDLER BOULEVARD<br>PHOENIX AZ 85044 | Tele (480)728-3000<br>Fax: (480)728-4002<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH URGENT CARE - GILBERT<br>1501 NORTH GILBERT ROAD<br>GILBERT AZ 85234 | Tele (480)728-3000<br>Fax: (480)728-4106<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH URGENT CARE - QUEEN CREEK<br>7205 SOUTH POWER ROAD, SUITE 101<br>QUEEN CREEK AZ 85242 | Tele (480)728-8000<br>Fax: (480)728-9600<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH WOMEN'S IMAGING CENTER<br>1727 WEST FRYE ROAD, SUITE 110<br>CHANDLER AZ 85224 | Tele (480)728-3000<br>Fax: (602)456-7890<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH WOMEN'S IMAGING CENTER - GILBERT<br>3686 SOUTH ROME STREET, SUITE 200<br>GILBERT AZ 85297 | Tele (480)728-8000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/19/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | EL MIRAGE FAMILY HEALTH CENTER<br>12428 WEST THUNDERBIRD ROAD<br>EL MIRAGE AZ 85335 | Tele (623)344-6500<br>Fax: (623)344-6850<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | FIRST EPISODE CENTER | | | Tele (602)344-3700 | | | to |
| | 10550 WEST MARIPOSA STREET, SUITE 3 | | | Fax: ( ) - | | | |
| | PHOENIX | AZ | 85037 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | GROSSMAN OUTPATIENT BURN CLINIC AT ST LUKES MEDICAL CENTER | | | Tele (602)251-8331 | | | to |
| | 525 NORTH 18TH STREET, SUITE 405 | | | Fax: (602)251-8497 | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | GUADALUPE FAMILY HEALTH CENTER | | | Tele (480)344-6000 | | | to |
| | 5825 EAST CALLE GUADALUPE ROAD | | | Fax: (602)344-0937 | | | |
| | GUADALUPE | AZ | 85283 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | HONORHEALTH OUTPATIENT INFUSION SERVICES | | | Tele (480)323-3000 | | | to |
| | 10460 NORTH 92ND STREET, SUITE 303 | | | Fax: (480)882-5829 | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | HONORHEALTH WOMEN'S DIAGNOSTIC CENTER | | | Tele (480)323-3009 | | | to |
| | 9003 EAST SHEA BOULEVARD | | | Fax: (480)323-3010 | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | JOHN C. LINCOLN OUTPATIENT MEDICAL IMAGING AND BREAST HEALTH CENTER- SONORAN | | | Tele (623)879-5445 | | | to |
| | 33423 NORTH 32ND AVENUE | | | Fax: (623)879-5410 | | | |
| | PHOENIX | AZ | 85085 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MARYVALE FAMILY HEALTH CENTER | | | Tele (623)344-6900 | | | to |
| | 4011 NORTH 51ST AVENUE | | | Fax: (623)344-6901 | | | |
| | PHOENIX | AZ | 85031 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MCDOWELL FAMILY HEALTH CENTER | | | Tele (602)344-6550 | | | to |
| | 1101 N CENTRAL AVE SUITE 204 | | | Fax: (602)344-6551 | | | |
| | PHOENIX | AZ | 85004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MCDOWELL HEALTH CARE CENTER | | | Tele (602)344-6557 | | | to |
| | 1101 N CENTRAL AVENUE, SUITE 204 | | | Fax: (602)344-6551 | | | |
| | PHOENIX | AZ | 85004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MESA FAMILY HEALTH CENTER | | | Tele (480)344-6200 | | | to |
| | 59 SOUTH HIBBERT | | | Fax: (480)344-6201 | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MIHS RADIOLOGY | | | Tele (602)344-5011 | | | to |
| | 1201 SOUTH 7TH AVENUE | | | Fax: (602)344-1130 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | NEURO INFUSION CENTER | | | Tele (602)406-5001 | | | to |
| | 240 WEST THOMAS ROAD, SUITE 401 | | | Fax: ( ) - | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | OUTPATIENT NEURO REHABILITATION CENTER NORTH | | | Tele (602)406-3726 | | | to |
| | 222 WEST THOMAS ROAD, SUITE 100 | | | Fax: ( ) - | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | OUTPATIENT NEURO-REHABILITATION CENTER - SOUTH | | | Tele (602)406-3726 | | | to |
| | 222 WEST THOMAS ROAD, SUITE 110 | | | Fax: (602)406-7143 | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | PARADISE VALLEY HOSPITAL REHABILITATION SERVICES | | | Tele (602)923-5648 | | | to |
| | 3805 EAST BELL ROAD | | | Fax: (602)923-5755 | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PENDERGAST FAMILY HEALTH CENTER<br>10550 WEST MARIPOSA STREET, SUITE 1<br>PHOENIX AZ 85037 | Tele (602)344-2520<br>Fax: (602)344-2521<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S HOSPITAL ROSENBERG CENTER<br>1920 EAST CAMBRIDGE AVENUE, SUITE 304<br>PHOENIX AZ 85006 | Tele (602)546-0200<br>Fax: (602)546-2697<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S HOSPITAL ROSENBERG CENTER-ENDOCRINOLOGY AND DIABETES<br>1920 EAST CAMBRIDGE AVENUE, SUITE 301<br>PHOENIX AZ 85016 | Tele (602)933-0935<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S HOSPITAL ROSENBERG CTR DERMATOLOGY, NEPHROLOGY, RHEUMATOLOGY<br>1920 EAST CAMBRIDGE AVENUE, SUITE 200<br>PHOENIX AZ 85006 | Tele (602)546-4700<br>Fax: (602)546-4701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S HOSPITAL SPECIALTY CARE- GILBERT<br>1501 NORTH GILBERT ROAD, SUITE 203<br>GILBERT AZ 85234 | Tele (602)279-1697<br>Fax: (602)264-0461<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDRENS HOSPITAL SPECIALTY CARE- CARDIOLOGY-GLENDALE<br>5757 WEST THUNDERBIRD ROAD, SUITE E353<br>GLENDALE AZ 85306 | Tele (602)843-0700<br>Fax: (602)843-0701<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDRENS HOSPITAL SPECIALTY CARE- CARDIOLOGY-SCOTTSDALE<br>10250 NORTH 92ND STREET, SUITE 212<br>SCOTTSDALE AZ 85258 | Tele (480)551-5154<br>Fax: (480)551-4931<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDREN'S HOSPITAL SPECIALTY CARE CENTER- MERCY GILBERT<br>3420 SOUTH MERCY DRIVE SUITE 121<br>GILBERT AZ 85297 | Tele (480)728-9880<br>Fax: (602)798-9969<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDREN'S HOSPITAL SPECIALTY CARE- PEDIATRIC UROLOGY - PHOENIX<br>1920 EAST CAMBRIDGE AVENUE, SUITE 302<br>PHOENIX AZ 85006 | Tele (602)279-1697<br>Fax: (602)264-0461<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDREN'S OUTPATIENT SPECIALTY CARE CENTER<br>1919 EAST THOMAS ROAD, BUILDING B<br>PHOENIX AZ 85016 | Tele (602)123-4567<br>Fax: (602)546-0392<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PHOENIX CHILDREN'S- SCOTTSDALE CENTER<br>6990 EAST SHEA BOULEVARD, SUITE 104<br>SCOTTSDALE AZ 85254 | Tele (480)922-5437<br>Fax: (480)922-5438<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S- SOUTHWEST VALLEY CENTER<br>1665 NORTH AVONDALE BOULEVARD<br>AVONDALE AZ 85392 | Tele (623)312-2000<br>Fax: (623)312-2001<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S SPECIALTY & URGENT CARE- EAST VALLEY OTC 1<br>5131 EAST SOUTHERN AVENUE<br>MESA AZ 85206 | Tele (480)833-5437<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S SPECIALTY & URGENT CARE NW CTR<br>20325 NORTH 51ST AVENUE SUITE 116<br>GLENDALE AZ 85308 | Tele (623)972-5437<br>Fax: (602)992-9292<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PHOENIX CHILDREN'S SPECIALTY & URGENT CARE, EAST VALLEY OTC 2<br>5131 EAST SOUTHERN AVENUE<br>MESA AZ 85206 | Tele (480)833-5437<br>Fax: (602)546-5243<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OSC | PHOENIX CHILDREN'S SURGERY CENTER | | | Tele (602)604-9400 | | | to |
| | 1920 EAST CAMBRIDGE AVENUE, SUITE 100 | | | Fax: (602)604-9444 | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | PHOENIX CHILDREN'S SURGERY CENTER - EAST VALLEY | | | Tele (480)512-0400 | | | to |
| | 5131 EAST SOUTHERN AVENUE | | | Fax: (480)512-0401 | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SEVENTH AVENUE FAMILY HEALTH CARE CENTER | | | Tele (602)344-5011 | | | to |
| | 1205 SOUTH 7TH AVENUE | | | Fax: (602)344-1130 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SEVENTH AVENUE WALK-IN CLINIC | | | Tele (602)344-5011 | | | to |
| | 1201 SOUTH 7TH AVENUE | | | Fax: (602)344-1130 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SONORAN HEALTH & EMERGENCY MEDICAL CENTER | | | Tele (623)879-5445 | | | to |
| | 33423 NORTH 32ND AVENUE | | | Fax: (623)879-5410 | | | |
| | PHOENIX | AZ | 85085 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | SOUTH CENTRAL FAMILY HEALTH CARE CENTER<br>33 WEST TAMARISK<br>PHOENIX AZ 85041 | Tele (602)344-6400<br>Fax: (602)344-1130<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ST JOSEPH'S HOSPITAL AND MEDICAL CENTER INFUSION SUITE<br>500 WEST THOMAS ROAD, SUITE 650 & SUITE 620<br>PHOENIX AZ 85013 | Tele (602)406-3061<br>Fax: (602)406-3986<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ST JOSEPH'S HOSPITAL MATERNITY OUTREACH MOBILE<br>500 WEST THOMAS ROAD, SUITE 800<br>PHOENIX AZ 85013 | Tele (602)406-4006<br>Fax: (602)406-4011<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ST JOSEPH'S HOSPITAL ORTHOPEDIC CLINIC PEORIA<br>7797 WEST PARADISE LANE, SUITE 130<br>PEORIA AZ 85382 | Tele (602)406-2663<br>Fax: (602)294-5582<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ST JOSEPH'S HOSPITAL OUTPATIENT REHABILITATION<br>114 WEST THOMAS ROAD<br>PHOENIX AZ 85013 | Tele (602)406-3230<br>Fax: (602)406-4105<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | SUN HEALTH MRI CENTER-WEBB CAMPUS<br>14420 WEST MEEKER BOULEVARD, SUITE 102<br>SUN CITY WEST AZ 85375 | Tele (623)214-4016<br>Fax: (623)214-4111<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | SUNNYSLOPE FAMILY HEALTH CENTER<br>934 WEST HATCHER ROAD<br>PHOENIX AZ 85021 | Tele (602)344-6300<br>Fax: (480)344-6301<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TEMPE ST. LUKE'S HOSPITAL WOUND CENTER<br>1492 SOUTH MILL AVENUE, SUITE 103<br>TEMPE AZ 85281 | Tele (480)333-5152<br>Fax: (602)251-8685<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | UNIVERSITY OF ARIZONA CANCER CENTER- ST JOSEPH'S HOSPITAL AND MEDICAL CENTER, TH<br>625 NORTH 6TH STREET<br>PHOENIX AZ 85004 | Tele (602)406-3000<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | VALLEY OUTPATIENT TREATMENT CENTER<br>3550 EAST PINCHOT AVENUE, BUILDING 2<br>PHOENIX AZ 85018 | Tele (602)957-4000<br>Fax: (602)952-3921<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | VIRGINIA G. PIPER CANCER CENTER<br>10460 N 92ND ST, 200, 100, 102, 202-204, 300,301,<br>SCOTTSDALE AZ 85258 | Tele (480)323-1250<br>Fax: (480)882-5829<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WEST VALLEY HOSPITAL WOUND CARE CENTER<br>13677 WEST MCDOWELL ROAD, SUITE 310<br>GOODYEAR AZ 85395 | Tele (621)867-7232<br>Fax: (623)882-1510<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WHOLE HEALTH HOME CLINIC PIR EAST VALLEY<br>4330 EAST UNIVERSITY, SUITE B<br>MESA AZ 85205 | Tele (602)344-2504<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WHOLE HEALTH HOME CLINIC PIR METRO<br>10240 NORTH 31ST AVENUE SUITE 210-B<br>PHOENIX AZ 85051 | Tele (602)344-2500<br>Fax: (602)344-9500<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WHOLE HEALTH HOME CLINIC POCN COMUNIDAD<br>1035 EAST JEFFERSON ST, SUITE B<br>PHOENIX AZ 85034 | Tele (602)344-2503<br>Fax: (602)247-9503<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | WHOLE HEALTH HOME CLINIC SWN HIGHLAND<br>4707 NORTH 12TH STREET, SUITE B<br>PHOENIX AZ 85014 | Tele (602)344-2506<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WHOLE HEALTH HOME CLINIC SWN SAN TAN<br>1465 WEST CHANDLER BOULELVARD, BUILDING A, SUITE B<br>CHANDLER AZ 85224 | Tele (602)344-2502<br>Fax: (602)247-9502<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM107 | CHRISTINE JAYNELLE REESE<br>P O BOX 2633<br>CHANDLER AZ 85244 | Tele (480)242-5225<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| LM147 | LANGLOIS, MARY M.<br>2928 N 18TH PLACE<br>PHOENIX AZ 85016 | Tele (602)256-7766<br>Fax: (602)265-6644<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| LM137 | MASCHUE, KAREN SUE<br>13829 N 38TH PL<br>PHOENIX AZ 85032 | Tele (602)487-0504<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM043 | MCGRANE KATHLEEN ANN | | | Tele (602)826-1220 | 07/01/2016 to 06/30/2018 |
| | 16838 S 11TH WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| LM079 | PACKARD, CINDY O | | | Tele (480)747-4451 | 07/01/2016 to 06/30/2018 |
| | 2905 EAST GEMINI | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| LM132 | PETERSEN, SARAH AMY | | | Tele (480)316-9194 | 11/01/2015 to 10/31/2017 |
| | 1743 S RED ROCK STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| LM128 | TRUDGEN, GINGER | | | Tele (480)615-6979 | 03/01/2015 to 02/28/2017 |
| | 2085 E LONGHORN PL | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| LM081 | WHITE, PAMELA SUE | | | Tele (602)494-4092 | 07/01/2016 to 06/30/2018 |
| | 5631 EAST VOLTAIRE | | | Fax: (602)494-4092 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : MIDWIFE - CPM

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM194 | DE LUNA, DIANAH R. DAMRON | | | Tele (206)788-6773 | 12/22/2014 to 12/31/2016 |
| | 3508 E EMELITA AVE | | | Fax: (602)900-9939 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM199 | ADAMS, KATHERINE ANN | | | Tele (503)964-0186 | 02/16/2016 to 02/28/2018 |
| | 1254 E 2ND PLACE | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM167 | BASS, JENNIFER JAY | | | Tele (602)320-3415 | 01/01/2015 to 12/31/2016 |
| | 6260 E SADDLEBACK ST | | | Fax: ( ) - | |
| | MESA | AZ | 85215 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM174 | BUTTERFLY, SARAH ANNE NIRMAL KAUR | | | Tele (623)206-8531 | 06/01/2016 to 05/31/2018 |
| | PO BOX 7171 | | | Fax: (602)388-8501 | |
| | PHOENIX | AZ | 85011 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM157 | CANADA, CONNIE L. | | | Tele (623)340-5772 | 03/01/2015 to 02/28/2017 |
| | 13630 WEST DENTON STREET | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM168 | CHEYANNE WILDERNESS GASTELUM | | | Tele (602)620-0025 | 01/01/2017 to 12/31/2018 |
| | 4813 W WALTANN LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM198 | CORREIA LAURA | | | Tele (602)908-2972 | 11/17/2015 to 11/30/2017 |
| | 2133 W SHARON AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM204 | DANIELLE ERICA HAINES | | | Tele (602)373-0361 | 11/23/2016 to 11/22/2018 |
| | 1425 E PALM LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM113 | DENNY, CAROL A. | | | Tele (623)486-2229 | 07/01/2015 to 06/30/2017 |
| | 3019 W MC RAE WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM131 | DISILVESTRO, SUSAN MAY | | | Tele (602)799-4455 | 11/01/2015 to 10/31/2017 |
| | 21122 S GREENFIELD RD | | | Fax: (480)664-7467 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM161 | GIBBONS, MARY | | | Tele (623)451-4925 | 12/01/2015 to 11/30/2017 |
| | 19238 N 21ST AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM181 | GIBSON, MEGAN | | | Tele (480)686-1452 | 03/01/2016 to 02/28/2018 |
| | 4521 S KENNETH PLACE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM158 | HAASCH, ALISON GORDON | | | Tele (480)664-7463 | 04/01/2015 to 03/31/2017 |
| | 3303 S LINDSEY ROAD SUITE 125 | | | Fax: (480)664-7467 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM059 | HENDERSON, MARY A. | | | Tele (602)667-3761 | 07/01/2016 to 06/30/2018 |
| | 301 E BETHANY HOME RD #C298 | | | Fax: (623)979-6262 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM165 | HERVEY, DEBBIE MARIE | | | Tele (480)206-5578 | 06/01/2016 to 05/31/2018 |
| | 713 W LOUGHLIN DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM164 | HOEPRICH, JENNIFER DALE | | | Tele (480)239-2912 | 07/01/2015 to 06/30/2017 |
| | 8400 S KYRENE RD #120 | | | Fax: (480)240-1294 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM191 | JAMIE KATHERINE JONES | | | Tele (602)315-4616 | 10/01/2016 to 09/30/2018 |
| | 740 E GARFIELD STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM200 | JETTA ANDERSON | | | Tele (602)717-3731 | 08/23/2016 to 08/31/2018 |
| | 2018 E AVENIDA DEL SOL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM145 | JUDITH ANN MELTON | | | Tele (480)784-7396 | 11/23/2016 to 11/22/2018 |
| | 101 W MAIN STREET #1 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM197 | LARSON JENNIFER | | | Tele (480)366-4816 | 09/14/2015 to 09/30/2017 |
| | 13220 S 154TH STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM202 | LINDSAY NICOLE SCHNEIDER | | | Tele (480)334-9724 | 09/27/2016 to 09/26/2018 |
| | 7021 S 25TH DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM148 | LUTTRELL, SHELL A. | | | Tele (602)242-4446 | 05/01/2016 to 04/30/2018 |
| | 115 WEST MCDOWELL RD SUITE 4B | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM143 | MARINAH V. FARRELL | | | Tele (602)793-5063 | 06/01/2016 to 05/31/2018 |
| | 5315 N 106TH DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85307 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM166 | NELSON, SELENA C | | | Tele (480)208-1790 | 06/01/2016 to 05/31/2018 |
| | 1333 N 64TH PLACE | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM187 | PENA, CRYSTAL | | | Tele (480)710-5665 | 05/01/2016 to 04/30/2018 |
| | 148 N CENTER ST | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM118 | QUALLS, PAMELA ROSE | | | Tele (623)931-3199 | 04/01/2015 to 03/31/2017 |
| | 5647 WEST BROWN STREET | | | Fax: (623)842-1057 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM203 | RACHEL ELISE FLYNN | | | Tele (602)748-7475 | 11/28/2016 to 11/27/2018 |
| | 13526 W SAN JUAN COURT | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM184 | SCHULTZ, JENNY | | | Tele (623)512-1578 | 06/01/2016 to 05/31/2018 |
| | 5742 N 18TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM146 | SHARPLES-RAY, ROBIN K. | | | Tele (623)533-5160 | 05/01/2015 to 04/30/2017 |
| | 22005 N 59TH DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM185 | SHEETS, BETTIE | | | Tele (602)999-9999 | 05/01/2016 to 04/30/2018 |
| | 1750 E, OCOTILLO RD UNITE #23 | | | Fax: (602)926-2377 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM189 | SMITH, AMY GRACE | | | Tele (602)405-3744 | 09/01/2016 to 08/31/2018 |
| | 2928 N 18TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM155 | SODERBLOM, STEPHANIE | | | Tele (480)659-4162 | 04/01/2016 to 03/31/2018 |
| | 40 W BROWN RD SUITE 108 | | | Fax: (480)659-4171 | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM103 | WATTS, MICHELLE MARIE | | | Tele (602)896-0557 | 07/01/2016 to 06/30/2018 |
| | 1923 E COOLIDGE ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM127 | WENDI LEE CLECKNER | | | Tele (480)528-1689 | 03/01/2017 to 02/28/2019 |
| | 509 W PARKWAY BLVD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM163 | WILDER, JOANNA | | | Tele (602)799-1107 | 06/01/2016 to 05/31/2018 |
| | 2134 W MONROE ST | | | Fax: (602)241-9721 | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM180 | WITT, ALICIA LYNN | | | Tele (602)643-9433 | | 02/01/2016 | to | 01/31/2018 |
| | 805 S 119TH AVE | | | Fax: ( ) - | | | | |
| | AVONDALE | AZ | 85323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : ORGAN PROCUREMENT ORGANIZATION

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | DONOR NETWORK OF ARIZONA | | | Tele (602)222-2200 | | | to | |
| | 201 WEST COOLIDGE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : OTC-ABORTION CLINICS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTCAC4111 | ACACIA WOMEN'S CENTER | | | Tele (602)462-5559 | | 11/01/2016 | to | 10/31/2017 |
| | 1615 EAST OSBORN ROAD | | | Fax: (602)667-6608 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTCAC4144 | PLANNED PARENTHOOD - TEMPE | | | Tele (480)966-4728 | | 11/01/2015 | to | 10/31/2016 |
| | 1250 EAST APACHE BOULEVARD, SUITE 108 | | | Fax: (602)604-0159 | | | | |
| | TEMPE | AZ | 85281 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTCAC4848 | PLANNED PARENTHOOD-GLENDALE | | | Tele (602)263-4210 | | 11/01/2015 | to | 10/31/2016 |
| | 5771 WEST EUGIE AVENUE | | | Fax: (602)604-0159 | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : OUTPATIENT SURGERY CENTER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3922 | ARIZONA ADVANCED SURGERY CENTER<br>9819 NORTH 95TH STREET, SUITE 110<br>SCOTTSDALE AZ 85258 | Tele (480)496-2345<br>Fax: (480)496-2346<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7127 | ARIZONA CENTER FOR NEUROSURGERY<br>140 NORTH LITCHFIELD ROAD, SUITE 110<br>GOODYEAR AZ 85338 | Tele (602)256-2525<br>Fax: (602)256-0795<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7038 | ARIZONA SURGEONS, LLC<br>5115 NORTH CENTRAL AVENUE<br>PHOENIX AZ 85012 | Tele (602)466-2091<br>Fax: (602)264-2172<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7281 | ARIZONA SURGERY CENTER, LLC<br>895 SOUTH DOBSON ROAD, SUITE 3<br>CHANDLER AZ 85224 | Tele (602)432-5815<br>Fax: (480)247-6477<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7846 | CHANDLER SURGERY CENTER<br>1475 WEST CHANDLER BOULEVARD<br>CHANDLER AZ 85224 | Tele (866)551-4246<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/19/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC6570 | DESERT VISTA SURGERY CENTER<br>8914 NORTH 91ST AVENUE, SUITE 100-A<br>PEORIA AZ 85345 | Tele (623)547-5420<br>Fax: (623)594-8936<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7861 | FOUR PEAKS SURGERY CENTER<br>9425 WEST BELL ROAD<br>SUN CITY AZ 85351 | Tele (623)547-5420<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/03/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7405 | HEART AND VASCULAR SURGICAL CENTER, LLC<br>4860 EAST BASELINE ROAD, SUITE 102<br>MESA AZ 85206 | Tele (480)999-0781<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/13/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC7070 | HONORHEALTH OUTPATIENT SURGERY CENTER<br>19646 NORTH 27TH AVENUE, SUITE 101<br>PHOENIX AZ 85027 | Tele (623)238-7080<br>Fax: (623)238-7098<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC4518 | LASER SPINE SURGERY CENTER OF ARIZONA<br>8888 EAST RAINTREE DRIVE, SUITE165<br>SCOTTSDALE AZ 85260 | Tele (813)289-9613<br>Fax: (813)418-4144<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC5959 | MODERN AMBULATORY SURGERY CENTER<br>4860 EAST BASELINE ROAD, UNIT 101<br>MESA AZ 85206 | Tele (602)265-8800<br>Fax: (602)258-4371<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC7445 | NORTH DESERT SURGERY CENTER, LLC<br>7102 EAST ACOMA DRIVE<br>SCOTTSDALE AZ 85254 | Tele (602)510-3203<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/11/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OSC6196 | NORTHSTAR HEALTHCARE SURGERY CENTER - SCOTTSDALE, LLC<br>9377 EAST BELL ROAD, SUITE 201<br>SCOTTSDALE AZ 85260 | Tele (480)398-8500<br>Fax: (480)398-8520<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OSC1924 | PARADISE VALLEY COSMETIC SURGERY CENTER<br>5410 NORTH SCOTTSDALE ROAD, SUITE E-100<br>PARADISE VALLEY AZ 85253 | Tele (480)994-4080<br>Fax: (480)994-7325<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC4075 | PARADISE VALLEY OUTPATIENT SURGERY CENTER<br>5410 NORTH SCOTTSDALE ROAD, SUITE A-510<br>PARADISE VALLEY AZ 85253 | Tele (480)423-1973<br>Fax: (480)423-1977<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7168 | PARADISE VALLEY SURGERY CENTER<br>1008 EAST MCDOWELL ROAD, SUITE C<br>PHOENIX AZ 85006 | Tele (480)473-7246<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7847 | PHOENIX SURGERY CENTER<br>20045 NORTH 19TH AVENUE<br>PHOENIX AZ 85027 | Tele (888)678-8411<br>Fax: (623)321-1965<br>Capacity : Not Applicable | 09/19/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7222 | PHYSICIANS SURGERY CENTER OF CHANDLER, LLC<br>895 SOUTH DOBSON ROAD, SUITE 3<br>CHANDLER AZ 85224 | Tele (480)521-2534<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7582 | PHYSICIANS SURGICAL CENTER, LLC<br>10255 NORTH 32ND STREET<br>PHOENIX AZ 85028 | Tele (602)354-5659<br>Fax: (602)354-5896<br>Capacity : Not Applicable | 10/21/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC2423 | PLASTIC SURGERY CENTER AT KIERLAND, THE<br>7102 EAST ACOMA DRIVE<br>SCOTTSDALE AZ 85254 | Tele (480)483-6200<br>Fax: (480)483-1702<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7848 | SILVERLEAF SURGICAL CENTER, LLC<br>1704 EAST BOSTON STREET<br>GILBERT AZ 85295 | Tele (602)510-3203<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/19/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC3434 | TURNING POINTE SURGERY CENTER<br>4540 EAST BASELINE ROAD, SUITE 117<br>MESA AZ 85206 | Tele (480)844-1410<br>Fax: (480)844-2923<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7624 | 21ST CENTURY- EARLL<br>202 E EARLL DR, SUITE 360<br>PHOENIX AZ 85012 | Tele (480)963-1853<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 03/18/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7416 | 21ST CENTURY FAMILY MEDICINE<br>7550 NORTH 19TH AVENUE, SUITES 202 & 203<br>PHOENIX AZ 85021 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7429 | 21ST CENTURY FAMILY MEDICINE<br>6677 WEST THUNDERBIRD, SUITE C142<br>GLENDALE AZ 85306 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7417 | 21ST CENTURY FAMILY MEDICINE | | | Tele (480)963-1853 | 11/01/2016 to 10/31/2017 |
| | 7550 NORTH 19TH AVENUE, SUITE 104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7386 | 21ST CENTURY- LOWER BUCKEYE | | | Tele (602)507-4457 | 11/01/2015 to 10/31/2016 |
| | 7620 WEST LOWER BUCKEYE ROAD, SUITE 102 | | | Fax: (602)688-8311 | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4531 | 21ST CENTURY ONCOLOGY OF ARIZONA | | | Tele (239)418-2633 | 12/01/2016 to 11/30/2017 |
| | 334 EAST HATCHER ROAD | | | Fax: (239)938-9340 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4533 | 21ST CENTURY ONCOLOGY OF ARIZONA | | | Tele (239)790-2284 | 12/01/2015 to 11/30/2016 |
| | 13184 NORTH 103RD DRIVE | | | Fax: (239)938-9340 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4532 | 21ST CENTURY ONCOLOGY OF ARIZONA | | | Tele (239)790-2284 | 12/01/2015 to 11/30/2016 |
| | 14506 MEEKER BOULEVARD | | | Fax: (239)938-9340 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7401 | 21ST CENTURY- SOUTHERN<br>3340 WEST SOUTHERN AVENUE, SUITE 131<br>PHOENIX AZ 85041 | Tele (602)507-4457<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6428 | A BETTER TODAY RECOVERY SERVICES<br>10609 NORTH HAYDEN ROAD, SUITE E106<br>SCOTTSDALE AZ 85260 | Tele (480)315-1140<br>Fax: (888)850-2184<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6461 | A NEW LEAF, INC. - CENTRAL CAMPUS SERVICES<br>960 NORTH STAPLEY DRIVE, BUILDING 2-8 & 10<br>MESA AZ 85203 | Tele (480)969-4024<br>Fax: (480)969-0039<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6462 | A NEW LEAF, INC. - DOROTHY B. MITCHELL COUNSELING CENTER<br>1655 EAST UNIVERSITY DRIVE, SUITES 100 & 101<br>MESA AZ 85203 | Tele (480)969-4024<br>Fax: (480)969-0039<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6465 | A NEW LEAF, INC. - WEST VALLEY BEHAVIORAL HEALTH SERVICES<br>8581 NORTH 61ST AVENUE, BUILDING A<br>GLENDALE AZ 85302 | Tele (480)969-4024<br>Fax: (480)969-0039<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5003 | ABRAZO ARIZONA HEART INSTITUTE | | | Tele (602)266-2200 | | 11/01/2016 | to | 10/31/2017 |
| | 2632 NORTH 20TH STREET | | | Fax: (602)604-5039 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5519 | ABRAZO ARIZONA HEART INSTITUTE - PARKWAY | | | Tele (602)266-2200 | | 10/01/2015 | to | 09/30/2016 |
| | 6565 EAST GREENWAY PARKWAY, SUITE 102 | | | Fax: (602)604-5039 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4955 | ABRAZO ARIZONA HEART INSTITUTE - REHAB | | | Tele (602)240-6132 | | 10/01/2016 | to | 09/30/2017 |
| | 2632 NORTH 20TH STREET, SUITE 2 | | | Fax: (602)604-5276 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7125 | ABRAZO BUCKEYE FAMILY MEDICINE | | | Tele (602)674-1400 | | 04/01/2016 | to | 03/31/2017 |
| | 525 SOUTH WATSON ROAD, SUITE 200 | | | Fax: (602)674-6773 | | | | |
| | BUCKEYE | AZ | 85326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4546 | ABRAZO MEDICAL GROUP | | | Tele (602)841-0721 | | 01/01/2016 | to | 12/31/2016 |
| | 6036 NORTH 19TH AVENUE, SUITES 505 & 506 | | | Fax: (602)841-0729 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4737 | ABRAZO MEDICAL GROUP- ARROWHEAD<br>18700 NORTH 64TH DRIVE, SUITE 205<br>GLENDALE AZ 85308 | Tele (623)561-0526<br>Fax: (623)561-0650<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7698 | ABRAZO MEDICAL GROUP CENTRAL<br>2000 WEST BETHANY HOME ROAD, SUITE 200<br>PHOENIX AZ 85015 | Tele (602)726-8806<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/23/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7580 | ABRAZO MEDICAL GROUP CENTRAL ORTHOPEDICS<br>444 WEST OSBORN ROAD, #200<br>PHOENIX AZ 85013 | Tele (602)230-7069<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/18/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4660 | ABRAZO MEDICAL GROUP DENARO PLAZA<br>10180 WEST HAPPY VALLEY ROAD, BUILDING A<br>PEORIA AZ 85383 | Tele (623)561-3000<br>Fax: (623)561-3009<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7128 | ABRAZO MEDICAL GROUP GOODYEAR<br>3125 NORTH DYSART ROAD<br>AVONDALE AZ 85392 | Tele (602)674-1400<br>Fax: (623)925-0745<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7286 | ABRAZO MEDICAL GROUP SCOTTSDALE<br>3815 EAST BELL ROAD, SUITE 2100<br>PHOENIX AZ 85032 | Tele (602)674-1415<br>Fax: (602)482-2874<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6821 | ABRAZO MEDICAL GROUP TRAUMA / GENERAL SURGERY<br>13677 WEST MCDOWELL ROAD, SUITE 201<br>GOODYEAR AZ 85395 | Tele (623)536-4200<br>Fax: (623)536-4201<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5054 | ACACIA HEALTH CENTER<br>4555 EAST MAYO BLVD<br>PHOENIX AZ 85050 | Tele (480)384-5600<br>Fax: (480)458-2162<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7619 | ACCEPTANCE RECOVERY CENTER LLC<br>7860 EAST MCCLAIN DRIVE SUITE 2<br>SCOTTSDALE AZ 85260 | Tele (928)533-5463<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/09/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6576 | ADDICTION RESOURCES, INC.<br>4337 WEST INDIAN SCHOOL ROAD, SUITE 107<br>PHOENIX AZ 85031 | Tele (602)233-9401<br>Fax: (602)233-1302<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7240 | ADELANTE CARE TODAY<br>15317 WEST BELL ROAD, SUITE # 100<br>SURPRISE AZ 85374 | Tele (623)583-3001<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7461 | ADELANTE HEALTHCARE - CENTRAL PHOENIX<br>500 WEST THOMAS ROAD, SUITE 870<br>PHOENIX AZ 85013 | Tele (623)583-3001<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/18/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6803 | ADELANTE HEALTHCARE PEORIA<br>15525 NORTH 83RD AVENUE, SUITE 104<br>PEORIA AZ 85382 | Tele (623)583-3001<br>Fax: (623)792-8379<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5307 | ADVANCED HEART & VASCULAR INSTITUTE<br>1331 NORTH 7TH STREET, SUITE 190<br>PHOENIX AZ 85006 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5624 | ADVANCED HEART & VASCULAR INSTITUTE AT PALO VERDE<br>5251 WEST CAMPBELL AVENUE, SUITE 206<br>PHOENIX AZ 85031 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6453 | AID TO ADOPTION OF SPECIAL KIDS | | | Tele (602)254-2275 | 06/01/2016 to 05/31/2017 |
| | 2320 NORTH 20TH STREET | | | Fax: (602)212-2564 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6717 | ALCOHOL SCREENING SERVICE | | | Tele (480)497-9178 | 09/01/2016 to 08/31/2017 |
| | 6 EAST PALO VERDE, SUITE 4 | | | Fax: (480)497-5323 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4933 | ALLIANCE URGENT CARE - BUCKEYE | | | Tele (623)474-6215 | 10/01/2016 to 09/30/2017 |
| | 980 SOUTH WATSON ROAD, SUITE 103 | | | Fax: (480)830-8012 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4248 | ALLIANCE URGENT CARE - PEORIA | | | Tele (623)334-2818 | 07/01/2016 to 06/30/2017 |
| | 8422 WEST THUNDERBIRD ROAD, SUITE 103 | | | Fax: (623)334-2814 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5233 | ALLIANCE URGENT CARE - PHOENIX | | | Tele (623)474-6125 | 11/01/2016 to 10/31/2017 |
| | 702 WEST CAMELBACK ROAD, SUITE 20 | | | Fax: (480)830-8012 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4129 | ALLIANCE URGENT CARE - TOLLESON<br>9897 WEST MCDOWELL ROAD, SUITE 100<br>TOLLESON AZ 85353 | Tele (623)474-2300<br>Fax: (623)474-2306<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5511 | ALLIANCE URGENT CARE- QUEEN CREEK<br>21582 SOUTH ELLSWORTH LOOP ROAD, SUITE 100<br>QUEEN CREEK AZ 85242 | Tele (480)339-5599<br>Fax: (480)830-8012<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3975 | ALLKIDS URGENT CARE, LLC<br>1430 NORTH COOPER ROAD, SUITE 101<br>GILBERT AZ 85233 | Tele (480)633-1111<br>Fax: (480)633-6611<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6166 | ALLKIDS URGENT CARE, LLC<br>10720 EAST SOUTHERN AVENUE, SUITE 112A<br>MESA AZ 85209 | Tele (480)633-1111<br>Fax: (480)633-6611<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6083 | ALPHA MEDICAL SERVICES<br>3825 NORTH 24TH STREET<br>PHOENIX AZ 85016 | Tele (602)248-8886<br>Fax: (602)248-8999<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7611 | ALTERNATIVE EDUCATION SOLUTIONS, LLC<br>6900 EAST CAMELBACK ROAD, SUITE 610<br>SCOTTSDALE AZ 85251 | Tele (480)809-6230<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/07/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5814 | AMDX, LTD. - SCOTTSDALE<br>10250 NORTH 92ND STREET, SUITE 304<br>SCOTTSDALE AZ 85258 | Tele (602)424-4450<br>Fax: (602)445-7342<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5155 | AMERICAN DYNAMIC IMAGING, LTD.<br>1110 EAST MISSOURI AVENUE, SUITE 410<br>PHOENIX AZ 85014 | Tele (602)274-4674<br>Fax: (602)274-6060<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6397 | AMG MARYVALE SPECIALITY<br>4524 NORTH MARYVALE PARKWAY, SUITE 220<br>PHOENIX AZ 85031 | Tele (602)674-1415<br>Fax: (602)674-6773<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7714 | ANYTHING IS POSSIBLE YOUTH & FAMILY SERVICES, LLC<br>128 WEST BOXELDER PLACE, SUITE #101<br>CHANDLER AZ 85225 | Tele (602)284-0404<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/15/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7574 | APNECARE, INC.<br>7165 EAST UNIVERSITY DRIVE, BUILDING 14, SUITE 154<br>MESA AZ 85207 | Tele (480)641-9700<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/15/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7615 | ARCHWAYS RECOVERY CENTERS, LLC<br>2222 SOUTH DOBSON ROAD, SUITE 1002<br>MESA AZ 85202 | Tele (480)255-1220<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/21/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4195 | ARIS HEALTH CORPORATION<br>17100 NORTH 67TH AVENUE, SUITE 100<br>GLENDALE AZ 85308 | Tele (623)979-2747<br>Fax: (623)979-3122<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5014 | ARISTA MEDICAL IMAGING<br>2919 SOUTH ELLSWORTH ROAD, SUITE 101<br>MESA AZ 85212 | Tele (480)644-9878<br>Fax: (480)358-9525<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4633 | ARISTA MEDICAL IMAGING<br>1345 EAST MCKELLIPS ROAD, SUITE 103<br>MESA AZ 85203 | Tele (480)644-9878<br>Fax: (877)422-0832<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5855 | ARIZONA ADDICTION TREATMENT PROGRAMS, INC<br>525 WEST SOUTHERN AVENUE, SUITE 109<br>MESA AZ 85210 | Tele (480)644-9033<br>Fax: (480)644-8180<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC6080 | ARIZONA ADVANCED IMAGING<br>5501 NORTH 19TH AVENUE, SUITE 111<br>PHOENIX AZ 85015 | Tele (602)973-9800<br>Fax: (602)873-9933<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5583 | ARIZONA ADVANCED IMAGING<br>4566 EAST INVERNESS DRIVE, SUITE 102<br>MESA AZ 85206 | Tele (480)308-7718<br>Fax: (480)308-7717<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5839 | ARIZONA ADVANCED SURGERY CENTER, LLC<br>1550 SOUTH ALMA SCHOOL ROAD, SUITE 100<br>MESA AZ 85210 | Tele (480)874-2229<br>Fax: (480)496-2346<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5147 | ARIZONA ADVANCED SURGERY CENTER, LLC<br>1701 EAST THOMAS ROAD, SUITE 202<br>PHOENIX AZ 85016 | Tele (480)874-2229<br>Fax: (480)874-2231<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6697 | ARIZONA ASSOCIATES FOR REPRODUCTIVE HEALTH - SCOTTSDALE<br>8573 EAST PRINCESS DRIVE, SUITE 101<br>SCOTTSDALE AZ 85255 | Tele (480)946-9900<br>Fax: (480)946-9914<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6699 | ARIZONA ASSOCIATES FOR REPRODUCTIVE HEALTH PHOENIX<br>2222 EAST HIGHLAND AVENUE, SUITE 222<br>PHOENIX AZ 85016 | Tele (480)946-9900<br>Fax: (480)946-9914<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6965 | ARIZONA ASSOCIATES FOR REPRODUCTIVE HEALTH-GILBERT<br>3885 SOUTH VAL VISTA DRIVE, SUITE 105<br>GILBERT AZ 85297 | Tele (480)946-9900<br>Fax: (480)946-9914<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5410 | ARIZONA ASSOCIATES FOR WOMEN'S HEALTH<br>4135 SOUTH POWER ROAD, BUILDING 2, SUITE 113<br>MESA AZ 85212 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6620 | ARIZONA ASSOCIATES FOR WOMEN'S HEALTH<br>455 EAST 6TH STREET, SUITE 100<br>MESA AZ 85201 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6619 | ARIZONA ASSOCIATES FOR WOMEN'S HEALTH AND EAST VALLEY WOMEN'S MEDICAL GROUP<br>1492 SOUTH MILL AVENUE, SUITE 307<br>TEMPE AZ 85281 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5872 | ARIZONA AUTISM UNITED, INC<br>5025 EAST WASHINGTON STREET, SUITE 212<br>PHOENIX AZ 85034 | Tele (602)773-5773<br>Fax: (602)273-9108<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6802 | ARIZONA BLEEDING DISORDERS HEALTH AND WELLNESS CENTER<br>821 NORTH 5TH AVENUE<br>PHOENIX AZ 85003 | Tele (602)680-7722<br>Fax: (602)955-1962<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6565 | ARIZONA BREAST SURGERY SPECIALISTS<br>14420 WEST MEEKER BOULEVARD, SUITE 203<br>SUN CITY WEST AZ 85375 | Tele (239)931-7279<br>Fax: (239)938-9340<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4458 | ARIZONA BREAST SURGERY SPECIALISTS<br>9159 WEST THUNDERBIRD ROAD, SUITE F<br>PEORIA AZ 85381 | Tele (623)815-3384<br>Fax: (623)815-3381<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6333 | ARIZONA BRIDGE TO RECOVERY | | | Tele (480)831-7566 | | 05/01/2016 | to | 04/30/2017 |
| | 554 SOUTH BELLVIEW, ROOM A | | | Fax: (480)831-7563 | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5471 | ARIZONA DESERT HAND THERAPY SERVICES | | | Tele (713)297-7000 | | 08/01/2016 | to | 07/31/2017 |
| | 3200 EAST CAMELBACK ROAD, SUITE 135 | | | Fax: (602)954-8494 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5492 | ARIZONA DESERT HAND THERAPY SERVICES | | | Tele (713)297-7000 | | 09/01/2016 | to | 08/31/2017 |
| | 5757 WEST THUNDERBIRD ROAD, SUITE E-465 | | | Fax: (602)843-8775 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5465 | ARIZONA DESERT HAND THERAPY SERVICES | | | Tele (713)297-7000 | | 08/01/2016 | to | 07/31/2017 |
| | 300 WEST CLARENDON, SUITE 285 | | | Fax: (602)277-3676 | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5468 | ARIZONA DESERT HAND THERAPY SERVICES | | | Tele (713)297-7000 | | 08/01/2016 | to | 07/31/2017 |
| | 14239 WEST BELL ROAD, SUITE 110 | | | Fax: (623)975-6144 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5466 | ARIZONA DESERT HAND THERAPY SERVICES<br>20330 NORTH CAVE CREEK ROAD, SUITE A-150<br>PHOENIX AZ 85024 | Tele (713)297-7000<br>Fax: (602)765-4761<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5474 | ARIZONA DESERT HAND THERAPY SERVICES<br>2175 NORTH ALMA SCHOOL ROAD, BUILDING B, SUITE 103<br>CHANDLER AZ 85224 | Tele (713)297-7000<br>Fax: (480)963-4098<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5476 | ARIZONA DESERT HAND THERAPY SERVICES<br>10250 NORTH 92ND STREET, SUITE 112, MED PLAZA 1<br>SCOTTSDALE AZ 85258 | Tele (713)297-7000<br>Fax: (480)661-1546<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5464 | ARIZONA DESERT HAND THERAPY SERVICES<br>690 NORTH COFCO COURT, SUITE 260<br>PHOENIX AZ 85008 | Tele (713)297-7000<br>Fax: (602)279-6934<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7410 | ARIZONA DESERT HAND THERAPY SERVICES<br>1860 NORTH 95TH LANE, SUITE 105<br>PHOENIX AZ 85037 | Tele (713)297-7000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7164 | ARIZONA DESERT HAND THERAPY SERVICES<br>3104 EAST INDIAN SCHOOL ROAD, SUITE 200A<br>PHOENIX AZ 85016 | Tele (602)955-2302<br>Fax: (602)955-2691<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5475 | ARIZONA DESERT HAND THERAPY SERVICES<br>130 SOUTH 63RD STREET, SUITE 110<br>MESA AZ 85206 | Tele (713)297-7000<br>Fax: (480)218-9976<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5819 | ARIZONA INSTITUTE OF FOOTCARE PHYSICIANS<br>1620 SOUTH STAPLEY DRIVE, SUITE 132<br>MESA AZ 85204 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4188 | ARIZONA MEDICAL SLEEP INSTITUTE<br>13203 NORTH 103RD AVENUE, SUITE I-1 B<br>SUN CITY AZ 85351 | Tele (623)876-6676<br>Fax: (623)977-7211<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6309 | ARIZONA MEDICAL SLEEP INSTITUTE<br>5750 WEST THUNDERBIRD ROAD, SUITE G770<br>GLENDALE AZ 85306 | Tele (623)876-6676<br>Fax: (623)977-7281<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5941 | ARIZONA MENTOR - OTC<br>2700 NORTH 3RD STREET, SUITE 4000<br>PHOENIX AZ 85004 | Tele (602)200-9494<br>Fax: (602)567-2062<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC7853 | ARIZONA PERINATAL CARE CENTERS<br>9305 WEST THOMAS ROAD, SUITE 150<br>PHOENIX AZ 85037 | Tele (623)362-2266<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/03/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7593 | ARIZONA PERINATAL CARE CENTERS<br>18699 NORTH 67TH AVENUE, SUITE 310<br>GLENDALE AZ 85308 | Tele (623)362-2266<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/24/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7813 | ARIZONA PERINATAL CARE CENTERS (AHWATUKEE)<br>15905 SOUTH 46TH STREET, SUITE A110<br>PHOENIX AZ 85048 | Tele (623)362-2266<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/06/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7672 | ARIZONA PROCEDURAL CENTER PLLC<br>5062 NORTH 19TH AVENUE, SUITE 100<br>PHOENIX AZ 85015 | Tele (602)750-7662<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/16/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7393 | ARIZONA RADIATION THERAPY MANAGEMENT SERVICES, INC.<br>10210 NORTH 92ND STREET, SUITE #205<br>SCOTTSDALE AZ 85258 | Tele (239)931-7279<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4232 | ARIZONA RADIATION THERAPY SERVICES<br>7340 EAST THOMAS ROAD<br>SCOTTSDALE AZ 85251 | Tele (239)931-7279<br>Fax: (239)938-9340<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7296 | ARIZONA SURGERY CONSULTANTS, LLC<br>3104 EAST INDIAN SCHOOL ROAD, SUITE 110<br>PHOENIX AZ 85016 | Tele (727)784-8600<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7822 | ARIZONA YOUTH & FAMILY SERVICES, INC<br>3707 NORTH 7TH STREET SUITE 200<br>PHOENIX AZ 85004 | Tele (602)277-4833<br>Fax: (602)277-4820<br>Capacity : Not Applicable | 09/02/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC7662 | ARIZONA'S CHILDREN ASSOCIATION<br>7910 WEST THOMAS ROAD, SUITE 112<br>PHOENIX AZ 85033 | Tele (520)622-7611<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/29/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6173 | ARIZONA'S CHILDREN ASSOCIATION<br>375 EAST ELLIOT ROAD, SUITES 11, 12, 13, & 14<br>CHANDLER AZ 85225 | Tele (602)234-3733<br>Fax: (480)963-3294<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6098 | ARIZONA'S CHILDREN ASSOCIATION<br>11321 WEST BELL ROAD, SUITE 401<br>SURPRISE AZ 85378 | Tele (602)234-3733<br>Fax: (623)583-2671<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6159 | ARIZONA'S CHILDREN ASSOCIATION<br>7910 WEST THOMAS ROAD, SUITE 103<br>PHOENIX AZ 85033 | Tele (602)234-3733<br>Fax: (623)414-4486<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6148 | ARIZONA'S CHILDREN ASSOCIATION<br>711 EAST MISSOURI AVENUE, SUITE 200<br>PHOENIX AZ 85014 | Tele (602)234-3733<br>Fax: (602)234-1252<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5830 | ARIZONA'S CHILDREN ASSOCIATION<br>111 EAST MONROE AVENUE, SUITE 102<br>BUCKEYE AZ 85326 | Tele (623)889-0091<br>Fax: (623)889-0092<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5499 | ARROWHEAD HEALTH CENTERS<br>2629 NORTH SCOTTSDALE ROAD, SUITE 200<br>SCOTTSDALE AZ 85257 | Tele (623)334-4000<br>Fax: (623)321-1938<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5415 | ARROWHEAD HEALTH CENTERS<br>5845 EAST STILL CIRCLE ROAD, SUITE 104<br>MESA AZ 85206 | Tele (623)334-4000<br>Fax: (623)321-1938<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5556 | ARROWHEAD HEALTH CENTERS<br>17061 NORTH AVENUE OF THE ARTS, SUITE 100<br>SURPRISE AZ 85378 | Tele (623)334-4000<br>Fax: (623)337-4400<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6758 | ASSISTED RECOVERY CENTER OF ARIZONA<br>1000 EAST INDIAN SCHOOL ROAD<br>PHOENIX AZ 85014 | Tele (602)264-7897<br>Fax: (866)610-3593<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7207 | ASSURANCE HEALTH AND WELLNESS CENTER<br>1515 EAST OSBORN<br>PHOENIX AZ 85014 | Tele (602)604-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5500 | ASSURED IMAGING WOMEN'S WELLNESS OF SOUTHERN ARIZONA, LLC<br>9180 EAST DESERT COVE, SUITE 105<br>SCOTTSDALE AZ 85260 | Tele (888)233-6121<br>Fax: (520)572-7138<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5599 | ASU HEALTH SERVICES - POLYTECHNIC<br>7332 EAST SUN DEVIL MALL<br>MESA AZ 85212 | Tele (480)727-1500<br>Fax: (480)727-1599<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4746 | ASU HEALTH SERVICES - SDA SUN DEVIL ATHLETICS<br>500 EAST VETERANS WAY, SUITE LL-A01<br>TEMPE AZ 85281 | Tele (480)965-1145<br>Fax: (480)965-2269<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0141 | ASU HEALTH SERVICES - TEMPE<br>451 EAST UNIVERSITY DRIVE<br>TEMPE AZ 85281 | Tele (480)965-5037<br>Fax: (480)965-2269<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4628 | ASU HEALTH SERVICES - WEST CAMPUS<br>4701 WEST THUNDERBIRD ROAD, UCB 190<br>GLENDALE AZ 85306 | Tele (602)543-8019<br>Fax: (602)543-8079<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4104 | ASU HEALTH SERVICES-COMMUNITY HEALTH CENTER<br>500 NORTH 3RD STREET, SUITE 155<br>PHOENIX AZ 85004 | Tele (602)496-0721<br>Fax: (602)496-0675<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4545 | ASU HEALTH SERVICES-SOUTH<br>1480 SOUTH RURAL ROAD, BLDG #139-ROOMS A21, A22<br>TEMPE AZ 85287 | Tele (480)965-5037<br>Fax: (480)965-2269<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4745 | ASU HEALTH SERVICES-SUN DEVIL FITNESS CENTER<br>400 EAST APACHE ROAD, SUITE 130<br>TEMPE AZ 85281 | Tele (480)965-5037<br>Fax: (480)965-2269<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6681 | AURORA BEHAVIORAL HEALTH SYSTEM, LLC<br>6015 WEST PEORIA AVENUE<br>GLENDALE AZ 85302 | Tele (623)344-4400<br>Fax: (623)344-4437<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6473 | AURORA BEHAVIORAL HEALTHCARE TEMPE<br>6350 SOUTH MAPLE AVENUE<br>TEMPE AZ 85283 | Tele (480)345-5400<br>Fax: (480)345-5450<br>Capacity : 75 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5955 | AZ CENTER FOR CHANGE | | | Tele (602)253-8488 | 12/01/2015 to 11/30/2016 |
| | 4205 NORTH 7TH AVENUE, SUITE 311 | | | Fax: (602)253-8340 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7323 | AZ HEALTHY CLINIC | | | Tele (623)594-2432 | 09/01/2016 to 08/31/2017 |
| | 4344 WEST INDIAN SCHOOL ROAD, SUITE 8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5650 | AZ PAIN PHYSICIANS | | | Tele (623)486-1510 | 02/01/2016 to 01/31/2017 |
| | 668 NORTH 44TH STREET, SUITE 100-W | | | Fax: (623)486-1529 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5021 | AZ-TECH RADIOLOGY & OPEN MRI | | | Tele (480)889-1856 | 02/01/2016 to 01/31/2017 |
| | 4915 EAST BASELINE ROAD, SUITE 116 | | | Fax: (480)354-9201 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5022 | AZ-TECH RADIOLOGY & OPEN MRI | | | Tele (480)889-1856 | 01/01/2016 to 12/31/2016 |
| | 2653 WEST GUADALUPE ROAD, SUITE 100 | | | Fax: (480)455-1862 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5025 | AZ-TECH RADIOLOGY & OPEN MRI | | | Tele (480)889-3500 | | 01/01/2016 | to | 12/31/2016 |
| | 444 WEST OSBORN ROAD, SUITE 105 | | | Fax: (480)889-3501 | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5034 | AZ-TECH RADIOLOGY & OPEN MRI - TEMPE | | | Tele (480)889-3500 | | 03/01/2016 | to | 02/28/2017 |
| | 2501 EAST SOUTHERN AVENUE, SUITE 8 | | | Fax: (480)345-7080 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5035 | AZ-TECH RADIOLOGY & OPEN MRI TEMPE | | | Tele (480)899-3500 | | 03/01/2016 | to | 02/28/2017 |
| | 2501 EAST SOUTHERN AVENUE, SUITE 11 | | | Fax: (480)899-3501 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5023 | AZ-TECH RADIOLOGY & OPEN MRI, LLC | | | Tele (480)889-1856 | | 02/01/2016 | to | 01/31/2017 |
| | 4530 EAST RAY ROAD, SUITE 160 | | | Fax: (480)893-0306 | | | | |
| | PHOENIX | AZ | 85044 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6954 | BAART BEHAVIORAL HEALTH SERVICES, INC. | | | Tele (415)552-7914 | | 12/01/2015 | to | 11/30/2016 |
| | 908A WEST CHANDLER BOULEVARD | | | Fax: (480)899-0202 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4889 | BABYMOON INN, LLC<br>215 EAST LEXINGTON AVENUE<br>PHOENIX AZ 85012 | Tele (602)314-7755<br>Fax: (602)314-7756<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3992 | BANNER ALZHEIMER'S INSTITUTE<br>901 EAST WILLETTA STREET, 1ST AND 3RD FLOOR<br>PHOENIX AZ 85006 | Tele (602)839-6900<br>Fax: (602)839-6253<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6603 | BANNER BEHAVIORAL HEALTH OUTPATIENT CLINIC - CHANDLER CAMPUS<br>1600 WEST CHANDLER BOULEVARD, SUITE 180<br>CHANDLER AZ 85224 | Tele (480)543-6760<br>Fax: (480)543-5959<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6689 | BANNER BEHAVIORAL HEALTH OUTPATIENT CLINIC - SCOTTSDALE CAMPUS<br>8722 EAST SAN ALBERTO DRIVE, SUITE 100<br>SCOTTSDALE AZ 85258 | Tele (480)827-5320<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5629 | BANNER CHILDREN'S - BANNER HEALTH CLINIC<br>8405 EAST BASELINE ROAD, SUITE 107<br>MESA AZ 85209 | Tele (480)827-5040<br>Fax: (480)827-5021<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5630 | BANNER CHILDREN'S - BANNER HEALTH CLINIC<br>1450 SOUTH DOBSON ROAD, SUITE B220<br>MESA AZ 85202 | Tele (480)827-5044<br>Fax: (480)827-5125<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5628 | BANNER CHILDREN'S - BANNER HEALTH CLINIC<br>1220 SOUTH HIGLEY ROAD, SUITE 101<br>MESA AZ 85206 | Tele (480)827-5045<br>Fax: (480)827-5181<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC5635 | BANNER CHILDREN'S - BANNER HEALTH CLINIC<br>2152 SOUTH VINEYARD, SUITE 129<br>MESA AZ 85210 | Tele (480)827-5043<br>Fax: (480)827-5144<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5632 | BANNER CHILDREN'S- BANNER HEALTH CLINIC<br>3493 SOUTH MERCY ROAD, BUILDING 15<br>GILBERT AZ 85297 | Tele (480)827-5042<br>Fax: (480)827-5096<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5631 | BANNER CHILDREN'S- BANNER HEALTH CLINIC<br>7400 SOUTH POWER ROAD, SUITE 140<br>GILBERT AZ 85297 | Tele (480)827-5046<br>Fax: (480)827-5220<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4890 | BANNER CHILDREN'S COMMUNITY CLINIC - CHANDLER | | | Tele (480)412-7300 | | 09/01/2016 | to | 06/30/2017 |
| | 777 EAST GALVESTON STREET | | | Fax: (480)412-6443 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7765 | BANNER CHILDREN'S COMMUNITY CLINIC - MESA | | | Tele (480)412-6344 | | 09/01/2016 | to | 06/30/2017 |
| | 564 WEST 9TH PLACE, SUITE 2 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7299 | BANNER CHILDREN'S COMMUNITY CLINIC-TOLLESON | | | Tele (480)412-6344 | | 09/01/2016 | to | 08/31/2017 |
| | 9401 WEST GARFIELD STREET | | | Fax: ( ) - | | | | |
| | TOLLESON | AZ | 85353 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7849 | BANNER CHILDREN'S HEALTH CLINIC | | | Tele (480)827-5430 | | 09/19/2016 | to | 08/31/2017 |
| | 6142 EAST BROWN ROAD, SUITE 102 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85205 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5214 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)412-7473 | | 12/01/2015 | to | 11/30/2016 |
| | 1432 SOUTH DOBSON ROAD, SUITE 403 | | | Fax: (480)412-7500 | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7264 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)412-6336 | 07/01/2016 to 06/30/2017 |
| | 1432 SOUTH DOBSON ROAD, SUITE 512 | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6951 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)827-5370 | 12/01/2015 to 11/30/2016 |
| | 8840 EAST CHAPARRAL ROAD, SUITE 210 | | | Fax: (480)270-5921 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5710 | BANNER CHILDREN'S SPECIALISTS | | | Tele (602)865-4540 | 05/01/2016 to 04/30/2017 |
| | 5310 WEST THUNDERBIRD ROAD, SUITE 214 | | | Fax: (602)865-4554 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5680 | BANNER CHILDREN'S SPECIALISTS | | | Tele (602)865-4480 | 03/01/2016 to 02/28/2017 |
| | 5310 WEST THUNDERBIRD ROAD, SUITE 311 | | | Fax: (602)865-4497 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5421 | BANNER CHILDREN'S SPECIALISTS | | | Tele (602)865-4065 | 06/01/2016 to 05/31/2017 |
| | 5310 WEST THUNDERBIRD ROAD, SUITE 110 | | | Fax: (480)412-9401 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5387 | BANNER CHILDREN'S SPECIALISTS<br>5310 WEST THUNDERBIRD ROAD, SUITE 310<br>GLENDALE AZ 85306 | Tele (602)865-4500<br>Fax: (602)865-4501<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5388 | BANNER CHILDREN'S SPECIALISTS<br>5310 WEST THUNDERBIRD ROAD, SUTE 301<br>GLENDALE AZ 85306 | Tele (602)865-4011<br>Fax: (602)865-4493<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5216 | BANNER CHILDREN'S SPECIALISTS<br>1432 SOUTH DOBSON ROAD, SUITE 408<br>MESA AZ 85202 | Tele (480)412-7400<br>Fax: (480)412-7500<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5213 | BANNER CHILDREN'S SPECIALISTS<br>1432 SOUTH DOBSON ROAD, SUITE 301<br>MESA AZ 85202 | Tele (480)412-9400<br>Fax: (480)412-9401<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5206 | BANNER CHILDREN'S SPECIALISTS<br>1432 SOUTH DOBSON ROAD, SUITE 402<br>MESA AZ 85202 | Tele (480)412-5550<br>Fax: (480)412-5434<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5212 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)412-7400 | 12/01/2016 to 11/30/2017 |
| | 1432 SOUTH DOBSON ROAD, SUITE 304 | | | Fax: (480)412-5991 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5205 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)412-4100 | 12/01/2015 to 11/30/2016 |
| | 1432 SOUTH DOBSON ROAD, SUITE 107 | | | Fax: (480)412-5154 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5222 | BANNER CHILDREN'S SPECIALISTS | | | Tele (480)412-6430 | 12/01/2016 to 11/30/2017 |
| | 1432 SOUTH DOBSON ROAD, SUITE 506 | | | Fax: (480)412-6438 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5290 | BANNER HEALTH CENTER | | | Tele (623)876-3800 | 02/01/2017 to 01/31/2018 |
| | 14416 WEST MEEKER BOULEVARD | | | Fax: (623)546-9896 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5762 | BANNER HEALTH CENTER | | | Tele (480)668-1600 | 07/01/2016 to 06/30/2017 |
| | 1435 SOUTH ALMA SCHOOL ROAD | | | Fax: (480)668-1615 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5295 | BANNER HEALTH CENTER | | | Tele (623)876-3800 | 02/01/2016 to 01/31/2017 |
| | 9165 WEST THUNDERBIRD ROAD | | | Fax: (623)583-5157 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5822 | BANNER HEALTH CENTER | | | Tele (480)610-7100 | 08/01/2016 to 07/31/2017 |
| | 1917 SOUTH CRISMON ROAD | | | Fax: (480)610-7115 | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5744 | BANNER HEALTH CENTER | | | Tele (623)474-8101 | 06/01/2016 to 05/31/2017 |
| | 9780 SOUTH ESTRELLA PARKWAY | | | Fax: (623)933-4708 | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5718 | BANNER HEALTH CENTER | | | Tele (480)649-6600 | 05/01/2016 to 04/30/2017 |
| | 155 EAST WARNER ROAD | | | Fax: (480)649-6700 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5708 | BANNER HEALTH CENTER | | | Tele (480)512-3700 | 04/01/2016 to 03/31/2017 |
| | 21772 SOUTH ELLSWORTH LOOP ROAD | | | Fax: (480)512-3715 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5512 | BANNER HEALTH CENTER<br>13995 WEST STATLER BOULEVARD, SUITE 200<br>SURPRISE AZ 85374 | Tele (623)478-3100<br>Fax: (623)478-3300<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5513 | BANNER HEALTH CENTER<br>13995 WEST STATLER BOULEVARD, SUITE 125<br>SURPRISE AZ 85374 | Tele (623)478-3100<br>Fax: (623)478-3300<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5498 | BANNER HEALTH CENTER<br>20751 WEST MARKET STREET<br>BUCKEYE AZ 85396 | Tele (623)463-5000<br>Fax: (623)463-5200<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5298 | BANNER HEALTH CENTER<br>13640 NORTH PLAZA DEL RIO BOULEVARD<br>PEORIA AZ 85381 | Tele (623)876-3800<br>Fax: (623)285-2609<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6625 | BANNER HEALTH CENTER<br>4720 EAST GREENWAY ROAD<br>PHOENIX AZ 85032 | Tele (602)439-6000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/21/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7863 | BANNER HEALTH CLINIC<br>1950 SOUTH COUNTRY CLUB DRIVE, SUITE 101<br>MESA AZ 85210 | Tele (480)827-5500<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/03/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5811 | BANNER HEALTH CLINIC<br>6750 EAST BAYWOOD AVENUE, SUITE 503<br>MESA AZ 85206 | Tele (480)543-3030<br>Fax: (480)543-3031<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5353 | BANNER HEALTH CLINIC<br>2600 EAST SOUTHERN AVENUE, SUITE B-2<br>TEMPE AZ 85282 | Tele (480)827-5265<br>Fax: (480)684-6603<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5354 | BANNER HEALTH CLINIC<br>4444 NORTH 32ND STREET, SUITE 220<br>PHOENIX AZ 85018 | Tele (602)747-7026<br>Fax: (602)957-1997<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5549 | BANNER HEALTH CLINIC<br>6242 EAST ARBOR AVENUE, SUITE 123<br>MESA AZ 85206 | Tele (480)543-6754<br>Fax: (480)543-5908<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5655 | BANNER HEALTH CLINIC | | | Tele (480)412-8080 | | 02/01/2016 | to | 01/31/2017 |
| | 1520 SOUTH DOBSON ROAD, SUITE 203 | | | Fax: (480)412-8081 | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5668 | BANNER HEALTH CLINIC | | | Tele (602)839-0444 | | 03/01/2016 | to | 02/28/2017 |
| | 4400 NORTH 32ND STREET, SUITE 200 | | | Fax: (602)839-0446 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6992 | BANNER HEALTH CLINIC | | | Tele (602)865-4570 | | 01/01/2016 | to | 12/31/2016 |
| | 5757 WEST THUNDERBIRD ROAD, SUITE E456 | | | Fax: (602)865-4575 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7198 | BANNER HEALTH CLINIC | | | Tele (623)474-8370 | | 06/01/2016 | to | 05/31/2017 |
| | 4860 NORTH LITCHFIELD ROAD, SUITE 102 | | | Fax: ( ) - | | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7460 | BANNER HEALTH CLINIC | | | Tele (480)827-5420 | | 12/15/2015 | to | 11/30/2016 |
| | 4530 EAST RAY ROAD, SUITE 150 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85044 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7536 | BANNER HEALTH CLINIC<br>14419 WEST MCDOWELL ROAD, SUITE E 102<br>GOODYEAR AZ 85395 | Tele (623)465-6030<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/25/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7644 | BANNER HEALTH CLINIC<br>6120 WEST BELL ROAD, SUITE 110<br>GLENDALE AZ 85308 | Tele (602)978-9053<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5375 | BANNER HEALTH CLINIC<br>10204 WEST HAPPY VALLEY ROAD, SUITE 160<br>PEORIA AZ 85383 | Tele (623)327-8800<br>Fax: (623)327-8806<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7504 | BANNER HEALTH CLINIC<br>8510 WEST DEER VALLEY ROAD, SUITE C-2, C-3<br>PEORIA AZ 85382 | Tele (623)249-4928<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/14/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5299 | BANNER HEALTH CLINIC<br>14420 WEST MEEKER BOULEVARD, SUITE 104<br>SUN CITY WEST AZ 85375 | Tele (623)583-5300<br>Fax: (623)583-5301<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5936 | BANNER HEALTH CLINIC<br>1920 NORTH HIGLEY ROAD, SUITE 106<br>GILBERT AZ 85234 | Tele (480)543-2688<br>Fax: (480)543-2382<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5301 | BANNER HEALTH CLINIC<br>1920 NORTH HIGLEY ROAD, SUITE 308<br>GILBERT AZ 85234 | Tele (480)543-6600<br>Fax: (480)543-6733<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5337 | BANNER HEALTH CLINIC<br>9305 WEST THOMAS ROAD, SUITE 380<br>PHOENIX AZ 85037 | Tele (623)327-4144<br>Fax: (623)327-4140<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5300 | BANNER HEALTH CLINIC<br>1920 NORTH HIGLEY ROAD, SUITE 206<br>GILBERT AZ 85234 | Tele (480)543-6700<br>Fax: (480)543-6725<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5192 | BANNER HEALTH CLINIC<br>3336 EAST CHANDLER HEIGHTS ROAD, SUITE A-101<br>GILBERT AZ 85298 | Tele (480)512-5900<br>Fax: (480)890-2997<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7919 | BANNER HEALTH CLINIC<br>6553 EAST BAYWOOD AVENUE, SUITE 101<br>MESA AZ 85206 | Tele (480)543-6750<br>Fax: (480)543-5907<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5373 | BANNER HEALTH CLINIC<br>4400 NORTH 32ND STREET, SUITE 140<br>PHOENIX AZ 85018 | Tele (602)255-7500<br>Fax: (602)254-6036<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5296 | BANNER HEALTH CLINIC<br>20325 NORTH 51ST AVENUE, BUILDING 9, SUITE 170<br>GLENDALE AZ 85308 | Tele (623)249-4928<br>Fax: (623)249-4971<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5374 | BANNER HEALTH CLINIC<br>14420 WEST MEEKER BOULEVARD, BUILDING A, SUITE 200<br>SUN CITY WEST AZ 85375 | Tele (623)524-8960<br>Fax: (623)972-9590<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5363 | BANNER HEALTH CLINIC<br>6553 EAST BAYWOOD AVENUE, SUITE 212<br>MESA AZ 85206 | Tele (480)543-6880<br>Fax: (480)543-5933<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5203 | BANNER HEALTH CLINIC | | | Tele (480)412-7474 | | 12/01/2016 | to | 11/30/2017 |
| | 1432 SOUTH DOBSON, SUITE 501 | | | Fax: (480)412-7475 | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5376 | BANNER HEALTH CLINIC | | | Tele (623)832-3001 | | 04/01/2016 | to | 03/31/2017 |
| | 13188 NORTH 103RD DRIVE, SUITE 206 | | | Fax: (623)933-3045 | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5589 | BANNER OCCUPATIONAL HEALTH CLINIC | | | Tele (480)412-6374 | | 12/01/2015 | to | 11/30/2016 |
| | 1300 NORTH 12TH STREET, SUITE 520 | | | Fax: (480)412-5434 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5586 | BANNER OCCUPATIONAL HEALTH CLINIC | | | Tele (602)865-5618 | | 12/01/2015 | to | 11/30/2016 |
| | 5601 WEST EUGIE AVENUE, SUITE 213 | | | Fax: (602)865-5651 | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5594 | BANNER OCCUPATIONAL HEALTH CLINIC | | | Tele (480)412-3275 | | 12/01/2016 | to | 11/30/2017 |
| | 2225 WEST SOUTHERN AVENUE | | | Fax: (480)412-8760 | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5593 | BANNER OCCUPATIONAL HEALTH CLINIC<br>9305 WEST THOMAS ROAD, SUITE 235<br>PHOENIX AZ 85037 | Tele (623)327-4100<br>Fax: (623)327-4170<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5587 | BANNER OCCUPATIONAL HEALTH CLINIC<br>2225 WEST SOUTHERN AVENUE<br>MESA AZ 85202 | Tele (602)747-8069<br>Fax: (480)412-5434<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5595 | BANNER OCCUPATIONAL HEALTH SERVICES<br>1920 NORTH HIGLEY ROAD, SUITE 108<br>GILBERT AZ 85234 | Tele (480)543-3300<br>Fax: (480)543-2689<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5945 | BANNER THUNDERBIRD BEHAVIORAL HEALTH CENTER<br>5555 WEST THUNDERBIRD ROAD- MAIN (LOWER LEVEL)<br>GLENDALE AZ 85306 | Tele (602)865-4793<br>Fax: (602)865-5753<br>Capacity : 62 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC7716 | BANNER- UNIVERSITY SPORTS MEDICINE AND CONCUSSION SPECIALISTS<br>1320 NORTH 10TH STREET, SUITE B<br>PHOENIX AZ 85006 | Tele (602)839-7285<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7895 | BANNER URGENT CARE | | | Tele (480)889-1157 | 11/01/2016 to 10/31/2017 |
| | 3200 SOUTH GILBERT ROAD | | | Fax: (480)840-3025 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7910 | BANNER URGENT CARE | | | Tele (480)834-4146 | 11/01/2016 to 10/31/2017 |
| | 1157 SOUTH CRISMON, SUITE 101 | | | Fax: (480)840-3025 | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7887 | BANNER URGENT CARE | | | Tele (623)223-1820 | 11/01/2016 to 10/31/2017 |
| | 15521 WEST BELL ROAD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7902 | BANNER URGENT CARE | | | Tele (480)722-9828 | 11/01/2016 to 10/31/2017 |
| | 641 WEST WARNER ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7907 | BANNER URGENT CARE | | | Tele (480)821-2028 | 11/01/2016 to 10/31/2017 |
| | 2950 SOUTH ALMA SCHOOL ROAD, SUITE 1 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7892 | BANNER URGENT CARE<br>1355 SOUTH HIGLEY ROAD, SUITE 104<br>GILBERT AZ 85296 | Tele (480)840-6600<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7883 | BANNER URGENT CARE<br>6702 WEST BETHANY HOME ROAD, SUITES 13-15<br>GLENDALE AZ 85303 | Tele (623)435-7000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7909 | BANNER URGENT CARE<br>3000 NORTH ARIZONA AVENUE<br>CHANDLER AZ 85225 | Tele (480)355-1575<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7908 | BANNER URGENT CARE<br>1979 WEST RAY ROAD<br>CHANDLER AZ 85224 | Tele (480)821-9404<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7903 | BANNER URGENT CARE<br>407 NORTH LINDSAY ROAD, SUITES 103-104<br>MESA AZ 85213 | Tele (480)807-0084<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7896 | BANNER URGENT CARE | | | Tele (480)889-1157 | | 11/01/2016 | to | 10/31/2017 |
| | 3160 EAST QUEEN CREEK ROAD, SUITE 104 | | | Fax: (480)840-3025 | | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7886 | BANNER URGENT CARE | | | Tele (480)825-7496 | | 11/01/2016 | to | 10/31/2017 |
| | 10330 NORTH SCOTTSDALE ROAD, SUITE 25 A & B | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85253 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7888 | BANNER URGENT CARE | | | Tele (480)218-4022 | | 11/01/2016 | to | 10/31/2017 |
| | 1215 SOUTH HIGLEY ROAD | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7916 | BANNER URGENT CARE | | | Tele (623)847-0901 | | 11/01/2016 | to | 10/31/2017 |
| | 7952 NORTH 43RD AVENUE | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7879 | BANNER URGENT CARE | | | Tele (623)239-0394 | | 11/01/2016 | to | 10/31/2017 |
| | 3328 NORTH LITCHFIELD ROAD | | | Fax: (480)840-3025 | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7906 | BANNER URGENT CARE<br>1955 WEST GUADALUPE ROAD, SUITES 1 & 2<br>MESA AZ 85202 | Tele (480)838-1541<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7897 | BANNER URGENT CARE<br>3141 SOUTH MCCLINTOCK DRIVE, SUITES 1 & 2<br>TEMPE AZ 85282 | Tele (480)389-3756<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7900 | BANNER URGENT CARE<br>931 EAST ELLIOT ROAD, SUITE 115<br>TEMPE AZ 85284 | Tele (480)389-5630<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7899 | BANNER URGENT CARE<br>4232 WEST BELL ROAD, SUITE C1<br>GLENDALE AZ 85308 | Tele (602)639-4535<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7898 | BANNER URGENT CARE<br>3126 SOUTH HIGLEY ROAD, SUITE 109<br>GILBERT AZ 85296 | Tele (480)436-8102<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7884 | BANNER URGENT CARE | | | Tele (623)242-0049 | | 11/01/2016 | to | 10/31/2017 |
| | 7611 WEST CACTUS ROAD | | | Fax: (480)840-3025 | | | | |
| | PEORIA | AZ | 85381 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7905 | BANNER URGENT CARE | | | Tele (480)813-4233 | | 11/01/2016 | to | 10/31/2017 |
| | 1641 EAST GUADALUPE ROAD | | | Fax: (480)219-4915 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7881 | BANNER URGENT CARE | | | Tele (480)948-3314 | | 11/01/2016 | to | 10/31/2017 |
| | 6501 EAST GREENWAY PARKWAY, SUITE 3-104 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7880 | BANNER URGENT CARE | | | Tele (602)996-1316 | | 11/01/2016 | to | 10/31/2017 |
| | 3247 EAST BELL ROAD #PB-1 | | | Fax: (480)840-3025 | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7901 | BANNER URGENT CARE | | | Tele (480)558-5278 | | 11/01/2016 | to | 10/31/2017 |
| | 1120 SOUTH GILBERT ROAD | | | Fax: (480)840-3025 | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7882 | BANNER URGENT CARE<br>6323 SOUTH RURAL ROAD, SUITE 107<br>TEMPE AZ 85283 | Tele (480)775-2657<br>Fax: (480)840-3025<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7891 | BANNER URGENT CARE<br>21980 NORTH 83RD AVENUE<br>PEORIA AZ 85383 | Tele (623)566-1949<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7546 | BARROW CONCUSSION AND BRAIN INJURY CENTER, THE<br>222 WEST THOMAS ROAD, SUITE 304<br>PHOENIX AZ 85013 | Tele (602)406-3189<br>Fax: (602)406-4343<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7547 | BARROW CRANIOFACIAL CENTER<br>124 WEST THOMAS ROAD, SUITE 320<br>PHOENIX AZ 85013 | Tele (602)406-3189<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| CSLG7154 | BAYLESS HEALTHCARE GROUP<br>926 EAST MCDOWELL ROAD, SUITE 123<br>PHOENIX AZ 85006 | Tele (602)230-7373<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6489 | BAYLESS HEALTHCARE GROUP | | | Tele (602)230-7373 | | 05/01/2016 | to | 04/30/2017 |
| | 9014 SOUTH CENTRAL AVENUE | | | Fax: (602)441-5839 | | | | |
| | PHOENIX | AZ | 85042 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6624 | BAYLESS HEALTHCARE GROUP | | | Tele (602)230-7373 | | 08/01/2016 | to | 07/31/2017 |
| | 3620 NORTH 3RD STREET | | | Fax: (602)230-5105 | | | | |
| | PHOENIX | AZ | 85012 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5758 | BAYLESS HEALTHCARE GROUP | | | Tele (602)230-7373 | | 11/01/2016 | to | 10/31/2017 |
| | 926 EAST MCDOWELL ROAD, SUITE 105 | | | Fax: (602)257-8029 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5132 | BEATITUDES CAMPUS OUTPATIENT REHABILITATION TREATMENT CENTER | | | Tele (602)995-2611 | | 07/01/2016 | to | 06/30/2017 |
| | 1668 WEST GLENDALE AVENUE | | | Fax: (602)995-5740 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3058 | BEATITUDES OUTPATIENT REHABILITATION | | | Tele (602)995-6111 | | 10/01/2016 | to | 09/30/2017 |
| | 1712 WEST GLENDALE AVENUE | | | Fax: (602)995-5740 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3638 | BELLA VITA HEALTHCARE AND REHABILITATION CENTER<br>5125 NORTH 58TH AVENUE<br>GLENDALE AZ 85301 | Tele (623)931-5800<br>Fax: (623)931-8776<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5891 | BIRTH HAVEN AT LIFE SPRING MIDWIFERY, THE<br>3303 SOUTH LINDSAY ROAD, SUITE 125<br>GILBERT AZ 85297 | Tele (480)664-7463<br>Fax: (480)664-7467<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6816 | BLACK FAMILY AND CHILD SERVICES, INC<br>1522 EAST SOUTHERN AVENUE<br>PHOENIX AZ 85040 | Tele (602)243-1773<br>Fax: (602)276-1984<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC6705 | BLACK MOUNTAIN BEHAVIORAL HEALTH, L L C<br>33755 NORTH SCOTTSDALE ROAD, SUITE J105<br>SCOTTSDALE AZ 85266 | Tele (480)595-1555<br>Fax: (866)307-0007<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC4901 | BLOSSOM BIRTH CENTER<br>2928 NORTH 18TH PLACE<br>PHOENIX AZ 85016 | Tele (602)256-7766<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4918 | BOYD INFUSION CENTER | | | Tele (928)668-1835 | | 09/01/2016 | to | 08/31/2017 |
| | 520 ROSE LANE | | | Fax: (928)684-5081 | | | | |
| | WICKENBURG | AZ | 85390 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7075 | BREAST HEALTH & RESEARCH CENTER | | | Tele (623)434-2789 | | 01/01/2016 | to | 12/31/2016 |
| | 19646 NORTH 27TH AVENUE, SUITE #205 | | | Fax: (623)434-2789 | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7013 | BRIDGE GROUP OF ARIZONA, LLC, THE | | | Tele (480)776-3390 | | 02/01/2016 | to | 01/31/2017 |
| | 1237 SOUTH VAL VISTA DRIVE | | | Fax: (480)374-7076 | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7750 | BRIDGING THE HOPE COUNSELING SERVICES | | | Tele (602)686-7260 | | 07/21/2016 | to | 06/30/2017 |
| | 5320 NORTH 16TH STREET, SUITE #102 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6044 | BROADWAY OUTPATIENT CLINIC | | | Tele (602)285-4330 | | 09/01/2016 | to | 08/31/2017 |
| | 4420 SOUTH 32ND STREET | | | Fax: (602)265-8533 | | | | |
| | PHOENIX | AZ | 85040 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6552 | CALVARY HEALING CENTER | | | Tele (602)279-1468 | 11/01/2016 to 07/31/2017 |
| | 720 EAST MONTEBELLO - IOP & PHP BUILDING | | | Fax: (602)279-3030 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7196 | CANYON HEALTH AND WELLNESS CLINIC | | | Tele (602)639-6215 | 06/01/2016 to 05/31/2017 |
| | 3300 WEST CAMELBACK ROAD BUILDING 47 | | | Fax: (602)639-7830 | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4112 | CANYON PEDIATRICS | | | Tele (480)507-2199 | 09/01/2015 to 08/31/2016 |
| | 815 EAST UNIVERSITY DRIVE | | | Fax: (480)649-3416 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3788 | CANYON PEDIATRICS, INC. | | | Tele (480)507-2199 | 09/01/2015 to 08/31/2016 |
| | 2451 EAST BASELINE ROAD, SUITE 200 | | | Fax: (480)507-2218 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7610 | CANYON PHYSICIANS | | | Tele (480)507-2199 | 03/09/2016 to 02/28/2017 |
| | 2451 EAST BASELINE ROAD, SUITE 130 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7860 | CARDIAC CATH LAB OF PHOENIX<br>1910 EAST THOMAS ROAD, SUITE 101<br>PHOENIX AZ 85016 | Tele (480)470-0003<br>Fax: (480)470-0004<br>Capacity : Not Applicable | 10/06/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7762 | CAREATC - AVONDALE<br>10320 WEST MCDOWELL ROAD, SUITE M1342<br>AVONDALE AZ 85323 | Tele (800)993-8244<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/03/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7763 | CAREATC - CHANDLER<br>2175 NORTH ALMA SCHOOL ROAD, BUILDING C, SUITE 109<br>CHANDLER AZ 85226 | Tele (800)993-8244<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/03/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5167 | CAREATC, INC.<br>3201 WEST PEORIA SUITE D707<br>PHOENIX AZ 85019 | Tele (800)993-8244<br>Fax: (602)354-8371<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7185 | CCA - CONTINENCE CENTER OF AMERICA<br>13460 NORTH 94TH DRIVE, SUITE M-2<br>PEORIA AZ 85381 | Tele (623)977-1212<br>Fax: (623)875-1815<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6036 | CENTER FOR BEHAVIORAL HEALTH PHOENIX, INC | | | Tele (602)253-6553 | | 03/01/2016 | to | 02/28/2017 |
| | 1501 EAST WASHINGTON STREET | | | Fax: (602)253-6554 | | | | |
| | PHOENIX | AZ | 85034 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5985 | CENTER FOR BEHAVIORAL HEALTH, INC | | | Tele (480)897-7044 | | 04/01/2016 | to | 03/31/2017 |
| | 2123 EAST SOUTHERN AVENUE | | | Fax: (480)897-7943 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6335 | CENTER FOR HOPE | | | Tele (480)831-7566 | | 12/01/2015 | to | 11/30/2016 |
| | 554-1 SOUTH BELLVIEW, ROOM A | | | Fax: (480)831-7563 | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6258 | CENTRAL VALLEY CLINIC | | | Tele (480)786-8200 | | 04/01/2016 | to | 03/31/2017 |
| | 2444 EAST UNIVERSITY DRIVE, SUITE 150 | | | Fax: (602)304-0190 | | | | |
| | PHOENIX | AZ | 85034 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3108 | CHANDLER VALLEY URGENT CARE CLINIC, INC | | | Tele (480)792-1025 | | 12/01/2015 | to | 11/30/2016 |
| | 936 WEST CHANDLER BOULEVARD, SUITE 1 | | | Fax: (480)792-1026 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7328 | CHICANOS POR LA CAUSA - CENTRO ESPERANZA | | | Tele | (480)615-3800 | 10/01/2016 | to | 09/30/2017 |
| | 310 SOUTH EXTENSION | | | Fax: | (602)385-0380 | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC6594 | CHICANOS POR LA CAUSA, INC - CENTRO DE LA FAMILIA | | | Tele | (602)257-0464 | 05/01/2016 | to | 04/30/2017 |
| | 6850 WEST INDIAN SCHOOL ROAD | | | Fax: | (623)247-3875 | | | |
| | PHOENIX | AZ | 85033 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC6564 | CHILD AND FAMILY SUPPORT SERVICES, INC. | | | Tele | (480)635-9944 | 07/01/2016 | to | 06/30/2017 |
| | 10439 SOUTH 51ST STREET, SUITE 100 | | | Fax: | (480)635-9987 | | | |
| | PHOENIX | AZ | 85044 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC5884 | CHILDHELP CHILDREN'S CENTER OF ARIZONA | | | Tele | (602)271-4500 | 01/01/2016 | to | 12/31/2016 |
| | 2333 NORTH PEBBLE CREEK PARKWAY, SUITE A-200 | | | Fax: | (602)258-0427 | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC5502 | CHILDREN'S REHABILITATIVE SERVICES | | | Tele | (602)914-1520 | 09/01/2016 | to | 08/31/2017 |
| | 3141 NORTH 3RD AVENUE, SUITE 100 | | | Fax: | (602)914-1521 | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7161 | CHRISTIAN CARE OUTPATIENT REHAB CENTER<br>11830 NORTH 19TH AVE, PENDLETON CENTER, SUITE 103<br>PHOENIX AZ 85029 | Tele (602)443-5439<br>Fax: (602)443-5499<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5576 | CHRISTIAN CARE OUTPATIENT REHAB CLINIC<br>118 SOUTH 70TH STREET<br>MESA AZ 85208 | Tele (480)654-1800<br>Fax: (480)218-2617<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5456 | CHRISTIAN CARE OUTPATIENT REHAB CLINIC<br>155 WEST BROWN ROAD, 159, BUILDING Q<br>MESA AZ 85201 | Tele (480)290-7952<br>Fax: (480)398-2787<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4767 | CIGNA ARROWHEAD RANCH MEDICAL OFFICE<br>21731 NORTH 77TH AVENUE, BUILDING D, STE 1300-1325<br>PEORIA AZ 85382 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0636 | CIGNA C J HARRIS HEALTH CARE CENTER<br>1920 EAST BASELINE ROAD<br>TEMPE AZ 85283 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0626 | CIGNA CHANDLER HEALTHCARE CENTER<br>1717 WEST CHANDLER BOULEVARD<br>CHANDLER AZ 85224 | Tele (623)277-1131<br>Fax: (602)371-2789<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5040 | CIGNA MEDICAL GROUP ADVANCED IMAGING CT/MRI SUITE - EAST VALLEY<br>1840 SOUTH STAPLEY DRIVE, SUITE 119<br>MESA AZ 85204 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5561 | CIGNA MEDICAL GROUP PHOENIX CENTRAL MULTI SPECIALTY CENTER<br>3003 NORTH THIRD STREET<br>PHOENIX AZ 85012 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC7864 | CIGNA MEDICAL GROUP SUN CITY HEALTH CARE CENTER<br>9069 WEST THUNDERBIRD ROAD<br>PEORIA AZ 85381 | Tele (623)277-1131<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/06/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC1070 | CIGNA NORTH VALLEY HEALTHCARE CENTER<br>710 WEST BELL ROAD<br>PHOENIX AZ 85023 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4748 | CIGNA PALM VALLEY MEDICAL OFFICE<br>14445 WEST MCDOWELL ROAD, SUITE A104<br>GOODYEAR AZ 85395 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4527 | CIGNA PARADISE VALLEY HEALTHCARE CENTER<br>3805 EAST BELL ROAD, SUITE 2100<br>PHOENIX AZ 85032 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0624 | CIGNA PASEO HEALTH CARE CENTER<br>5891 WEST EUGIE AVENUE<br>GLENDALE AZ 85304 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6236 | CIGNA POINTE HEALTH CARE CENTER<br>7000 NORTH 16TH STREET, SUITE 130<br>PHOENIX AZ 85020 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4582 | CIGNA SAN TAN MEDICAL OFFICE<br>3530 VAL VISTA DRIVE, SUITE 101<br>GILBERT AZ 85297 | Tele (623)277-1131<br>Fax: (602)371-2789<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4448 | CIGNA SCOTTSDALE HEALTH CARE CENTER<br>7287 EAST EARLL DRIVE, BUILDING D<br>SCOTTSDALE AZ 85251 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4424 | CIGNA SCOTTSDALE NORTE HEALTH CARE CENTER<br>10900 NORTH SCOTTSDALE ROAD, SUITE 606<br>SCOTTSDALE AZ 85254 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0648 | CIGNA SOUTH MOUNTAIN HEALTHCARE CENTER<br>7236 SOUTH CENTRAL AVENUE<br>PHOENIX AZ 85040 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4338 | CIGNA STAPLEY HEALTH CARE CENTER<br>1840 SOUTH STAPLEY DRIVE, SUITE 101<br>MESA AZ 85204 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0630 | CIGNA SUN CITY HEALTH CARE CENTER<br>13041 NORTH DEL WEBB BOULEVARD<br>SUN CITY AZ 85351 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4547 | CIGNA SUN CITY WEST HEALTHCARE CENTER<br>13991 WEST GRAND AVENUE SUITE 105<br>SURPRISE AZ 85374 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0702 | CIGNA SUPERSTITION SPRINGS HEALTH CARE CENTER<br>6811 EAST SUPERSTITION SPRINGS BOULEVARD<br>MESA AZ 85209 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0646 | CIGNA WESTRIDGE HEALTHCARE CENTER<br>2302 NORTH 75TH AVENUE<br>PHOENIX AZ 85035 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6777 | CITY OF TEMPE HUMAN SERVICES<br>3500 SOUTH RURAL ROAD, 2ND FLOOR<br>TEMPE AZ 85282 | Tele (480)350-5400<br>Fax: (480)350-5431<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5797 | CLEO ROBERTS CENTER<br>10515 WEST SANTA FE DRIVE, BUILDING B, 1ST FLOOR<br>SUN CITY AZ 85351 | Tele (623)832-6530<br>Fax: (623)832-6504<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6635 | CMG RED MOUNTAIN MEDICAL OFFICE<br>5735 EAST MCKELLIPS ROAD, SUITE 101<br>MESA AZ 85215 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6484 | COMMUNITY BRIDGES, INC. - ASPIRE<br>1012 SOUTH STAPLEY DRIVE, BUILDING 5<br>MESA AZ 85204 | Tele (480)768-6022<br>Fax: (480)831-0078<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6023 | COMMUNITY BRIDGES, INC. - COMMUNITY PSYCHIATRIC EMERGENCY CENTER (CPEC)<br>358 EAST JAVELINA AVENUE, SUITE 101<br>MESA AZ 85210 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6932 | COMMUNITY BRIDGES, INC. - SCOTTSDALE UNSCRIPT<br>8541 EAST ANDERSON DRIVE, SUITE 105<br>SCOTTSDALE AZ 85255 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7924 | COMMUNITY BRIDGES, INC., LDRC<br>1125 WEST JACKSON STREET<br>PHOENIX AZ 85007 | Tele (480)831-7566<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/27/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6524 | COMMUNITY MEDICAL SERVICES<br>6116 EAST ARBOR AVENUE, BUILDING 1, SUITE 104<br>MESA AZ 85204 | Tele (602)248-8886<br>Fax: (602)248-8999<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6788 | COMMUNITY MEDICAL SERVICES<br>2301 WEST NORTHERN AVENUE<br>PHOENIX AZ 85021 | Tele (602)866-9378<br>Fax: (602)248-8999<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6584 | COMMUNITY SUPPORT SERVICES, INC<br>7011 NORTH 57TH AVENUE, SUITE E<br>GLENDALE AZ 85301 | Tele (480)629-5994<br>Fax: (480)629-5996<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3452 | COMMUNITY WELLNESS AND SAFETY OF ARIZONA / GILBERT<br>522 NORTH GILBERT ROAD, SUITE 104, NURSING OFFICE<br>GILBERT AZ 85234 | Tele (480)390-8752<br>Fax: (480)396-0234<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7589 | COMPCARE MEDICAL GROUP INC., P.C.<br>1021 SOUTH 7TH AVENUE, SUITE 102<br>PHOENIX AZ 85007 | Tele (888)695-0776<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/15/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7817 | CONCENTRA HEALTH CENTERS<br>1818 EAST SKY HARBOR CIRCLE, NORTH BLDG 2, STE 150<br>PHOENIX AZ 85034 | Tele (717)884-7414<br>Fax: (602)244-9543<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7804 | CONCENTRA HEALTH CENTERS<br>12808 NORTH BLACK CANYON HIGHWAY<br>PHOENIX AZ 85029 | Tele (602)375-1155<br>Fax: (602)866-9169<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7819 | CONCENTRA MEDICAL CENTER - VAL VISTA<br>1959 SOUTH VAL VISTA ROAD, SUITE 106<br>MESA AZ 85204 | Tele (717)972-1100<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7800 | CONCENTRA MEDICAL CENTERS - NORTHWEST<br>14155 NORTH 83RD AVENUE, BLDG 8, STE 148<br>PEORIA AZ 85381 | Tele (717)972-1100<br>Fax: (623)487-8647<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7818 | CONCENTRA MEDICAL CENTERS-WEST<br>3532 WEST THOMAS ROAD, SUITE 5<br>PHOENIX AZ 85019 | Tele (717)972-1100<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7815 | CONCENTRA MEDICAL CENTER-TEMPE | | | Tele (717)972-1100 | 04/11/2016 to 03/31/2017 |
| | 950 WEST SOUTHERN AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6281 | CONTACT DERMATITIS INSTITUTE | | | Tele (602)914-4267 | 03/01/2016 to 02/28/2017 |
| | 3400 EAST MCDOWELL ROAD | | | Fax: (602)914-4269 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5736 | CONTINUUM ADVANCED HEALTHCARE | | | Tele (602)993-0231 | 09/01/2016 to 08/31/2017 |
| | 3710 WEST GREENWAY ROAD, SUITE 104 | | | Fax: (602)993-5648 | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3090 | COOK HEALTH CARE REHAB CENTER | | | Tele (623)933-3333 | 06/01/2016 to 05/31/2017 |
| | 11527 WEST PEORIA AVENUE | | | Fax: ( ) - | |
| | YOUNGTOWN | AZ | 85363 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4515 | CORAM CVS/SPECIALTY INFUSION SERVICES | | | Tele (602)438-7888 | 12/01/2016 to 11/30/2017 |
| | 4310 EAST COTTON CENTER BOULEVARD, SUITE 110 | | | Fax: (602)438-4559 | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6018 | CORRECTIONAL HEALTHCARE COMPANIES, INC<br>7447 EAST EARLL DRIVE, SUITES 101, 102, 103, & 109<br>SCOTTSDALE AZ 85251 | Tele (480)949-8871<br>Fax: (480)237-7221<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6058 | CORRECTIONAL HEALTHCARE COMPANIES, INC<br>460 NORTH MESA DRIVE, SUITE 101<br>MESA AZ 85201 | Tele (480)949-8871<br>Fax: (480)237-7221<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6061 | CORRECTIONAL HEALTHCARE COMPANIES, INC<br>4425 WEST GLENDALE AVENUE, SUITE 5<br>GLENDALE AZ 85301 | Tele (480)949-8871<br>Fax: (480)237-7221<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| CSLG6269 | CORRECTIONAL HEALTHCARE COMPANIES, INC.<br>11000 NORTH SCOTTSDALE ROAD, SUITE 150<br>SCOTTSDALE AZ 85254 | Tele (480)949-8871<br>Fax: (480)949-9723<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6778 | COUNSELING & FAMILY RESOURCE LTD DBA E A P PREFERRED<br>202 NORTH LINDSAY ROAD, SUITE 203<br>MESA AZ 85213 | Tele (602)264-4600<br>Fax: (602)264-7325<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5902 | CRISIS PREPARATION & RECOVERY, INC<br>3260 NORTH HAYDEN ROAD, SUITE 112<br>SCOTTSDALE AZ 85251 | Tele (480)804-0326<br>Fax: (480)302-7884<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6050 | CRISIS PREPARATION & RECOVERY, INC<br>2120 SOUTH MCCLINTOCK DRIVE, SUITE 105<br>TEMPE AZ 85282 | Tele (480)804-0326<br>Fax: (480)302-7884<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6520 | DECISION POINT SCOTTSDALE<br>8889 EAST VIA LINDA<br>SCOTTSDALE AZ 85258 | Tele (480)878-6987<br>Fax: (480)304-3154<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4597 | DERMA HEALTH INSTITUTE OF AHWATUKEE<br>1345 EAST CHANDLER BOULEVARD, SUITE #105<br>PHOENIX AZ 85048 | Tele (480)543-1116<br>Fax: (480)543-1118<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3703 | DERMA HEALTH INSTITUTE OF CHANDLER<br>2905 WEST WARNER ROAD, SUITE 17<br>CHANDLER AZ 85224 | Tele (480)730-9000<br>Fax: (480)831-7633<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4788 | DERMA HEALTH INSTITUTE OF PARADISE VALLEY<br>10214 NORTH TATUM BOULEVARD, SUITE B-300<br>PHOENIX AZ 85028 | Tele (480)991-7900<br>Fax: (480)543-1118<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC5207 | DERMA HEALTH OF ARROWHEAD<br>21681 NORTH 77TH AVENUE, SUITE 1400<br>PEORIA AZ 85382 | Tele (623)594-1300<br>Fax: (480)543-1118<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3872 | DERMAHEALTH INSTITUTE OF GILBERT & MESA<br>4140 EAST BASELINE ROAD, SUITE 110<br>MESA AZ 85206 | Tele (623)594-1300<br>Fax: (480)543-1118<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6942 | DESERT COVE RECOVERY CENTER, LLC<br>15170 NORTH HAYDEN ROAD, SUITES 4 & 5<br>SCOTTSDALE AZ 85260 | Tele (480)991-2200<br>Fax: (480)991-2224<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6090 | DESERT EDGE MENTORING SERVICES<br>1950 WEST HEATHERBRAE DRIVE, SUITE 10<br>PHOENIX AZ 85015 | Tele (602)237-2485<br>Fax: (602)274-6531<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6798 | DESERT EDGE RECOVERY<br>1950 WEST HEATHERBRAE DRIVE, SUITE 4<br>PHOENIX AZ 85015 | Tele (602)792-0019<br>Fax: (602)279-5099<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC3627 | DESERT FOOTHILLS MEDICAL CENTER URGENT CARE<br>36889 NORTH TOM DARLINGTON DRIVE, SUITE 911<br>CAREFREE AZ 85377 | Tele (480)488-9220<br>Fax: (480)488-7014<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7390 | DESERT GROVE FAMILY MEDICINE - MCKELLIPS<br>1855 NORTH STAPLEY DRIVE<br>MESA AZ 85203 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5729 | DESERT GROVE FAMILY MEDICINE - POWER<br>5656 SOUTH POWER ROAD, SUITE 126<br>GILBERT AZ 85295 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6508 | DESERT GROVE FAMILY MEDICINE - QUEEN CREEK<br>20928 EAST HERITAGE LOOP ROAD SHOP A, SUITE 106<br>QUEEN CREEK AZ 85242 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5821 | DESERT GROVE FAMILY MEDICINE- TEMPE<br>1492 SOUTH MILL AVENUE, SUITE 114<br>TEMPE AZ 85281 | Tele (602)797-7107<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5732 | DESERT GROVE FAMILY PRACTICE MEDICINE - CRIMSON<br>10238 EAST HAMPTON AVENUE, SUITE 508<br>MESA AZ 85209 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5746 | DESERT GROVE MOUNTAIN VISTA RESIDENCY CLINIC<br>10238 EAST HAMPTON AVENUE, SUITE 406<br>MESA AZ 85209 | Tele (602)797-7107<br>Fax: (480)833-8313<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6301 | DESERT HORIZON INTEGRATIVE MEDICINE<br>840 EAST MCKELLIPS ROAD, SUITE 110<br>MESA AZ 85203 | Tele (602)470-5520<br>Fax: (480)649-0783<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6649 | DESERT RAIN BEHAVIORAL HEALTH SERVICES, L L C<br>2111 EAST BASELINE ROAD, SUITES A 1-3 & F 7-9<br>TEMPE AZ 85283 | Tele (480)489-3925<br>Fax: (480)275-5757<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4504 | DESERT VALLEY URGENT CARE<br>250 WEST CHANDLER HEIGHTS ROAD<br>CHANDLER AZ 85248 | Tele (480)659-2759<br>Fax: (480)802-1280<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7551 | DESTINY OUTPATIENT SERVICES<br>5308 NORTH 17TH AVENUE<br>PHOENIX AZ 85015 | Tele (602)249-6674<br>Fax: (480)921-4115<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7584 | DHMG CHANDLER FETAL DIAGNOSTIC CENTER<br>1727 WEST FRYE ROAD, SUITE 200<br>CHANDLER AZ 85224 | Tele (602)406-8150<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/22/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7747 | DHMG PARADISE VALLEY PRIMARY CARE & WOMEN'S HEALTH<br>10214 NORTH TATUM BOULEVARD, SUITE A600<br>PHOENIX AZ 85028 | Tele (602)406-5516<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/08/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7523 | DHMG PEORIA FAMILY & INTERNAL MEDICINE CLINIC<br>7727 WEST DEER VALLEY ROAD, SUITE 210<br>PEORIA AZ 85382 | Tele (602)406-1200<br>Fax: (602)406-1212<br>Capacity : Not Applicable | 01/05/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7858 | DHMG ST JOSEPH'S MEDICAL SPECIALTIES<br>500 WEST THOMAS ROAD, SUITE 100<br>PHOENIX AZ 85013 | Tele (602)406-5516<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/23/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5652 | DIAGNOSTIC HEALTH SERVICES<br>17505 NORTH 79TH AVENUE, SUITE 208<br>GLENDALE AZ 85308 | Tele (623)878-5650<br>Fax: (623)878-5670<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5402 | DIAMOND DIAGNOSTICS, LLC<br>1324 NORTH FARRELL COURT 102<br>GILBERT AZ 85233 | Tele (480)926-4363<br>Fax: (866)728-9321<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7428 | DIGITY HEALTH MEDICAL GROUP HEARAT AND RESEARCH CLINIC<br>3420 SOUTH MERCY ROAD, SUITE 312<br>GILBERT AZ 85297 | Tele (480)728-6400<br>Fax: (602)798-0136<br>Capacity : Not Applicable | 06/16/2016 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7925 | DIGNITY HEALTH CANCER CENTER AT GOODYEAR<br>13555 WEST MCDOWELL ROAD, SUITE 210<br>GOODYEAR AZ 85395 | Tele (602)406-3882<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/28/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5031 | DIGNITY HEALTH CHILDREN'S DENTAL CLINIC - GALVESTON<br>777 EAST GALVESTON STREET<br>CHANDLER AZ 85225 | Tele (480)782-3000<br>Fax: (602)294-5218<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7426 | DIGNITY HEALTH MED GROUP CHANDLER FAMILY MEDICINE<br>655 SOUTH DOBSON ROAD, SUITE B113<br>CHANDLER AZ 85224 | Tele (602)406-2865<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7583 | DIGNITY HEALTH MEDICAL GROUP AHWATUKEE PRIMARY CARE/SPORTS MEDICINE<br>4545 EAST CHANDLER BOULEVARD, SUITE 104<br>PHOENIX AZ 85048 | Tele (480)728-4400<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/16/2016 to 01/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7425 | DIGNITY HEALTH MEDICAL GROUP CHANDLER CARDIOVASCULAR SURGERY<br>485 SOUTH DOBSON ROAD, SUITE 209<br>CHANDLER AZ 85224 | Tele (480)728-7564<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/16/2016 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7601 | DIGNITY HEALTH MEDICAL GROUP CHANDLER GENERAL SURGERY AND TRAUMA<br>485 SOUTH DOBSON ROAD, SUITE 201<br>CHANDLER AZ 85224 | Tele (602)406-8150<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/16/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7427 | DIGNITY HEALTH MEDICAL GROUP CHANDLER ORTHOPEDICS<br>485 SOUTH DOBSON ROAD, SUITE 110<br>CHANDLER AZ 85224 | Tele (602)728-4470<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7555 | DIGNITY HEALTH MEDICAL GROUP CTR FOR TRANSITIONAL CARE AND ADVANCED GYN SURGERY<br>500 WEST THOMAS ROAD, SUITE 680 & 600<br>PHOENIX AZ 85013 | Tele (602)406-7011<br>Fax: (602)406-4011<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7548 | DIGNITY HEALTH MEDICAL GROUP GILBERT<br>1501 NORTH GILBERT ROAD, SUITE 200<br>GILBERT AZ 85234 | Tele (602)406-8150<br>Fax: (602)798-9524<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7554 | DIGNITY HEALTH MEDICAL GROUP MIDTOWN<br>202 EAST EARLL DRIVE, SUITE 450<br>PHOENIX AZ 85012 | Tele (602)241-9500<br>Fax: (602)798-9524<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7591 | DIGNITY HEALTH MEDICAL GROUP MIDTOWN OBSTETRICS AND GYNECOLOGY<br>530 EAST THOMAS ROAD<br>PHOENIX AZ 85012 | Tele (602)406-7011<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/23/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7553 | DIGNITY HEALTH MEDICAL GROUP PHOENIX SURGICAL SPECIALTIES<br>222 WEST THOMAS ROAD, SUITE 301<br>PHOENIX AZ 85013 | Tele (602)406-2434<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/04/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7541 | DIGNITY HEALTH MEDICAL GROUP ST. JOSEPH'S CENTER FOR WOMEN'S HEALTH<br>500 WEST THOMAS ROAD, SUITE 700, 710, 720, 730<br>PHOENIX AZ 85013 | Tele (602)406-7011<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7322 | DIGNITY HEALTH MEDICAL GROUP WESTGATE SURGICAL SPECIALTIES<br>13943 NORTH 91ST AVENUE, BUILDING F-101<br>PEORIA AZ 85381 | Tele (602)406-2865<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7715 | DIGNITY HEALTH NORTON THORACIC INSTITUTE-EAST VALLEY<br>485 SOUTH DOBSON ROAD, SUITE 100<br>CHANDLER AZ 85224 | Tele (602)406-4000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/02/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6970 | DIK DRUG INFUSION COMPANY, LLC<br>7898 EAST ACOMA DRIVE, SUITE 104<br>SCOTTSDALE AZ 85260 | Tele (480)300-4005<br>Fax: (480)300-4889<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6156 | DOORWAYS, LLC<br>1825 EAST NORTHERN AVENUE, SUITE 200<br>PHOENIX AZ 85020 | Tele (602)997-2880<br>Fax: (623)399-4013<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6336 | EAST VALLEY ADDICTION RECOVERY CENTER (EVARC)<br>560 SOUTH BELLVIEW, ROOM A<br>MESA AZ 85204 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6556 | EAST VALLEY FAMILY MEDICAL<br>16515 SOUTH 40TH STREET, SUITE 139<br>PHOENIX AZ 85048 | Tele (480)963-1853<br>Fax: (480)963-1854<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7602 | EAST VALLEY FAMILY MEDICAL<br>1968 EAST BASELINE ROAD, SUITE F-101<br>TEMPE AZ 85283 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/04/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7313 | EAST VALLEY FAMILY MEDICAL - GREENFIELD<br>875 NORTH GREENFIELD ROAD, BUILDING 2, SUITE 105<br>GILBERT AZ 85233 | Tele (480)963-1853<br>Fax: (480)963-1854<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4971 | EAST VALLEY FAMILY MEDICAL, PNI | | | Tele (480)963-1853 | | 06/01/2016 | to | 05/31/2017 |
| | 606 NORTH COUNTRY CLUB DRIVE | | | Fax: (480)963-1854 | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5928 | EAST VALLEY SUBSTANCE ABUSE CENTER, INC | | | Tele (480)833-8122 | | 10/01/2016 | to | 09/30/2017 |
| | 1550 EAST UNIVERSITY DRIVE, SUITE F1 | | | Fax: (480)833-6506 | | | | |
| | MESA | AZ | 85203 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5609 | EAST VALLEY WOMEN'S MEDICAL GROUP | | | Tele (602)507-4457 | | 11/01/2016 | to | 12/31/2016 |
| | 10238 EAST HAMPTON AVENUE, SUITE 301-B | | | Fax: (602)688-8311 | | | | |
| | MESA | AZ | 85209 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6511 | EAST VALLEY WOMEN'S MEDICAL GROUP | | | Tele (602)797-7107 | | 04/01/2017 | to | 03/31/2018 |
| | 4915 EAST BASELINE ROAD, SUITE 104 | | | Fax: (602)688-8311 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5903 | EBONY HOUSE CHILDREN'S BEHAVIORAL HEALTH | | | Tele (602)254-6137 | | 02/01/2016 | to | 01/31/2017 |
| | 1616 EAST INDIAN SCHOOL ROAD, SUITE 100 | | | Fax: (602)254-6140 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7214 | EDICINE | | | Tele (480)488-8020 | 07/01/2016 to 06/30/2017 |
| | 34597 NORTH 60TH STREET, SUITE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7812 | EMPACT - SUICIDE PREVENTION CENTER | | | Tele (480)784-1514 | 08/25/2016 to 07/31/2017 |
| | 914 SOUTH 52ND STREET | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7325 | EMPACT - SUICIDE PREVENTION CENTER | | | Tele (602)253-3084 | 10/01/2015 to 09/30/2016 |
| | 1035 EAST JEFFERSON STREET | | | Fax: (602)322-7799 | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6752 | EMPACT SUICIDE PREVENTION CENTER | | | Tele (480)784-1514 | 10/01/2016 to 09/30/2017 |
| | 618 SOUTH MADISON DRIVE | | | Fax: (480)967-3528 | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6790 | EMPACT SUICIDE PREVENTION CENTER | | | Tele (480)784-1514 | 08/01/2016 to 07/31/2017 |
| | 4425 WEST OLIVE AVENUE, SUITE 194 | | | Fax: (623)915-2099 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6045 | ERICKSON OUTPATIENT<br>2632 EAST THOMAS ROAD, SUITES 101<br>PHOENIX AZ 85016 | Tele (602)957-2507<br>Fax: (602)265-8533<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7608 | EURO-MED, LLC<br>34975 NORTH NORTH VALLEY PARKWAY, SUITE 138 BLDG 6<br>PHOENIX AZ 85086 | Tele (602)404-0400<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/04/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5695 | EV PAIN SPECIALISTS<br>18610 E RITTENHOUSE ROAD, BUILDING A, SUITE 100<br>QUEEN CREEK AZ 85142 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7728 | EVOLUTION WAY, LLC<br>724 WEST UNIVERSITY, SUITE 103<br>MESA AZ 85201 | Tele (520)668-2090<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/14/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5508 | EXPRESS URGENT CARE<br>9250 WEST THOMAS ROAD, SUITE 100<br>PHOENIX AZ 85037 | Tele (623)322-5900<br>Fax: (623)322-6667<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6914 | EXPRESS URGENT CARE<br>13755 NORTH LITCHFIELD ROAD, SUITE 105<br>SURPRISE AZ 85379 | Tele (623)322-5900<br>Fax: (623)249-4344<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5661 | EXPRESS URGENT CARE CENTRAL, LLC<br>333 WEST THOMAS ROAD SUITE, 100<br>PHOENIX AZ 85013 | Tele (623)322-4900<br>Fax: (623)322-6667<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5879 | EXPRESS URGENT CARE NORTH MOUNTAIN, LLC<br>9002 NORTH CENTRAL AVENUE, SUITE 100<br>PHOENIX AZ 85020 | Tele (623)322-4900<br>Fax: (623)322-4999<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7406 | EXPRESS URGENT CARE PRASADA<br>16578 WEST GREENWAY ROAD, SUITE 202<br>SURPRISE AZ 85388 | Tele (623)322-5900<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC5435 | EXPRESS URGENT CARE, PC<br>10249 WEST THUNDERBIRD BOULEVARD, SUITE 300<br>SUN CITY AZ 85351 | Tele (623)889-7285<br>Fax: (623)889-7286<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6440 | FAMILY SERVICE AGENCY | | | Tele (602)264-9891 | | 04/01/2016 | to | 03/31/2017 |
| | 10240 NORTH 31ST AVENUE, SUITE 122 | | | Fax: (602)234-2639 | | | | |
| | PHOENIX | AZ | 85051 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6742 | FAMILY SERVICE AGENCY | | | Tele (602)264-9891 | | 08/01/2016 | to | 07/31/2017 |
| | 2400 NORTH CENTRAL AVENUE, SUITE 101 | | | Fax: (602)234-2639 | | | | |
| | PHOENIX | AZ | 85004 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6324 | FAMILY SERVICE AGENCY | | | Tele (602)264-9891 | | 05/01/2016 | to | 04/30/2017 |
| | 943 SOUTH GILBERT ROAD, SUITE 204 | | | Fax: (602)234-2639 | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6363 | FASTMED URGENT CARE - 19TH AVENUE | | | Tele (480)545-2787 | | 03/01/2016 | to | 02/28/2017 |
| | 5201 NORTH 19TH AVENUE, SUITE 100 | | | Fax: (480)545-1434 | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6365 | FASTMED URGENT CARE - 44TH STREET | | | Tele (480)545-2787 | | 03/01/2017 | to | 02/28/2018 |
| | 2301 NORTH 44TH STREET | | | Fax: (480)545-1434 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6357 | FASTMED URGENT CARE - 7TH STREET & BELL<br>401 EAST BELL ROAD, SUITE #18<br>PHOENIX AZ 85022 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 03/01/2017 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| OTC6364 | FASTMED URGENT CARE - 83RD AVE & INDIAN SCHOOL<br>8260 WEST INDIAN SCHOOL ROAD, SUITE 1<br>PHOENIX AZ 85033 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5618 | FASTMED URGENT CARE - ARIZONA AVENUE<br>3705 SOUTH ARIZONA AVENE, SUITE 1<br>CHANDLER AZ 85248 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5449 | FASTMED URGENT CARE - ASU<br>940 EAST UNIVERSITY DRIVE, STE 101<br>TEMPE AZ 85281 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5688 | FASTMED URGENT CARE - BASELINE<br>2720 WEST BASELINE ROAD<br>TEMPE AZ 85282 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6356 | FASTMED URGENT CARE - DUNLAP | | | Tele (480)545-2787 | | 03/01/2016 | to | 02/28/2017 |
| | 2423 WEST DUNLAP AVENUE, SUITE 150 | | | Fax: (480)545-1434 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6362 | FASTMED URGENT CARE - ELLIOT | | | Tele (480)545-2787 | | 03/01/2016 | to | 02/28/2017 |
| | 1804 WEST ELLIOT ROAD | | | Fax: (480)545-1434 | | | | |
| | TEMPE | AZ | 85284 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5349 | FASTMED URGENT CARE - HAPPY VALLEY | | | Tele (480)545-2787 | | 03/01/2017 | to | 02/28/2018 |
| | 3730 WEST HAPPY VALLEY ROAD, SUITE 100 | | | Fax: (480)545-1434 | | | | |
| | GLENDALE | AZ | 85310 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5761 | FASTMED URGENT CARE - LOWER BUCKEYE | | | Tele (480)545-2787 | | 07/01/2016 | to | 06/30/2017 |
| | 9870 WEST LOWER BUCKEYE ROAD, SUITE 170 | | | Fax: (480)545-1434 | | | | |
| | TOLLESON | AZ | 85353 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5654 | FASTMED URGENT CARE - MARYVALE | | | Tele (480)545-2787 | | 02/01/2016 | to | 01/31/2017 |
| | 5259 WEST INDIAN SCHOOL ROAD | | | Fax: (480)545-1434 | | | | |
| | PHOENIX | AZ | 85031 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4793 | FASTMED URGENT CARE - MCDOWELL | | | Tele (480)545-2787 | 03/01/2016 to 02/28/2017 |
| | 7730 EAST MCDOWELL ROAD, SUITE 101 | | | Fax: (480)545-1434 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4718 | FASTMED URGENT CARE - RAY ROAD | | | Tele (480)545-2787 | 10/01/2016 to 09/30/2017 |
| | 2875 WEST RAY ROAD, SUITE 8 | | | Fax: (480)545-1434 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5231 | FASTMED URGENT CARE - SHEA | | | Tele (480)545-2787 | 11/01/2016 to 10/31/2017 |
| | 4902 EAST SHEA BOULEVARD SUITE 101 | | | Fax: (480)545-1434 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5592 | FASTMED URGENT CARE - SURPRISE | | | Tele (480)545-2787 | 12/01/2016 to 11/30/2017 |
| | 12775 WEST BELL ROAD | | | Fax: (480)545-1434 | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6358 | FASTMED URGENT CARE - THOMAS | | | Tele (480)545-2787 | 03/01/2016 to 02/28/2017 |
| | 3302 WEST THOMAS ROAD, SUITE #10 | | | Fax: (480)545-1434 | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6355 | FASTMED URGENT CARE - UNIVERSITY | | | Tele (480)545-2787 | | 03/01/2016 | to | 02/28/2017 |
| | 835 WEST UNIVERSITY DRIVE | | | Fax: (480)545-1434 | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3934 | FASTMED URGENT CARE - VAL VISTA | | | Tele (480)545-2787 | | 07/01/2016 | to | 06/30/2017 |
| | 415 NORTH VAL VISTA DRIVE, SUITE 101 | | | Fax: (480)545-1434 | | | | |
| | MESA | AZ | 85213 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3513 | FASTMED URGENT CARE - WILLIAMS FIELD | | | Tele (480)545-2787 | | 09/01/2016 | to | 08/31/2017 |
| | 920 EAST WILLIAMS FIELD ROAD, SUITE #101 | | | Fax: (480)545-1434 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5769 | FASTMED URGENT CARE CORONA DEL SOL | | | Tele (480)545-2787 | | 07/01/2016 | to | 06/30/2017 |
| | 4959 WEST RAY ROAD, SUITE 33 | | | Fax: (480)545-1434 | | | | |
| | CHANDLER | AZ | 85226 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5412 | FASTMED URGENT CARE- LITCHFIELD | | | Tele (480)545-2787 | | 06/01/2016 | to | 05/31/2017 |
| | 1507 NORTH LITCHFIELD ROAD | | | Fax: (480)545-1434 | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5863 | FASTMED URGENT CARE- PEORIA AVE | | | Tele (480)545-2787 | 11/01/2016 to 10/31/2017 |
| | 2860 WEST PEORIA AVENUE | | | Fax: (480)545-1434 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5541 | FASTMED URGENT CARE-MILL | | | Tele (480)545-2787 | 11/01/2016 to 10/31/2017 |
| | 3244 SOUTH MILL AVENUE, SUITE 101 | | | Fax: (480)545-1434 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5227 | FASTMED URGENT CARE-POWER ROAD | | | Tele (480)545-2787 | 11/01/2015 to 10/31/2016 |
| | 1810 SOUTH POWER ROAD, SUITE 101 | | | Fax: (480)545-1434 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5221 | FASTMED URGENT CARE-SIGNAL BUTTE | | | Tele (480)545-2787 | 11/01/2016 to 10/31/2017 |
| | 1955 SOUTH SIGNAL BUTTE ROAD, SUITE 103 | | | Fax: (480)545-1434 | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5838 | FASTMED URGENT CARE-THUNDERBIRD | | | Tele (480)545-2787 | 09/01/2016 to 08/31/2017 |
| | 3131 EAST THUNDERBIRD ROAD, SUITE 73 | | | Fax: (480)545-1434 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6608 | FLORENCE CRITTENTON SERVICES OF ARIZONA, INC.<br>715 WEST MARIPOSA STREET<br>PHOENIX AZ 85013 | Tele (602)288-4590<br>Fax: (602)274-7549<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5579 | FORUM AT DESERT HARBOR, THE<br>13836 NORTH DESERT HARBOR DRIVE<br>PEORIA AZ 85381 | Tele (623)972-0995<br>Fax: (623)977-5271<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7942 | FOUNTAIN HILLS RECOVERY<br>16872 EAST AVENUE OF THE FOUNTAINS, SUITE 204<br>FOUNTAIN HILLS AZ 85268 | Tele (480)286-2826<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/08/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7634 | FOUR DIRECTIONS, L L C<br>920 WEST CHANDLER BOULEVARD, SUITE 1 & 2<br>CHANDLER AZ 85225 | Tele (480)699-2344<br>Fax: (480)699-3035<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7814 | FRIENDSHIP COMMUNITY MENTAL HEALTH CENTER, INC.<br>1107 EAST TONTO STREET<br>PHOENIX AZ 85034 | Tele (623)247-0464<br>Fax: (602)241-7506<br>Capacity : Not Applicable | 08/15/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6810 | FSL PATHWAYS | | | Tele (602)285-1800 | | 08/01/2016 | to | 07/31/2017 |
| | 1201 EAST THOMAS ROAD | | | Fax: (602)266-4912 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| OTC7447 | GENESIS ELDERCARE REHABILITATION SERVICES, INC | | | Tele (480)862-8784 | | 12/14/2015 | to | 11/30/2016 |
| | 11415 NORTH 114TH STREET | | | Fax: (480)931-1402 | | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| OTC7059 | GLENDALE REGIONAL PUBLIC SAFETY TRAINING CENTER-HEALTH CENTER | | | Tele (623)772-7717 | | 03/01/2016 | to | 02/28/2017 |
| | 11550 WEST GLENDALE AVENUE | | | Fax: (623)772-7726 | | | | |
| | GLENDALE | AZ | 85307 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |
| OTC7242 | GOLDEN APPLE MEDICINE PGA MULTI SPECIALTY CLINIC | | | Tele (602)797-7107 | | 08/01/2016 | to | 07/31/2017 |
| | 2970 NORTH LITCHFIELD ROAD, SUITE 110 | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| OTC3687 | GOOD NIGHT PEDIATRICS - AVONDALE | | | Tele (602)476-0800 | | 01/01/2016 | to | 12/31/2016 |
| | 10320 WEST MCDOWELL ROAD, BUILDING L, BOX 1240 | | | Fax: (602)476-0801 | | | | |
| | AVONDALE | AZ | 85323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6719 | GOOD NIGHT PEDIATRICS - EAST VALLEY<br>861 NORTH HIGLEY ROAD, SUITE B101<br>GILBERT AZ 85234 | Tele (602)476-0800<br>Fax: (602)476-0801<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4512 | GOOD NIGHT PEDIATRICS - NORTHWEST VALLEY<br>8801 WEST UNION HILLS DRIVE, BUILDING A<br>PEORIA AZ 85382 | Tele (602)476-0800<br>Fax: (602)476-0801<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3827 | GOOD NIGHT PEDIATRICS - SOUTH MOUNTAIN<br>325 EAST BASELINE ROAD<br>PHOENIX AZ 85040 | Tele (602)476-0800<br>Fax: (602)476-0801<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4218 | GOOD NIGHT SLEEP WELLNESS CENTER<br>14535 WEST INDIAN SCHOOL ROAD, SUITE 120<br>GOODYEAR AZ 85395 | Tele (623)792-5427<br>Fax: (623)792-5428<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5052 | GOOD NIGHT SLEEP WELLNESS CENTER<br>428 SOUTH GILBERT ROAD, SUITE 114<br>GILBERT AZ 85296 | Tele (623)792-5427<br>Fax: (480)219-7686<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6029 | GOOD NIGHT SLEEP WELLNESS CENTER<br>13949 WEST MEEKER BOULEVARD, SUITE E<br>SUN CITY WEST AZ 85375 | Tele (623)792-5427<br>Fax: (623)792-5428<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2063 | GOOD SAMARITAN SOCIETY-PEORIA GOOD SHEPERD<br>10323 WEST OLIVE AVENUE, THERAPY ROOM<br>PEORIA AZ 85345 | Tele (623)875-0100<br>Fax: (623)875-0110<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6654 | GOODYEAR WELLNESS CLINIC<br>FIRE STATION #185, 15875 WEST CLUBHOUSE DRIVE<br>GOODYEAR AZ 85395 | Tele (801)441-1002<br>Fax: (801)441-1005<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5430 | GRANDVIEW CARE CENTER OUTPATIENT CLINIC<br>14505 WEST GRANITE VALLEY DRIVE<br>SUN CITY WEST AZ 85375 | Tele (623)975-8100<br>Fax: (623)975-8133<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3844 | GRANDVIEW TERRACE<br>14515 WEST GRANITE VALLEY DRIVE<br>SUN CITY WEST AZ 85375 | Tele (623)975-8042<br>Fax: (623)556-1068<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7289 | GRANDVIEW TERRACE CLINIC<br>14505 WEST GRANITE VALLEY DRIVE, SUITE 1<br>SUN CITY WEST AZ 85375 | Tele (623)975-8030<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7552 | GREGORY W FULTON NEURO-MUSCULAR & ALS CENTER DEPARTMENT OF NEUROLOGY<br>240 WEST THOMAS ROAD, SUITE 400<br>PHOENIX AZ 85013 | Tele (602)406-6262<br>Fax: (602)406-6261<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6604 | H.O.P.E. GROUP, L L C<br>4530 EAST MUIRWOOD DRIVE, SUITES 103 & 104<br>PHOENIX AZ 85048 | Tele (480)610-6981<br>Fax: (480)898-7419<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC3449 | HAMILTON ELEMENTARY SCHOOL CLINIC<br>2020 WEST DURANGO STREET, ROOM 46<br>PHOENIX AZ 85009 | Tele (602)353-5330<br>Fax: (602)353-5388<br>Capacity : Not Applicable | 02/01/2016 to 02/05/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7163 | HEAD TO TOE THERAPY, INC<br>5314 NORTH 7TH STREET<br>PHOENIX AZ 85014 | Tele (600)227-7500<br>Fax: (602)277-5042<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3232 | HEALTH CARE FOR THE HOMELESS | | | Tele | (602)372-2100 | 03/01/2016 | to | 02/28/2017 |
| | 220 SOUTH 12TH AVENUE | | | Fax: | (602)372-2107 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6496 | HEALTH CARE FOR THE HOMELESS OUTPATIENT SERVICES CENTER | | | Tele | (480)831-7566 | 06/01/2016 | to | 06/30/2017 |
| | 220 SOUTH 12TH AVENUE | | | Fax: | (480)831-7563 | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4895 | HEALTH FIRST URGENT CARE, LLC | | | Tele | (480)892-1300 | 08/01/2016 | to | 07/31/2017 |
| | 888 SOUTH GREENFIELD ROAD, SUITE 101 | | | Fax: | (480)507-7477 | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5868 | HEALTHCARE UNITED AT GATEWAY | | | Tele | (602)286-8511 | 10/01/2016 | to | 09/30/2017 |
| | 108 NORTH 40TH STREET, MA 1152 | | | Fax: | (602)286-8515 | | | |
| | PHOENIX | AZ | 85034 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7480 | HEART AND LUNG INSTITUTE | | | Tele | (602)406-4000 | 12/28/2015 | to | 11/30/2016 |
| | 500 WEST THOMAS ROAD, SUITE 500 | | | Fax: | (602)406-6498 | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5258 | HEDLEY ORTHOPAEDIC INSTITUTE<br>2122 EAST HIGHLAND AVENUE, SUITE 300<br>PHOENIX AZ 85016 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5619 | HEDLEY ORTHOPAEDIC INSTITUTE<br>10238 EAST HAMPTON AVENUE, SUITE 301-A<br>MESA AZ 85209 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6721 | HELPING HEARTS RESIDENTIAL FACILITIES HATCHER OUTPATIENT CLINIC<br>927 WEST HATCHER, SUITE 106<br>PHOENIX AZ 85021 | Tele (602)622-1290<br>Fax: (602)926-8036<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC7067 | HONORHEALTH OUTPATIENT MEDICAL IMAGING SERVICES<br>9250 NORTH THIRD STREET, SUITE #1002<br>PHOENIX AZ 85020 | Tele (623)434-4673<br>Fax: (602)331-7813<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5176 | HONORHEALTH BARIATRICS CENTER<br>10210 NORTH 92ND STREET, SUITE 101<br>SCOTTSDALE AZ 85258 | Tele (480)882-7460<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7068 | HONORHEALTH CARDIAC REHAB & THERAPY SERVICES<br>9202 NORTH 2ND STREET<br>PHOENIX AZ 85020 | Tele (602)870-6368<br>Fax: (602)678-0028<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3894 | HONORHEALTH CARDIAC REHAB CENTER<br>9201 EAST MOUNTAIN VIEW ROAD, SUITE 150<br>SCOTTSDALE AZ 85260 | Tele (480)323-4603<br>Fax: (480)323-4621<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7066 | HONORHEALTH CARDIAC REHAB CENTER<br>19636 NORTH 27TH AVENUE, SUITE LL4<br>PHOENIX AZ 85027 | Tele (623)879-1808<br>Fax: (620)879-5653<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4641 | HONORHEALTH GASTROENTEROLOGY<br>3501 NORTH SCOTTSDALE ROAD, SUITE 320<br>SCOTTSDALE AZ 85251 | Tele (480)882-5353<br>Fax: (480)424-7317<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5179 | HONORHEALTH GASTROENTEROLOGY<br>20401 NORTH 73RD STREET, SUITE 210<br>SCOTTSDALE AZ 85255 | Tele (480)882-7510<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6972 | HONORHEALTH GASTROENTEROLOGY<br>10210 NORTH 92ND STREET, SUTE 202<br>SCOTTSDALE AZ 85258 | Tele (480)882-5744<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5342 | HONORHEALTH GASTROENTEROLOGY<br>19646 NORTH 27TH AVENUE, SUITE 301<br>PHOENIX AZ 85027 | Tele (623)780-0100<br>Fax: (623)492-9160<br>Capacity : Not Applicable | 03/24/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4999 | HONORHEALTH HEART GROUP<br>10101 NORTH 92ND STREET, SUITE 101<br>SCOTTSDALE AZ 85258 | Tele (602)445-7741<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5686 | HONORHEALTH HEART INSTITUTE<br>18404 NORTH TATUM BOULEVARD, SUITE 201<br>PHOENIX AZ 85032 | Tele (602)547-7212<br>Fax: (602)678-6723<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5685 | HONORHEALTH HEART INSTITUTE<br>9250 NORTH 3RD STREET, SUITE 3010<br>PHOENIX AZ 85020 | Tele (602)861-1168<br>Fax: (623)780-3782<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7865 | HONORHEALTH MEDICAL GROUP<br>5425 EAST BELL ROAD, SUITE 125<br>SCOTTSDALE AZ 85254 | Tele (623)853-7049<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/07/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6966 | HONORHEALTH MEDICAL GROUP<br>9191 WEST THUNDERBIRD ROAD, SUITE D-105<br>PEORIA AZ 85381 | Tele (623)849-3811<br>Fax: (623)780-3752<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6073 | HONORHEALTH MEDICAL GROUP<br>5111 NORTH SCOTTSDALE ROAD, SUITE 143<br>SCOTTSDALE AZ 85250 | Tele (480)882-5353<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7020 | HONORHEALTH MEDICAL GROUP<br>3330 NORTH 2ND STREET, SUITE 500<br>PHOENIX AZ 85012 | Tele (623)434-6116<br>Fax: (623)780-3752<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| OTC7274 | HONORHEALTH MEDICAL GROUP<br>10277 NORTH 92ND STREET, SUITE # 101<br>SCOTTSDALE AZ 85258 | Tele (480)650-0650<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7321 | HONORHEALTH MEDICAL GROUP | | | Tele (480)882-7301 | | 09/01/2016 | to | 08/31/2017 |
| | 7351 EAST OSBORN ROAD | | | Fax: (480)882-7309 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7566 | HONORHEALTH MEDICAL GROUP | | | Tele (623)853-7049 | | 02/05/2016 | to | 01/31/2017 |
| | 10419 E MCDOWELL MOUNTAIN RANCH RD, STE #A100-A110 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7654 | HONORHEALTH MEDICAL GROUP | | | Tele (480)882-7390 | | 04/18/2016 | to | 03/31/2017 |
| | 1721 EAST WARNER ROAD, SUITE 2 | | | Fax: ( ) - | | | | |
| | TEMPE | AZ | 85284 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6984 | HONORHEALTH MEDICAL GROUP | | | Tele (480)650-0650 | | 01/01/2016 | to | 12/31/2016 |
| | 10900 NORTH SCOTTSDALE ROAD, SUITE 603 | | | Fax: (480)882-5809 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7796 | HONORHEALTH MEDICAL GROUP | | | Tele (623)434-6116 | | 08/23/2016 | to | 07/31/2017 |
| | 750 EAST THUNDERBIRD ROAD, SUITE #3 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5843 | HONORHEALTH MEDICAL GROUP | | | Tele (480)882-7371 | | 10/01/2016 | to | 09/30/2017 |
| | 1124 EAST MCKELLIPS ROAD, SUITE 110 | | | Fax: (480)882-5809 | | | | |
| | MESA | AZ | 85203 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC1780 | HONORHEALTH MEDICAL GROUP | | | Tele (602)992-1900 | | 11/01/2015 | to | 10/31/2016 |
| | 18404 NORTH TATUM BOULEVARD, SUITE 101 &102 | | | Fax: (623)485-7450 | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC6701 | HONORHEALTH MEDICAL GROUP | | | Tele (623)780-3751 | | 07/01/2016 | to | 06/30/2017 |
| | 5333 NORTH 7TH STREET, SUITE 305B | | | Fax: (623)780-3752 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC7712 | HONORHEALTH MEDICAL GROUP | | | Tele (480)323-3366 | | 06/07/2016 | to | 05/31/2017 |
| | 34525 NORTH SCOTTSDALE ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85266 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC5244 | HONORHEALTH MEDICAL GROUP | | | Tele (480)882-5353 | | 11/01/2015 | to | 10/31/2016 |
| | 20401 NORTH 73RD STREET, SUITE 105 | | | Fax: (480)882-5809 | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC2379 | HONORHEALTH MEDICAL GROUP | | | Tele (623)780-0303 | 01/01/2016 to 12/31/2016 |
| | 19636 NORTH 27TH AVENUE, SUITE 308 | | | Fax: (623)516-0950 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC2880 | HONORHEALTH MEDICAL GROUP | | | Tele (480)342-8711 | 05/01/2016 to 04/30/2017 |
| | 4712 EAST DYNAMITE BOULEVARD | | | Fax: (602)342-7077 | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4968 | HONORHEALTH MEDICAL GROUP | | | Tele (623)434-6444 | 11/01/2016 to 10/31/2017 |
| | 3648 WEST ANTHEM WAY, SUITE A-100 | | | Fax: (623)434-6448 | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3776 | HONORHEALTH MEDICAL GROUP | | | Tele (602)997-7331 | 03/01/2016 to 02/28/2017 |
| | 9100 NORTH 2ND STREET, SUITE 121 | | | Fax: (602)870-4512 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4714 | HONORHEALTH MEDICAL GROUP | | | Tele (602)906-3500 | 09/01/2016 to 08/31/2017 |
| | 9225 NORTH 3RD STREET, SUITE 103 | | | Fax: (902)906-3519 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4692 | HONORHEALTH MEDICAL GROUP<br>1668 WEST GLENDALE AVENUE, SUITE #128<br>PHOENIX AZ 85021 | Tele (602)690-1746<br>Fax: (602)544-8543<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5159 | HONORHEALTH MEDICAL GROUP<br>19841 NORTH 27TH AVENUE, SUITE 101<br>PHOENIX AZ 85027 | Tele (602)942-8512<br>Fax: (602)942-1075<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| | HONORHEALTH MEDICAL GROUP<br>10230 W. HAPPY VALLEY PARKWAY, SUITE 100-MG<br>PEORIA AZ 85383 | Tele (623)266-4699<br>Fax: (623)825-5630<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC6994 | HONORHEALTH MEDICAL GROUP<br>1626 SOUTH PRIEST DRIVE, SUITE 104<br>TEMPE AZ 85285 | Tele (480)882-7321<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5199 | HONORHEALTH MEDICAL GROUP<br>6320 WEST UNION HILLS DRIVE, SUITE B2300<br>GLENDALE AZ 85308 | Tele (602)803-0254<br>Fax: (623)561-6148<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC1842 | HONORHEALTH MEDICAL GROUP<br>4131 NORTH 24TH STREET, SUITE B-102<br>PHOENIX AZ 85016 | Tele (602)955-6632<br>Fax: (602)381-1341<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5346 | HONORHEALTH MEDICAL GROUP<br>34975 NORTH VALLEY PARKWAY, SUITE 100<br>PHOENIX AZ 85086 | Tele (623)295-4820<br>Fax: (623)295-4830<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5390 | HONORHEALTH MEDICAL GROUP<br>4840 EAST INDIAN SCHOOL ROAD, SUITE 101<br>PHOENIX AZ 85018 | Tele (480)882-7352<br>Fax: (602)224-9444<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5434 | HONORHEALTH MEDICAL GROUP<br>4840 EAST INDIAN SCHOOL ROAD, SUITE #100<br>PHOENIX AZ 85018 | Tele (480)882-7360<br>Fax: (480)228-5809<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5623 | HONORHEALTH MEDICAL GROUP<br>5010 EAST SHEA BOULEVARD, SUITE D-100<br>SCOTTSDALE AZ 85254 | Tele (480)882-5353<br>Fax: (480)882-5809<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5598 | HONORHEALTH MEDICAL GROUP | | | Tele | (480)882-7380 | 01/01/2016 | to | 12/31/2016 |
| | 1845 EAST BROADWAY ROAD, SUITE 116 | | | Fax: | (480)882-5809 | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6216 | HONORHEALTH MEDICAL GROUP | | | Tele | (480)323-1293 | 01/01/2016 | to | 12/31/2016 |
| | 10301 NORTH 92ND STREET, SUITE B-201 | | | Fax: | (480)882-5809 | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5713 | HONORHEALTH MEDICAL GROUP | | | Tele | (602)730-8462 | 05/01/2016 | to | 04/30/2017 |
| | 20330 NORTH CAVE CREEK ROAD, SUITE 160 | | | Fax: | (623)780-3752 | | | |
| | PHOENIX | AZ | 85024 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5740 | HONORHEALTH MEDICAL GROUP | | | Tele | (623)312-2265 | 06/01/2016 | to | 05/31/2017 |
| | 21681 NORTH 77TH AVENUE, SUITE 1410 | | | Fax: | (623)312-2266 | | | |
| | PEORIA | AZ | 85382 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5177 | HONORHEALTH MEDICAL GROUP | | | Tele | (602)371-3100 | 09/01/2016 | to | 08/31/2017 |
| | 9327 NORTH 3RD STREET, SUITE 100 | | | Fax: | (602)371-0050 | | | |
| | PHOENIX | AZ | 85020 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5784 | HONORHEALTH MEDICAL GROUP<br>6677 WEST THUNDERBIRD ROAD, SUITE A124<br>GLENDALE AZ 85306 | Tele (623)773-2266<br>Fax: (623)773-2267<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7449 | HONORHEALTH MEDICAL GROUP AND HEART INSTITUTE<br>6220 WEST BELL ROAD, SUITE 100, 120<br>GLENDALE AZ 85308 | Tele (602)375-5440<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3873 | HONORHEALTH OCCUPATIONAL HEALTH<br>3501 NORTH SCOTTSDALE ROAD, SUITE 231<br>SCOTTSDALE AZ 85251 | Tele (480)323-3685<br>Fax: (480)882-4391<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6396 | HONORHEALTH OCCUPATIONAL HEALTH<br>20401 NORTH 73RD STREET, SUITE 255<br>SCOTTSDALE AZ 85255 | Tele (480)323-3685<br>Fax: (480)323-4688<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5004 | HONORHEALTH OCCUPATIONAL HEALTH<br>10200 NORTH 92ND STREET, SUITE #102<br>SCOTTSDALE AZ 85258 | Tele (480)323-3685<br>Fax: (480)323-4688<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7009 | HONORHEALTH OCCUPATIONAL HEALTH<br>19841 NORTH 27TH AVENUE, MOB1, SUITE 200<br>PHOENIX AZ 85027 | Tele (480)323-3685<br>Fax: (480)323-4688<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC7767 | HONORHEALTH OCCUPATIONAL HEALTH<br>6220 WEST BELL ROAD, SUITE 130<br>GLENDALE AZ 85308 | Tele (480)323-3685<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7072 | HONORHEALTH OUTPATIENT ENDOSCOPY<br>19646 NORTH 27TH AVENUE, SUITE 204<br>PHOENIX AZ 85027 | Tele (623)879-5848<br>Fax: (623)879-1384<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4765 | HONORHEALTH OUTPATIENT INFUSION SERVICES<br>3501 NORTH SCOTTSDALE ROAD, SUITE 136<br>SCOTTSDALE AZ 85251 | Tele (480)882-4150<br>Fax: (480)882-4579<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7448 | HONORHEALTH OUTPATIENT INFUSION SERVICES<br>6220 WEST BELL ROAD, SUITE 110<br>GLENDALE AZ 85308 | Tele (480)882-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/14/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7123 | HONORHEALTH OUTPATIENT MEDICAL IMAGING SERVICES<br>18404 NORTH TATUM BOULEVARD, SUITE 103<br>PHOENIX AZ 85032 | Tele (602)485-7490<br>Fax: (623)485-7497<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7078 | HONORHEALTH OUTPATIENT MEDICAL IMAGING SERVICES<br>19636 NORTH 27TH AVENUE, SUITE LL1<br>PHOENIX AZ 85027 | Tele (623)445-6400<br>Fax: (623)445-6432<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7073 | HONORHEALTH OUTPATIENT MEDICAL IMAGING SERVICES<br>19636 NORTH 27TH AVENUE #LL5<br>PHOENIX AZ 85027 | Tele (623)445-6400<br>Fax: (623)445-6432<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC0608 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>10200 NORTH 92ND STREET, BUILDING IV, SUITE 100<br>SCOTTSDALE AZ 85258 | Tele (480)882-4822<br>Fax: (480)323-3677<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0682 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>3134 NORTH CIVIC CENTER PLAZA<br>SCOTTSDALE AZ 85251 | Tele (480)882-4608<br>Fax: (480)947-3159<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6874 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>20201 N SCOTTSDALE HEALTHCARE DR, SUITES 135 & 140<br>SCOTTSDALE AZ 85255 | Tele (480)882-4608<br>Fax: (480)324-7010<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7947 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>18404 NORTH TATUM BOULEVARD, SUITE 200<br>PHOENIX AZ 85032 | Tele (480)882-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/14/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6146 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>20401 NORTH 73RD STREET, SUITE 135 & 140<br>SCOTTSDALE AZ 85255 | Tele (480)324-7004<br>Fax: (480)324-7010<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7344 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>3654 WEST ANTHEM WAY, SUITE B-102<br>ANTHEM AZ 85086 | Tele (480)882-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7450 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>6220 WEST BELL ROAD, SUITE 140<br>GLENDALE AZ 85308 | Tele (480)882-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7797 | HONORHEALTH OUTPATIENT THERAPY SERVICES<br>750 EAST THUNDERBIRD ROAD, SUITE #1<br>PHOENIX AZ 85022 | Tele (480)882-4608<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/23/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5826 | HONORHEALTH SLEEP HEALTH CENTER<br>10611 NORTH HAYDEN ROAD, SUITE D102<br>SCOTTSDALE AZ 85260 | Tele (480)661-5462<br>Fax: (480)607-4991<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7951 | HORIZON HEALTH AND WELLNESS, INC.<br>22713 SOUTH ELLSWORTH ROAD, BUILDING A, SUITE 101<br>QUEEN CREEK AZ 85142 | Tele (480)474-5586<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/22/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC6452 | HRT PARENTING SKILLS PROGRAM<br>2131 EAST BROADWAY ROAD, SUITES 13-19, & 21<br>TEMPE AZ 85282 | Tele (480)967-6895<br>Fax: (480)967-4986<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC7569 | IASIS HEALTHCARE MULTI-SPECIALTY CLINIC<br>230 SOUTH 3RD STREET<br>PHOENIX AZ 85004 | Tele (602)507-4467<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/12/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5131 | IMS URGENT CARE | | | Tele (623)251-3201 | | 07/01/2016 | to | 06/30/2017 |
| | 1300 SOUTH WATSON ROAD, SUITE A104 | | | Fax: (623)251-3205 | | | | |
| | BUCKEYE | AZ | 85326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5696 | IMS URGENT CARE | | | Tele (480)630-1352 | | 03/01/2016 | to | 02/28/2017 |
| | 3540 EAST BASELINE ROAD, SUITE 131 | | | Fax: (480)621-7043 | | | | |
| | PHOENIX | AZ | 85042 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7315 | IMS URGENT CARE | | | Tele (480)275-2007 | | 09/01/2016 | to | 08/31/2017 |
| | 21321 EAST OCOTILLO ROAD, SUITE #103, BUILDING 1 | | | Fax: ( ) - | | | | |
| | QUEEN CREEK | AZ | 85142 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4790 | INFINITY SLEEP SOLUTIONS | | | Tele (602)942-3777 | | 11/01/2016 | to | 10/31/2017 |
| | 15640 NORTH 7TH STREET, SUITE A1 | | | Fax: (602)942-2722 | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5381 | INFINITY SLEEP SOLUTIONS | | | Tele (602)942-3777 | | 04/01/2016 | to | 03/31/2017 |
| | 12133 WEST BELL ROAD, SUITE 101 | | | Fax: ( ) - | | | | |
| | SURPRISE | AZ | 85378 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6902 | INFINITY SLEEP SOLUTIONS<br>3280 SOUTH COUNTRY CLUB WAY, SUITE 112<br>TEMPE AZ 85282 | Tele (602)942-3777<br>Fax: (602)942-2722<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7365 | INFINITY SLEEP SOLUTIONS<br>13840 NORTH NORTHSIGHT BOULEVARD, SUITE 117<br>SCOTTSDALE AZ 85260 | Tele (602)942-3777<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4856 | INSIGHT IMAGING - FOUNTAINS<br>5620 WEST THUNDERBIRD ROAD, BUILDING A<br>GLENDALE AZ 85306 | Tele (602)863-9729<br>Fax: (602)978-5940<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3592 | INSIGHT IMAGING - GATEWAY<br>690 NORTH COFCO CENTER COURT, SUITE 130<br>PHOENIX AZ 85008 | Tele (602)225-0652<br>Fax: (602)225-0920<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3728 | INSIGHT IMAGING-BILTMORE<br>2141 EAST CAMELBACK ROAD, SUITE 110<br>PHOENIX AZ 85016 | Tele (602)954-0954<br>Fax: (602)954-6018<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC2890 | INSIGHT IMAGING-COUNTRY CLUB<br>1940 SOUTH COUNTRY CLUB DRIVE, SUITE 101<br>MESA AZ 85210 | Tele (480)730-5300<br>Fax: (480)756-2440<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4312 | INSIGHT IMAGING-WEST THUNDERBIRD<br>9139 WEST THUNDERBIRD ROAD, SUITE 112<br>PEORIA AZ 85381 | Tele (623)875-1637<br>Fax: (623)875-1935<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7768 | INSOMNIA AND SLEEP INSTITUTE OF ARIZONA LLC, THE<br>1530 EAST WILLIAMS FIELD ROAD, SUITE204<br>GILBERT AZ 85295 | Tele (480)745-3547<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/03/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5601 | INSOMNIA AND SLEEP INSTITUTE OF ARIZONA, LLC, THE<br>8330 EAST HARTFORD DRIVE, SUITE 100<br>SCOTTSDALE AZ 85255 | Tele (480)745-3547<br>Fax: (480)745-3548<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7156 | INTENSIVE TREATMENT SYSTEMS LLC<br>4136 NORTH 75TH AVENUE, SUITE 116<br>PHOENIX AZ 85033 | Tele (602)996-0110<br>Fax: (602)996-1915<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7137 | INTENSIVE TREATMENT SYSTEMS, LLC<br>651 WEST COOLIDGE STREET<br>PHOENIX AZ 85013 | Tele (602)996-0110<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| OTC7136 | INTENSIVE TREATMENT SYSTEMS, LLC<br>19401 NORTH CAVE CREEK ROAD, SUITE 18<br>PHOENIX AZ 85024 | Tele (602)996-0110<br>Fax: (602)996-1915<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| OTC7483 | INTERNAL MEDICINE HEALTH CENTER<br>500 WEST THOMAS ROAD, SUITE 900<br>PHOENIX AZ 85013 | Tele (602)406-3540<br>Fax: (602)406-7186<br>Capacity : Not Applicable | 12/28/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6891 | JEWISH FAMILY & CHILDREN'S SERVICE, INC.<br>3001 NORTH 33RD AVENUE<br>PHOENIX AZ 85017 | Tele (602)279-7655<br>Fax: (602)264-1806<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC6740 | JEWISH FAMILY & CHILDREN'S SERVICE, INC.<br>2033 NORTH 7TH STREET<br>PHOENIX AZ 85006 | Tele (602)279-7655<br>Fax: (602)264-1806<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6829 | JEWISH FAMILY & CHILDREN'S SERVICE, INC.<br>1255 WEST BASELINE ROAD, SUITE B 258<br>MESA AZ 85202 | Tele (602)279-7655<br>Fax: (602)264-1806<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC6217 | JEWISH FAMILY & CHILDREN'S SERVICES, INC<br>5701 WEST TALAVI BOULEVARD, SUITE 180<br>GLENDALE AZ 85306 | Tele (602)279-7655<br>Fax: (602)264-1806<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC5862 | JEWISH FAMILY & CHILDREN'S SERVICES, INC<br>1840 NORTH 95TH AVENUE, SUITE 146<br>PHOENIX AZ 85037 | Tele (602)279-7655<br>Fax: (602)264-1806<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6112 | JOURNEY HEALING CENTERS I O P<br>11624 EAST SHEA BOULEVARD<br>SCOTTSDALE AZ 85259 | Tele (480)840-2588<br>Fax: (480)773-7340<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6718 | KAUFMAN INTEGRATED HEALTHCARE, LLC<br>17505 NORTH 79TH AVENUE, SUITE 315<br>GLENDALE AZ 85308 | Tele (602)820-9398<br>Fax: (623)215-2841<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5108 | KEMPTON & NELSON | | | Tele (480)610-6400 | 05/01/2016 to 04/30/2017 |
| | 4852 EAST BASELINE ROAD, SUITE 109 | | | Fax: (480)964-4455 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5669 | LAS SENDAS CARDIOLOGY, PC | | | Tele (480)361-9949 | 03/01/2016 to 02/28/2017 |
| | 3514 NORTH POWER ROAD, SUITE 107 | | | Fax: (480)361-9969 | |
| | MESA | AZ | 85215 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5461 | LASER AND REJUVENATION CENTER | | | Tele (928)684-4370 | 08/01/2016 to 07/31/2017 |
| | 519 ROSE LANE | | | Fax: (928)684-4427 | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4994 | LASER SPINE INSTITUTE | | | Tele (813)289-9613 | 01/01/2016 to 12/31/2016 |
| | 8888 EAST RAINTREE DRIVE, SUITE 170 | | | Fax: (813)418-4144 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4993 | LASER SPINE INSTITUTE, LLC | | | Tele (813)289-9613 | 01/01/2016 to 12/31/2016 |
| | 8888 EAST RAINTREE DRIVE, SUITE 165 | | | Fax: (813)418-4144 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6534 | LESS - LEARNING EFFECTIVE SOBRIETY SKILLS | | | Tele (602)820-7509 | 08/01/2016 to 07/31/2017 |
| | 3660 EAST UNIVERSITY, SUITE 6 B | | | Fax: (480)704-5550 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Certified |
| OTC7527 | LIBERATION CENTER | | | Tele (602)559-4922 | 01/15/2016 to 12/31/2016 |
| | 650 NORTH 6TH AVENUE | | | Fax: (888)349-1581 | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| OTC6271 | LIFELINE AT ALPHA OMEGA | | | Tele (480)641-1165 | 02/01/2016 to 01/31/2017 |
| | 5040 EAST SHEA BOULEVARD, SUITE 164 | | | Fax: (602)926-2360 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| OTC7820 | LIFELINE WEST | | | Tele (480)641-1165 | 08/04/2016 to 07/31/2017 |
| | 17215 NORTH 72ND DRIVE, #C125 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| OTC6539 | LIFEWELL BEHAVIORAL WELLNESS | | | Tele (602)808-2800 | 07/01/2016 to 06/30/2017 |
| | 40 EAST MITCHELL, SUITES 100 & 200 | | | Fax: (602)599-5937 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5920 | LIFEWELL BEHAVIORAL WELLNESS<br>262 EAST UNIVERSITY DRIVE<br>MESA AZ 85201 | Tele (602)599-5637<br>Fax: (502)599-5937<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6575 | LIFEWELL BEHAVIORAL WELLNESS - BERYL<br>2505 WEST BERYL AVENUE<br>PHOENIX AZ 85021 | Tele (602)599-5637<br>Fax: (602)599-5937<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC7723 | LIFEWELL BEHAVIORAL WELLNESS - MIDTOWN<br>2715 NORTH 3RD STREET<br>PHOENIX AZ 85004 | Tele (602)264-4331<br>Fax: (602)264-4095<br>Capacity : Not Applicable | 06/20/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7467 | LIFEWELL BEHAVIORAL WELLNESS - OAK<br>4451 EAST OAK STREET<br>PHOENIX AZ 85008 | Tele (602)444-4000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/28/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC7810 | LIFEWELL BEHAVIORAL WELLNESS - SOUTH CENTRAL<br>3540 EAST BASELINE ROAD, SUITE 150<br>PHOENIX AZ 85042 | Tele (602)808-2800<br>Fax: (602)243-5390<br>Capacity : Not Applicable | 08/24/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6851 | LIFEWELLNESS CENTER POWER | | | Tele (602)808-2800 | 11/01/2015 to 10/31/2016 |
| | 6915 EAST MAIN STREET | | | Fax: (602)248-7993 | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4292 | LITTLE CLINIC - WEST BELL ROAD, THE | | | Tele (615)425-4228 | 11/01/2015 to 10/31/2016 |
| | 2727 WEST BELL ROAD | | | Fax: (602)680-2387 | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5853 | LITTLE CLINIC 19TH AVE & GLENDALE, THE | | | Tele (602)335-2280 | 10/01/2015 to 09/30/2016 |
| | 1815 WEST GLENDALE AVENUE | | | Fax: (602)335-2281 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7792 | LITTLE CLINIC OF ARIZONA LLC, THE | | | Tele (615)425-4228 | 08/18/2016 to 07/31/2017 |
| | 2724 SOUTH SIGNAL BUTTE ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6682 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 07/01/2016 to 07/31/2017 |
| | 4204 WEST CACTUS ROAD | | | Fax: (615)425-4343 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7828 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 09/09/2016 to 08/31/2017 |
| | 13830 WEST CAMELBACK ROAD | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7789 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 08/22/2016 to 07/31/2017 |
| | 1311 EAST BELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7519 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 01/04/2016 to 12/31/2016 |
| | 1915 SOUTH POWER ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4768 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (480)339-6178 | 01/01/2016 to 12/31/2016 |
| | 1935 NORTH STAPLEY DRIVE | | | Fax: (480)339-6179 | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4382 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 04/01/2016 to 03/31/2017 |
| | 1575 NORTH DYSART ROAD | | | Fax: (623)687-9884 | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4657 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 07/01/2016 to 06/30/2017 |
| | 1300 SOUTH WATSON ROAD | | | Fax: (623)241-5323 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4862 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)428-4228 | 06/01/2016 to 05/31/2017 |
| | 6470 SOUTH HIGLEY ROAD | | | Fax: (480)809-2410 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6893 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | 10/01/2015 to 09/30/2016 |
| | 9900 SOUTH RURAL ROAD | | | Fax: (615)425-4343 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4233 | LITTLE CLINIC- PEORIA, THE | | | Tele (615)425-4228 | 08/01/2016 to 07/31/2017 |
| | 9043 WEST OLIVE AVENUE | | | Fax: (623)776-2052 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4729 | LITTLE CLINIC-BELL ROAD MARKETPLACE, THE | | | Tele (623)334-2953 | 10/01/2015 to 09/30/2016 |
| | 6611 WEST BELL ROAD | | | Fax: (623)334-2959 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4694 | LITTLE CLINIC-UNIVERSITY, THE | | | Tele (615)425-4228 | | 09/01/2016 | to | 08/31/2017 |
| | 3255 SOUTH RURAL ROAD | | | Fax: (480)304-5468 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6846 | LIVERLAB, THE | | | Tele (480)386-7030 | | 09/01/2015 | to | 08/31/2016 |
| | 6991 EAST CAMELBACK ROAD, SUITE D300 | | | Fax: (480)386-7030 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7563 | MA'AM EXAMS, INC. | | | Tele (480)448-2411 | | 12/17/2015 | to | 11/30/2016 |
| | 2919 SOUTH ELLSWORTH ROAD, SUITE 125 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85212 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5953 | MARC COMMUNITY RESOURCES, INC. - IVYGLEN | | | Tele (480)969-3800 | | 01/01/2016 | to | 12/31/2016 |
| | 422 WEST IVYGLEN STREET | | | Fax: (480)644-1557 | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6171 | MARC COMMUNITY RESOURCES, INC. - OTC FLORIAN | | | Tele (480)969-3800 | | 02/01/2016 | to | 01/31/2017 |
| | 4250 EAST FLORIAN AVENUE, BUILDING 1 | | | Fax: (480)644-1557 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3761 | MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH | | | Tele (602)506-6657 | | 10/01/2016 | to | 09/30/2017 |
| | 1645 EAST ROOSEVELT STREET | | | Fax: (602)372-0342 | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5539 | MARICOPA COUNTY HEALTH CARE FOR THE HOMELESS AT UMOM CAMPUS | | | Tele (602)372-2100 | | 11/01/2016 | to | 10/31/2017 |
| | 3333 EAST VAN BUREN STREET | | | Fax: (602)372-2107 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7544 | MAYO CLINIC - PHOENIX INTEGRATIVE MEDICINE | | | Tele (480)342-4888 | | 01/28/2016 | to | 12/31/2016 |
| | 5881 EAST MAYO BOULEVARD | | | Fax: (480)342-4993 | | | | |
| | PHOENIX | AZ | 85054 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0369 | MAYO CLINIC BUILDING | | | Tele (480)301-8000 | | 12/01/2015 | to | 11/30/2016 |
| | 13400 EAST SHEA BOULEVARD | | | Fax: (480)301-8367 | | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7597 | MAYO CLINIC BUILDING - PHOENIX | | | Tele (480)433-8023 | | 03/01/2016 | to | 02/28/2017 |
| | 5881 EAST MAYO BOULEVARD, THIRD FLOOR | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85054 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC1496 | MAYO CLINIC FAMILY MEDICINE-ARROWHEAD<br>20199 NORTH 75TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)561-5252<br>Fax: (623)561-8868<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7721 | MAYO CLINIC PRIMARY CARE - PHOENIX CAMPUS<br>5701 EAST MAYO BOULEVARD<br>PHOENIX AZ 85054 | Tele (480)342-4201<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/20/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6669 | MAYO CLINIC PRIMARY CARE - SAN TAN<br>1850 EAST NORTHROP BOULEVARD, SUITE 160<br>CHANDLER AZ 85286 | Tele (480)426-4880<br>Fax: (480)426-4881<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3993 | MAYO CLINIC SPECIALTY BUILDING<br>5779 EAST MAYO BOULEVARD<br>PHOENIX AZ 85054 | Tele (480)342-1668<br>Fax: (480)342-2525<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0698 | MAYO CLINIC-THUNDERBIRD<br>13737 NORTH 92ND STREET<br>SCOTTSDALE AZ 85260 | Tele (480)342-4201<br>Fax: (480)860-4820<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3910 | MBI INDUSTRIAL MEDICINE, INC. - EAST | | | Tele (602)272-1162 | | 08/01/2016 | to | 07/31/2017 |
| | 4100 EAST BROADWAY ROAD | | | Fax: (602)437-2525 | | | | |
| | PHOENIX | AZ | 85040 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3912 | MBI INDUSTRIAL MEDICINE-WEST | | | Tele (602)272-1162 | | 10/01/2015 | to | 09/30/2016 |
| | 3501 WEST OSBORN ROAD | | | Fax: (602)773-0287 | | | | |
| | PHOENIX | AZ | 85019 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7022 | MEADOWS OUTPATIENT CENTERS, LLC | | | Tele (928)684-4034 | | 02/01/2016 | to | 01/31/2017 |
| | 19120 NORTH PIMA ROAD, SUITE 125 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7023 | MEDICAL CLINIC OF ARIZONA, LLC | | | Tele (602)841-8273 | | 02/01/2016 | to | 01/31/2017 |
| | 6025 NORTH 27TH AVENUE, SUITE 5, 6, 7 | | | Fax: (602)841-8773 | | | | |
| | PHOENIX | AZ | 85017 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6873 | MEDPOST URGENT CARE - GILBERT FIESTA | | | Tele (615)600-4075 | | 10/01/2015 | to | 09/30/2016 |
| | 2487 SOUTH GILBERT ROAD, SUITE A108 | | | Fax: (480)899-9377 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6702 | MEDPOST URGENT CARE - LAVEEN<br>5130 WEST BASELINE ROAD, SUITE 102<br>LAVEEN AZ 85339 | Tele (615)600-4075<br>Fax: (602)237-7977<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7938 | MEDPOST URGENT CARE - LITCHFIELD PARK<br>13840 WEST CAMELBACK ROAD, SUITE 10<br>LITCHFIELD PARK AZ 85340 | Tele (615)600-4073<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/14/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7301 | MEDPOST URGENT CARE - PEORIA<br>21471 NORTH LAKE PLEASANT PARKWAY, SUITE 1710<br>PEORIA AZ 85382 | Tele (469)893-6273<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7295 | MEDPOST URGENT CARE - SCOTTSDALE<br>23015 NORTH SCOTTSDALE ROAD, SUITE 101<br>SCOTTSDALE AZ 85255 | Tele (615)600-4075<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7317 | MEDPOST URGENT CARE SURPRISE<br>16840 WEST WADDELL ROAD, SUITE 110<br>SURPRISE AZ 85388 | Tele (623)584-3383<br>Fax: (623)584-3722<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7674 | MENTALLY ILL KIDS IN DISTRESS<br>7816 NORTH 19TH AVENUE- FIRST FLOOR, SUITE 100<br>PHOENIX AZ 85016 | Tele (602)253-1240<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/16/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6875 | MESA HEALTH AND WELLNESS CENTER<br>1121 SOUTH GILBERT ROAD, SUITE 101<br>MESA AZ 85204 | Tele (480)644-9355<br>Fax: (801)441-1005<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4651 | MIDWESTERN UNIVERSITY MULTISPECIALTY CLINIC<br>19389 NORTH 59TH AVENUE<br>GLENDALE AZ 85308 | Tele (623)537-6000<br>Fax: (623)537-6014<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6722 | MINUTECLINIC - #10150<br>28635 NORTH VALLEY ROAD<br>PHOENIX AZ 85085 | Tele (888)389-2727<br>Fax: (401)652-1360<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6748 | MINUTECLINIC - #1720<br>21201 EAST OCOTILLO ROAD<br>QUEEN CREEK AZ 85142 | Tele (888)389-2727<br>Fax: (401)652-1360<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4114 | MINUTECLINIC - #3264 | | | Tele (866)389-2727 | 03/01/2016 to 02/28/2017 |
| | 3210 EAST UNION HILLS DRIVE | | | Fax: (401)652-2339 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4072 | MINUTECLINIC - #3268 | | | Tele (401)770-6453 | 01/01/2016 to 12/31/2016 |
| | 765 SOUTH LINDSAY ROAD | | | Fax: (401)652-2339 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4310 | MINUTECLINIC - #9290 | | | Tele (866)389-2727 | 11/01/2015 to 10/31/2016 |
| | 4430 EAST RAY ROAD | | | Fax: (401)652-2339 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5802 | MINUTECLINIC #33 | | | Tele (866)389-2727 | 09/01/2016 to 08/31/2017 |
| | 1750 EAST BROADWAY ROAD | | | Fax: (401)652-2339 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5602 | MINUTECLINIC #69 | | | Tele (401)770-6453 | 01/01/2016 to 12/31/2016 |
| | 8332 WEST THUNDERBIRD ROAD | | | Fax: (401)652-2339 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4086 | MINUTECLINIC, LLC | | | Tele (401)770-6453 | 04/01/2016 to 03/31/2017 |
| | 18591 NORTH 59TH AVENUE | | | Fax: (401)652-2339 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4065 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 12/01/2016 to 11/30/2017 |
| | 6015 EAST BROWN ROAD | | | Fax: (401)652-2339 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5497 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 09/01/2016 to 08/31/2017 |
| | 4742 EAST INDIAN SCHOOL ROAD | | | Fax: (401)652-2339 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7276 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 08/01/2016 to 07/31/2017 |
| | 9950 EAST GUADALUPE ROAD | | | Fax: (401)652-1360 | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6749 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 08/01/2016 to 07/31/2017 |
| | 10707 WEST CAMELBACK ROAD | | | Fax: (401)652-2339 | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6956 | MINUTECLINIC, LLC | | | Tele (888)389-2727 | 12/01/2016 to 11/30/2017 |
| | 3170 SOUTH HIGLEY ROAD | | | Fax: (401)652-1360 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6747 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 08/01/2016 to 07/31/2017 |
| | 5050 WEST BASELINE ROAD | | | Fax: (401)652-2339 | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6723 | MINUTECLINIC, LLC | | | Tele (888)389-2727 | 08/01/2016 to 07/31/2017 |
| | 1610 EAST CAMELBACK ROAD | | | Fax: (401)652-1360 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5554 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 11/01/2015 to 10/31/2016 |
| | 1212 SOUTH GREENFIELD ROAD | | | Fax: (401)652-2339 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4184 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 09/01/2016 to 08/31/2017 |
| | 2840 NORTH DYSART ROAD | | | Fax: (401)652-2339 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5529 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | | 10/01/2016 | to | 09/30/2017 |
| | 2010 SOUTH DOBSON ROAD | | | Fax: (401)652-2339 | | | | |
| | CHANDLER | AZ | 85248 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4234 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | | 07/01/2016 | to | 06/30/2017 |
| | 10653 NORTH SCOTTSDALE ROAD | | | Fax: (401)652-1979 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4168 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | | 05/01/2016 | to | 04/30/2017 |
| | 28138 NORTH TATUM BOULEVARD | | | Fax: (401)652-1979 | | | | |
| | CAVE CREEK | AZ | 85331 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4298 | MINUTECLINIC, LLC | | | Tele (401)770-6453 | | 11/01/2015 | to | 10/31/2016 |
| | 14672 NORTH FRANK LLOYD WRIGHT BOULEVARD | | | Fax: (401)652-2339 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4113 | MINUTECLINIC, LLC #3965 | | | Tele (401)770-3480 | | 01/01/2016 | to | 12/31/2016 |
| | 5975 WEST CHANDLER BOULEVARD | | | Fax: (401)652-2339 | | | | |
| | CHANDLER | AZ | 85226 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5792 | MINUTECLINIC, LLC #5477 | | | Tele (401)770-6453 | | 08/01/2016 | to | 07/31/2017 |
| | 15474 WEST GREENWAY ROAD | | | Fax: (401)652-2339 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5791 | MINUTECLINIC, LLC #7075 | | | Tele (866)389-2727 | | 08/01/2016 | to | 07/31/2017 |
| | 2995 EAST CHANDLER HEIGHTS ROAD | | | Fax: (401)652-2339 | | | | |
| | CHANDLER | AZ | 85249 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6224 | MISSION PHYSICAL THERAPY | | | Tele (480)550-9100 | | 01/01/2016 | to | 12/31/2016 |
| | 3321 EAST QUEEN CREEK ROAD, SUITE 106 | | | Fax: (480)550-9100 | | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6071 | MISSION TREATMENT CENTERS, INC | | | Tele (480)990-3720 | | 03/01/2016 | to | 02/28/2017 |
| | 617 NORTH SCOTTSDALE ROAD, SUITE D | | | Fax: (480)990-8085 | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7202 | MOLLEN CLINIC, THE | | | Tele (602)507-4457 | | 07/01/2016 | to | 06/30/2017 |
| | 16100 NORTH 71ST STREET, SUITE 100 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7462 | MOMENTUM PHYSICAL & SPORTS REHABILITATION LIMITED PARTNERSHIP<br>I NORTERRA DRIVE<br>PHOENIX AZ 85085 | Tele (623)715-7055<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/18/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6993 | MOUNTAIN PARK HEALTH CENTER - GATEWAY<br>3830 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)323-3470<br>Fax: (602)323-3496<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7782 | MOUNTAIN PARK HEALTH CENTER - MARYVALE MODULAR<br>6601 WEST THOMAS ROAD, BUILDING B<br>PHOENIX AZ 85004 | Tele (602)323-3470<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/17/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0599 | MOUNTAIN PARK HEALTH CENTER-BASELINE<br>635 EAST BASELINE ROAD<br>PHOENIX AZ 85042 | Tele (602)323-3470<br>Fax: (602)323-3496<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7025 | MRI OF ARIZONA, INC<br>3139 EAST LINCOLN DRIVE<br>PHOENIX AZ 85016 | Tele (602)294-9009<br>Fax: (602)294-9012<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3586 | MRI OF ARIZONA, INC<br>701 WEST GLENDALE AVENUE<br>PHOENIX AZ 85021 | Tele (602)294-9009<br>Fax: (602)294-9012<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7484 | MUHAMMAD ALI MOVEMENT DISORDERS CENTER<br>240 WEST THOMAS ROAD, SUITE 301<br>PHOENIX AZ 85013 | Tele (602)406-6262<br>Fax: (602)406-6131<br>Capacity : Not Applicable | 12/24/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7936 | MULLIGAN'S MANOR BEHAVIORAL HEALTH SERVICES<br>4701 SOUTH LAKESHORE DRIVE #1<br>TEMPE AZ 85282 | Tele (480)831-8727<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/04/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6157 | NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE<br>4201 NORTH 16TH STREET, SUITE 140<br>PHOENIX AZ 85016 | Tele (602)264-6214<br>Fax: (602)265-2102<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC5808 | NATIONWIDE VISION<br>2222 EAST CAMELBACK ROAD<br>PHOENIX AZ 85016 | Tele (602)265-2745<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6735 | NATIVE AMERICAN CONNECTIONS, INC - OUTPATIENT TREATMENT CENTER<br>4520 NORTH CENTRAL AVENUE, SUITE 100 & 120<br>PHOENIX AZ 85012 | Tele (602)424-2060<br>Fax: (602)256-7356<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC3472 | NEIGHBORHOOD CHRISTIAN CLINIC, THE<br>1929 WEST FILLMORE, BUILDING C<br>PHOENIX AZ 85009 | Tele (602)258-6008<br>Fax: (602)258-8388<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5842 | NEIGHBORHOOD OUTREACH ACCESS TO HEALTH<br>11130 EAST CHOLLA STREET BUILDING I<br>SCOTTSDALE AZ 85259 | Tele (480)882-7527<br>Fax: (480)451-5270<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7016 | NEURODIAGNOSTIC LABS - MESA<br>2222 SOUTH DOBSON ROAD, SUITE 803<br>MESA AZ 85202 | Tele (602)424-4450<br>Fax: (602)445-7342<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC5413 | NEURODIAGNOSTIC LABS - PHOENIX<br>2423 WEST DUNLAP AVENUE, SUITE 175<br>PHOENIX AZ 85021 | Tele (602)424-4450<br>Fax: (602)445-7342<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6295 | NEURODIAGNOSTIC LABS- AVONDALE | | | Tele (602)424-4450 | 02/01/2016 to 01/31/2017 |
| | 10320 WEST MCDOWELL ROAD, SUITE 6017 | | | Fax: (602)445-7342 | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7409 | NEURODIAGNOSTIC LABS- EAST MESA | | | Tele (602)424-4450 | 11/01/2016 to 10/31/2017 |
| | 6136 EAST BROWN ROAD, SUITE # 103 | | | Fax: (602)445-7342 | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6118 | NEW FOUNDATION, THE | | | Tele (480)945-3302 | 10/01/2016 to 09/30/2017 |
| | 1200 NORTH 77TH STREET | | | Fax: (480)945-9308 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5992 | NEW HOPE BEHAVIORAL HEALTH CENTER, INC | | | Tele (480)981-1022 | 07/01/2015 to 06/30/2016 |
| | 215 SOUTH POWER ROAD, SUITE 114 | | | Fax: (480)981-1405 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6725 | NEW HOPE OF ARIZONA, INC. | | | Tele (602)535-5686 | 10/01/2016 to 09/30/2017 |
| | 12406 NORTH 32ND STREET, SUITE 101 | | | Fax: (602)535-5912 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7696 | NEW HORIZON COMMUNITY CARE | | | Tele (480)722-2730 | | 05/26/2016 | to | 04/30/2017 |
| | 4625 SOUTH ASH AVENUE, SUITE J2 | | | Fax: (480)664-4296 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6514 | NEXTCARE URGENT CARE - 19TH | | | Tele (602)845-4505 | | 05/01/2016 | to | 04/30/2017 |
| | 8101 NORTH 19TH AVENUE, SUITE A | | | Fax: (602)845-4507 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3473 | NEXTCARE URGENT CARE - 59TH | | | Tele (602)547-2600 | | 08/01/2016 | to | 07/31/2017 |
| | 18589 NORTH 59TH AVENUE, SUITE 101 | | | Fax: (602)547-8700 | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5509 | NEXTCARE URGENT CARE - 98TH | | | Tele (480)776-1630 | | 10/01/2016 | to | 09/30/2017 |
| | 9745 WEST BELL ROAD, SUITE 105 | | | Fax: (623)742-2985 | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5753 | NEXTCARE URGENT CARE - ARCADIA | | | Tele (602)354-3491 | | 06/01/2016 | to | 05/31/2017 |
| | 4730 EAST INDIAN SCHOOL ROAD, SUITE 211 | | | Fax: (602)595-8567 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4236 | NEXTCARE URGENT CARE - CURRY | | | Tele (480)776-1630 | | 08/01/2016 | to | 07/31/2017 |
| | 914 NORTH SCOTTSDALE ROAD, SUITE 104 | | | Fax: (480)966-0566 | | | | |
| | TEMPE | AZ | 85281 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3147 | NEXTCARE URGENT CARE - GREENWAY | | | Tele (480)776-1630 | | 10/01/2016 | to | 09/30/2017 |
| | 3229 EAST GREENWAY ROAD, SUITE 102 | | | Fax: (602)788-3284 | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3639 | NEXTCARE URGENT CARE - LAKE PLEASANT | | | Tele (623)825-4600 | | 11/01/2016 | to | 10/31/2017 |
| | 20470 NORTH LAKE PLEASANT ROAD, SUITE 102 | | | Fax: (623)825-0231 | | | | |
| | PEORIA | AZ | 85382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4066 | NEXTCARE URGENT CARE - MC59TH | | | Tele (623)245-0440 | | 01/01/2016 | to | 12/31/2016 |
| | 5920 WEST MCDOWELL ROAD | | | Fax: (623)245-0439 | | | | |
| | PHOENIX | AZ | 85035 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4592 | NEXTCARE URGENT CARE - NORTHERN | | | Tele (623)872-2226 | | 03/01/2016 | to | 02/28/2017 |
| | 9494 WEST NORTHERN AVENUE, SUITE 101 | | | Fax: (623)872-1018 | | | | |
| | GLENDALE | AZ | 85305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3374 | NEXTCARE URGENT CARE - POWER | | | Tele (480)807-0130 | | 03/01/2016 | to | 02/28/2017 |
| | 1066 NORTH POWER ROAD, SUITE 101 | | | Fax: (480)807-0174 | | | | |
| | MESA | AZ | 85205 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3994 | NEXTCARE URGENT CARE - THOMAS | | | Tele (480)924-8382 | | 11/01/2015 | to | 10/31/2016 |
| | 1701 EAST THOMAS ROAD, SUITE A 104 | | | Fax: (602)277-9360 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6947 | NEXTCARE URGENT CARE - THUNDERBIRD | | | Tele (480)776-1630 | | 10/01/2016 | to | 09/30/2017 |
| | 5410 WEST THUNDERBIRD ROAD, SUITE 101 | | | Fax: (602)548-2292 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5240 | NEXTCARE URGENT CARE- NORTH MESA | | | Tele (480)844-7400 | | 11/01/2015 | to | 10/31/2016 |
| | 535 EAST MCKELLIPS ROAD, SUITE 101 | | | Fax: (602)615-4444 | | | | |
| | MESA | AZ | 85203 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3317 | NEXTCARE URGENT CARE SHEA | | | Tele (480)348-1060 | | 12/01/2015 | to | 11/30/2016 |
| | 7425 EAST SHEA BOULEVARD, SUITE 108 | | | Fax: (480)348-1059 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6946 | NEXTCARE URGENT CARE- SURPRISE<br>14800 WEST MOUNTAIN VIEW BOULEVARD, SUITE 190<br>SURPRISE AZ 85374 | Tele (480)776-1630<br>Fax: (602)542-2292<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5326 | NEXTCARE URGENT CARE-43RD<br>10240 NORTH 43RD AVENUE, SUITE 3<br>GLENDALE AZ 85302 | Tele (623)742-2059<br>Fax: (623)742-2061<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3755 | NEXTCARE URGENT CARE-DANA LANDING<br>3130 EAST BASELINE ROAD, SUITE 105<br>MESA AZ 85204 | Tele (480)776-1630<br>Fax: (480)558-4922<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3195 | NEXTCARE URGENT CARE-DOBSON<br>600 SOUTH DOBSON ROAD, SUITE C-26<br>CHANDLER AZ 85224 | Tele (480)776-1630<br>Fax: (480)814-1799<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3433 | NEXTCARE URGENT CARE-MCDOWELL<br>13075 WEST MCDOWELL ROAD, SUITE D106<br>AVONDALE AZ 85392 | Tele (623)536-9576<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4572 | NEXTCARE URGENT CARE-MCKELLIPS<br>4401 EAST MCKELLIPS ROAD, SUITE 102<br>MESA AZ 85215 | Tele (480)832-2223<br>Fax: (480)832-1128<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3658 | NEXTCARE URGENT CARE-TATUM<br>20950 NORTH TATUM BOULEVARD, SUITE 190<br>PHOENIX AZ 85050 | Tele (480)776-0021<br>Fax: (480)776-0026<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7862 | NORTH PHOENIX OTC<br>3329 EAST BELL ROAD, SUITE A1-5<br>PHOENIX AZ 85032 | Tele (602)482-2282<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7928 | NORTHVIEW PAIN TREATMENT CENTER<br>15650 NORTH BLACK CANYON HIGHWAY #B121<br>PHOENIX AZ 85053 | Tele (480)440-1985<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/07/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4818 | NOW CARE URGENT CARE<br>8251 WEST UNION HILLS DRIVE, SUITE 140<br>GLENDALE AZ 85308 | Tele (623)875-7900<br>Fax: (623)875-7919<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4926 | OASIS HEALTH SPA | | | Tele (480)832-0003 | | 10/01/2016 | to | 09/30/2017 |
| | 908 SOUTH POWER ROAD | | | Fax: (480)832-0244 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4797 | OASIS URGENT CARE | | | Tele (480)398-3638 | | 03/01/2016 | to | 02/28/2017 |
| | 2181 EAST PECOS ROAD, SUITE #1 | | | Fax: (480)398-3643 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4756 | OCCUPATIONAL AND URGENT CARE HEALTH CENTERS, LLC | | | Tele (602)272-1162 | | 12/01/2015 | to | 11/30/2016 |
| | 15236 NORTH 59TH AVENUE | | | Fax: (602)773-0287 | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5002 | ONEHEALTH/ALLIANCE URGENT CARE - GOODYEAR | | | Tele (623)742-2300 | | 01/01/2016 | to | 12/31/2016 |
| | 15530 WEST ROOSEVELT STREET, SUITE D101 | | | Fax: (480)830-8012 | | | | |
| | GOODYEAR | AZ | 85338 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6007 | OPEN HEARTS | | | Tele (602)285-5550 | | 05/01/2016 | to | 04/30/2017 |
| | 4414 NORTH 19TH AVENUE | | | Fax: (602)285-5551 | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6410 | OPEN HEARTS<br>3280 SOUTH COUNTRY CLUB WAY, SUITE 110<br>TEMPE AZ 85282 | Tele (602)285-5550<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3691 | OPEN MRI SOLUTIONS, LLC<br>4130 EAST VAN BUREN STREET, SUITE 100<br>PHOENIX AZ 85008 | Tele (602)244-2442<br>Fax: (602)244-2445<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5703 | OPTION CARE<br>9013 NORTH 24TH AVENUE, SUITE 6<br>PHOENIX AZ 85021 | Tele (800)879-6137<br>Fax: (602)426-1517<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6181 | OPTION CARE<br>4645 SOUTH ASH AVENUE, SUITE I-6<br>TEMPE AZ 85282 | Tele (847)527-4905<br>Fax: (847)368-6583<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5085 | OXFORD HEALTH NETWORK<br>16601 NORTH 40TH STREET, SUITE 129<br>PHOENIX AZ 85032 | Tele (602)428-0002<br>Fax: (602)256-7555<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5894 | OXFORD HEALTH NETWORK<br>13925 WEST MEEKER BOULEVARD, SUITE 9<br>SUN CITY WEST AZ 85375 | Tele (602)256-6555<br>Fax: (602)256-7555<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7733 | OXFORD HEALTH NETWORK<br>6641 EAST BAYWOOD AVENUE, SUITE B3<br>MESA AZ 85206 | Tele (602)428-0002<br>Fax: (602)256-7555<br>Capacity : Not Applicable | 06/28/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6221 | P S A BEHAVIORAL HEALTH AGENCY<br>2255 WEST NORTHERN AVENUE<br>PHOENIX AZ 85021 | Tele (602)995-1767<br>Fax: (602)995-1863<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC7226 | PAIN TREATMENT CENTER OF TEMPE<br>4515 SOUTH MCCLINTOCK DRIVE, SUITE 116<br>TEMPE AZ 85282 | Tele (480)820-5603<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5734 | PALM VEIN CENTER<br>16944 WEST BELL ROAD, SUITE 603<br>SURPRISE AZ 85374 | Tele (623)201-4777<br>Fax: (623)201-4770<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7932 | PAPER CRANES HEALTHCARE, LLC<br>5980 SOUTH COPPER ROAD, SUITE 1<br>CHANDLER AZ 85249 | Tele (480)704-3474<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/15/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4643 | PARKWAY MEDICAL<br>6565 EAST GREENWAY PARKWAY, SUITE 100<br>SCOTTSDALE AZ 85254 | Tele (480)348-3200<br>Fax: (480)948-4438<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6373 | PARTNERS IN RECOVERY, LLC - ARROWHEAD CAMPUS<br>5625 WEST BELL ROAD, SUITE 100<br>GLENDALE AZ 85308 | Tele (602)239-4100<br>Fax: (480)222-3221<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC5925 | PARTNERS IN RECOVERY, LLC - EAST VALLEY CAMPUS<br>4330 EAST UNIVERSITY DRIVE<br>MESA AZ 85205 | Tele (480)969-3800<br>Fax: (480)222-3221<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC7233 | PARTNERS IN RECOVERY, LLC - GATEWAY CAMPUS<br>5222 EAST BASELINE ROAD, SUITE 101<br>GILBERT AZ 85234 | Tele (480)969-3800<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5915 | PARTNERS IN RECOVERY, LLC - METRO CENTER CAMPUS<br>10240 N 31ST AVE, #101,120, 200-201, 218,210A, 220<br>PHOENIX AZ 85051 | Tele (602)997-9006<br>Fax: (480)222-3221<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7433 | PARTNERS IN RECOVERY, LLC - WEST INDIAN SCH CAMPUS<br>9150 WEST INDIAN SCHOOL ROAD, SUITE 130<br>PHOENIX AZ 85037 | Tele (480)969-3800<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/07/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6667 | PARTNERS IN RECOVERY, LLC - WEST VALLEY CAMPUS<br>11361 N 99TH AVE, SUITES 102-103, 501-502, 601-602<br>PEORIA AZ 85345 | Tele (480)969-3800<br>Fax: (480)222-3221<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC6806 | PARTNERS IN ROCOVERY, LLC - WICKENBURG HASSAYAMPA CAMPUS<br>811 NORTH TEGNER STREET, SUITES 121, 123, & 125<br>WICKENBURG AZ 85390 | Tele (928)684-5131<br>Fax: (480)222-3221<br>Capacity : Not Applicable | 04/12/2016 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6006 | PASCUA YAQUI BEHAVIORAL HEALTH PROGRAM<br>9405 SOUTH AVENIDA DEL YAQUI<br>GUADALUPE AZ 85283 | Tele (480)768-2000<br>Fax: (480)768-2053<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC2463 | PASSPORT HEALTH | | | Tele (480)345-6800 | | 10/01/2015 | to | 09/30/2016 |
| | 2435 EAST SOUTHERN AVENUE, SUITE 5 | | | Fax: (480)855-2982 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4891 | PASSPORT HEALTH- ARROWHEAD | | | Tele (480)345-6800 | | 07/01/2016 | to | 06/30/2017 |
| | 18301 NORTH 79TH AVENUE, SUITE D-148 | | | Fax: (480)855-2982 | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5371 | PASSPORT HEALTH-GILBERT | | | Tele (480)345-6800 | | 03/01/2016 | to | 02/28/2017 |
| | 1760 EAST PECOS ROAD #301 | | | Fax: (480)345-6805 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4438 | PASSPORT HEALTH-PHOENIX | | | Tele (480)345-6800 | | 08/01/2016 | to | 07/31/2017 |
| | 2601 NORTH 3RD STREET, SUITE 102 | | | Fax: (480)855-2982 | | | | |
| | PHOENIX | AZ | 85004 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3977 | PASSPORT HEALTH-SCOTTSDALE | | | Tele (480)345-6800 | | 10/01/2015 | to | 09/30/2016 |
| | 8585 EAST HARTFORD DRIVE, SUITE 105 | | | Fax: (480)855-2982 | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5883 | PEORIA PAIN PHYSICIANS | | | Tele (623)486-1510 | | 10/01/2016 | to | 09/30/2017 |
| | 15262 NORTH 75TH AVENUE, SUITE 400-A | | | Fax: (623)486-1529 | | | | |
| | PEORIA | AZ | 85381 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5824 | PEORIA URGENT CARE CENTER, LLC | | | Tele (623)877-0100 | | 09/01/2016 | to | 08/31/2017 |
| | 8914 NORTH 91ST AVENUE, SUITE 100 | | | Fax: (623)328-7386 | | | | |
| | PEORIA | AZ | 85345 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4978 | PHOENICIAN MEDICAL CENTER | | | Tele (480)963-1853 | | 05/01/2016 | to | 04/30/2017 |
| | 1343 NORTH ALMA SCHOOL ROAD | | | Fax: (480)963-1854 | | | | |
| | CHANDLER | AZ | 85226 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6871 | PHOENICIAN MEDICAL CENTER - KYRENE | | | Tele (480)963-1853 | | 07/01/2016 | to | 06/30/2017 |
| | 40 SOUTH KYRENE, SUITE 3 | | | Fax: (480)284-5844 | | | | |
| | CHANDLER | AZ | 85226 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6830 | PHOENICIAN MEDICAL CENTER, INC | | | Tele (480)963-1853 | | 09/01/2016 | to | 08/31/2017 |
| | 3200 SOUTH ALMA SCHOOL ROAD, SUITE 204 | | | Fax: (480)963-1854 | | | | |
| | CHANDLER | AZ | 85248 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6785 | PHOENICIAN MEDICAL CENTER, INC<br>3225 SOUTH ALMA SCHOOL ROAD<br>CHANDLER AZ 85248 | Tele (480)963-1853<br>Fax: (480)963-1854<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6983 | PHOENICIAN MEDICAL CENTER, INC<br>13838 SOUTH 46TH PLACE, SUITE 120<br>PHOENIX AZ 85044 | Tele (480)963-1853<br>Fax: (480)963-1854<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7852 | PHOENIX ALLIES FOR COMMUNITY HEALTH<br>2902 WEST CLARENDON AVENUE<br>PHOENIX AZ 85017 | Tele (623)455-6470<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/26/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5081 | PHOENIX CHILDREN'S HOSPITAL-UMOM WELLNESS CENTER<br>3333 EAST VAN BUREN STREET<br>PHOENIX AZ 85008 | Tele (602)651-1862<br>Fax: (602)651-1888<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7633 | PHOENIX CHILDREN'S MEDICAL GROUP - PEPKA PEDIATRICS<br>3811 EAST BELL ROAD SUITE 109<br>PHOENIX AZ 85032 | Tele (602)992-2070<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/16/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7234 | PHOENIX CHILDREN'S OUTREACH CLINIC AT CHILDREN FIRST ACADEMY<br>1648 SOUTH 16TH STREET, SECTION C<br>PHOENIX AZ 85034 | Tele (602)933-9339<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7719 | PHOENIX CHILDREN'S OUTREACH CLINIC AT HALLE HEALING CENTER<br>3210 NW GRAND AVENUE<br>PHOENIX AZ 85017 | Tele (602)933-9339<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/20/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6340 | PHOENIX FAMILY MEDICAL CLINIC<br>3552 WEST BASELINE ROAD, SUITE 140<br>PHOENIX AZ 85339 | Tele (602)635-6951<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/13/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6390 | PHOENIX FAMILY MEDICAL CLINIC<br>16928 WEST BELL ROAD, SUITE 701<br>SURPRISE AZ 85374 | Tele (623)850-0026<br>Fax: (623)850-0027<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5699 | PHOENIX FAMILY MEDICAL CLINIC<br>1108 WEST INDIAN SCHOOL ROAD, SUITE B<br>PHOENIX AZ 85013 | Tele (623)850-0026<br>Fax: (623)850-0027<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5733 | PHOENIX FAMILY MEDICAL CLINIC<br>12020 SOUTH WARNER ELLIOT LOOP, SUITE 101<br>PHOENIX AZ 85044 | Tele (480)751-1900<br>Fax: (480)779-6289<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6887 | PHOENIX FAMILY MEDICAL CLINIC<br>301 WEST MCDOWELL ROAD<br>PHOENIX AZ 85003 | Tele (602)773-5546<br>Fax: (602)773-5576<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5248 | PHOENIX HEART CENTER AND PGA SURGICAL SPECIALISTS<br>555 NORTH 18TH STREET, SUITE 300<br>PHOENIX AZ 85006 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7434 | PHOENIX NEUROLOGICAL & PAIN INSTITUTE<br>4858 EAST BASELINE ROAD, SUITE #107<br>MESA AZ 85206 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7923 | PHOENIX NEUROLOGICAL & PAIN-COUNTRY CLUB<br>606 NORTH COUNTRY CLUB DRIVE SUITE 4 & 5<br>MESA AZ 85201 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/21/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5392 | PHOENIX NEUROLOGICAL & SLEEP INSTITUTE<br>6707 NORTH 19TH AVENUE, SUITES #220 & #201<br>PHOENIX AZ 85015 | Tele (480)963-1853<br>Fax: (480)917-7309<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7056 | PHOENIX NEUROLOGY & SLEEP MEDICINE, PLLC<br>2940 NORTH LITCHFIELD ROAD<br>GOODYEAR AZ 85395 | Tele (623)535-0050<br>Fax: (623)565-5169<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7194 | PHOENIX NEUROLOGY AND SLEEP MEDICINE, PLLC<br>2925 WEST ROSE GARDEN LANE<br>PHOENIX AZ 85077 | Tele (623)535-0050<br>Fax: (623)535-9520<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7138 | PHOENIX RESCUE MISSION - CHANGING LIVES CENTER<br>338 NORTH 15TH AVENUE<br>PHOENIX AZ 85007 | Tele (480)858-9100<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6241 | PHOENIX SHANTI GROUP<br>2345 WEST GLENDALE AVENUE<br>PHOENIX AZ 85021 | Tele (602)279-0008<br>Fax: (602)279-2004<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5150 | PHOENIX URGENT CARE<br>3931 EAST CAMELBACK ROAD<br>PHOENIX AZ 85018 | Tele (602)687-7858<br>Fax: (602)687-9276<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5613 | PHYSICIAN GROUP OF ARIZONA MULTI SPECIALTY CLINIC<br>10238 EAST HAMPTON AVENUE, SUITE 301-C<br>MESA AZ 85209 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5848 | PHYSICIAN GROUP OF ARIZONA MULTI SPECIALTY CLINIC<br>1492 SOUTH MILL AVENUE, SUITE 113<br>TEMPE AZ 85281 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7646 | PHYSICIAN GROUP OF ARIZONA PRIMARY CARE<br>7400 SOUTH POWER ROAD SUITE 120<br>GILBERT AZ 85297 | Tele (602)797-7107<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/04/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7476 | PINNACLE PEAK RECOVERY, LLC<br>8070 EAST MORGAN TRAIL, SUITE 200, 202, 210<br>SCOTTSDALE AZ 85258 | Tele (480)430-6744<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/15/2016 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0678 | PLANNED PARENTHOOD - CHANDLER<br>610 NORTH ALMA SCHOOL ROAD, SUITE 48<br>CHANDLER AZ 85224 | Tele (602)200-2145<br>Fax: (480)814-1095<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4308 | PLANNED PARENTHOOD - MARYVALE CLINIC<br>4616 NORTH 51ST AVENUE, SUITE 210<br>PHOENIX AZ 85031 | Tele (602)200-2145<br>Fax: (602)604-0159<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7663 | PLANNED PARENTHOOD - MESA<br>1235 SOUTH GILBERT ROAD, SUITE 7 & 8<br>MESA AZ 85204 | Tele (480)926-2741<br>Fax: (480)892-0403<br>Capacity : Not Applicable | 05/06/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0195 | PLANNED PARENTHOOD - NORTHEAST PHOENIX<br>3131 EAST THUNDERBIRD ROAD, SUITE 48<br>PHOENIX AZ 85032 | Tele (602)996-1897<br>Fax: (602)953-8052<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7521 | PLANNED PARENTHOOD CENTRAL PHOENIX<br>4751 NORTH 15TH STREET<br>PHOENIX AZ 85014 | Tele (602)263-4210<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/31/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0397 | PLANNED PARENTHOOD SCOTTSDALE<br>7901 EAST THOMAS ROAD, SUITE 106<br>SCOTTSDALE AZ 85251 | Tele (480)949-0049<br>Fax: (480)429-2326<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6141 | PLAZA MEDICAL MEXICANA<br>4660 WEST THOMAS ROAD, SUITE A<br>PHOENIX AZ 85031 | Tele (602)442-4500<br>Fax: (602)442-4505<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5873 | POTTER'S HOUSE SUBSTANCE ABUSE CENTER, THE<br>4220 NORTH 20TH AVENUE, SECOND FLOOR<br>PHOENIX AZ 85015 | Tele (602)254-9701<br>Fax: (602)252-0830<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC4344 | PREGNANCY CARE CENTER OF CHANDLER<br>590 NORTH ALMA SCHOOL ROAD, SUITE 20<br>CHANDLER AZ 85224 | Tele (480)374-2994<br>Fax: (480)374-2980<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7171 | PREGNANCY CARE CENTER OF GILBERT<br>894 EAST WARNER ROAD, SUITE #103<br>GILBERT AZ 85296 | Tele (480)374-2994<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6888 | PRICE FAMILY SERVICES<br>5010 EAST WARNER ROAD, SUITE 111<br>PHOENIX AZ 85044 | Tele (480)245-6066<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3068 | PRIORITY MEDICAL CENTER, INC<br>4340 WEST MCDOWELL ROAD, SUITE 5<br>PHOENIX AZ 85035 | Tele (602)272-5289<br>Fax: (602)272-8634<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5455 | PRO SPORTS PERFORMANCE AND REHAB<br>8630 EAST VIA DE VENTURA, SUITE 101<br>SCOTTSDALE AZ 85258 | Tele (480)656-8808<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7832 | PROFESSIONAL PORTABLE X-RAY, INC.<br>9132 WEST CACTUS ROAD, SUITE D<br>PEORIA AZ 85381 | Tele (952)915-9779<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/12/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5591 | PROSTATE SOLUTIONS OF ARIZONA<br>2525 EAST ARIZONA BILTMORE CIRCLE, SUITE C-236<br>PHOENIX AZ 85016 | Tele (239)790-2284<br>Fax: (239)938-9340<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7319 | PSA BEHAVIORAL HEALTH AGENCY<br>4665 SOUTH ASH AVENUE, SUITE G-1<br>TEMPE AZ 85282 | Tele (602)995-1767<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5978 | PSA BEHAVIORAL HEALTH AGENCY<br>4655 SOUTH LAKESHORE DRIVE<br>TEMPE AZ 85282 | Tele (602)995-1767<br>Fax: (602)995-1863<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OTC7894 | PSYCH SERVICES, LLC<br>1930 SOUTH ALMA SCHOOL ROAD, BUILDING C 107<br>MESA AZ 85210 | Tele (602)402-4474<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/18/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC3904 | PUEBLO NORTE REHAB AND HEALTHCARE - OUTPATIENT TREATMENT CENTER<br>7100 EAST MESCAL STREET<br>SCOTTSDALE AZ 85254 | Tele (480)948-5800<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4212 | QUICK VISIT URGENT CARE CENTER & WALK IN CLINIC, INC.<br>1930 WEST THUNDERBIRD ROAD, SUITE 102<br>PHOENIX AZ 85023 | Tele (602)850-0000<br>Fax: (602)346-9999<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7463 | QUICKMED CENTER<br>5104 NORTH 67TH AVENUE<br>GLENDALE AZ 85301 | Tele (714)552-5545<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7840 | RAPID CARE CENTERS<br>7615 WEST THUNDERBIRD ROAD, SUITE 106<br>PEORIA AZ 85381 | Tele (623)547-6838<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/06/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6924 | REACT PROGRAM, THE<br>2200 EAST WILLIAMS FIELD ROAD, SUITE 200<br>GILBERT AZ 85295 | Tele (480)452-9519<br>Fax: (480)478-8758<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC6158 | RECOVERY INNOVATIONS, INC.<br>2701 NORTH 16TH STREET, SUITES 118<br>PHOENIX AZ 85006 | Tele (602)650-1212<br>Fax: (602)636-5295<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC7470 | RECOVERY INNOVATIONS, INC.- RECOVERY RESPONSE CENTER<br>11361 NORTH 99TH AVENUE, SUITES 400 & 402<br>PEORIA AZ 85345 | Tele (602)650-1212<br>Fax: ( ) -<br>Capacity : 32 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7167 | RECOVERY OASIS, LLC<br>1208 EAST BROADWAY ROAD, SUITE 215<br>TEMPE AZ 85282 | Tele (480)580-3325<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6616 | RECOVERY RX<br>4350 NORTH 19TH AVENUE, SUITE 1<br>PHOENIX AZ 85015 | Tele (602)388-4986<br>Fax: (602)388-4614<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC5926 | RED MOUNTAIN BEHAVIORAL HEALTH SERVICES<br>2915 EAST BASELINE ROAD, SUITE 115<br>GILBERT AZ 85234 | Tele (480)641-9552<br>Fax: (480)981-0893<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC7625 | RED ROCK ADDICTION AND TREATMENT COMPANY, LLC<br>3512 NORTH HIGLEY ROAD<br>MESA AZ 85215 | Tele (561)722-8055<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2017 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| OTC3966 | REGENT MEDICAL URGENT CARE<br>16872 NORTH CAVE CREEK ROAD<br>PHOENIX AZ 85032 | Tele (602)494-7700<br>Fax: (602)494-3377<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5229 | REHAB WITHOUT WALLS, INC. | | | Tele (602)943-1012 | | 09/01/2016 | to | 08/31/2017 |
| | 7227 NORTH 16TH STREET, SUITE 107 | | | Fax: (602)943-2075 | | | | |
| | PHOENIX | AZ | 85020 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7337 | RENAISSANCE RECOVERY CENTER, L L C | | | Tele (480)632-1345 | | 09/01/2016 | to | 08/31/2017 |
| | 201 WEST GUADALUPE ROAD, SUITE 314 | | | Fax: (480)632-1354 | | | | |
| | GILBERT | AZ | 85233 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6908 | RESOLUTION GROUP, INC, THE | | | Tele (480)962-9288 | | 10/01/2016 | to | 09/30/2017 |
| | 623 WEST SOUTHERN AVENUE, SUITES 7 & 8 | | | Fax: (480)962-1293 | | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7874 | RIVER SOURCE IOP, THE | | | Tele (888)687-7332 | | 10/24/2016 | to | 09/30/2017 |
| | 108 EAST 2ND AVENUE | | | Fax: (480)827-1637 | | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7581 | ROSEWOOD OUTPATIENT CLINIC | | | Tele (480)303-0844 | | 02/22/2016 | to | 01/31/2017 |
| | 950 WEST ELLIOT ROAD, SUITE 201 | | | Fax: (928)684-3181 | | | | |
| | TEMPE | AZ | 85284 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6779 | ROSEWOOD RANCH OUTPATIENT CLINIC | | | Tele (928)684-9594 | | 08/01/2016 | to | 07/31/2017 |
| | 521 WEST WICKENBURG WAY | | | Fax: (928)684-3181 | | | | |
| | WICKENBURG | AZ | 85390 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0538 | ROYAL OAKS LIFECARE CENTER - CLINIC | | | Tele (623)815-4136 | | 02/01/2016 | to | 01/31/2017 |
| | 10015 WEST ROYAL OAK ROAD | | | Fax: (623)815-4289 | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6521 | S.E.E.K. ARIZONA, LLC | | | Tele (480)902-0771 | | 06/01/2016 | to | 05/31/2017 |
| | 1830 SOUTH ALMA SCHOOL ROAD, SUITE 130 | | | Fax: (480)967-0804 | | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7181 | S.T.A.R.S. | | | Tele (480)677-1193 | | 10/01/2016 | to | 09/30/2017 |
| | 13203 NORTH 103RD AVENUE, SUITE I-7 | | | Fax: (480)282-6600 | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7180 | S.T.A.R.S. | | | Tele (480)667-1193 | | 10/01/2016 | to | 09/30/2017 |
| | 9305 WEST THOMAS ROAD, SUITE 465 | | | Fax: (480)282-6600 | | | | |
| | GLENDALE | AZ | 85307 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7182 | S.T.A.R.S. | | | Tele (480)282-6500 | | 10/01/2016 | to | 09/30/2017 |
| | 2350 WEST RAY ROAD, SUITE 2 | | | Fax: (480)282-6600 | | | | |
| | CHANDLER | AZ | 85224 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4832 | SAGEWOOD CLINIC | | | Tele (480)384-5816 | | 04/01/2016 | to | 03/31/2017 |
| | 4555 EAST MAYO BOULEVARD | | | Fax: (480)384-5678 | | | | |
| | PHOENIX | AZ | 85050 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5451 | SAN DIEGO FAMILY CLINIC | | | Tele (602)277-8885 | | 07/01/2016 | to | 06/30/2017 |
| | 4245 NORTH 19TH AVENUE | | | Fax: (602)277-5703 | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7169 | SAN TAN BEHAVIORAL HEALTH SERVICES, L L C | | | Tele (480)507-3644 | | 05/01/2016 | to | 04/30/2017 |
| | 459 NORTH GILBERT ROAD, SUITE #C-100 | | | Fax: (480)632-0026 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5775 | SANTE OF CHANDLER | | | Tele (480)361-6636 | | 07/01/2016 | to | 06/30/2017 |
| | 825 SOUTH 94TH STREET | | | Fax: (602)368-8211 | | | | |
| | CHANDLER | AZ | 85224 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5773 | SANTE OF MESA | | | Tele (480)699-9624 | | 07/01/2016 | to | 06/30/2017 |
| | 5358 EAST BASELINE ROAD | | | Fax: (480)383-6777 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5772 | SANTE OF NORTH SCOTTSDALE | | | Tele (480)588-5386 | | 07/01/2016 | to | 06/30/2017 |
| | 17490 NORTH 93RD STREET | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5774 | SANTE OF SURPRISE | | | Tele (623)594-5050 | | 07/01/2016 | to | 06/30/2017 |
| | 14775 WEST YORKSHIRE DRIVE | | | Fax: (623)594-5074 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4921 | SCNM MEDICAL CENTER | | | Tele (480)970-0000 | | 09/01/2016 | to | 08/31/2017 |
| | 2164 EAST BROADWAY ROAD | | | Fax: (480)970-0003 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7039 | SCNM PAIN RELIEF CENTER | | | Tele (480)858-9100 | | 02/01/2016 | to | 01/31/2017 |
| | 2152 EAST BROADWAY ROAD | | | Fax: (480)858-9116 | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7613 | SCOTTSDALE PROVIDENCE RECOVERY CENTER, INC<br>8240 EAST GELDING DRIVE, SUITE #105<br>SCOTTSDALE AZ 85260 | Tele (310)913-2812<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/15/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6566 | SCOTTSDALE RECOVERY CENTER<br>8706 EAST MANZANITA DRIVE, SUITE 100-200<br>SCOTTSDALE AZ 85258 | Tele (480)444-6930<br>Fax: (480)284-6749<br>Capacity : Not Applicable | 11/04/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7795 | SCOTTSDALE RECOVERY CENTER, LLC<br>10446 NORTH 74TH STREET, SUITE 140<br>SCOTTSDALE AZ 85258 | Tele (888)309-3385<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/25/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7755 | SILKWORTH MANOR, LLC<br>10575 NORTH 114TH STREET, SUITE 107A<br>SCOTTSDALE AZ 85254 | Tele (602)684-0503<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/18/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4896 | SIMONMED IMAGING - 19TH AVENUE<br>6707 NORTH 19TH AVENUE, SUITE 108<br>PHOENIX AZ 85015 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5571 | SIMONMED IMAGING - AHWATUKEE<br>15810 SOUTH 45TH STREET SUITE 110<br>PHOENIX AZ 85048 | Tele (480)753-6161<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7142 | SIMONMED IMAGING - AHWATUKEE NORTH<br>13838 SOUTH 46 PLACE, #200<br>PHOENIX AZ 85044 | Tele (602)320-3344<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7284 | SIMONMED IMAGING - ARROWHEAD<br>6320 WEST UNION HILLS DRIVE, SUITE A-120<br>GLENDALE AZ 85308 | Tele (602)320-3344<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4683 | SIMONMED IMAGING - AVONDALE<br>10815 WEST MCDOWELL ROAD, SUITE 102<br>AVONDALE AZ 85392 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4684 | SIMONMED IMAGING - BAYWOOD<br>130 SOUTH 63RD STREET, SUITE #123<br>MESA AZ 85206 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5567 | SIMONMED IMAGING - CHANDLER SOUTH<br>725 SOUTH DOBSON ROAD, SUITE 105A<br>CHANDLER AZ 85224 | Tele (602)320-3344<br>Fax: (480)812-1706<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4685 | SIMONMED IMAGING - DEER VALLEY<br>20414 NORTH 27TH AVENUE, SUITE 150<br>PHOENIX AZ 85027 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4686 | SIMONMED IMAGING - DESERT RIDGE<br>20830 NORTH TATUM BOULEVARD, SUITE 190<br>PHOENIX AZ 85050 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4688 | SIMONMED IMAGING - DOBSON VILLAGE II<br>1870 WEST FRYE ROAD, UNIT 3<br>CHANDLER AZ 85224 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4695 | SIMONMED IMAGING - MESA DRIVE<br>456 NORTH MESA DRIVE<br>MESA AZ 85201 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4882 | SIMONMED IMAGING - METRO II<br>3201 WEST PEORIA AVENUE, SUITE B402 -B404<br>PHOENIX AZ 85029 | Tele (602)320-3344<br>Fax: (480)668-7546<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4696 | SIMONMED IMAGING - MOUNTAIN VIEW<br>9201 EAST MOUNTAIN VIEW ROAD, SUITE 137<br>SCOTTSDALE AZ 85258 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4929 | SIMONMED IMAGING - PALM VALLEY<br>13657 WEST MCDOWELL ROAD, SUITE 111<br>GOODYEAR AZ 85338 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5443 | SIMONMED IMAGING - PHOENIX<br>2620 NORTH 3RD STREET, SUITE 102<br>PHOENIX AZ 85004 | Tele (602)320-3344<br>Fax: (602)648-6588<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4698 | SIMONMED IMAGING - SPECTRUM<br>2680 SOUTH VAL VISTA DRIVE, BUILDING 7, SUITE 135<br>GILBERT AZ 85295 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4917 | SIMONMED IMAGING - STADIUM VILLAGE | | | Tele | (602)320-3344 | 09/01/2016 | to | 08/31/2017 |
| | 14823 WEST BELL ROAD, SUITE 110 | | | Fax: | (602)302-7901 | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4699 | SIMONMED IMAGING - SUN CITY PEORIA | | | Tele | (602)320-3344 | 11/01/2016 | to | 10/31/2017 |
| | 9403 WEST THUNDERBIRD ROAD | | | Fax: | (602)441-0789 | | | |
| | PEORIA | AZ | 85381 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4700 | SIMONMED IMAGING - SUN CITY WEST | | | Tele | (602)320-3344 | 11/01/2016 | to | 10/31/2017 |
| | 13624 WEST CAMINO DEL SOL, SUITE 300 | | | Fax: | (602)441-0789 | | | |
| | SUN CITY WEST | AZ | 85375 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4701 | SIMONMED IMAGING - THOMPSON PEAK | | | Tele | (602)320-3344 | 11/01/2016 | to | 10/31/2017 |
| | 7304 EAST DEER VALLEY ROAD, SUITE 105 | | | Fax: | (602)441-0789 | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4703 | SIMONMED IMAGING - THUNDERBIRD I | | | Tele | (602)320-3344 | 11/01/2016 | to | 10/31/2017 |
| | 5410 WEST THUNDERBIRD ROAD, SUITE 100 | | | Fax: | (602)441-0789 | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4702 | SIMONMED IMAGING - THUNDERBIRD II<br>5410 WEST THUNDERBIRD ROAD, SUITE 221<br>GLENDALE AZ 85306 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5445 | SIMONMED IMAGING - THUNDERBIRD III<br>5410 WEST THUNDERBIRD ROAD, SUITE 210<br>GLENDALE AZ 85306 | Tele (602)320-3344<br>Fax: (602)682-5010<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4687 | SIMONMED IMAGING- DOBSON VILLAGE I<br>235 SOUTH DOBSON ROAD, BUILDING L, UNIT 1<br>CHANDLER AZ 85224 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4690 | SIMONMED IMAGING- GREENFIELD<br>1425 SOUTH GREENFIELD ROAD, BLDG 2, SUITE 114<br>MESA AZ 85206 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5569 | SIMONMED IMAGING- MESA DESERT CAMPUS<br>1111 SOUTH DOBSON ROAD, SUITE 105<br>MESA AZ 85202 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5568 | SIMONMED IMAGING- PHOENIX HIGH FIELD OPEN MRI<br>1331 NORTH 7TH STREET, SUITE 150<br>PHOENIX AZ 85006 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5570 | SIMONMED IMAGING- SUPERSTITION<br>875 NORTH GREENFIELD ROAD, SUITE 107<br>GILBERT AZ 85234 | Tele (602)320-3344<br>Fax: (623)322-2796<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7150 | SIMONMED IMAGING-19TH AVENUE WOMEN'S AND PROCEDURE CENTER<br>6707 NORTH 19TH AVENUE, SUITE 101<br>PHOENIX AZ 85015 | Tele (602)320-3344<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4833 | SIMONMED IMAGING-FASHION SQUARE<br>6740 EAST CAMELBACK ROAD, SUITE 100<br>SCOTTSDALE AZ 85251 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5711 | SIMONMED IMAGING-MCCORMICK RANCH<br>8630 EAST VIA DE VENTURA SUITE 208<br>SCOTTSDALE AZ 85258 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7748 | SMART BRAIN AGING, INC. | | | Tele (505)720-4017 | | 07/18/2016 | to | 06/30/2017 |
| | 5111 NORTH SCOTTSDALE ROAD, SUITE 105 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5795 | SMARTPRACTICE WELLNESS CLINIC | | | Tele (602)914-4270 | | 08/01/2016 | to | 07/31/2017 |
| | 3400 EAST MCDOWELL ROAD | | | Fax: (602)914-4271 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6845 | SMC RECOVERY, LLC | | | Tele (480)223-2546 | | 10/01/2016 | to | 09/30/2017 |
| | 10207 NORTH SCOTTSDALE ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85253 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6989 | SOBA RECOVERY CENTER | | | Tele (480)664-4053 | | 01/01/2016 | to | 12/31/2016 |
| | 6262 EAST BROADWAY ROAD, SUITE 110 | | | Fax: (310)919-3103 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3388 | SOJOURNER CENTER HEALTH CLINIC HERITAGE CAMPUS | | | Tele (602)244-0997 | | 11/01/2014 | to | 10/31/2015 |
| | P.O. BOX 20156 | | | Fax: (602)244-8006 | | | | |
| | PHOENIX | AZ | 85036 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7309 | SOL RECOVERY CENTER, LLC | | | Tele (480)360-1679 | | 09/01/2016 | to | 08/31/2017 |
| | 8125 NORTH 86TH PLACE | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6943 | SOLEO HEALTH, INC | | | Tele (844)296-0222 | | 12/01/2016 | to | 11/30/2017 |
| | 415 SOUTH 48TH STREET, SUITE 101 | | | Fax: (602)910-4801 | | | | |
| | TEMPE | AZ | 85281 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4449 | SOLIS MAMMOGRAPHY | | | Tele (602)234-2601 | | 08/01/2016 | to | 07/31/2017 |
| | 1313 EAST OSBORN ROAD, SUITE 213 | | | Fax: (602)234-3183 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4362 | SOLIS MAMMOGRAPHY | | | Tele (602)234-2601 | | 03/01/2016 | to | 02/28/2017 |
| | 900 WEST CHANDLER BOULEVARD, SUITE A 4 | | | Fax: (602)234-3183 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5219 | SOLIS MAMMOGRAPHY | | | Tele (602)234-2601 | | 11/01/2016 | to | 10/31/2017 |
| | 11220 NORTH TATUM BOULEVARD, SUITE #105 | | | Fax: (602)234-3183 | | | | |
| | PHOENIX | AZ | 85028 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5008 | SOLIS MAMMOGRAPHY<br>5310 WEST THUNDERBIRD ROAD, SUITE 213<br>GLENDALE AZ 85306 | Tele (602)234-2601<br>Fax: (602)234-3183<br>Capacity : Not Applicable | 07/13/2015 to 12/31/2015<br>Medcaid_Cert: Not Ceritified |
| OTC5236 | SONO BELLO BODY CONTOURS CENTER<br>9377 EAST BELL ROAD, SUITE 155<br>SCOTTSDALE AZ 85260 | Tele (480)385-9523<br>Fax: (480)223-1279<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5783 | SONORAN PAIN MANAGEMENT-PHOENIX<br>525 NORTH 18TH STREET, SUITE 501<br>PHOENIX AZ 85006 | Tele (602)507-4457<br>Fax: (602)688-8311<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5968 | SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER<br>2225 NORTH 16TH STREET<br>PHOENIX AZ 85006 | Tele (602)218-8192<br>Fax: (602)218-8175<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC5991 | SOUTHWEST BEHAVIORAL HEALTH - SAS<br>1424 SOUTH 7TH AVENUE, BUILDING C<br>PHOENIX AZ 85007 | Tele (602)285-4238<br>Fax: (602)265-0514<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7851 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC.<br>11221 NORTH 28TH DRIVE, BUILDING E<br>PHOENIX AZ 85029 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : Not Applicable | 09/21/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC5966 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - BUCKEYE OUTPATIENT<br>26428 WEST HIGHWAY 85<br>BUCKEYE AZ 85326 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6087 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - COMMUNITY RESILIENCE CENTER<br>5717 NORTH 7TH STREET<br>PHOENIX AZ 85014 | Tele (602)257-9339<br>Fax: (602)265-8533<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC6239 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - MESA OUTPATIENT<br>1255 WEST BASELINE, SUITES 104, 124 & 138<br>MESA AZ 85202 | Tele (602)257-9339<br>Fax: (602)265-8377<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6728 | SOUTHWEST CENTER<br>1101 NORTH CENTRAL AVENUE, SUITE 200<br>PHOENIX AZ 85004 | Tele (602)307-5330<br>Fax: (602)307-5021<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6162 | SOUTHWEST HUMAN DEVELOPMENT<br>2850 NORTH 24TH STREET<br>PHOENIX AZ 85008 | Tele (602)200-0434<br>Fax: (602)200-0445<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC6535 | SOUTHWEST MOBILE MBS, LLC<br>712 EAST MICHIGAN AVENUE<br>PHOENIX AZ 85022 | Tele (480)375-0145<br>Fax: (866)551-7895<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7727 | SOUTHWEST NETWORK- MESA HERITAGE CLINIC<br>460 NORTH MESA DRIVE, SUITE 201<br>MESA AZ 85201 | Tele (480)838-5550<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/27/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6188 | SOUTHWEST NETWORK, INC - BELL ROAD CLINIC<br>9051 WEST KELTON LANE, SUITE 13<br>PEORIA AZ 85382 | Tele (623)815-5700<br>Fax: (602)264-0887<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6421 | SOUTHWEST NETWORK, INC - SAGUARO CLINIC<br>3227 EAST BELL ROAD, SUITE 170<br>PHOENIX AZ 85032 | Tele (602)652-3500<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6322 | SOUTHWEST NETWORK, INC - SAN TAN CLINIC<br>1465 WEST CHANDLER BOULEVARD, BUILDING A<br>CHANDLER AZ 85224 | Tele (480)786-8200<br>Fax: (480)857-3005<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6825 | SOUTHWEST NETWORK, INC. - BETHANY VILLAGE CLINIC<br>4210 WEST BETHANY HOME ROAD<br>PHOENIX AZ 85019 | Tele (602)353-2340<br>Fax: (602)353-2400<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| OTC6986 | SOUTHWEST NETWORK, INC. - CHANDLER CLINIC<br>3140 NORTH ARIZONA AVENUE, SUITE 113<br>CHANDLER AZ 85225 | Tele (480)497-4040<br>Fax: (480)497-4041<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6612 | SOUTHWEST NETWORK, INC. - GARDEN LAKES CLINIC<br>4160 & 4170 NORTH 108TH AVENUE<br>PHOENIX AZ 85037 | Tele (623)932-6950<br>Fax: (623)872-6091<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Certified |
| OTC6826 | SOUTHWEST NETWORK, INC. - HIGHLAND CLINIC<br>4707 NORTH 12TH STREET<br>PHOENIX AZ 85014 | Tele (602)241-4600<br>Fax: (602)241-4680<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6787 | SOUTHWEST NETWORK, INC. - OSBORN CLINIC<br>3640 WEST OSBORN ROAD, SUITE 1<br>PHOENIX AZ 85019 | Tele (602)269-5300<br>Fax: (602)269-5380<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7291 | SOVEREIGN HEALTH OF PHOENIX<br>5520 WEST CHANDLER BOULEVARD, SUITES 1- 4<br>CHANDLER AZ 85226 | Tele (480)800-4830<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6962 | SOVEREIGN HEALTH OF PHOENIX<br>111 SOUTH HEARTHSTONE WAY, UNIT G<br>CHANDLER AZ 85226 | Tele (480)800-4830<br>Fax: (949)242-2820<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7216 | SPINE GROUP ARIZONA<br>3621 NORTH WELLS FARGO AVENUE<br>SCOTTSDALE AZ 85251 | Tele (480)882-5566<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6858 | SPRINGBOARD COUNSELING SERVICES, LLC<br>9449 NORTH 90TH STREET, SUITE 207<br>SCOTTSDALE AZ 85258 | Tele (888)672-2120<br>Fax: (888)672-2120<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6174 | SPRINGDALE VILLAGE HEALTHCARE<br>7255 EAST BROADWAY ROAD<br>MESA AZ 85208 | Tele (480)981-8844<br>Fax: (480)981-6998<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7479 | ST JOSEPH'S HOSPITAL NEUROPSYCHOLOGY CLINIC<br>222 WEST THOMAS ROAD, SUITE 315<br>PHOENIX AZ 85013 | Tele (602)406-3671<br>Fax: (602)406-6115<br>Capacity : Not Applicable | 12/28/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7482 | ST JOSEPH'S HOSPITAL ORTHOPEDIC CLINIC<br>500 WEST THOMAS ROAD, SUITE 800 & 850<br>PHOENIX AZ 85013 | Tele (602)406-2663<br>Fax: (602)406-6368<br>Capacity : Not Applicable | 05/18/2016 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7543 | ST JOSEPH'S PEDIATRICS<br>500 WEST THOMAS ROAD, SUITE 250<br>PHOENIX AZ 85013 | Tele (602)406-5483<br>Fax: (602)406-3738<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7603 | ST JOSEPHS PEPPERTREE OUTPATIENT FACILITY<br>2927 NORTH 7TH AVENUE<br>PHOENIX AZ 85013 | Tele (602)406-3153<br>Fax: (602)406-4176<br>Capacity : Not Applicable | 03/15/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5942 | ST LUKE'S BEHAVIORAL HEALTH CENTER<br>325 EAST ELLIOT ROAD, SUITES 26-29<br>CHANDLER AZ 85225 | Tele (602)251-8535<br>Fax: (602)251-8707<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC7776 | ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER TRANSPLANT CARE NETWORK<br>500 WEST THOMAS ROAD, SUITE 300<br>PHOENIX AZ 85013 | Tele (602)406-3792<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/08/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6602 | ST. LUKE'S BEHAVIORAL HEALTH CENTER<br>1800 EAST VAN BUREN<br>PHOENIX AZ 85006 | Tele (602)251-8535<br>Fax: (602)251-8707<br>Capacity : 124 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC0669 | ST. VINCENT DE PAUL VIRGINIA G. PIPER MEDICAL & DENTAL CLINIC<br>420 WEST WATKINS ROAD<br>PHOENIX AZ 85003 | Tele (602)261-6867<br>Fax: (602)261-6816<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3475 | STAND-UP MRI OF ARIZONA, LLC<br>8581 WEST KELTON LANE, SUITE 202<br>PEORIA AZ 85382 | Tele (623)815-8500<br>Fax: (623)815-7773<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3604 | STATCLINIX - MESA | | | Tele (480)610-0688 | | 01/01/2016 | to | 12/31/2016 |
| | 1151 NORTH GILBERT ROAD | | | Fax: (602)926-6132 | | | | |
| | MESA | AZ | 85213 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3693 | STATCLINIX - NORTHSIGHT | | | Tele (480)682-4100 | | 08/01/2016 | to | 07/31/2017 |
| | 15223 NORTH 87TH STREET, SUITE 110 | | | Fax: (480)682-4101 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3706 | STI PHYSICAL THERAPY & REHABILITATION-SUN CITY | | | Tele (623)977-2775 | | 07/01/2016 | to | 06/30/2017 |
| | 14802 NORTH DEL WEBB BOULEVARD | | | Fax: (602)547-0508 | | | | |
| | SUN CITY | AZ | 85351 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3705 | STI PHYSICAL THERAPY & REHAB-NORTH PHOENIX | | | Tele (602)547-1836 | | 09/01/2016 | to | 08/31/2017 |
| | 17233 NORTH HOLMES BOULEVARD, SUITE 1650 | | | Fax: (602)547-0508 | | | | |
| | PHOENIX | AZ | 85053 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3708 | STI PHYSICAL THERAPY AND REHABILITATION - ARCADIA | | | Tele (602)956-2850 | | 01/01/2016 | to | 12/31/2016 |
| | 4840 EAST INDIAN SCHOOL ROAD, SUITE 103 | | | Fax: (602)956-2877 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3715 | STI PHYSICAL THERAPY AND REHABILITATION - MESA<br>1941 WEST GUADALUPE ROAD, SUITE 108<br>MESA AZ 85202 | Tele (480)491-3563<br>Fax: (480)491-3572<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4056 | STI PHYSICAL THERAPY AND REHABILITATION - WEST PHOENIX<br>9150 WEST INDIAN SCHOOL ROAD, SUITE 117<br>PHOENIX AZ 85037 | Tele (623)931-3838<br>Fax: (623)931-3363<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5840 | STI PHYSICAL THERAPY AND REHABILITATION BAYWOOD<br>6309 EAST BAYWOOD AVENUE<br>MESA AZ 85206 | Tele (602)889-5200<br>Fax: (623)251-5661<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3952 | STI PHYSICAL THERAPY AND REHABILITATION-CENTRAL PHOENIX<br>444 WEST OSBORN ROAD, SUITE 303<br>PHOENIX AZ 85013 | Tele (602)279-8022<br>Fax: (602)279-8029<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6311 | STONEWALL INSTITUTE, L L C<br>4020 NORTH 20TH STREET, SUITE 302<br>PHOENIX AZ 85016 | Tele (602)535-6468<br>Fax: (602)595-8695<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7095 | STUDENT HEALTH OUTREACH FOR WELLNESS | | | Tele (602)518-8387 | | 04/01/2016 | to | 03/31/2017 |
| | 220 SOUTH 12TH AVENUE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85007 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5893 | SUN HEALTH CENTER FOR HEALTH & WELLBEING | | | Tele (623)832-9355 | | 11/01/2015 | to | 10/31/2016 |
| | 14719 WEST GRAND AVENUE | | | Fax: (623)832-9356 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5803 | SUN HEALTH LA LOMA OUTPATIENT REHABILITATION CENTER | | | Tele (623)537-7444 | | 09/01/2016 | to | 08/31/2017 |
| | 14260 DENNY BOULEVARD | | | Fax: (623)537-7615 | | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7225 | SUN VALLEY PEDIATRIC & FAMILY URGENT CARE, P C | | | Tele (480)227-1452 | | 07/01/2016 | to | 06/30/2017 |
| | 801 WEST RAY ROAD, SUITE 1 | | | Fax: ( ) - | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7481 | SURGERY CLINIC | | | Tele (602)406-3800 | | 12/28/2015 | to | 11/30/2016 |
| | 500 WEST THOMAS ROAD, SUITE 400 | | | Fax: (602)406-3810 | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4337 | SURPRISE FAMILY URGENT CARE | | | Tele (623)249-7852 | 01/01/2016 to 12/31/2016 |
| | 17014 WEST BELL ROAD, SUITE 100 | | | Fax: (623)249-7854 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6137 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 21632 NORTH 35TH AVENUE | | | Fax: (847)368-6583 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6109 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2016 to 11/30/2017 |
| | 3605 EAST THOMAS ROAD | | | Fax: (847)368-6583 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6123 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2016 to 11/30/2017 |
| | 9050 WEST UNION HILLS DRIVE | | | Fax: (847)368-6583 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6093 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | 12/01/2015 to 11/30/2016 |
| | 3420 NORTH SCOTTSDALE ROAD | | | Fax: (847)368-6583 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6104 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | 12/01/2015 to 11/30/2016 |
| | 785 SOUTH COOPER ROAD | | | Fax: (847)368-6583 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6136 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2016 to 11/30/2017 |
| | 1975 SOUTH ALMA SCHOOL ROAD | | | Fax: (847)368-6583 | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6455 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 1055 EAST RIGGS ROAD | | | Fax: (847)368-6583 | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6101 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 4766 EAST QUEEN CREEK ROAD | | | Fax: (847)368-6583 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6108 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 7011 EAST SHEA BOULEVARD | | | Fax: (847)368-6583 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6454 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2016 | to | 11/30/2017 |
| | 3402 NORTH CENTRAL AVENUE | | | Fax: (847)368-6583 | | | | |
| | PHOENIX | AZ | 85012 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6097 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2015 | to | 11/30/2016 |
| | 29660 NORTH TATUM BOULEVARD | | | Fax: (847)368-6583 | | | | |
| | CAVE CREEK | AZ | 85331 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6135 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2015 | to | 11/30/2016 |
| | 1451 NORTH DYSART ROAD | | | Fax: (847)368-6583 | | | | |
| | AVONDALE | AZ | 85323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6124 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | | 12/01/2015 | to | 11/30/2016 |
| | 15490 WEST BELL ROAD | | | Fax: (947)368-6583 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6110 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2015 | to | 11/30/2016 |
| | 1135 NORTH MESA DRIVE | | | Fax: (847)368-6583 | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6099 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 3960 EAST CHANDLER BOULEVARD | | | Fax: (847)368-6583 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6095 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 15025 NORTH THOMPSON PEAK PARKWAY | | | Fax: (847)368-6583 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6125 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | 12/01/2015 to 11/30/2016 |
| | 22280 NORTH 67TH AVENUE | | | Fax: (847)368-6583 | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6134 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2015 to 11/30/2016 |
| | 4965 WEST BELL ROAD | | | Fax: (847)368-6583 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6103 | TAKE CARE HEALTH SEVICES | | | Tele (847)527-4905 | 12/01/2015 to 11/30/2016 |
| | 3450 WEST DUNLAP AVENUE | | | Fax: (847)368-6583 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3951 | TERRACES OF PHOENIX OUTPATIENT REHAB, THE | | | Tele (602)371-4100 | 05/01/2016 to 04/30/2017 |
| | 7550 NORTH 16TH STREET | | | Fax: (602)371-4130 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6990 | TERROS | | | Tele (602)685-6117 | 01/01/2016 to 12/31/2016 |
| | 1111 SOUTH STAPLEY DRIVE | | | Fax: (602)685-6001 | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7229 | TERROS, INC | | | Tele (602)512-2970 | 08/01/2016 to 07/31/2017 |
| | 1642 SOUTH PRIEST DRIVE, BUILDING 6, SUITE 101 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6814 | TERROS, INC. | | | Tele (602)512-2970 | 08/01/2016 to 07/31/2017 |
| | 12835 NORTH 32ND STREET | | | Fax: (602)992-6209 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7230 | TERROS, INC. | | | Tele (602)512-2970 | 08/01/2016 to 07/31/2017 |
| | 8836 NORTH 23RD AVENUE, SUITE B1 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6347 | TERROS, INC. | | | Tele (602)512-2970 | | 03/01/2016 | to | 02/28/2017 |
| | 4425 WEST OLIVE AVENUE, #200 & #140 | | | Fax: (602)685-6001 | | | | |
| | GLENDALE | AZ | 85302 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6027 | TERROS, INC. | | | Tele (602)797-7006 | | 11/01/2016 | to | 10/31/2017 |
| | 10220 NORTH 31ST AVENUE, SUITE 120 | | | Fax: (602)685-6001 | | | | |
| | PHOENIX | AZ | 85051 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6805 | TERROS, INC. | | | Tele (602)512-2970 | | 08/01/2016 | to | 07/31/2017 |
| | 2400 WEST DUNLAP AVENUE, SUITE 300 | | | Fax: (602)685-6001 | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7671 | TERROS, INC. | | | Tele (602)685-6000 | | 05/17/2016 | to | 04/30/2017 |
| | 2400 WEST DUNLAP AVENUE, SUITE 210 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85021 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5446 | TERROS, INC. | | | Tele (602)512-2970 | | 05/01/2016 | to | 04/30/2017 |
| | 4909 EAST MCDOWELL ROAD | | | Fax: (602)685-6001 | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6808 | TERROS, INC.<br>4201 NORTH 16TH STREET, SUITE 250<br>PHOENIX AZ 85016 | Tele (602)512-2970<br>Fax: (602)685-6001<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7117 | TERROS, INC.<br>1232 EAST BROADWAY ROAD, SUITE 120<br>TEMPE AZ 85282 | Tele (602)512-2970<br>Fax: (602)685-6001<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC7228 | TERROS, INC.<br>5030 WEST MCDOWELL ROAD, SUITES 12,14, 15, 16<br>PHOENIX AZ 85035 | Tele (602)512-2970<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC4764 | THE LITTLE CLINIC WEST BELL AND REEMS<br>15510 WEST BELL ROAD<br>SURPRISE AZ 85374 | Tele (615)425-4228<br>Fax: (615)425-4343<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7713 | THE WAY RECOVERY, LLC<br>2060 WEST WHISPERING WIND DRIVE, SUITE 274<br>PHOENIX AZ 85085 | Tele (928)231-2449<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/24/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6072 | THUNDERBIRD TREATMENT CENTER<br>13820 NORTH 51ST AVENUE, SUITE 300<br>GLENDALE AZ 85306 | Tele (602)938-2301<br>Fax: (602)938-1724<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5036 | TMC ADVANCED IMAGING<br>1351 NORTH ALMA SCHOOL ROAD, SUITE 115<br>CHANDLER AZ 85224 | Tele (480)899-4661<br>Fax: (480)899-0177<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4741 | TOTAL MEDICAL CARE<br>5048 WEST NORTHERN AVENUE, SUITE 106<br>GLENDALE AZ 85301 | Tele (623)435-0190<br>Fax: (623)435-0193<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6140 | TOUCHSTONE HEALTH SERVICES<br>2150 SOUTH COUNTRY CLUB DRIVE, SUITE 35<br>MESA AZ 85210 | Tele (623)930-8705<br>Fax: (602)732-5480<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC7749 | TOUCHSTONE HEALTH SERVICES<br>12409 WEST INDIAN SCHOOL ROAD, BUILDING E<br>AVONDALE AZ 85392 | Tele (602)732-4950<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/21/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6024 | TOUCHSTONE HEALTH SERVICES | | | Tele (866)207-3882 | | 06/13/2016 | to | 01/31/2017 |
| | 15648 NORTH 35TH AVENUE | | | Fax: (602)732-5480 | | | | |
| | PHOENIX | AZ | 85053 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6917 | TR3 ATHLETIC | | | Tele (928)920-8605 | | 11/01/2015 | to | 10/31/2016 |
| | 2012 NORTH SCOTTSDALE ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6272 | TRANSITIONAL LIVING COMMUNITIES, INC | | | Tele (480)969-1471 | | 03/01/2016 | to | 02/28/2017 |
| | 32 SOUTH MACDONALD STREET | | | Fax: (480)264-0687 | | | | |
| | MESA | AZ | 85210 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5574 | TRIVITA WELLNESS CENTER | | | Tele (480)337-4148 | | 12/01/2015 | to | 11/30/2016 |
| | 16100 NORTH GREENWAY HAYDEN LOOP, SUITE G100 | | | Fax: (480)444-1409 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7788 | TURNING POINT COUNSELING & RECOVERY TREATMENT CENTER | | | Tele (928)925-9515 | | 08/17/2016 | to | 07/31/2017 |
| | 15331 WEST BELL ROAD, SUITE 212, UNIT 19 | | | Fax: ( ) - | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3150 | U.S. HEALTHWORKS MEDICAL GROUP - SOUTH WEST PHOENIX<br>2010 NORTH 75TH AVENUE<br>PHOENIX AZ 85035 | Tele (623)245-6695<br>Fax: (623)245-3582<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5563 | U.S. HEALTHWORKS MEDICAL GROUP OF ARIZONA, P.C.<br>1626 SOUTH PRIEST DRIVE, SUITE 101<br>TEMPE AZ 85281 | Tele (480)921-2273<br>Fax: (480)921-7114<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3156 | U.S. HEALTHWORKS MEDICAL GROUP OF ARIZONA, PC<br>10335 NORTH SCOTTSDALE ROAD, SUITE A<br>SCOTTSDALE AZ 85253 | Tele (480)991-9358<br>Fax: (480)483-3858<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5049 | ULTRASOUND INSTITUTE MEDICAL GROUP<br>4250 EAST CAMELBACK ROAD, BLDG K, SUITE K-170<br>PHOENIX AZ 85018 | Tele (602)354-4333<br>Fax: (602)288-7692<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4143 | UNION HILLS FAMILY MEDICINE CENTER<br>18185 NORTH 83RD AVENUE, BUILDING D, SUITE 107<br>GLENDALE AZ 85308 | Tele (623)583-0306<br>Fax: (623)583-1349<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7794 | UNIQUE FAMILY SERVICES, LLC<br>5010 EAST WARNER ROAD, SUITE 107<br>PHOENIX AZ 85044 | Tele (480)865-2640<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/19/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3561 | UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA, INC.<br>1802 WEST PARKSIDE LANE<br>PHOENIX AZ 85027 | Tele (602)943-5472<br>Fax: (602)943-4936<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7701 | UNITED CEREBRAL PALSY OF CENTRAL ARIZONA- DOWN TOWN<br>1007 NORTH 7TH STREET, BUILDING A & B<br>PHOENIX AZ 85006 | Tele (602)943-5472<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/23/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4654 | URGENT CARE OF ARIZONA, LLC<br>2315 WEST BETHANY HOME ROAD, SUITE 101<br>PHOENIX AZ 85015 | Tele (602)249-2848<br>Fax: (602)249-6038<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7437 | URGENT PSYCHIATRIC CARE CENTER - UPC CLINIC<br>1201 SOUTH 7TH AVENUE, SUITE 150A<br>PHOENIX AZ 85007 | Tele (602)416-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/03/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6764 | URGENT PSYCHIATRIC CARE CENTER - UPC CLINIC<br>903 NORTH 2ND STREET<br>PHOENIX AZ 85004 | Tele (602)253-5100<br>Fax: (602)266-0139<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7440 | URGENT PSYCHIATRIC CARE CENTER UPC OBS<br>1201 SOUTH 7TH AVENUE, SUITE 150B<br>PHOENIX AZ 85007 | Tele (602)416-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/03/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6811 | VALLE DEL SOL<br>509 SOUTH ROCKFORD DRIVE<br>TEMPE AZ 85281 | Tele (602)258-6797<br>Fax: (602)248-8113<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5940 | VALLE DEL SOL<br>10320 WEST MCDOWELL ROAD, SUITE G-7024<br>AVONDALE AZ 85392 | Tele (602)258-6797<br>Fax: (602)248-8113<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6320 | VALLE DEL SOL<br>502 NORTH 27TH AVENUE<br>PHOENIX AZ 85009 | Tele (602)258-6797<br>Fax: (602)248-8113<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5130 | VALLE DEL SOL URGENT CARE, LLC | | | Tele (623)385-7950 | | 06/01/2016 | to | 05/31/2017 |
| | 4338 WEST THOMAS ROAD | | | Fax: (623)385-7951 | | | | |
| | PHOENIX | AZ | 85031 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6180 | VALLE DEL SOL, INC | | | Tele (602)258-6797 | | 02/01/2016 | to | 01/31/2017 |
| | 8410 WEST THOMAS ROAD, SUITE 116 | | | Fax: (602)248-8113 | | | | |
| | PHOENIX | AZ | 85037 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6049 | VALLE DEL SOL, INC. | | | Tele (602)258-6797 | | 12/01/2016 | to | 11/30/2017 |
| | 4135 SOUTH POWER ROAD, SUITE 108 | | | Fax: (602)248-8113 | | | | |
| | MESA | AZ | 85212 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6774 | VALLE DEL SOL, INC. | | | Tele (602)258-6797 | | 11/01/2016 | to | 10/31/2017 |
| | 4117 NORTH 17TH STREET | | | Fax: (602)248-8113 | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7933 | VALLEY EDUCATION AND TREATMENT, LLC | | | Tele (480)818-7703 | | 11/07/2016 | to | 10/31/2017 |
| | 7802 EAST GRAY ROAD, #500 | | | Fax: (480)515-2501 | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6021 | VALLEY HOPE ASSOCIATION - TEMPE<br>2103 & 2115 EAST SOUTHERN AVENUE<br>TEMPE AZ 85282 | Tele (480)831-9533<br>Fax: (480)831-9564<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3943 | VALLEY OXIMETRY SLEEP DISORDER CENTER<br>4141 NORTH 32ND STREET, SUITE 104<br>PHOENIX AZ 85018 | Tele (602)535-5888<br>Fax: (480)247-5391<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4837 | VALLEY OXIMETRY SLEEP DISORDERS CTR-ARROWHEAD<br>6320 WEST UNION HILLS DRIVE, BUILDING B, STE 1000<br>GLENDALE AZ 85308 | Tele (623)328-5908<br>Fax: (480)247-5391<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7914 | VALLEY PAIN CONSULTANTS<br>6553 EAST BAYWOOD AVENUE, NORTH BLDG, SUITE #201<br>MESA AZ 85206 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/14/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7368 | VALLEY PAIN CONSULTANTS (VPC SHEA)<br>10200 NORTH 92ND STREET, SUITE 101<br>SCOTTSDALE AZ 85258 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7397 | VALLEY PAIN CONSULTANTS CHANDLER<br>2095 WEST PECOS ROAD, SUITE A8<br>CHANDLER AZ 85224 | Tele (480)646-5811<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/21/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7399 | VALLEY PAIN CONSULTANTS ESTRELLA<br>9305 WEST THOMAS ROAD, SUITE 500<br>PHOENIX AZ 85037 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/22/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7396 | VALLEY PAIN CONSULTANTS QUEEN CREEK<br>21321 EAST OCOTILLO ROAD, SUITE 134<br>QUEEN CREEK AZ 85142 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7398 | VALLEY PAIN CONSULTANTS SCOTTSDALE OSBORN<br>3301 NORTH MILLER ROAD, SUITE 120<br>SCOTTSDALE AZ 85251 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7400 | VALLEY PAIN CONSULTANTS WEST VALLEY<br>6780 WEST THUNDERBIRD ROAD, SUITE A 105<br>PEORIA AZ 85381 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7370 | VALLEY PAIN CONSULTANTS-CENTRAL PHOENIX)<br>1331 NORTH 7TH STREET, SUITE 355<br>PHOENIX AZ 85006 | Tele (602)648-4350<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7369 | VALLEY PAIN CONSULTANTS-GILBERT<br>3483 SOUTH MERCY ROAD, SUITE 102<br>GILBERT AZ 85297 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7371 | VALLEY PAIN CONSULTANTS-NORTH SCOTTSDALE<br>5425 EAST BELL ROAD, SUITE 115<br>SCOTTSDALE AZ 85254 | Tele (602)467-2250<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7367 | VALLEY PAIN CONSULTANTS-THOMPSON PEAK)<br>20401 NORTH 73RD STREET, SUITE 155<br>SCOTTSDALE AZ 85255 | Tele (480)467-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7703 | VALLEY PAIN INTERVENTION CENTER LLC<br>2745 SOUTH ALMA SCHOOL ROAD, #2<br>CHANDLER AZ 85286 | Tele (480)440-1560<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4966 | VALLEY SLEEP CENTER - CHANDLER | | | Tele (480)219-9473 | | 11/01/2016 | to | 10/31/2017 |
| | 1120 SOUTH DOBSON ROAD, SUITE B100 | | | Fax: (480)830-3901 | | | | |
| | CHANDLER | AZ | 85286 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3511 | VALLEY SLEEP CENTER - MESA | | | Tele (480)830-3900 | | 10/01/2015 | to | 09/30/2016 |
| | 4555 EAST INVERNESS, SUITE 3 | | | Fax: (480)830-3901 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4922 | VALLEY SLEEP CENTER - SCOTTSDALE | | | Tele (480)284-4015 | | 09/01/2016 | to | 08/31/2017 |
| | 9767 NORTH 91ST STREET, SUITE B104 | | | Fax: (480)247-5391 | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5806 | VALLEY SLEEP PHYSICIANS, INC | | | Tele (602)300-9158 | | 09/01/2016 | to | 08/31/2017 |
| | 4555 EAST INVERNESS AVENUE, SUITE 112 | | | Fax: (480)830-3901 | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7537 | VALOR BEHAVIORAL HEALTHCARE, INC. | | | Tele (480)469-6322 | | 01/21/2016 | to | 12/31/2016 |
| | 6613 NORTH SCOTTSDALE ROAD, SUITE 200 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7596 | VASCO INFUSION | | | Tele (602)971-6950 | 03/01/2016 to 02/28/2017 |
| | 4045 EAST BELL ROAD, SUITE 157 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7934 | VASCO INFUSION | | | Tele (602)346-0204 | 11/14/2016 to 10/31/2017 |
| | 7615 WEST THUNDERBIRD ROAD, SUITE 106 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7516 | VASCO INFUSION | | | Tele (602)971-6950 | 01/04/2016 to 12/31/2016 |
| | 4045 EAST BELL ROAD, SUITE 163 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5146 | WEST OLIVE FAMILY MEDICINE CENTER | | | Tele (623)939-8618 | 07/01/2016 to 06/30/2017 |
| | 5112 WEST OLIVE AVENUE, SUITE C113 | | | Fax: (623)939-9184 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3684 | WEST VALLEY URGENT CARE | | | Tele (623)334-8670 | 01/01/2016 to 12/31/2016 |
| | 17218 NORTH 72ND DRIVE, SUITE 100 | | | Fax: (623)334-8675 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4810 | WEST VALLEY URGENT CARE #2 | | | Tele (623)334-8670 | | 03/01/2016 | to | 02/28/2017 |
| | 14811 WEST BELL ROAD, SUITE 101 | | | Fax: (623)334-8675 | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4191 | WEST VALLEY URGENT CARE 3 | | | Tele (623)334-8671 | | 03/01/2016 | to | 02/28/2017 |
| | 4110 NORTH 108TH AVENUE, A-101-102 | | | Fax: (623)334-8675 | | | | |
| | PHOENIX | AZ | 85037 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4826 | WESTMINSTER VILLAGE WELLNESS CENTER | | | Tele (480)451-2000 | | 05/01/2016 | to | 04/30/2017 |
| | 12000 NORTH 90TH STREET | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5138 | WOMEN'S BIRTH & WELLNESS CENTER | | | Tele (480)833-6582 | | 07/01/2016 | to | 06/30/2017 |
| | 504 WEST UNIVERSITY DRIVE | | | Fax: (480)890-7467 | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6573 | YOUTH DEVELOPMENT INSTITUTE | | | Tele (602)256-5300 | | 07/01/2016 | to | 06/30/2017 |
| | 1830 EAST ROOSEVELT STREET, BUILDING 2 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6431 | ZAREPHATH MAIN OTC<br>4856 EAST BASELINE ROAD, SUITE 104<br>MESA AZ 85206 | Tele (480)518-6826<br>Fax: (480)361-9144<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7012 | ARIZONA MOBILE IMAGING, LLC<br>2655 WEST GUADALUPE ROAD, SUITE 22<br>MESA AZ 85202 | Tele (480)491-2224<br>Fax: (480)491-5584<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA PORTABLE IMAGING<br>2011 WEST MULBERRY DRIVE<br>PHOENIX AZ 85015 | Tele (602)434-3593<br>Fax: (602)294-9729<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6869 | DIAGNOSTIC LABORATORIES<br>3230 EAST BROADWAY ROAD, BUILDING A, SUITE 100<br>PHOENIX AZ 85040 | Tele (602)864-3656<br>Fax: (602)864-3660<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7729 | HEALTHCARE IMAGING, INC<br>5829 NORTH 7TH STREET, SUITE L J<br>PHOENIX AZ 85014 | Tele (602)316-5100<br>Fax: (602)954-9420<br>Capacity : Not Applicable | 06/15/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7675 | MD24 ARIZONA, INC.<br>14780 WEST MOUNTAIN VIEW BOULEVARD, SUITE 109<br>SURPRISE AZ 85374 | Tele (623)374-7774<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/16/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4898 | PACIFIC MOBILE DIAGNOSTICS<br>615 EAST PALO VERDE DRIVE<br>PHOENIX AZ 85012 | Tele (602)249-4790<br>Fax: (480)829-3875<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4942 | QUALITY MEDICAL IMAGING OF ARIZONA, INC.<br>8650 NORTH 35TH AVENUE, SUITE #99<br>PHOENIX AZ 85051 | Tele (866)508-4870<br>Fax: (702)851-1616<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| NONE | SCHRYVER MEDICAL SALES & MARKETING, INC.<br>5050 SOUTH 40TH STREET<br>PHOENIX AZ 85040 | Tele (800)638-3240<br>Fax: (303)785-9326<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : RECOVERY CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RCC3350 | PARADISE VALLEY RECOVERY CARE CENTER<br>5410 NORTH SCOTTSDALE ROAD, SUITE E100<br>PARADISE VALLEY AZ 85253 | Tele (480)994-4080<br>Fax: (480)994-7325<br>Capacity : 6 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : RECOVERY CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| RCC3694 | ST JOSEPH'S RECOVERY CARE CENTER<br>240 WEST THOMAS ROAD, SUITE B<br>PHOENIX AZ 85013 | Tele (602)406-3552<br>Fax: (602)296-0332<br>Capacity : 6 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7626 | COMMUNITY HOSPITAL CLINIC - WICKENBURG<br>523 ROSE LANE<br>WICKENBURG AZ 85390 | Tele (928)668-1833<br>Fax: (928)684-7457<br>Capacity : Not Applicable | 03/21/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2694 | ACACIA HEALTH CENTER<br>4555 EAST MAYO BLVD<br>PHOENIX AZ 85050 | Tele (480)384-5600<br>Fax: (480)948-1584<br>Capacity : 78 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| NCI-2687 | AHC OF GLENDALE LLC<br>16825 NORTH 63RD AVENUE<br>GLENDALE AZ 85306 | Tele (602)732-3400<br>Fax: (602)732-3470<br>Capacity : 54 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| NCI-2657 | AHC OF MESA LLC<br>5755 EAST MAIN STREET<br>MESA AZ 85205 | Tele (480)214-2400<br>Fax: (480)214-2450<br>Capacity : 38 | 05/01/2015 to 04/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2663 | AHC OF SCOTTSDALE LLC | | | Tele (480)214-4200 | 04/01/2016 to 03/31/2017 |
| | 9846 NORTH 95TH STREET | | | Fax: (480)214-4250 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2697 | ASANTE OF MESA. LLC | | | Tele (480)699-9624 | 04/01/2016 to 03/31/2017 |
| | 5358 EAST BASELINE ROAD | | | Fax: (480)383-6777 | |
| | MESA | AZ | 85206 | Capacity : 70 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2733 | CENTER AT ARROWHEAD, LLC | | | Tele (623)773-6100 | 09/22/2016 to 10/31/2017 |
| | 7201 W CAMINO SAN XAVIER AVE | | | Fax: (719)685-8958 | |
| | GLENDALE | AZ | 85308 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2658 | FOUNTAIN VIEW VILLAGE | | | Tele (480)836-4800 | 05/01/2016 to 04/30/2017 |
| | 16455 EAST AVENUE OF THE FOUNTAINS | | | Fax: (480)836-4876 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2630 | FREEDOM PLAZA CARE CENTER | | | Tele (623)815-6100 | 07/01/2016 to 06/30/2017 |
| | 13714 NORTH PLAZA DEL RIO BLVD | | | Fax: (623)815-6111 | |
| | PEORIA | AZ | 85381 | Capacity : 111 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2730 | HERITAGE COURT POST ACUTE OF SCOTTSDALE | | | Tele (480)949-5400 | 07/01/2016 to 06/30/2017 |
| | 3339 NORTH DRINKWATER BOULEVARD | | | Fax: (480)949-9467 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 108 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-2737 | KINDRED TRANSITIONAL CARE- PHOENIX | | | Tele (623)522-8001 | 12/01/2016 to 11/30/2017 |
| | 1880 EAST VAN BUREN STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-395 | LIFE CARE CENTER OF SCOTTSDALE | | | Tele (480)860-6396 | 12/01/2016 to 11/30/2017 |
| | 9494 EAST BECKER LANE | | | Fax: (480)391-9699 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 132 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-343 | PUEBLO NORTE SENIOR LIVING COMMUNITY | | | Tele (480)948-5800 | 08/01/2016 to 07/31/2017 |
| | 7100 EAST MESCAL STREET | | | Fax: (480)951-7389 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : 92 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-2701 | SANTE OF CHANDLER | | | Tele (480)361-6636 | 09/01/2016 to 08/31/2017 |
| | 825 SOUTH 94TH STREET | | | Fax: (602)368-8211 | |
| | CHANDLER | AZ | 85224 | Capacity : 70 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2703 | SANTE OF NORTH SCOTTSDALE | | | Tele (480)588-5386 | 02/01/2016 to 01/31/2017 |
| | 17490 NORTH 93RD STREET | | | Fax: (480)584-5632 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2700 | SANTE OF SURPRISE | | | Tele (623)594-5050 | 09/01/2016 to 08/31/2017 |
| | 14775 WEST YORKSHIRE DRIVE | | | Fax: (623)594-5074 | |
| | SURPRISE | AZ | 85374 | Capacity : 70 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-418 | SIERRA WINDS | | | Tele (623)972-0212 | 11/01/2016 to 10/31/2017 |
| | 17300 NORTH 88TH AVE | | | Fax: (623)876-3076 | |
| | PEORIA | AZ | 85382 | Capacity : 70 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-1468 | SUN HEALTH GRANDVIEW CARE CTR | | | Tele (623)975-8100 | 03/01/2016 to 02/28/2017 |
| | 14505 WEST GRANITE VALLEY DRIVE | | | Fax: (623)975-8192 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2654 | SUN HEALTH LA LOMA CARE CENTER | | | Tele (623)537-7400 | 03/01/2016 to 02/28/2017 |
| | 14260 SOUTH DENNY BOULEVARD | | | Fax: (623)537-7480 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : 75 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-4211 | THE CENTER AT VAL VISTA, LLC | | | Tele | (480)224-9500 | 10/14/2016 | to | 09/30/2017 |
| | 3744 SOUTH ROME STREET | | | Fax: | (480)224-9551 | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-421 | THE FORUM AT DESERT HARBOR | | | Tele | (623)972-0995 | 04/01/2016 | to | 03/31/2017 |
| | 13840 NORTH DESERT HARBOR DRIVE | | | Fax: | (623)974-4519 | | | |
| | PEORIA | AZ | 85381 | Capacity : | 57 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2645 | THE GARDENS OF SCOTTSDALE | | | Tele | (480)941-2222 | 09/01/2016 | to | 08/31/2017 |
| | 6001 EAST THOMAS ROAD | | | Fax: | (480)941-2741 | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | 48 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2644 | THE GARDENS OF SUN CITY | | | Tele | (623)933-2222 | 09/01/2016 | to | 08/31/2017 |
| | 17225 NORTH BOSWELL BOULEVARD | | | Fax: | (623)972-3767 | | | |
| | SUN CITY | AZ | 85373 | Capacity : | 56 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2646 | THE HEALTH CARE CENTER AT FRIENDSHIP VILLAGE | | | Tele | (480)831-3184 | 02/01/2017 | to | 01/31/2018 |
| | 2525 EAST SOUTHERN AVENUE | | | Fax: | (480)831-3259 | | | |
| | TEMPE | AZ | 85282 | Capacity : | 128 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-232 | THE TERRACES OF PHOENIX | | | Tele (602)944-4455 | 11/01/2016 to 10/31/2017 |
| | 7550 NORTH 16TH STREET | | | Fax: (602)944-0285 | |
| | PHOENIX | AZ | 85020 | Capacity : 64 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2616 | VI AT GRAYHAWK, A VI AND PLAZA COMPANIES COMMUNITY | | | Tele (480)361-3200 | 10/01/2016 to 09/30/2017 |
| | 7501 EAST THOMPSON PEAK PARKWAY | | | Fax: (480)659-5166 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2695 | VI AT SILVERSTONE, A VI AND PLAZA COMPANIES COMMUNITY | | | Tele (480)478-6200 | 01/01/2017 to 12/31/2017 |
| | 22605 NORTH 74TH STREET | | | Fax: (480)478-6297 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2669 | WELLSPRINGS CARE AND REHAB | | | Tele (480)729-6500 | 11/01/2016 to 10/31/2017 |
| | 3319 SOUTH MERCY ROAD | | | Fax: (602)234-8149 | |
| | GILBERT | AZ | 85297 | Capacity : 32 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-411 | WEYRICH HEALTH CARE CENTER OF WESTMINSTER VILLAGE | | | Tele (480)451-2020 | 05/01/2016 to 04/30/2017 |
| | 12000 NORTH 90TH STREET | | | Fax: (480)451-2057 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2680 | CAREMERIDIAN-PHOENIX | | | Tele (602)687-1100 | 06/01/2016 to 05/31/2017 |
| | 5301 EAST THOMAS ROAD | | | Fax: (602)687-1112 | |
| | PHOENIX | AZ | 85008 | Capacity : 31 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2690 | RIDGECREST HEALTHCARE | | | Tele (602)482-6671 | 12/01/2016 to 11/30/2017 |
| | 16640 NORTH 38TH STREET | | | Fax: (602)482-3541 | |
| | PHOENIX | AZ | 85032 | Capacity : 200 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2711 | SOLTERRA SUBACUTE SERVICES | | | Tele (602)944-1574 | 09/23/2016 to 08/31/2017 |
| | 1501 EAST ORANGEWOOD AVENUE | | | Fax: (602)553-7574 | |
| | PHOENIX | AZ | 85020 | Capacity : 133 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-050 | SUNCREST HEALTHCARE CENTER | | | Tele (602)305-7134 | 03/01/2016 to 02/28/2017 |
| | 2211 EAST SOUTHERN AVENUE | | | Fax: (602)305-8862 | |
| | PHOENIX | AZ | 85040 | Capacity : 115 | Medcaid_Cert: Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-390 | ARCHSTONE CARE CENTER | | | Tele (480)821-1268 | 09/01/2016 to 08/31/2017 |
| | 1980 WEST PECOS ROAD | | | Fax: (480)782-1073 | |
| | CHANDLER | AZ | 85224 | Capacity : 120 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-447 | ARIZONA STATE VETERAN HOME-PHX | | | Tele (602)248-1550 | 03/01/2016 to 02/28/2017 |
| | 4141 NORTH S HERRERA WAY | | | Fax: (602)263-1826 | |
| | PHOENIX | AZ | 85012 | Capacity : 200 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2677 | BANNER BOSWELL REHABILITATION CENTER | | | Tele (623)832-7000 | 09/01/2016 to 08/31/2017 |
| | 10601 WEST SANTA FE DRIVE | | | Fax: (623)974-7102 | |
| | SUN CITY | AZ | 85351 | Capacity : 91 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-256 | BEATITUDES CAMPUS | | | Tele (602)995-2611 | 08/01/2016 to 07/31/2017 |
| | 1712 WEST GLENDALE AVENUE | | | Fax: (602)995-0704 | |
| | PHOENIX | AZ | 85021 | Capacity : 72 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-345 | BELLA VITA HEALTH AND REHABILITATION CENTER | | | Tele (623)931-5800 | 12/01/2016 to 11/30/2017 |
| | 5125 NORTH 58TH AVE | | | Fax: (623)931-8776 | |
| | GLENDALE | AZ | 85301 | Capacity : 170 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2724 | BROOKDALE NORTH CHANDLER | | | Tele (480)345-8500 | 02/01/2017 to 01/31/2018 |
| | 2555 NORTH PRICE ROAD | | | Fax: (480)730-5264 | |
| | CHANDLER | AZ | 85224 | Capacity : 66 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-159 | CAMELBACK POST ACUTE AND REHABILITATION | | | Tele (602)264-9039 | 03/01/2016 to 02/28/2017 |
| | 4635 NORTH 14TH STREET | | | Fax: (602)264-1017 | |
| | PHOENIX | AZ | 85014 | Capacity : 107 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2734 | CHANDLER POST ACUTE AND REHABILITATION | | | Tele (480)899-6717 | 11/01/2016 to 10/30/2017 |
| | 2121 WEST ELGIN STREET | | | Fax: (480)899-6364 | |
| | CHANDLER | AZ | 85224 | Capacity : 120 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-332 | CHRISTIAN CARE NURSING CENTER | | | Tele (602)861-3241 | 01/01/2017 to 12/31/2017 |
| | 11812 NORTH 19TH AVE | | | Fax: (602)443-5401 | |
| | PHOENIX | AZ | 85029 | Capacity : 68 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2732 | CITADEL POST ACUTE | | | Tele (480)832-5555 | 07/01/2016 to 06/30/2017 |
| | 5121 EAST BROADWAY ROAD | | | Fax: (480)924-0090 | |
| | MESA | AZ | 85206 | Capacity : 128 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2637 | CORONADO HEALTHCARE CENTER | | | Tele (602)256-7500 | 08/01/2016 to 07/31/2017 |
| | 11411 NORTH 19TH AVE | | | Fax: (602)943-7697 | |
| | PHOENIX | AZ | 85029 | Capacity : 191 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2696 | DESERT BLOSSOM HEALTH & REHAB CENTER | | | Tele (480)832-3903 | 01/01/2017 to 12/31/2017 |
| | 60 SOUTH 58TH STREET | | | Fax: (480)981-0963 | |
| | MESA | AZ | 85206 | Capacity : 106 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-351 | DESERT COVE NURSING CENTER | | | Tele (480)899-0641 | 10/01/2016 to 09/30/2017 |
| | 1750 WEST FRYE ROAD | | | Fax: (480)899-1785 | |
| | CHANDLER | AZ | 85224 | Capacity : 120 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2625 | DESERT HAVEN CARE CENTER | | | Tele (602)956-8000 | 07/01/2016 to 06/30/2017 |
| | 2645 EAST THOMAS ROAD | | | Fax: (602)224-5363 | |
| | PHOENIX | AZ | 85016 | Capacity : 115 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-237 | DESERT TERRACE HEALTHCARE CENTER | | | Tele (602)273-1347 | 07/01/2016 to 06/30/2017 |
| | 2509 NORTH 24TH STREET | | | Fax: (602)273-6260 | |
| | PHOENIX | AZ | 85008 | Capacity : 108 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-378 | ESTRELLA CENTER | | | Tele (623)932-2282 | 09/01/2016 to 08/31/2017 |
| | 350 EAST LA CANADA | | | Fax: (623)925-8827 | |
| | AVONDALE | AZ | 85323 | Capacity : 161 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-339 | GOOD SAMARITAN SOCIETY-MESA GOOD SHEPHERD | | | Tele (480)981-0098 | 02/01/2017 to 01/31/2018 |
| | 5848 EAST UNIVERSITY DRIVE | | | Fax: (480)396-3023 | |
| | MESA | AZ | 85205 | Capacity : 58 | Medcaid_Cert: Certified |
| NCI-313 | GOOD SAMARITAN SOCIETY-PEORIA GOOD SHEPHERD | | | Tele (623)875-0100 | 05/01/2016 to 04/30/2017 |
| | 10323 WEST OLIVE AVENUE | | | Fax: (623)875-0110 | |
| | PEORIA | AZ | 85345 | Capacity : 150 | Medcaid_Cert: Certified |
| NCI-2617 | HACIENDA NURSING FACILITY | | | Tele (602)243-4231 | 06/01/2016 to 05/31/2017 |
| | 1402 EAST SOUTH MOUNTAIN AVENUE | | | Fax: (602)243-1217 | |
| | PHOENIX | AZ | 85040 | Capacity : 74 | Medcaid_Cert: Certified |
| NCI-2618 | HAVEN HEALTH GROUP | | | Tele (602)264-3824 | 06/01/2016 to 05/31/2017 |
| | 4202 NORTH 20TH AVENUE | | | Fax: (602)279-6234 | |
| | PHOENIX | AZ | 85015 | Capacity : 100 | Medcaid_Cert: Certified |
| NCI-2762 | HAVEN OF SCOTTSDALE LLC | | | Tele (480)947-7443 | 04/01/2016 to 03/31/2017 |
| | 3293 NORTH DRINKWATER BOULEVARD | | | Fax: (480)429-9195 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 90 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2714 | HORIZON POST ACUTE AND REHABILITATION CENTER<br>4704 WEST DIANA AVENUE<br>GLENDALE AZ 85302 | Tele (623)247-3949<br>Fax: (623)930-1104<br>Capacity : 196 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-066 | IMMANUEL CAMPUS OF CARE<br>11301 NORTH 99TH AVENUE<br>PEORIA AZ 85345 | Tele (623)977-8373<br>Fax: (623)876-6337<br>Capacity : 228 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-2672 | LA ESTANCIA NURSING AND REHABILITATION CENTER<br>15810 SOUTH 42ND STREET<br>PHOENIX AZ 85048 | Tele (480)759-0358<br>Fax: (480)759-7666<br>Capacity : 192 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2727 | LAKE PLEASANT POST ACUTE REHABILITATION CENTER<br>20625 NORTH LAKE PLEASANT ROAD<br>PEORIA AZ 85382 | Tele (623)566-0642<br>Fax: (623)476-3664<br>Capacity : 128 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| NCI-381 | LIFE CARE CENTER OF NORTH GLENDALE<br>13620 NORTH 55TH AVENUE<br>GLENDALE AZ 85304 | Tele (602)843-8433<br>Fax: (602)588-1056<br>Capacity : 223 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-400 | LIFE CARE CENTER OF PARADISE VALLEY | | | Tele (602)867-0212 | 02/01/2017 to 01/31/2018 |
| | 4065 EAST BELL ROAD | | | Fax: (602)867-0321 | |
| | PHOENIX | AZ | 85032 | Capacity : 210 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-382 | LIFESTREAM AT COOK HEALTH CARE | | | Tele (623)933-4683 | 11/01/2016 to 10/31/2017 |
| | 11527 WEST PEORIA AVE | | | Fax: (623)974-6652 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 102 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-406 | LIFESTREAM AT SUN RIDGE | | | Tele (623)583-5482 | 11/01/2016 to 10/31/2017 |
| | 12215 WEST BELL ROAD | | | Fax: (623)583-1465 | |
| | SURPRISE | AZ | 85374 | Capacity : 58 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-2659 | MARAVILLA CARE CENTER | | | Tele (602)243-6121 | 07/01/2016 to 06/30/2017 |
| | 8825 SOUTH 7TH STREET | | | Fax: (602)268-3349 | |
| | PHOENIX | AZ | 85042 | Capacity : 194 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| NCI-2670 | MARYLAND GARDENS CARE CENTER | | | Tele (602)265-7484 | 12/01/2016 to 11/30/2017 |
| | 31 WEST MARYLAND AVENUE | | | Fax: (602)285-1320 | |
| | PHOENIX | AZ | 85013 | Capacity : 60 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2675 | MESA CHRISTIAN HEALTH AND REHABILITATION CENTER<br>255 WEST BROWN ROAD<br>MESA AZ 85201 | Tele (480)833-3988<br>Fax: (480)962-1996<br>Capacity : 191 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-372 | MI CASA NURSING CENTER<br>330 SOUTH PINNULE CIRCLE<br>MESA AZ 85206 | Tele (480)981-0687<br>Fax: (480)396-5011<br>Capacity : 180 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2674 | MISSION PALMS OF MESA HEALTH AND REHABILITATION CENTER<br>6458 EAST BROADWAY ROAD<br>MESA AZ 85206 | Tele (480)832-5160<br>Fax: (480)854-7046<br>Capacity : 160 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-2638 | MONTECITO POST ACUTE CARE AND REHABILITATION<br>51 SOUTH 48TH STREET<br>MESA AZ 85206 | Tele (480)832-8333<br>Fax: (480)830-2466<br>Capacity : 222 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2647 | NORTH MOUNTAIN MEDICAL AND REHABILITATION CENTER<br>9155 NORTH THIRD STREET<br>PHOENIX AZ 85020 | Tele (602)944-1666<br>Fax: (602)944-8549<br>Capacity : 155 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2636 | OSBORN HEALTH AND REHABILITATION | | | Tele (480)994-1333 | 06/01/2016 to 05/31/2017 |
| | 3333 NORTH CIVIC CENTER PLAZA | | | Fax: (480)990-3895 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : 130 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2684 | PALM VALLEY REHABILITATION & CARE CENTER | | | Tele (623)536-9911 | 12/01/2016 to 11/30/2017 |
| | 13575 WEST MCDOWELL ROAD | | | Fax: (623)536-9502 | |
| | GOODYEAR | AZ | 85338 | Capacity : 180 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2673 | PHOENIX MOUNTAIN NURSING CENTER | | | Tele (602)996-5200 | 05/01/2016 to 04/30/2017 |
| | 13232 NORTH TATUM BLVD | | | Fax: (602)996-6160 | |
| | PHOENIX | AZ | 85032 | Capacity : 130 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2631 | PLAZA DEL RIO CARE CENTER | | | Tele (623)933-7722 | 11/01/2016 to 10/31/2017 |
| | 13215 NORTH 94TH DRIVE | | | Fax: (623)933-9796 | |
| | PEORIA | AZ | 85381 | Capacity : 128 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2661 | PLAZA HEALTHCARE | | | Tele (480)990-1904 | 11/01/2016 to 10/31/2017 |
| | 1475 NORTH GRANITE REEF ROAD | | | Fax: (480)946-6286 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 179 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-334 | PROVIDENCE PLACE AT GLENCROFT | | | Tele (623)939-9475 | 11/01/2016 to 10/31/2017 |
| | 8641 NORTH 67TH AVE | | | Fax: (623)847-3192 | |
| | GLENDALE | AZ | 85302 | Capacity : 225 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-068 | SCOTTSDALE VILLAGE SQUARE | | | Tele (480)946-6571 | 03/01/2016 to 02/28/2017 |
| | 2620 NORTH 68TH STREET | | | Fax: (480)946-5942 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : 141 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2735 | SHEA POST ACUTE REHABILITATION CENTER | | | Tele (480)860-1766 | 11/01/2016 to 10/31/2017 |
| | 11150 NORTH 92ND STREET | | | Fax: (480)451-1539 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : 120 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2729 | SOUTH MOUNTAIN POST ACUTE | | | Tele (602)243-2780 | 07/01/2016 to 06/30/2017 |
| | 8008 S. JESSE OWENS PARKWAY | | | Fax: (602)243-7079 | |
| | PHOENIX | AZ | 85040 | Capacity : 124 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2678 | SPRINGDALE VILLAGE HEALTH CARE | | | Tele (480)981-8844 | 01/01/2017 to 12/31/2017 |
| | 7255 EAST BROADWAY ROAD | | | Fax: (480)981-6998 | |
| | MESA | AZ | 85208 | Capacity : 122 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2676 | SUN CITY HEALTH AND REHABILITATION CENTER | | | Tele (623)933-0022 | 05/01/2016 to 04/30/2017 |
| | 9940 WEST UNION HILLS DRIVE | | | Fax: (623)933-0532 | |
| | SUN CITY | AZ | 85373 | Capacity : 118 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2648 | SUN WEST CHOICE HEALTHCARE & REHAB | | | Tele (623)584-6161 | 09/01/2016 to 08/31/2017 |
| | 14002 WEST MEEKER BLVD | | | Fax: (623)546-6487 | |
| | SUN CITY WEST | AZ | 85375 | Capacity : 140 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2689 | SUNVIEW HEALTH & REHABILITATION CENTER | | | Tele (623)977-6532 | 12/01/2016 to 11/30/2017 |
| | 12207 NORTH 113TH AVENUE | | | Fax: (623)977-6541 | |
| | YOUNGTOWN | AZ | 85363 | Capacity : 127 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2679 | SYMPHONY OF MESA | | | Tele (480)924-7777 | 01/01/2017 to 12/31/2017 |
| | 3130 EAST BROADWAY ROAD | | | Fax: (480)924-5712 | |
| | MESA | AZ | 85204 | Capacity : 204 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2694 | THE REHABILITATION CENTER AT THE PALAZZO | | | Tele (602)433-6300 | 05/01/2016 to 04/30/2017 |
| | 6246 NORTH 19TH AVENUE | | | Fax: (602)433-6458 | |
| | PHOENIX | AZ | 85015 | Capacity : 60 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-327 | WESTCHESTER CARE CENTER | | | Tele | (480)831-8660 | 02/01/2017 | to | 01/31/2018 |
| | 6100 SOUTH RURAL ROAD | | | Fax: | (480)838-2243 | | | |
| | TEMPE | AZ | 85283 | Capacity : | 64 | Medcaid_Cert: | | Certified |

## Sub-Type : SPECIAL LICENSING

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD8572 | RECORD, ITSAUD TEST | | | Tele | (480)000-0000 | 09/19/2013 | to | 08/31/2015 |
| | 16 PENS STATE RD | | | Fax: | ( ) - | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8557 | SLPA, TEST FILE | | | Tele | (602)000-0000 | 09/06/2013 | to | 08/31/2015 |
| | 4561 W 16TH ST | | | Fax: | ( ) - | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6790 | ACEVEDO-MORALES, AMANDA | | | Tele | (602)485-4444 | 07/01/2016 | to | 06/30/2018 |
| | 4045 E UNION HILLS DR | | | Fax: | (480)451-7780 | | | |
| | PHOENIX | AZ | 85050 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7199 | ADAMS , VICTORIA A | | | Tele | (623)876-7000 | 04/01/2016 | to | 03/31/2018 |
| | 15802 NORTH PARK VIEW PLACE | | | Fax: | (623)876-7361 | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8886 | ADAMS, ROCHELLE N | | | Tele (623)349-1373 | 06/01/2016 to 05/31/2018 |
| | PO BOX 15801 | | | Fax: (480)499-5854 | |
| | PHOENIX | AZ | 85060 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9232 | AGUIRRE, ALEXANDRA H. | | | Tele (619)000-0000 | 01/07/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6614 | AGUIRRE, KAROL A. | | | Tele (480)837-4565 | 03/01/2016 to 02/28/2018 |
| | 17100 E SHEA BLVD # 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10200 | AKANE ITO | | | Tele (480)000-0000 | 08/18/2016 to 08/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7683 | ALBERT, MICHELLE L. | | | Tele (602)243-4800 | 03/01/2016 to 02/28/2018 |
| | 6000 S 7TH STREET | | | Fax: (602)304-3132 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8230 | ALDRICH, CHARLES A. | | | Tele (623)349-1373 | 04/01/2016 to 03/31/2018 |
| | SSUPA BILINGUAL THERAPY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9770 | ALGERI, APRIL L. | | | Tele (623)000-0000 | 12/15/2015 to 12/14/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10260 | ALISYN RAE JORDAN | | | Tele (602)000-0000 | 09/02/2016 to 09/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85083 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8880 | ALMOG, LEANNE | | | Tele (480)386-7081 | 06/01/2016 to 05/31/2018 |
| | 6991 E CAMELBACK RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8109 | ALONZO, LAUREN B. | | | Tele (602)930-0051 | 12/01/2015 to 11/30/2017 |
| | 5314 NORTH 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9934 | ALVAREZ, ANNETTE ANGULO | | | Tele (520)000-0000 | 04/22/2016 to 04/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9532 | ALVAREZ, DOMINIQUE M. | | | Tele (480)000-0000 | 07/06/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9178 | AMANDA SARAH KAIZ | | | Tele (480)397-9220 | 12/01/2016 to 11/30/2018 |
| | 4100 S LINDSAY RDSTE 114 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10314 | AMBER LEE RUSSELL | | | Tele (623)000-0000 | 10/18/2016 to 10/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9372 | AMUNDSON, KELSEY R. | | | Tele (602)000-0000 | 05/06/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8047 | ANAYA, DEVNEY N. | | | Tele (602)621-0868 | | 11/01/2015 | to | 10/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SURPRISE | AZ | 85388 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7701 | ANDERSON KOWAL, TOBBY T. | | | Tele (602)212-9000 | | 05/01/2016 | to | 04/30/2018 |
| | 5314 N 7TH STREET | | | Fax: (602)212-3351 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9714 | ANDERSON, DJIN M. | | | Tele (602)000-0000 | | 10/13/2015 | to | 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10022 | ANDERSON, HEATHER PAIGE | | | Tele (623)412-4850 | | 05/26/2016 | to | 05/25/2018 |
| | 8624 W SWEETWATER AVE | | | Fax: ( ) - | | | | |
| | PEORIA | AZ | 85381 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8010 | ANDERSON, JANINE K. | | | Tele (480)484-6100 | | 10/01/2015 | to | 09/30/2017 |
| | 3811 N 44TH STREET | | | Fax: (480)484-6287 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8852 | ANDERSON, KIMBERLY D | | | Tele (623)772-5000 | | 06/01/2016 | to | 05/31/2018 |
| | 295 W WESTERN AVE | | | Fax: (623)772-5001 | | | | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7634 | ANDERSON, MARY E | | | Tele (480)279-7000 | | 02/01/2016 | to | 01/31/2018 |
| | 2935 S RECKER ROAD | | | Fax: (480)279-7500 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10036 | ANDREWS, SAMANTHA L. | | | Tele (623)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PEORIA | AZ | 85345 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10245 | ANTHONY MICHAEL ZASIMOVICH | | | Tele (602)224-0202 | | 09/08/2016 | to | 09/07/2018 |
| | 4545 N 36TH STREET #125A | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10181 | ARAGON-NEVAREZ, CINDI | | | Tele (480)000-0000 | | 08/05/2016 | to | 08/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85203 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9819 | AREFI, NARGIS SAHAR | | | Tele (480)981-0122 | 01/26/2016 to 01/25/2018 |
| | 861 NHIGLEY ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8470 | ARELLANO, ELIZABETH M. | | | Tele (480)472-7000 | 09/01/2016 to 08/31/2018 |
| | 63 E MAIN ST | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9245 | ARRIOLA, LAURA B. | | | Tele (602)000-0000 | 01/30/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9142 | ASHTON KELLIE LUNT | | | Tele (480)204-7475 | 11/01/2016 to 10/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8713 | ASSAR, ELAINE M | | | Tele (602)818-4212 | 02/01/2016 to 01/31/2018 |
| | NOT ONLY WORDS THERAPY LLC | | | Fax: (865)459-0569 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10164 | ATKINS, MELANIE DAWN | | | Tele (407)000-0000 | 07/21/2016 to 07/20/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6435 | ATWOOD, MOLLY J | | | Tele (928)668-5386 | 02/01/2016 to 01/31/2018 |
| | 40 WEST YAVAPAI STREET | | | Fax: (928)668-6791 | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7601 | BABAYAN, HASMIK A. | | | Tele (602)442-8791 | 01/01/2016 to 12/31/2017 |
| | 4027 N 45TH AVE | | | Fax: (480)874-2928 | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8991 | BABENDURE, SUSAN K | | | Tele (480)488-3946 | 08/01/2016 to 07/31/2018 |
| | 7120 E SAHUARO DRIVE | | | Fax: (480)488-3956 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10237 | BABYLYNN DELA CRUZ DUCAY | | | Tele (623)000-0000 | 09/06/2016 to 09/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6327 | BACKSTROM, SHARON | | | Tele (623)412-4600 | 09/01/2016 to 08/31/2018 |
| | 11401 N 55TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9572 | BANIHASHEMI, SETARAE D. | | | Tele (602)000-0000 | 07/24/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85083 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6290 | BARBEAU, CHRISTINE L. | | | Tele (602)347-2600 | 09/01/2016 to 08/31/2018 |
| | 4650 W SWEETWATER | | | Fax: (602)347-4870 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7470 | BARNICLE, ALANA L. | | | Tele (928)920-1531 | 07/01/2016 to 06/30/2018 |
| | PO BOX 27 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85311 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10026 | BARNO, MARY ANNE | | | Tele (480)722-1300 | 05/27/2016 to 05/26/2018 |
| | 1405 N OSBORN ROAD SUITE 3 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6321 | BARRETT, BEVIN M.<br>5314 N 7TH ST<br>PHOENIX | AZ | 85014 | Tele (602)212-9000<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA9608 | BARRON, MACKENNA R.<br>AZ PRACTICE ADDR NOT REGISTERED<br>TEMPE | AZ | 85283 | Tele (719)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/10/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLPA7629 | BARTA, MARY G.<br>67 E VERNON AVE<br>PHOENIX | AZ | 85004 | Tele (602)687-9046<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA7630 | BARTON, KELLEE J.<br>4045 E UNION HILLS DRIVE<br>PHOENIX | AZ | 85050 | Tele (623)703-2670<br>Fax: (602)277-5042<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA8901 | BAUM, ASHLEY O<br>1745 S ALMA SCHOOL RD STE 145<br>MESA | AZ | 85210 | Tele (480)963-3634<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8003 | BEAUCHAMP, CHRISTINA G. | | | Tele (623)445-5000 | 09/01/2016 to 08/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7523 | BEAUVAIS, HEATHER J. | | | Tele (480)963-3634 | 11/01/2015 to 10/31/2017 |
| | 1745 S ALMA SCHOOL RD STE 145 | | | Fax: (480)855-8384 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7460 | BECKER, ALICIA D. | | | Tele (623)925-3400 | 09/01/2015 to 08/31/2017 |
| | 25555 W DURANGO | | | Fax: (623)386-6049 | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7054 | BEHRENS, PAMELA WALTERS S. | | | Tele (602)212-9000 | 11/01/2015 to 10/31/2017 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9765 | BELCZAK, ALISSA M. | | | Tele (714)000-0000 | 12/07/2015 to 12/06/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10174 | BELL, BRITTANY LEIGH | | | Tele (814)000-0000 | 07/29/2016 to 07/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7374 | BENDER, AMBER E | | | Tele (480)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9778 | BENDER, DANA M. | | | Tele (623)915-0345 | 12/17/2015 to 12/16/2017 |
| | 5430 W GLENN DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10163 | BENNETT, BROOKLIN LIERA | | | Tele (206)000-0000 | 07/21/2016 to 07/20/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6380 | BERG, LISA A. | | | Tele (602)896-5300 | 11/01/2015 to 10/31/2017 |
| | 3803 W JOAN DE ARC | | | Fax: (602)347-2840 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8360 | BERNAT, ASHLEY M | | | Tele (623)445-5000 | 07/01/2016 to 06/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10050 | BERRYMAN, KELSEY JEAN | | | Tele (480)000-0000 | 06/06/2016 to 06/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9853 | BESONEN, LAUREN AMBER | | | Tele (602)237-9110 | 03/03/2016 to 03/02/2018 |
| | 5001 W DOBBINS | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7723 | BESTHOFF, TINA C. | | | Tele (623)707-2100 | 05/01/2016 to 04/30/2018 |
| | 6250 WDURANGO ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9938 | BISHOP, MILISSA KATHERINE | | | Tele (480)000-0000 | 04/26/2016 to 04/25/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7628 | BLUM, SUMER L. | | | Tele (623)876-7000 | 04/01/2016 to 03/31/2018 |
| | 12907 W GREENWAY | | | Fax: (623)876-7913 | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9174 | BLYTHE, LISA M. | | | Tele (520)232-2021 | 11/01/2016 to 10/31/2018 |
| | SPEECH THERAPY GROUP OF TUCSON PLLC | | | Fax: (520)232-2553 | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9667 | BOEHMER, CAROLYN M. | | | Tele (623)000-0000 | 09/03/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9241 | BOISE, SAMANTHA M. | | | Tele (623)000-0000 | 01/29/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6292 | BOOTHMAN, ALLISON S. | | | Tele (623)772-5248 | 09/01/2016 to 08/31/2018 |
| | 325 S WILDFLOWER DR | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7727 | BOSSHARDT, BRITTANY J. | | | Tele (480)472-0500 | 05/01/2016 to 04/30/2018 |
| | 1025 N COUNTRY CLUB DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7573 | BOURLAND, CAROLINE R. | | | Tele (602)277-5006 | 12/01/2015 to 11/30/2017 |
| | 5314 NORTH 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7622 | BOWES, ROBERT P. | | | Tele (623)640-2909 | 08/01/2016 to 07/31/2018 |
| | 6106 N 93RD AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85035 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9246 | BRACAMONTES, KENDRA S. | | | Tele (480)000-0000 | 01/26/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9392 | BRAVO, BRENDA | | | Tele (602)243-4800 | 05/19/2015 to 05/31/2017 |
| | 6000 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10284 | BREANN MICHELLE SHELLEY | | | Tele (602)000-0000 | 09/22/2016 to 09/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7454 | BRENING, PENNY L. | | | Tele (623)445-5000 | 09/01/2016 to 08/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8276 | BREWER, ASHLEY J. | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10343 | BRIANA NICOLE GUTIERREZ | | | Tele (602)000-0000 | 11/08/2016 to 11/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7936 | BRIANNA DONALD | | | Tele (623)376-2311 | 08/01/2016 to 07/31/2018 |
| | 8718 W DEER VALLOEY RD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10255 | BRIANNA GONZALEZ GUERRERO | | | Tele (602)224-0010 | 09/12/2016 to 09/11/2018 |
| | 4545 N 36TH STREET #125A | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7909 | BRIANNE NICHOLLE EVERHART | | | Tele (623)252-0883 | 11/01/2016 to 10/31/2018 |
| | 3961 E CHANDLOER BLVD STE 111-297 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9932 | BRIESKE, CYLEE BRYNN | | | Tele (602)000-0000 | 05/06/2016 to 05/05/2018 |
| | AZ PRACTICEE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7038 | BRIGHT, NICOLE | | | Tele (602)442-2900 | 04/01/2016 to 03/31/2018 |
| | 3348 W MCDAWELL ROAD | | | Fax: (602)278-1693 | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6862 | BRITTANY ANN LOO | | | Tele (623)000-0000 | 10/01/2016 to 09/30/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85307 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6402 | BROVITZ, JOAN F. | | | Tele (480)595-2184 | 10/01/2015 to 09/30/2017 |
| | 8765 WEST KELTON LANE SUITE 116 | | | Fax: (480)595-0212 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6922 | BROWN, AMANDA CHRISTINA | | | Tele (623)349-1373 | 06/21/2016 to 06/20/2018 |
| | 6991 E CAMELBACK ROAD SIUTE D-300 | | | Fax: (480)656-3948 | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9045 | BROWN, ANIKA M. | | | Tele (602)629-6400 | 09/01/2016 to 08/31/2018 |
| | BALSZ SCHOOL DISTRICT | | | Fax: (602)629-6470 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8774 | BROWN, CHELSEA WENONA | | | Tele (480)612-0395 | 04/01/2016 to 03/31/2018 |
| | 22719 S ELLSWORHT RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9548 | BROWN, KAMMY K. | | | Tele (623)000-0000 | 07/13/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8739 | BROWN, LYNDIE M | | | Tele (480)888-1610 | 03/01/2016 to 02/28/2018 |
| | 4567 W ROBERTS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7708 | BURGE, NICOLE M. | | | Tele (602)257-3898 | 05/01/2016 to 04/30/2018 |
| | 330 NORTH 16TH AVENUE | | | Fax: (602)257-2954 | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6627 | BURNETT, COURTNEY | | | Tele (480)221-2475 | 04/01/2016 to 03/31/2018 |
| | 4616 W BOSTON ST | | | Fax: (480)772-4626 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8666 | BURTON, AMY S | | | Tele (623)935-6040 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9623 | BUSTAMANTE, LORENIA A. | | | Tele (602)000-0000 | 08/19/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9928 | CALLAHAN, TIMOTHY BRIAN | | | Tele (623)000-0000 | 04/22/2016 to 04/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9491 | CALVILLO. SINTHIA | | | Tele (623)000-0000 | 06/15/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | ARLINGTON | AZ | 85322 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9114 | CAMBRIA MORGAN STAPLES | | | Tele (602)828-8619 | 11/01/2016 to 10/31/2018 |
| | 3145 E CHANDLER BLVD STE 117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9016 | CANEZ, COURTNEY R | | | Tele (623)500-2401 | 08/01/2016 to 07/31/2018 |
| | 9150 W INDIAN SCHOOL RD SUITE 105 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9451 | CARAWAN, SARAH R. | | | Tele (480)431-0548 | 06/11/2015 to 06/10/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8098 | CARDENAS, JASMINE | | | Tele (602)277-4482 | 12/01/2015 to 11/30/2017 |
| | 921 WEST CAMELBACK ROAD | | | Fax: (602)277-4483 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9561 | CARELSE, LINDSAY J. | | | Tele (760)000-0000 | 07/17/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8791 | CAREY, MELANIE J | | | Tele (602)930-0051 | 04/01/2016 to 03/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7254 | CARLA DELORES BARKLEY | | | Tele (480)488-3946 | 09/12/2016 to 09/11/2018 |
| | 7120 E SAHUARO DRIVE NORTH | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10140 | CARLSON, KRISTYN NADEAN | | | Tele (480)000-0000 | 07/08/2016 to 07/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6545 | CARLSON, ROSANNE W. | | | Tele (602)320-7517 | 01/01/2016 to 12/31/2017 |
| | 3145 E CHANDLER BLVD STE 110 #117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8476 | CAROL LYNN OLIVER | | | Tele (480)991-6560 | 09/01/2016 to 08/31/2018 |
| | 6865 E BECKER LN STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9286 | CARRILLO, JASMIN | | | Tele (602)773-5773 | 02/13/2015 to 02/28/2017 |
| | 5025 E WASHINGTON ST STE 212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7759 | CARROLL, ASHLEE | | | Tele (480)000-0000 | 06/30/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8829 | CARROLL, MALOREE | | | Tele (480)730-7100 | 05/01/2016 to 04/30/2018 |
| | 3205 S RURAL ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10055 | CARY, LILLIAM M | | | Tele (480)000-0000 | 06/28/2016 to 06/27/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9115 | CASSANDRA LINNEA PERRY | | | Tele (480)000-0000 | 10/01/2016 to 09/30/2018 |
| | 3160 N ARIZONA AVE #109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7212 | CASTELLUCCIO, CORRIE | | | Tele (480)000-0000 | 07/08/2015 to 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9713 | CATLIN, HILLARY K. | | | Tele (480)820-5186 | 10/09/2015 to 10/31/2017 |
| | 1515 S INDIAN BEND | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8646 | CAUGER, MEAGAN, M | | | Tele (480)363-3395 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6325 | CEPEDA, CLARA G. | | | Tele (602)212-9000 | 09/01/2016 to 08/31/2018 |
| | 5413 N 7TH STREET | | | Fax: (602)212-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8132 | CERVANTES, NOHEMI | | | Tele (602)277-5006 | 01/01/2016 to 12/31/2017 |
| | 5314 N 7TH ST | | | Fax: (602)212-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9704 | CHAIT, MARSHA L | | | Tele (602)368-8601 | 10/15/2015 to 10/31/2017 |
| | 4600 EAST SHEA BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10327 | CHANEL ELIZABETH WRIGHT | | | Tele (480)000-0000 | 11/04/2016 to 11/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6365 | CHAPMAN, KATHLEEN | | | Tele (480)472-0710 | 09/01/2016 to 08/31/2018 |
| | 1025 N COUNTRY CLUB DRIVE | | | Fax: (480)472-0705 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7232 | CHAVEZ, MARIA M. | | | Tele (602)257-3885 | 05/01/2016 to 04/30/2018 |
| | 1350 S 11TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9698 | CHEE, SERENA R. | | | Tele (602)000-0000 | 10/23/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10008 | CHILSON, SARAH CAROLAN | | | Tele (937)000-0000 | 05/18/2016 to 05/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7768 | CHRISTENSEN, AUSTIN P. | | | Tele (623)760-5908 | 06/01/2016 to 05/31/2018 |
| | 17958 W BROWN STREET | | | Fax: ( ) - | |
| | WADDELL | AZ | 85355 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9918 | CHRISTENSEN, DOROTHY T. | | | Tele (602)224-0202 | 04/15/2016 to 04/14/2018 |
| | 4545 N36TH STREET #125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7104 | CHRISTENSON, MILES A. | | | Tele (602)277-5006 | 01/01/2016 to 12/31/2017 |
| | HEAD TO TOE THERAPY INC | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA8596 | CHRISTINA ANNE TATE | | | Tele (480)812-7000 | 11/01/2016 to 10/31/2018 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA8032 | CHRISTINE LYNN CAMOU | | | Tele (602)277-5006 | 10/01/2016 to 09/30/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA10021 | CHUMBLEY, DARITA ASHLEY D. | | | Tele (480)000-0000 | 05/24/2016 to 05/23/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA7774 | CISNEROS, GAIL L. | | | Tele (480)812-7000 | 06/01/2016 to 05/31/2018 |
| | 1525 WEST FRYE ROAD | | | Fax: (480)224-9128 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7568 | CISNEROS, JUSTINE A | | | Tele (480)000-0000 | 12/01/2015 to 11/30/2017 |
| | 15414 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7559 | CLARK, JODY R. | | | Tele (623)376-5222 | 12/01/2015 to 11/30/2017 |
| | 42901 N 45 AVE | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9743 | CLAYTON, ALLISON D. | | | Tele (208)000-0000 | 11/25/2015 to 11/24/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7318 | CLUFF, KRYSTAL L. | | | Tele (623)523-8300 | 06/01/2016 to 05/31/2018 |
| | 15802 N PARKVIEW PLACE | | | Fax: (623)523-8311 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9754 | COLAO, TERESA M. | | | Tele (602)000-0000 | 11/23/2015 to 11/22/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8103 | COLELAY, APACHE K. A. | | | Tele (480)474-4173 | | 01/01/2016 | to | 12/31/2017 |
| | 2451 E BASELINE RD SUITE 420 | | | Fax: (480)237-9727 | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7080 | COLLINS, AMY L. | | | Tele (480)818-4212 | | 05/01/2016 | to | 04/30/2018 |
| | EMPL ADDR NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9453 | CONNER, BARBARA J. | | | Tele (623)000-0000 | | 06/17/2015 | to | 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85338 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7974 | CONNOLLY, CHRISTINE A. | | | Tele (602)347-2600 | | 09/01/2016 | to | 08/31/2018 |
| | 4650 W SWEETWATER | | | Fax: (602)347-2709 | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6291 | CONTRERAS, KAREN E. | | | Tele (602)277-5006 | | 09/01/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7738 | COOK, LAURA A. | | | Tele (602)319-7321 | 05/01/2016 to 04/30/2018 |
| | 530 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9628 | CORDOVA, LETICIA M. | | | Tele (602)000-0000 | 08/21/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9317 | CORN, LORRAINE M. | | | Tele (602)000-0000 | 03/13/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7108 | COUNTS, ALEXIS A. | | | Tele (602)243-2637 | 04/29/2016 to 04/28/2018 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7418 | COUNTS, ANDRA L. | | | Tele (623)000-0000 | 08/01/2016 to 07/31/2018 |
| | 919 N DYSART RD STE V | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8210 | COYLE, BRITT A. | | | Tele (480)345-2012 | 02/01/2016 to 01/31/2018 |
| | 2435 E SOUTHERN AVE | | | Fax: (480)839-2590 | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10071 | CRAFT JR., TODD ALLEN | | | Tele (928)000-0000 | 07/05/2016 to 07/04/2018 |
| | AZ PRACTICE LOCATION NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8834 | CRANK, CHRISTINA M | | | Tele (623)935-6040 | 06/01/2016 to 05/31/2018 |
| | 4870 N LITCHFIELD RD #101 | | | Fax: (623)935-6046 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10318 | CREIGHTON ELWYN BROWN | | | Tele (480)000-0000 | 10/20/2016 to 10/19/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10095 | CREZEE, BRIANNE BREINHOLT | | | Tele (480)839-6000 | 06/27/2016 to 06/26/2018 |
| | 1250 N 77TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9848 | CRISSMAN, ANISHKA BRITTANY | | | Tele (928)000-0000 | 02/09/2016 to 02/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10198 | CROSS, KELLY ANN | | | Tele (480)000-0000 | 08/17/2016 to 08/16/2018 |
| | AZ PRCTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8413 | CROUCH, CINDY D. | | | Tele (623)256-3010 | 07/01/2016 to 06/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6320 | CROWLEY, MICHAEL J. | | | Tele (602)277-5006 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9612 | CRUICKSHANK, KRISTEN L. | | | Tele (480)299-0490 | 08/13/2015 to 08/31/2017 |
| | 1405 N DOBSON RD SUITE 3 | | | Fax: (480)422-3823 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6891 | CRYSTAL JOVON JONES | | | Tele (480)963-3634 | 10/01/2016 to 09/30/2018 |
| | 1745 S ALMA SCHOOL ROAD, #145 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7321 | CULLING, TRAVIS M. | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 N 7 STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8249 | CUMMINGS, REBECCA J. | | | Tele (602)896-5900 | 05/01/2016 to 04/30/2018 |
| | 8430 N 39TH AVE | | | Fax: (602)596-5920 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7822 | D'AGOSTINO, SUSAN S. | | | Tele (480)633-0414 | 07/01/2016 to 06/30/2018 |
| | 633 E RAY RD STE 132 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9567 | DALEY, STEPHANIE | | | Tele (928)000-0000 | 07/21/2015 to 07/31/2017 |
| | AZPRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10280 | DANA MARIE SMITH | | | Tele (602)277-5006 | 09/20/2016 to 09/19/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9230 | DANIELS, ANDREA N. | | | Tele (602)000-0000 | 01/14/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6607 | DANKWORTH, JENNIFER L. | | | Tele (623)925-3400 | 02/01/2016 to 01/31/2018 |
| | 25555 W DURANGO | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7137 | D'AQUINO, MARVAH | | | Tele (623)349-1373 | 04/01/2016 to 03/31/2018 |
| | PO BOX 15801 | | | Fax: (480)499-5854 | |
| | PHOENIX | AZ | 85060 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9620 | DAROFF, REBEKAH JUNE | | | Tele (480)472-0433 | 09/09/2015 to 09/30/2017 |
| | 63 E MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9734 | DARR, JULIE N. | | | Tele (602)000-0000 | 12/07/2015 to 12/06/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA9008 | DAUGHERTY, MARILYN J. | | | Tele (602)277-5006 | 09/01/2016 to 08/31/2018 |
| | HEAD2TOE INC | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA9207 | DAVENPORT, SAMANTHA KAY | | | Tele (480)000-0000 | 12/15/2014 to 12/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA8209 | DAVILA, MARCOS A. | | | Tele (480)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLPA8894 | DAVIS, ASHLEY L | | | Tele (623)219-4300 | 07/01/2016 to 06/30/2018 |
| | 13901 N 67TH AVE | | | Fax: (623)219-4301 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8483 | DAVISON, COLETTE V | | | Tele (480)365-9981 | 08/01/2016 to 07/31/2018 |
| | 3160 N ARIZONA AVE STE 109 | | | Fax: (480)963-9126 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9011 | DAZZO, BRIANNA L | | | Tele (602)000-0000 | 08/01/2016 to 07/31/2018 |
| | PROGRESSIVE THERAPY | | | Fax: ( ) - | |
| | PEORIA | AZ | 85373 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9340 | DE MENDEZ, CELIA | | | Tele (620)000-0000 | 04/03/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9448 | DE PAULA, ELIANITA | | | Tele (602)277-5006 | 06/09/2015 to 06/08/2017 |
| | 5314 N 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7665 | DEALEJANDRO, LEAH M. | | | Tele (602)347-2600 | 04/01/2016 to 03/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7935 | DEANDA, LUPE P. | | | Tele (602)277-5006 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10168 | DEEPAN, DIVYA DARSHINI | | | Tele (602)257-3755 | 07/19/2016 to 07/18/2018 |
| | 1817 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9221 | DELABIO, STEPHANIE LYNN | | | Tele (480)000-0000 | 01/13/2015 to 01/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7138 | DELEON-BERNALES, SUZETTE | | | Tele (480)963-3634 | 02/01/2016 to 01/31/2018 |
| | 1745 S ALMA SCHOOL ROAD, SUITE 145 | | | Fax: (480)855-8384 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8659 | DENARDO, CHRISTINE E | | | Tele (602)707-2600 | 12/01/2015 to 11/30/2017 |
| | 1226 W OSBORN ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA8618 | DESONNAVILLE, TANIA E.<br>AZ PRACTICE ADDR NOT REGISTERED<br>AVONDALE AZ 85323 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA9909 | DIAZ, BRENDA<br>AZ PRACTICE ADDR NOT REGISTERED<br>PHOENIX AZ 85037 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/08/2016 to 04/07/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA6593 | DIAZ, JENNIFER M.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>SUN CITY AZ 85374 | Tele (623)873-7000<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA9568 | DICOLA, ELIZABETH M.<br>6991 EAST CAMELBACK RD SUITE D-300 SUITE 4<br>SCOTTSDALE AZ 85251 | Tele (480)386-7081<br>Fax: (480)499-5854<br>Capacity : Not Applicable | 08/07/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA6349 | DIGIUSEPPE GUGEL, CAROLE<br>19602 N 45TH AVE<br>GLENDALE AZ 85308 | Tele (623)445-4300<br>Fax: (623)445-4380<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9685 | DOLAN, NICOLE T. | | | Tele (623)000-0000 | 10/28/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7894 | DONNA RENEE PIKE | | | Tele (623)937-5090 | 09/01/2016 to 08/31/2018 |
| | 6815 W CACTUS RD | | | Fax: (623)937-5349 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8819 | DORLAND, DEBORAH J. | | | Tele (623)386-4487 | 05/01/2016 to 04/30/2018 |
| | 211 N 7TH STREET | | | Fax: (623)000-0000 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8550 | DORSEY, MICHELLE M | | | Tele (602)212-9000 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)212-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9894 | DOWNEY, TYSEN JOYCE | | | Tele (480)000-0000 | 04/05/2016 to 04/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8780 | DRAKE, REBECCA | | | Tele (623)986-3345 | 05/01/2016 to 04/30/2018 |
| | 000 DOWNTOWN PHOENIX | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9571 | DREW, CHELSEA M. | | | Tele (623)000-0000 | 07/22/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85396 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9304 | DUB, JOANNA | | | Tele (623)876-7911 | 03/04/2015 to 03/31/2017 |
| | 15802 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9931 | DULLES, VICTORIA BEATRICE | | | Tele (520)000-0000 | 04/21/2016 to 04/20/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9705 | DUNCAN, DIANA D. | | | Tele (602)277-5006 | 10/02/2015 to 10/31/2017 |
| | 5314 N 7TH ST PHX AZ 85014 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9421 | DUPUIS, CORINNE S. | | | Tele (602)000-0000 | 06/01/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7072 | DURAN, KEVIN M. | | | Tele (480)686-1006 | 12/01/2015 to 11/30/2017 |
| | 1718 W VINEYARD RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8465 | DWYER, CARA S | | | Tele (480)541-2600 | 08/01/2016 to 07/31/2018 |
| | 13612 SOUTH 36TH STREET | | | Fax: (480)718-7633 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7926 | EASTWOOD, ERIKA M. | | | Tele (602)257-3853 | 08/01/2016 to 07/31/2018 |
| | 915 EAST PALM LANE | | | Fax: (602)257-3937 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8985 | EBERSON, CHELSEA M | | | Tele (623)886-8124 | 08/01/2016 to 07/31/2018 |
| | 13601 N LITCHFIELD ROAD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8807 | EDELMAN, CHRISTOPHER P | | | Tele (602)277-5006 | 05/01/2016 to 04/30/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8769 | EIDSVAAG, JESSICA A. | | | Tele (480)528-2746 | 04/01/2016 to 03/31/2018 |
| | 19670 E REINS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9324 | ELIAS, CASSIE LYNN | | | Tele (480)000-0000 | 03/31/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6712 | ELIZONDO, CYNTHIA A. | | | Tele (480)818-4212 | 06/10/2015 to 06/30/2017 |
| | 4101 E BASELINE RD #1512 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9566 | ELLIS, LAURA K. | | | Tele (602)347-2600 | 07/20/2015 to 07/31/2017 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8430 | EMILY HOPE BOEHMER | | | Tele (623)882-2016 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH ST | | | Fax: (623)850-9988 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9902 | ERICKSON, SAMANTHA MARIE | | | Tele (602)000-0000 | 04/05/2016 to 04/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9423 | ESCALANTA, ANDREA R. | | | Tele (520)000-0000 | 06/01/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8178 | ESKEW, LAURA JILL | | | Tele (480)386-7081 | 04/08/2016 to 04/07/2018 |
| | 6991 E CAMELBACK RD STE D-300 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9678 | ESPINOZA, CARISSA S. | | | Tele (480)345-2012 | 09/14/2015 to 09/30/2017 |
| | 2435 ESOUTHERN AVE #7 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8673 | ESPINOZA, SANTOS | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9855 | ESPOSITO, TRACY BETH | | | Tele (480)890-4002 | 02/18/2016 to 02/17/2018 |
| | 1460 S HORNE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10340 | EVA FERNANDA GUERRERO | | | Tele (602)319-7324 | 11/04/2016 to 11/03/2018 |
| | 530 E MCDOWELL ROAD 107-475 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9077 | FARAH, MIRVAT | | | Tele (480)365-9981 | 09/01/2016 to 08/31/2018 |
| | 3160 N ARIZONA AVE #109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9360 | FAVREAU, KATHLEEN LILLIAN | | | Tele (602)000-0000 | 04/23/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8173 | FEINBERG, JULIE B. | | | Tele (602)212-9000 | 02/01/2016 to 01/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6592 | FERGUSON, DANIELLE C. | | | Tele (623)445-5000 | 01/01/2016 to 12/31/2017 |
| | 20402 N 15TH AVE | | | Fax: (623)445-5086 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6329 | FERRELL, ANGELA M. | | | Tele (602)347-2600 | 09/01/2016 to 08/31/2018 |
| | 4650 W SWEETWATER | | | Fax: (602)347-2840 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8778 | FIDELDY, HOLLY M | | | Tele (623)986-5110 | 04/01/2016 to 03/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7432 | FIGGINS, TAMMY S. | | | Tele (623)925-3400 | 09/01/2016 to 08/31/2018 |
| | 25555 W DURANGO | | | Fax: (623)386-6063 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7422 | FIGUEROA, KATELIN E | | | Tele (480)472-6717 | 08/01/2016 to 07/31/2018 |
| | 1350 S LINDSAY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9751 | FINCH, PATRICIA L.V. | | | Tele (623)000-0000 | 11/13/2015 to 11/12/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6590 | FISCHER, BECKY S. | | | Tele (602)828-2619 | 02/01/2016 to 01/31/2018 |
| | 3142 E CHANDLER BLVD SUITE 110 #117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6334 | FLANAGAN, PATRICIA A. | | | Tele (623)523-8950 | 09/01/2016 to 08/31/2018 |
| | 12701 NORTH MAIN STREET | | | Fax: (623)523-8961 | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8660 | FLATNESS, LEAH A | | | Tele (602)629-6850 | 01/01/2016 to 12/31/2017 |
| | 5048 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8022 | FLICKINGER, ROD M. | | | Tele (602)277-5006 | 10/01/2015 to 09/30/2017 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9709 | FLORES, DAVID C, | | | Tele (520)000-0000 | to |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9708 | FLORES, JUANA C. | | | Tele (480)968-6866 | 10/05/2015 to 10/31/2017 |
| | 410 N44TH STREET SUITE 900 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8941 | FLORES, KAYLA L. | | | Tele (800)376-3440 | 08/01/2016 to 07/31/2018 |
| | 16301 N LITCHFIELD RD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6999 | FLOWERS, ASHLEY ROBIN | | | Tele (602)622-3010 | 12/01/2015 to 11/30/2017 |
| | 8769 WEST NORTHVIEW AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9602 | FORBES, KATHRYN E, | | | Tele (208)000-0000 | 08/04/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9749 | FOSTER, MELISSA L. | | | Tele (218)000-0000 | 11/17/2015 to 11/16/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7779 | FOUGNER, KATY-LYNNE | | | Tele (480)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7148 | FRANCE, LINDA D | | | Tele (623)326-2684 | 07/01/2016 to 06/30/2018 |
| | 22456 N 104TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8944 | FRANKS, AMY E | | | Tele (480)648-3502 | 07/01/2016 to 06/30/2018 |
| | 3370 N HAYDEN RD STE 123-419 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6342 | FRANQUIST, GERALDINE M. | | | Tele (480)948-3331 | | 09/01/2016 | to | 08/31/2018 |
| | 20367 N 89TH WAY | | | Fax: (480)948-1323 | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8363 | FULLER, LAURA L. | | | Tele (602)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10184 | GABRIELLA DE SANTIAGO | | | Tele (602)000-0000 | | 08/25/2016 | to | 08/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85024 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9982 | GABRIELLE MARIE GUZMAN | | | Tele (623)349-1373 | | 05/09/2016 | to | 05/08/2018 |
| | 6991 E CAMELACK RD SUITE D-300 | | | Fax: (480)499-5854 | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10027 | GABRIELSEN, MELISSA ROSE | | | Tele (480)000-0000 | | 05/31/2016 | to | 05/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10185 | GAITAN, ALYSSA NICHOLE | | | Tele (623)000-0000 | 08/03/2016 to 08/02/2018 |
| | AZ ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8816 | GAMBREL, KYLE | | | Tele (480)634-5440 | 05/01/2016 to 04/30/2018 |
| | 315 W ELLIOT RD #107-250 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10035 | GAMILL, MORGAN LEIGH | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9843 | GANT, ERIN JEAN | | | Tele (480)000-0000 | 02/04/2016 to 02/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9699 | GARDNER, LISA M. | | | Tele (480)000-0000 | 11/02/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGITERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6994 | GAROTE, MELISSA L. | | | Tele (480)484-6100 | 11/01/2015 to 10/31/2017 |
| | 6801 E OAK | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8142 | GARZA, SARA E. | | | Tele (623)237-1922 | 01/01/2016 to 12/31/2017 |
| | 2615 N CHAMPION AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6367 | GEHART, JOY M. | | | Tele (480)861-2181 | 04/01/2016 to 03/31/2018 |
| | 20750 N 87TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8286 | GEHRING, AUDIE L. | | | Tele (602)690-9123 | 06/01/2016 to 05/31/2018 |
| | 315 W ELLIOT RD #107 - 250 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7402 | GERBER, KYLE M | | | Tele (480)474-4173 | 08/01/2016 to 07/31/2018 |
| | 2451 E BASELINE RD STE 420 | | | Fax: (480)237-9727 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9355 | GERMAINE, COLTON B. | | | Tele (480)000-0000 | 04/20/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7466 | GERMAINE, SARAH J. | | | Tele (602)277-5006 | 02/19/2015 to 02/28/2017 |
| | 5314 NORTH 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8151 | GERMIANE, DUSTINE M. | | | Tele (602)930-0051 | 01/01/2014 to 12/31/2016 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7595 | GILBERTSON, WHITNEY L. | | | Tele (623)691-5400 | 01/01/2016 to 12/31/2017 |
| | 3733 NORTH 75TH AVENUE | | | Fax: (623)691-5420 | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8036 | GIRONI, OSCAR A. | | | Tele (602)277-5066 | 10/01/2016 to 09/30/2018 |
| | 5314 N 7TH ST | | | Fax: (602)577-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10047 | GLOVER, NATHAN WILLIAM | | | Tele (520)000-0000 | 06/23/2016 to 06/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10138 | GLOVER, NEAL WAYNE | | | Tele (520)000-0000 | 07/07/2016 to 07/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8667 | GODINEZ, BRITNEY C | | | Tele (602)455-6700 | 01/01/2016 to 12/31/2017 |
| | 3348 W MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9307 | GOHN, BRYCE V. | | | Tele (623)000-0000 | 03/04/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8619 | GOLDMAN, ABIGAIL R | | | Tele (602)347-2600 | 11/01/2015 to 10/31/2017 |
| | 4650 WEST SWEETWATER AVENUE | | | Fax: (523)463-7878 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8822 | GONANI, ERICA L. | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 NORTH 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9604 | GONZALEZ, EVANGELINA | | | Tele (602)000-0000 | 08/07/2015 to 08/31/2017 |
| | AZPRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9780 | GONZALEZ, GLADYS | | | Tele (928)000-0000 | 01/07/2016 to 01/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8051 | GONZALEZ, RENEE C | | | Tele (602)347-2600 | 02/23/2015 to 02/28/2017 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6317 | GORMAN, SHAUNA M. | | | Tele (480)862-9420 | 09/01/2016 to 08/31/2018 |
| | 131 E SOUTHERN AVENUE | | | Fax: (602)297-6727 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8486 | GRAFFIOUS, MEREDITH A. | | | Tele (623)327-3111 | 08/01/2016 to 07/31/2018 |
| | 6500 S APACHE RD | | | Fax: (623)241-9430 | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9601 | GRAMS, KATLYN A. | | | Tele (661)000-0000 | 08/11/2015 to 08/31/2017 |
| | 4101 E BASELINE ROAD #1512 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6762 | GRANER, EMMA JOSEPHINE | | | Tele (623)486-6000 | 06/01/2016 to 05/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: (623)486-6023 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6542 | GRAUER, SCARLETT M. | | | Tele (623)445-3500 | 01/01/2016 to 12/31/2017 |
| | DEER VALLEY SCHOOL DISTRICT | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8615 | GREEN, EBONY K. | | | Tele (480)219-3953 | 11/01/2015 to 10/31/2017 |
| | 11445 E VIA LINDA SUITE 2235 | | | Fax: (480)219-4203 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6650 | GREEN, MARTHA | | | Tele (623)932-7000 | 05/01/2016 to 04/30/2018 |
| | 1481 N ELISEO FELIX JR WAY SUITE 110 | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9553 | GREGG, LOGANN N. | | | Tele (480)365-9981 | 07/21/2015 to 07/31/2017 |
| | 3160 N ARIZONA AVE SUITE 109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9378 | GREGORY, POLINA | | | Tele (480)839-6000 | 05/11/2015 to 05/31/2017 |
| | 1250 N 77TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7524 | GRENFELL, JANICE L. | | | Tele (208)691-7477 | 11/01/2015 to 10/31/2017 |
| | EMPLOYER ADDR NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6578 | GRIECO, ROBIN R. | | | Tele (602)368-8610 | 12/01/2015 to 11/30/2017 |
| | 4600 EAST SHEA BLVD SUITE 101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6924 | GROFF, NICOLE M. | | | Tele (602)347-4191 | 08/01/2016 to 07/31/2018 |
| | 801 W PEORIA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10034 | GROTHAUS, HALLIE ELIZABETH | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6445 | GUADALUPE JOYCE GOMEZ | | | Tele (480)472-0735 | 10/01/2016 to 09/30/2018 |
| | MESA PUBLIC SCHOOLS SPECIAL | | | Fax: (480)472-1482 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6356 | GUILLEN, IRENE M. | | | Tele (623)237-4000 | 08/01/2016 to 07/31/2018 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9690 | GULER, ANELISSE | | | Tele (201)000-0000 | 09/24/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9884 | GUTIERREZ, KELLY | | | Tele (480)000-0000 | 04/13/2016 to 04/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8438 | HACKETT, MARYBETH | | | Tele (602)326-3061 | 07/01/2016 to 06/30/2018 |
| | 6218 S 7TH ST BULDING A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8106 | HALE, WHITNEY N. | | | Tele (928)999-9999 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7114 | HALEY, LANIER O | | | Tele (480)541-1185 | 01/01/2015 to 12/31/2017 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8720 | HALLEY, RACHAEL C | | | Tele (602)277-5006 | 02/01/2016 to 01/31/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6796 | HAMILTON, JULIE M. | | | Tele (623)000-0000 | 07/01/2016 to 06/30/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7305 | HAMILTON, THOMAS J. | | | Tele (623)000-0000 | 07/01/2016 to 06/30/2018 |
| | EMPL ADDR NOT SPECIFIED | | | Fax: (623)000-0000 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA8613 | HANNAHS, MARGARET N. | | | Tele (480)363-9645 | 11/01/2015 to 10/31/2017 |
| | 1663 E REDFIELD RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7770 | HANNASCH, ELIZABETH M. | | | Tele (623)707-4500 | 06/01/2016 to 05/31/2018 |
| | 1617 S 67TH AVE | | | Fax: (623)707-4560 | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA8078 | HARRISON, LEQUENDA I | | | Tele (602)277-5006 | 11/01/2015 to 10/31/2017 |
| | 1406 N CENTRAL AVE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9525 | HATCH, JANET L. | | | Tele (480)000-0000 | 07/16/2015 to 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7621 | HAWS, MELISSA A | | | Tele (480)518-1535 | 02/01/2016 to 01/31/2018 |
| | 1334 E CHANDLER BLVD STE 5-02 | | | Fax: (480)718-7633 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8676 | HAWTHORNE, RAMAAH N | | | Tele (623)935-6040 | 01/01/2016 to 12/31/2017 |
| | 4870 N LITCHFIEND RD SUITE 101 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8971 | HEALY, THOMAS J | | | Tele (602)291-4069 | 07/01/2016 to 06/30/2018 |
| | 7561 E SWEETWATER AVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7875 | HEATHER MAE BURKE | | | Tele (602)373-3136 | 12/01/2016 to 11/30/2018 |
| | 4525 S COLLEGE AVE | | | Fax: (480)398-1997 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8289 | HENKE, MARGARITY O. | | | Tele (623)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8896 | HENSELEIT, ANYA | | | Tele (623)986-5110 | | 06/01/2016 | to | 05/31/2018 |
| | 500 N BULLARD AVE STE 27 | | | Fax: (480)505-3387 | | | | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8194 | HERNANDEZ, MARIBEL M. | | | Tele (602)442-2900 | | 03/01/2016 | to | 02/28/2018 |
| | 3101 WEST MCDOWELL ROAD | | | Fax: (602)442-2999 | | | | |
| | PHOENIX | AZ | 85009 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7987 | HERNANDEZ, SONYA L. | | | Tele (602)277-5006 | | 09/01/2016 | to | 08/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)212-3351 | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6838 | HERNANDEZ-ALLEN, MARISSA E. | | | Tele (602)626-8851 | | 07/01/2016 | to | 06/30/2018 |
| | 141024 N 28TH DR ST E140 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85029 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8986 | HERRINGTON, SARAH A | | | Tele (623)925-3400 | 08/01/2016 to 07/31/2018 |
| | 25555 W DURANGO | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8882 | HIGHTOWER, DEBRA S | | | Tele (480)837-4546 | 06/01/2016 to 05/31/2018 |
| | STARS, STUDENT THERAPY AND RESOURCE SERVICES | | | Fax: (480)836-1992 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7173 | HILL, KATELYN G. | | | Tele (623)445-5000 | 03/01/2016 to 02/28/2018 |
| | 251 W MOHAWK DRIVE | | | Fax: (623)445-8280 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10165 | HILLARY PATRICE ROTH | | | Tele (623)000-0000 | 09/14/2016 to 09/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9329 | HILLYARD, ANNE C. | | | Tele (602)000-0000 | 03/24/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9261 | HOELSCHER, LAURA M. | | | Tele (602)000-0000 | 02/13/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7651 | HOGAN, GWEN A. | | | Tele (602)896-6591 | 02/01/2016 to 01/31/2018 |
| | 4602 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6745 | HOLMQUIST, WHITNEY J. | | | Tele (623)000-0000 | 06/01/2016 to 05/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8714 | HOLT, MEGAN B | | | Tele (623)977-4911 | 02/01/2016 to 01/31/2018 |
| | ASPIRE THERAPY | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9581 | HOMCO, MICHAEL J. | | | Tele (623)000-0000 | 07/28/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8913 | HOOD, ERIN NC | | | Tele (480)629-4461 | 07/01/2016 to 06/30/2018 |
| | 9821 EAST BELL ROAD SUITE 100 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6959 | HOOVER, MICHALLY V. | | | Tele (623)203-4109 | 10/01/2015 to 09/30/2017 |
| | 8877 N 107TH AVE SUITE 302 PMB 503 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8411 | HOPPER, SARA J. | | | Tele (623)362-2684 | 08/01/2016 to 07/31/2018 |
| | 22456 N 104TH AVE | | | Fax: (623)825-2731 | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8685 | HOREWITCH, RACHEL L. | | | Tele (480)414-1600 | 01/01/2016 to 12/31/2017 |
| | 2975 W LINDA LN | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9740 | HORVATH, PAIGE A. | | | Tele (602)629-6850 | 11/05/2015 to 11/30/2017 |
| | 5048 E OAK STREET | | | Fax: (602)629-6851 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8052 | HUGES, ERIN E. | | | Tele (623)879-7400 | 11/01/2015 to 10/31/2017 |
| | 21639 N 12TH AVENUE #204 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8492 | HUGHES, CRYSTAL L. | | | Tele (480)252-1637 | 08/01/2016 to 07/31/2018 |
| | 1128 W MISSION DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6625 | HURST, SIMONE A. | | | Tele (623)935-6100 | 02/01/2016 to 01/31/2018 |
| | 272 E SAGEBRUSH ST | | | Fax: (623)935-3779 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9433 | HUSSEY, MEGHAN E. | | | Tele (602)000-0000 | 06/30/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8042 | HUYNH, DAO T. | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7685 | IGO, ERICKA K. | | | Tele (602)000-0000 | 03/01/2016 to 02/28/2018 |
| | 530 E MCDOWELL RD 107 - 475 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7235 | ILLSLEY, ALANA D. | | | Tele (602)403-5220 | 05/01/2016 to 04/30/2018 |
| | 11445 E VIA LINDA STE 2235 | | | Fax: (623)321-0208 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6570 | ISAACSON, LESLY K. | | | Tele (623)467-5500 | 12/01/2015 to 11/30/2017 |
| | 6150 WEST GREENBRIAR DRIVE | | | Fax: (623)445-0586 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8578 | JACOBS, ALLISON M. | | | Tele (602)528-3450 | 12/01/2014 to 11/30/2016 |
| | 455 NORTH 3RD STREET SUITE 200 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7486 | JACOBS, LAUREN J. | | | Tele (602)000-0000 | 01/05/2015 to 01/31/2017 |
| | SLPA EMPL ADDR NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8482 | JAHNER, CARLY | | | Tele (218)000-0000 | 11/03/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85387 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8398 | JAHNER, TRACE M | | | Tele (623)486-6000 | 08/01/2016 to 07/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: (623)486-6102 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8137 | JAN ELIZABETH STEPHENS | | | Tele (602)000-0000 | 01/01/2017 to 12/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7900 | JANSSEN, JILL M. | | | Tele (602)629-6850 | 08/01/2016 to 07/31/2018 |
| | 5048 E OAK ST | | | Fax: (602)629-6851 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7725 | JAROS, TONI V. | | | Tele (602)265-4124 | 06/01/2016 to 05/31/2018 |
| | 2302 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8779 | JARRETT, CLAUDIA B | | | Tele (623)474-6600 | 04/01/2016 to 03/31/2018 |
| | 19871 W FREMONT RD | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9707 | JARZABEK, JACOB J. | | | Tele (480)000-0000 | 11/18/2015 to 11/30/2017 |
| | AZ ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9180 | JASMINE M BUCKINS | | | Tele (937)000-0000 | 10/30/2014 to 10/31/2016 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8352 | JASTER, SHERRI L. | | | Tele (480)838-0711 | 06/01/2016 to 05/31/2018 |
| | 3205 S RURAL RD | | | Fax: (480)838-0832 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9029 | JEHLING, VANESSA J | | | Tele (480)963-3634 | 08/01/2016 to 07/31/2018 |
| | 1745 S ALMA SCHOOL RD #145 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6939 | JENKINS, DANIELLE E. | | | Tele (602)257-3755 | 09/01/2016 to 08/31/2018 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8606 | JENNA L HASE | | | Tele (480)398-4280 | 11/01/2014 to 10/31/2016 |
| | 10631 S 51ST STREET SUITE 8 | | | Fax: (480)398-4281 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7824 | JENNER, KIRSTEN M. | | | Tele (623)773-6500 | 09/01/2016 to 08/31/2018 |
| | 30009 N SUNRISE POINT | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9179 | JENNIFER LIN WARTMAN | | | Tele (602)277-5006 | 11/01/2016 to 10/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6328 | JENNIFER LYNN CHAVEZ | | | Tele (623)876-7912 | 09/01/2016 to 08/31/2018 |
| | 15802 N PARKVIEW PLACE | | | Fax: (623)876-7811 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7071 | JENSEN, CHRISTINE L. | | | Tele (480)513-4628 | 02/01/2016 to 01/31/2018 |
| | 25615 NORTH RANCH GATE ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7876 | JENSEN, JAIMEE A. | | | Tele (480)297-6727 | 08/01/2016 to 07/31/2018 |
| | 10810 N TATUM BLVD | | | Fax: (602)297-6727 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8563 | JIMENEZ, MELISSA P | | | Tele (602)573-5842 | 12/01/2015 to 11/30/2017 |
| | 20165 N 67TH AVE SUITE 122A | | | Fax: (623)321-1177 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9408 | JKOTHE, LAUREN E. | | | Tele (480)279-7800 | 05/29/2015 to 05/31/2017 |
| | 19680 SOUTH 188TH STREET | | | Fax: (480)279-7805 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10329 | JOCILYN ELIZABETH BENNINGER | | | Tele (609)000-0000 | 10/26/2016 to 10/25/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7414 | JOHANSSON, CLAUDIA G. | | | Tele (623)523-8550 | 08/01/2016 to 07/31/2018 |
| | 11405 N GREER RANCH PARKWAY | | | Fax: (623)523-8561 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9163 | JOHN WILLIAM MATTESON MARCH | | | Tele (631)000-0000 | 11/01/2016 to 10/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8452 | JOHNASEN, SARAH H. | | | Tele (602)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9587 | JOHNSON, ANITA J. | | | Tele (602)000-0000 | 07/30/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9244 | JOHNSON, TANI D. | | | Tele (602)000-0000 | 01/13/2015 to 01/31/2017 |
| | EMPLOYER NOT SOECIFIED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9000 | JONES, EMILY M | | | Tele (602)277-5006 | 08/01/2016 to 07/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6461 | JONES, KIMBERLY R. | | | Tele (480)497-3300 | 01/01/2016 to 12/31/2017 |
| | 140 S GILBERT RD | | | Fax: (480)507-1320 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9622 | JOYCE, EMILY E. | | | Tele (609)000-0000 | 08/19/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7959 | JUAREZ, GLORIA I. | | | Tele (602)791-0934 | 09/01/2016 to 08/31/2018 |
| | IN MY OWN WORDS THERAPY | | | Fax: (928)941-9526 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8277 | JUCHAU, DEBORAH, J. | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6332 | JULIA CATALINA SOBARZO | | | Tele (623)876-7600 | 10/01/2016 to 09/30/2018 |
| | 15150 W MONDELL RD | | | Fax: (623)876-7605 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8733 | KADHI, KARINA I | | | Tele (480)398-4280 | 03/01/2016 to 02/28/2018 |
| | 10631 S 51ST ST #8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10295 | KALONA KRAMER NEWCOMB | | | Tele (602)909-4048 | 10/05/2016 to 10/04/2018 |
| | 7541 S WILLOW DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8734 | KAMINSKAS, SHARI L | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6720 | KANAWATY, ROSEMARY | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8310 | KARLY AMANDA SEMPER | | | Tele (480)541-1000 | 08/01/2016 to 07/31/2018 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10317 | KATHLEEN ELIZABETH PARKER | | | Tele (520)000-0000 | 10/31/2016 to 10/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9201 | KATHRYN SUZANNE KASSMAN | | | Tele (623)500-2401 | 12/01/2016 to 11/30/2018 |
| | THERAPY TREE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8586 | KATZ, CELIA S | | | Tele (602)000-0000 | 10/01/2016 to 09/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9302 | KAVENA, MARCHELLE K. | | | Tele (602)000-0000 | 02/27/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10360 | KELSEY MARIE CHURCHMAN | | | Tele (480)000-0000 | 11/18/2016 to 11/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9935 | KENNON, SAUNDRA LEILANI | | | Tele (602)000-0000 | 05/16/2016 to 05/15/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | WADDELL | AZ | 85355 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8833 | KERR, KAREN L | | | Tele (480)000-0000 | 05/01/2016 to 04/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7125 | KHALSA, BIBI BHANI K | | | Tele (602)528-3450 | 02/01/2016 to 01/31/2018 |
| | 60 E VERNON AVE | | | Fax: (602)528-3439 | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6567 | KIJEWSKI, NANCY A. | | | Tele (623)486-6000 | 03/01/2016 to 02/28/2018 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9376 | KILDUFF, JULIA K. | | | Tele (623)935-6040 | 05/19/2015 to 05/31/2017 |
| | 4870 N LITCHFIELD RD #101 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7244 | KIMBERLIN, BETHANY K | | | Tele (480)502-7726 | 06/01/2016 to 05/31/2018 |
| | 2615 E RANCH GATE RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9176 | KIMBERLY ANN SMITH | | | Tele (480)265-5557 | 12/01/2016 to 11/30/2018 |
| | 3324 E RAY ROAD #340 | | | Fax: ( ) - | |
| | HIGLEY | AZ | 85236 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9254 | KING, LEANNA M. | | | Tele (602)224-0202 | 01/23/2015 to 01/31/2017 |
| | 4545 N 36TH ST SIUTE 125 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9580 | KINKEL, ASHLEY E. | | | Tele (480)000-0000 | 07/31/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9573 | KIRKPATRICK, DOLAN R. | | | Tele (480)000-0000 | | 07/20/2015 | to | 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85015 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8111 | KLYM, MICHELLE M. | | | Tele (480)528-2746 | | 12/01/2015 | to | 11/30/2017 |
| | 19670 E REINS RD | | | Fax: ( ) - | | | | |
| | QUEEN CREEK | AZ | 85142 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8954 | KMIECIK, CAITLIN | | | Tele (602)277-5000 | | 07/01/2016 | to | 06/30/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9349 | KNOTTS, MARLA G. | | | Tele (623)247-2204 | | 04/16/2015 | to | 04/30/2017 |
| | 7634 W CAMELBACK RD | | | Fax: ( ) - | | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8788 | KOKALIS, MICHELLE R. | | | Tele (602)000-0000 | | 05/05/2016 | to | 05/04/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8858 | KOLAZ, CHLOE' A. | | | Tele (602)629-6850 | 06/01/2016 to 05/31/2018 |
| | 5048 E OAK ST | | | Fax: (602)629-6851 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8748 | KORTSEN, ANNA D | | | Tele (480)265-5557 | 03/01/2016 to 02/28/2018 |
| | 3324 E RAY RD #340 | | | Fax: ( ) - | |
| | HIGLEY | AZ | 85236 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7857 | KOWAL, JAMES W. | | | Tele (602)212-9000 | 08/01/2016 to 07/31/2018 |
| | 5314 N 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8664 | KRISTA NADENE KELLER | | | Tele (480)000-0000 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10328 | KRISTINA JEAN MARIE DICARLO | | | Tele (602)000-0000 | 11/02/2016 to 11/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7854 | KUBANY, AMANDA H | | | Tele (480)730-7100 | 07/01/2016 to 06/30/2018 |
| | 3205 S RURAL RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8588 | LANA K TREPANIER | | | Tele (602)212-9000 | 10/01/2016 to 09/30/2018 |
| | 5314 N 7TH ST | | | Fax: (602)212-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7624 | LANDABAZO, CARLOS A. | | | Tele (480)892-9777 | 05/01/2016 to 04/30/2018 |
| | 550 S HIGLEY RD | | | Fax: (623)977-4919 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6925 | LANE, SUZANNE T | | | Tele (623)707-4500 | 08/01/2016 to 07/31/2018 |
| | 1617 S 67TH AVE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7684 | LAUKAITIS, ELAINE | | | Tele (623)000-0000 | 04/22/2016 to 04/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10334 | LAUREN ASHLEY TRIMBLE | | | Tele (831)000-0000 | 10/31/2016 to 10/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7574 | LAURENT, KATHERINE A. | | | Tele (602)629-6850 | 12/01/2015 to 11/30/2017 |
| | 5048 E OAK ST | | | Fax: (602)629-6851 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10043 | LAWYER, LINDSAY JANE | | | Tele (480)629-4461 | 06/03/2016 to 06/02/2018 |
| | 9821 E BELL ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10078 | LE BBARON, JAQUELINE | | | Tele (602)000-0000 | 06/16/2016 to 06/15/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8741 | LE LIEVRE, JOAN M | | | Tele (602)881-8803 | 05/01/2016 to 04/30/2018 |
| | 815 E WARNER RD #106 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7168 | LEE, BRANDI M | | | Tele (480)309-4792 | 05/01/2016 to 04/30/2018 |
| | 550 W WARNER RD | | | Fax: (480)656-3696 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8185 | LEE, JESSIE E. | | | Tele (602)257-3755 | 02/01/2016 to 01/31/2018 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9032 | LEE, TIFFANY K. | | | Tele (602)319-7324 | 08/01/2016 to 07/31/2018 |
| | 530 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9358 | LEE, WHITNEY A. | | | Tele (480)902-0771 | 04/22/2015 to 04/30/2017 |
| | 1848 N 52ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9905 | LEE, ZENA MARIE | | | Tele (623)000-0000 | 03/30/2016 to 03/29/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10175 | LEEPER, JADE ALYN | | | Tele (602)000-0000 | 07/29/2016 to 07/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9377 | LEIBOW, ALYSSA N. | | | Tele (602)000-0000 | 08/03/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9097 | LEITZ, JENNIFER | | | Tele (480)839-6000 | 10/01/2016 to 09/30/2018 |
| | 1250 N 77TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9787 | LEMBECK, LAUREN L. | | | Tele (602)773-5773 | 12/24/2015 to 12/23/2017 |
| | 5025 E WASHINGTON ST SUITE 212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6538 | LESTINSKY, FRANCESCA M. | | | Tele (623)000-0000 | 03/13/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85396 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10306 | LETICIA JASMINE RIVERA | | | Tele (623)000-0000 | 10/07/2016 to 10/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8353 | LEWIS, NATALIE R. | | | Tele (623)435-6000 | 06/01/2016 to 05/31/2018 |
| | 7650 N 43RD AVENUE | | | Fax: (623)435-6078 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9995 | LILLY, KAYLEEN MARIE | | | Tele (480)000-0000 | 05/13/2016 to 05/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9994 | LINN, DANIELLE BRITTANY | | | Tele (480)000-0000 | 05/17/2016 to 05/16/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8564 | LISA SUE DECROIX-DENTON | | | Tele (602)524-2860 | 10/01/2016 to 09/30/2018 |
| | 22456 N 104TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7746 | LIZAMA, JENNA M. | | | Tele (623)344-1730 | 04/01/2016 to 03/31/2018 |
| | 950 EAST ELISEO C FELIX JR WAY | | | Fax: (623)344-1740 | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10094 | LOPEZ, MONICA JANE | | | Tele (480)000-0000 | 07/14/2016 to 07/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8724 | LORETO, ALBERTO | | | Tele (623)692-7023 | 03/01/2016 to 02/28/2018 |
| | 6610 N 93RD AVENUE, SUITE 1158 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7353 | LOVE, CAROLA G | | | Tele (602)224-0202 | 07/01/2016 to 06/30/2018 |
| | 4545 N 36TH ST SUITE 125 | | | Fax: (602)224-0010 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8647 | LOWRY, ROCHELLE R | | | Tele (623)977-4911 | 12/01/2015 to 11/30/2017 |
| | 8765 W KELTON LANE SUITE 116 | | | Fax: (623)977-4919 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6926 | LUCERO, FRANCES L. | | | Tele (623)932-7152 | | 08/01/2016 | to | 07/31/2018 |
| | 1481 N ELISEO FELIX JR WAY STE 110 | | | Fax: (623)932-6026 | | | | |
| | AVONDALE | AZ | 85323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9659 | LUNDEEN, SARAH J. | | | Tele (602)000-0000 | | 08/31/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85338 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6828 | LUTTRELL, BELINDA J. | | | Tele (480)488-3946 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)488-3956 | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9342 | LUU, CHI K. | | | Tele (602)000-0000 | | 04/06/2015 | to | 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8232 | LYON, LAURA K. | | | Tele (480)309-4792 | | 04/01/2016 | to | 03/31/2018 |
| | 4909 E BROWN RD | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85205 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10073 | MADDOX, KALIE SARAH | | | Tele (480)000-0000 | 06/13/2016 to 06/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10196 | MADISON VON RICHARDS | | | Tele (913)000-0000 | 09/07/2016 to 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9298 | MADRID, CORINA F. | | | Tele (602)243-4800 | 04/02/2015 to 04/30/2017 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7631 | MANG, MELISSA S | | | Tele (602)347-2600 | 02/01/2016 to 01/31/2018 |
| | 4650 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6568 | MARCH, BRITTNEY L. | | | Tele (623)478-6300 | 12/01/2015 to 11/30/2017 |
| | 7TH STREET AND CAMELBACK | | | Fax: (623)478-6320 | |
| | PHOENIX | AZ | 85035 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7333 | MARCH, KAITLYN E. | | | Tele (602)277-5006 | 07/01/2016 to 06/30/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7667 | MARDEN, TABATHA | | | Tele (623)566-2179 | 02/01/2016 to 01/31/2018 |
| | 15688 W ACOMA RD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10281 | MARISSA ANN HENNIGAN | | | Tele (951)000-0000 | 09/20/2016 to 09/19/2018 |
| | AZ PRACTIVE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9504 | MARKOWSKI, INDIRA M. | | | Tele (602)000-0000 | 06/19/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9575 | MARRIOTT, MELISSA A. | | | Tele (602)000-0000 | 07/27/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6523 | MARSHALL, TARA J.<br>5314 N 7TH ST<br>PHOENIX | AZ | 85014 | Tele (602)277-5006<br>Fax: (602)272-5042<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLPA9901 | MARTINEZ, CHRISTINA MERCEDES<br>AZ PRACTICE ADDR NOT REGISTERED<br>PHOENIX | AZ | 85037 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA8914 | MARTINEZ, ERIKA M<br>2302 N 15TH AVE<br>PHOENIX | AZ | 85007 | Tele (602)265-4124<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA9870 | MARTINEZ, SARAH MARYAH<br>AZ PRACTICE ADDR NOT REGISTERED<br>SCOTTSDALE | AZ | 85257 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/07/2016 to 03/06/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA9243 | MARTINEZ, STEPHANIE R.<br>EMPLOYER NOT SPECIFIED<br>AVONDALE | AZ | 85323 | Tele (619)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/13/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6285 | MASON, NICOLE T. | | | Tele (623)295-9475 | 01/01/2016 to 12/31/2017 |
| | 99 E VIRGINIA STE 200 | | | Fax: (623)259-3482 | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7501 | MASTROENI, LINDSAY JO | | | Tele (623)000-0000 | 12/01/2015 to 11/30/2017 |
| | 12574 N 151 DR | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9028 | MATHIS, STEFANIE L. | | | Tele (480)215-3593 | 08/01/2016 to 07/31/2018 |
| | 4100 S LINDSAY ROAD SUITE #113 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8703 | MATT, HALEY A. | | | Tele (602)629-6850 | 03/01/2016 to 02/28/2018 |
| | 5048 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8076 | MATT-GONGORA, MOLLY D. | | | Tele (623)445-5000 | 11/01/2015 to 10/31/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6942 | MAYER, TRICIA M. | | | Tele (480)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8760 | MCCAULEY, STACI R | | | Tele (602)243-4800 | 03/01/2016 to 02/28/2018 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7312 | MCCONNELL, CAITLIN M | | | Tele (480)558-6505 | 08/01/2016 to 07/31/2018 |
| | 70 S VAL VISTA DR | | | Fax: (480)000-0000 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10139 | MCCONNELL, KIMBERLY KAY | | | Tele (858)000-0000 | 07/07/2016 to 07/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10018 | MCDONALD, HOLLY KATHLEEN | | | Tele (623)362-2684 | 05/24/2016 to 05/23/2018 |
| | 22456 N104TH AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6434 | MCDONALD, LINDA K. | | | Tele (480)326-2619 | 10/01/2015 to 09/30/2017 |
| | 10810 N TATUM BLVD BLDG 102-185 | | | Fax: (602)296-6727 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6532 | MCELPRANG, MAKIEA S. | | | Tele (602)277-5006 | 12/01/2015 to 11/30/2017 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6734 | MCGILL, MELISSA D. | | | Tele (623)707-2500 | 08/01/2016 to 07/31/2018 |
| | 1405 N DOBSON STE 3 | | | Fax: (928)505-6909 | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9022 | MCIVOR, CATHERINE M. | | | Tele (602)277-5006 | 08/01/2016 to 07/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8694 | MCKEE, MICA L. J. | | | Tele (602)243-4800 | 02/01/2016 to 01/31/2018 |
| | 6000 S 7TH ST | | | Fax: (602)243-2637 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8100 | MCKINLEY, ROSALINDA M. | | | Tele (602)277-5006 | 12/01/2015 to 11/30/2017 |
| | 5314 N 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9576 | MCNEIL, JAMES H. | | | Tele (480)000-0000 | 08/13/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9218 | MCNEIL, JODI L. | | | Tele (602)000-0000 | 01/05/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9883 | MCWILLIAMS, NOEMI | | | Tele (623)000-0000 | 04/05/2016 to 04/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8214 | MEDLEY, ANN M. | | | Tele (623)691-4200 | 03/01/2016 to 02/28/2018 |
| | 3600 N 47TH AVENUE | | | Fax: (623)691-4220 | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9599 | MEDOFF, HAYLIE K. | | | Tele (480)963-3634 | 08/04/2015 to 08/31/2017 |
| | 1745 S ALMA SCHOOL ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9593 | MEEKS, SARAH E. | | | Tele (602)277-5006 | 08/03/2015 to 08/31/2017 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8562 | MEJIA, ANGELA S | | | Tele (602)277-5006 | 09/01/2016 to 08/31/2018 |
| | HEAD TO TOE INC | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9183 | MELANIE ROSE HOWARTH | | | Tele (480)812-7000 | 12/01/2016 to 11/30/2018 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6524 | MELARA, JOSEFINA | | | Tele (623)876-7450 | 11/01/2015 to 10/31/2017 |
| | 18302 WEST BURTON AVE | | | Fax: ( ) - | |
| | WADDELL | AZ | 85355 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8500 | MELGAR, STEPHANIE | | | Tele (602)265-4124 | 08/01/2016 to 07/31/2018 |
| | 2302 NORTH 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8403 | MELLEN, STACIE R | | | Tele (602)237-7100 | 08/01/2016 to 07/31/2018 |
| | 7301 NORTH 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9090 | MENDOZA, ANABELLE G. | | | Tele (623)935-6040 | 09/01/2016 to 08/31/2018 |
| | 4870 N LITCHFIELD RD | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9530 | MERIDETH-ZANTOUT, DEBBIE M. | | | Tele (480)474-4173 | 07/20/2015 to 07/31/2017 |
| | 2451 E BASELINE ROAD SUITE 420 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8141 | MERKLEY, MELISSA A. | | | Tele (623)376-2311 | 01/01/2016 to 12/31/2017 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10118 | MERRELL, BRYANA | | | Tele (602)224-0202 | 07/22/2016 to 07/21/2018 |
| | 45450 N 36TH STREET SUITE 125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7686 | MESSIER, TERESA J. | | | Tele (602)224-0202 | 03/01/2016 to 02/28/2018 |
| | 4545 N 36TH ST SUITE 125 A & C | | | Fax: (602)224-0010 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7535 | MICKELSEN, HAILEY JILLEEN | | | Tele (602)277-5006 | 11/01/2014 to 10/31/2016 |
| | HEAD TO TOE THERAPY INC | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7171 | MIDDLETON, PAM B | | | Tele (623)474-5115 | 10/01/2015 to 09/30/2017 |
| | 38201 W INDIAN SCHOL RD | | | Fax: ( ) - | |
| | TONOPAH | AZ | 85354 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9788 | MILLER, JULIANN | | | Tele (719)000-0000 | to |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85003 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7144 | MILLER, LINDSEY E | | | Tele (623)937-5090 | 02/01/2016 to 01/31/2018 |
| | 6815 WEST CACTUS ROAD | | | Fax: (623)937-5349 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7851 | MILLER, MICHELLE | | | Tele (623)974-4959 | 08/01/2016 to 07/31/2018 |
| | ARIZONA CHARTER ACADEMY | | | Fax: (623)204-6227 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7415 | MILLER, NICOLA J. | | | Tele (623)000-0000 | 08/01/2016 to 07/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6588 | MILLER, PRISCILLA L. | | | Tele (602)212-9000 | 03/01/2016 to 02/28/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6303 | MILLGATE, PATRICIA L. | | | Tele (623)876-7000 | 09/01/2016 to 08/31/2018 |
| | 15802 N PARKVIEW PL | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10149 | MILOVICH, LAUREN NICOLE | | | Tele (480)000-0000 | 07/12/2016 to 07/11/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6304 | MIMI ROSS | | | Tele (623)327-2810 | 09/01/2016 to 08/31/2018 |
| | 19818 W US HIGHWAY | | | Fax: (623)327-2819 | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10054 | MITCHELL, CARRINGTON M | | | Tele (480)000-0000 | 06/07/2016 to 06/06/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8375 | MITCHELL, KEVIN G | | | Tele (623)691-4000 | 07/01/2016 to 06/30/2018 |
| | 5220 W INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9687 | MONTIEL, DIANA | | | Tele (602)000-0000 | 09/18/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8075 | MONTIJO, KASSANDRA | | | Tele (480)474-4173 | 03/01/2016 to 02/28/2018 |
| | 1355 S HIGLEY RD | | | Fax: (480)237-9727 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9557 | MOONEY, BRITTNIE A. | | | Tele (480)474-4173 | 07/24/2015 to 07/31/2017 |
| | 2451 E BASELINE ROAD SUITE 420 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10202 | MOORE, AKILI NKOSA | | | Tele (925)000-0000 | 08/18/2016 to 08/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8040 | MOORE, FRANSCHESCA M | | | Tele (480)326-2619 | 11/01/2015 to 10/31/2017 |
| | 10810 NORTH TATUM BLVD BLDG 102 - 185 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9361 | MOOREHEAD, JILLIAN L. | | | Tele (480)991-6560 | 05/21/2015 to 05/31/2017 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: (480)607-9246 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9777 | MORAIS, SONIA | | | Tele (623)000-0000 | | 12/22/2015 | to | 12/21/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SURPRISE | AZ | 85388 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9233 | MORALES-HYMAN, LIZBETH | | | Tele (480)812-6800 | | 01/08/2015 | to | 01/31/2017 |
| | 125 S 132ND STREET | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8654 | MORENO, EDNA | | | Tele (602)243-4816 | | 02/01/2016 | to | 01/31/2018 |
| | 6000 S 7TH ST | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85042 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10265 | MORGAN NICOLE BARNES | | | Tele (623)000-0000 | | 09/07/2016 | to | 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10049 | MORROW, CALI RAE | | | Tele (480)000-0000 | | 06/06/2016 | to | 06/05/2018 |
| | 32415 N SCOTTSDALE ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85266 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10099 | MORTELLARO, GABRIELLE | | | Tele (602)828-2619 | 06/23/2016 to 06/22/2018 |
| | 3145 E CHANDLER BLVD SUITE 110 #117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9615 | MUELLER, WENDY J. | | | Tele (480)818-4212 | 08/17/2015 to 08/31/2017 |
| | 4101 E BASELINE ROAD #1512 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8420 | MULLEN, DARCEY MARIE | | | Tele (480)000-0000 | 02/09/2016 to 02/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTEREDE | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9318 | MULLEN-KROLL, ANNA K. | | | Tele (480)386-7081 | 03/13/2015 to 03/31/2017 |
| | 6991 SCOTTSDALE ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85060 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8898 | NAPODANO, DENNIS | | | Tele (623)935-6040 | 06/01/2016 to 05/31/2018 |
| | WEE CARE CORPORATION | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6976 | NARDUCCI, ALICE L. | | | Tele (480)345-2012 | 01/01/2016 to 12/31/2017 |
| | 2435 E SOUTHERN AVE #7 | | | Fax: (480)839-2590 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8213 | NAVARRO, JOSEFINA M | | | Tele (603)930-0051 | 03/06/2015 to 03/31/2017 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9260 | NEAL, BRENT A. | | | Tele (623)000-0000 | 02/17/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8419 | NEBRICH, JODIE A | | | Tele (602)896-5100 | 08/01/2016 to 07/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9627 | NELSON, REBECCA A. | | | Tele (480)000-0000 | 09/09/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7230 | NGUYEN, MAI-ANH P. | | | Tele (602)347-2668 | 05/01/2016 to 04/30/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9762 | NICHOLSON, BRITTANY A. | | | Tele (720)000-0000 | 12/14/2015 to 12/13/2017 |
| | 932 W CHANDLER BLVD ST 3 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7369 | NICKERSON, KYLEE R | | | Tele (480)635-2011 | 07/01/2016 to 06/30/2018 |
| | 140 S GILBERT RD | | | Fax: (480)635-2020 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7917 | NICOLE RENE ERICKSON | | | Tele (509)000-0000 | 09/28/2016 to 09/27/2018 |
| | AZ PRACTICE NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6749 | NICOLE RENE RUIZ | | | Tele (480)220-3331 | 10/01/2016 to 09/30/2018 |
| | 70 S VAL VISTA DR | | | Fax: (602)865-8020 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10204 | NIKOLOV, ELENA V. | | | Tele (602)000-0000 | | 09/07/2016 | to | 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7346 | NORRIS, SARA N. | | | Tele (602)499-6846 | | 07/01/2016 | to | 06/30/2018 |
| | PO BOX 93725 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85070 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10154 | NOVAK, STEVEN MICHAEL | | | Tele (623)500-2401 | | 07/14/2016 | to | 07/13/2018 |
| | 20329 N 59TH AVENUE SUITE A2 | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9940 | NUNEZ, DANIELLE MARIE | | | Tele (602)000-0000 | | 04/28/2016 | to | 04/27/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LAVEEN | AZ | 85339 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9991 | NUNEZ, JOSE | | | Tele (480)000-0000 | | 06/15/2016 | to | 06/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85043 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10015 | O'BRIEN, KATHERINE MARY | | | Tele (907)000-0000 | 05/20/2016 to 05/19/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7370 | OCHOA, MEGAN M | | | Tele (602)212-5006 | 07/01/2016 to 06/30/2018 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9400 | ODORCIC, TRACEY ELAINE | | | Tele (623)200-0000 | 05/28/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7158 | OHLROGGE, MICHELLE K | | | Tele (480)329-8168 | 03/01/2016 to 02/28/2018 |
| | 2253 WEST ENFIELD WAY | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9239 | OLIVARES, WILLIAM G. | | | Tele (602)279-5801 | 01/13/2015 to 01/31/2017 |
| | 6306 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7134 | OLIVAS, ADRIANA | | | Tele (602)997-8300 | 04/01/2016 to 03/31/2018 |
| | 9051 W KELTON LANE STE 7 | | | Fax: (602)997-2048 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10151 | OLIVAS, SAIRA MARIA | | | Tele (623)000-0000 | 07/18/2016 to 07/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7378 | OLMSTEAD, RYAN T. | | | Tele (480)892-9777 | 07/01/2016 to 06/30/2018 |
| | 551 SOUTH HIGLEY ROAD | | | Fax: (480)635-0222 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10351 | ONDALYNN MARIE BERGLUND | | | Tele (480)219-3953 | 11/14/2016 to 11/13/2018 |
| | 4100 S LINDSAY ROAD SUITE #113 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8333 | ONSTINE, KRIS T | | | Tele (480)515-0395 | 06/01/2016 to 05/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7615 | ORTEGA, NATALIA | | | Tele (623)882-1140 | 02/01/2016 to 01/31/2018 |
| | 17532 W HARRISON ST | | | Fax: ( ) - | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7927 | ORTON, LISA M. | | | Tele (480)000-0000 | 06/10/2015 to 06/09/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9911 | PACE, AMBER DIANE | | | Tele (719)000-0000 | 04/11/2016 to 04/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10042 | PALMER, CINDY MARIE | | | Tele (480)000-0000 | 06/24/2016 to 06/23/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9264 | PALMER, TELA M. | | | Tele (602)000-0000 | 01/29/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9128 | PAMELA JEAN GARDNER | | | Tele (619)517-7470 | 11/01/2016 to 10/31/2018 |
| | 4525 S COLLEGE AVE | | | Fax: (866)257-2374 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7536 | PARKES, KRISTEN E. | | | Tele (480)279-7900 | 12/01/2015 to 11/30/2017 |
| | 3380 E FRYE RD | | | Fax: (480)279-7905 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8087 | PARRA, LAUREN E | | | Tele (602)277-5006 | 11/01/2015 to 10/31/2017 |
| | 5314 N 7TH STREET | | | Fax: (602)212-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9248 | PARRY, ANDREA P. | | | Tele (480)000-0000 | 01/14/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA0330 | PATTERSON, DONALD D. | | | Tele (623)000-0000 | 12/11/2014 to 12/31/2016 |
| | 4510 NORTH 37TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6319 | PATTON, MARY COLLEEN | | | Tele (805)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8126 | PAWLOSKI, REBECCA A. | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7394 | PECORA, LISA M. | | | Tele (623)691-4000 | 09/01/2016 to 08/31/2018 |
| | 3401 N 67TH AVE | | | Fax: (623)691-4420 | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6630 | PENNEBAKER, ELIZABETH R. | | | Tele (480)345-2012 | 02/01/2016 to 01/31/2018 |
| | 2435 E SOUTHERN AVE STE 7 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7880 | PERALTA, APRIL LISETTE | | | Tele (602)277-5006 | 10/01/2015 to 09/30/2017 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9540 | PEREZ-FRANGUI, NATASHA I. | | | Tele (787)000-0000 | 07/17/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8421 | PERRYMAN, SHANIKKA N. | | | Tele (602)000-0000 | 06/09/2015 to 06/08/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9700 | PERU, LINDSEY LEWIS | | | Tele (602)000-0000 | 10/06/2015 to 10/31/2017 |
| | 1525 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6508 | PERZ, STEPHANIE A. | | | Tele (480)219-3953 | 11/01/2015 to 10/31/2017 |
| | 4100 S LINDSAY RD STE 113 | | | Fax: (480)219-4203 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6591 | PHUONG, SIU T. | | | Tele (623)772-2400 | 02/01/2016 to 01/31/2018 |
| | 3800 N 91ST AVE | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6305 | PIANA, MICHELLE M. | | | Tele (623)772-5001 | 12/01/2015 to 11/30/2017 |
| | 295 W WESTERN AVE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9782 | PIERCE III, JOHN J. | | | Tele (623)876-7000 | 12/23/2015 to 12/22/2017 |
| | 15802 NPARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6581 | PIERCE, DEANN T. | | | Tele (623)445-5522 | 01/01/2016 to 12/31/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8795 | PIERCE, JORDAN M. | | | Tele (480)386-7081 | 04/01/2016 to 03/31/2018 |
| | 6991 E CAMELBACK RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7712 | PINON, TANIA | | | Tele (602)212-9000 | 05/01/2016 to 04/30/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9364 | PLITZ, SUSAN C. | | | Tele (602)000-0000 | 04/28/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7031 | POAG, WHITNEY N. | | | Tele (623)478-5840 | 02/01/2016 to 01/31/2018 |
| | 1515 S INDIAN BEND | | | Fax: (623)478-5841 | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6929 | POLLOCK, JEFFRY M. | | | Tele (623)935-6040 | 08/01/2016 to 07/31/2018 |
| | 4870 N LITCHFIELD RD #102 | | | Fax: (623)935-6046 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9746 | POOLE, CAMBRA | | | Tele (602)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7452 | POWERS, GIGI J | | | Tele (480)437-3015 | 09/01/2016 to 08/31/2018 |
| | P O BOIX 426 | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7669 | POZO, SYLVIA PAULINE | | | Tele (602)000-0000 | 04/01/2016 to 03/31/2018 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9383 | PRICE, ZACHARY A. | | | Tele (480)621-8361 | 05/26/2015 to 05/31/2017 |
| | 1305 S GILBERT RD | | | Fax: (480)621-8513 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7726 | PULEO, CORRIDH R. | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8143 | PULVER, KRISTEN M. | | | Tele (480)397-9260 | 01/01/2016 to 12/31/2017 |
| | 2747 S RECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6368 | PURCELL, ELIZABETH A. | | | Tele (623)876-7912 | 10/01/2016 to 09/30/2018 |
| | 15802 N PARKVIEW PLACE | | | Fax: (623)523-8611 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8710 | QUINONEZ, MARLYN N. | | | Tele (602)277-5006 | 02/01/2016 to 01/31/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA4845 | QUINTANA, STEPHANIE E. | | | Tele (480)220-3331 | 05/08/2015 to 05/31/2017 |
| | 4101 E BASELINE RD #1512 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7076 | QUIROZ, RIGOBERTO P. | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA6563 | RADEMACHER, ERIN L. | | | Tele (623)000-0000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7970 | RADFORD, RIMINI A. | | | Tele (623)362-2684 | 09/01/2016 to 08/31/2018 |
| | 22456 N 104TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8746 | RADLOFF, LEAH A. | | | Tele (602)573-5842 | 03/01/2016 to 02/28/2018 |
| | WORD PLAY LLC | | | Fax: (623)321-1177 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8747 | RAMIREZ, DENISE A. | | | Tele (928)380-4111 | 03/01/2016 to 02/28/2018 |
| | 6610 N 93RD AVE STE 1158 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6384 | RAMIREZ, MARITZA M. | | | Tele (623)772-5100 | 10/01/2016 to 09/30/2018 |
| | 45 S 3RD AVE | | | Fax: (623)772-5090 | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7355 | RAMIREZ, SUSAN M | | | Tele (623)376-3900 | 08/01/2016 to 07/31/2018 |
| | 7071 W HILLCREST BLVD | | | Fax: (480)304-3063 | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9688 | RAMIREZ, VANESSA | | | Tele (623)000-0000 | 09/21/2015 to 09/30/2017 |
| | AZ PRACTICE SDDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9073 | RAMIREZ-SOLTERO, ALICIA B. | | | Tele (602)277-5006 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8506 | RAMOS, ALMA D. | | | Tele (602)243-4866 | 09/01/2016 to 08/31/2018 |
| | 6218 S 7TH ST BLDG A | | | Fax: (602)304-3132 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7873 | RASER, WHITNEY L | | | Tele (406)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9234 | RAYMOND, CARYN A. | | | Tele (847)000-0000 | 01/12/2015 to 01/31/2017 |
| | EMPLOYER NOY SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8121 | READSHAW, MELANIE A | | | Tele (623)523-8482 | 12/01/2015 to 11/30/2017 |
| | 15802 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10261 | REBECCA JAYNE RUSINKO | | | Tele (623)979-6500 | 09/08/2016 to 09/07/2018 |
| | 9965 W CALLE LEJOS | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9398 | REED-HANE, LEAH ANN | | | Tele (623)000-0000 | 06/02/2015 to 06/01/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9790 | REEVES, CATHERINE M. | | | Tele (623)000-0000 | 01/21/2016 to 01/20/2018 |
| | AZPRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85023 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9414 | REEVES, SHANI J. | | | Tele (480)987-7420 | 05/26/2015 to 05/25/2017 |
| | 22076 EAST VILLAGE LOOP ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9769 | REKART, ALYSSA BROOKE | | | Tele (480)963-3634 | 01/04/2016 to 01/03/2018 |
| | 1745 S ALMA SCHOOL ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8339 | RENGEL, AMY E | | | Tele (602)773-5773 | 06/01/2016 to 05/31/2018 |
| | 5025 E WASHINGTON | | | Fax: (602)273-9108 | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9776 | REYNOLDS, DORATHEA L. | | | Tele (602)000-0000 | 12/18/2015 to 12/17/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6603 | RHONDA LEE GRAFF | | | Tele (480)000-0000 | 11/15/2016 to 11/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7585 | RICE, ALISON M. | | | Tele (623)986-5110 | 01/01/2016 to 12/31/2017 |
| | 5821 W BEVERLY LN | | | Fax: (480)505-3387 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6582 | RICE, LAURIE J. | | | Tele (480)497-3300 | 02/01/2016 to 01/31/2018 |
| | 140 S GILBERT RD | | | Fax: (480)813-9010 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8113 | RICHARDS, KIMBERLY A.<br>6330 W THUNDERBIRD RD<br>GLENDALE | AZ | 85306 | Tele (623)486-6000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8624 | RIEHM, KATHERINE M.<br>16578 W GREENWAY RD<br>SURPRISE | AZ | 85388 | Tele (800)376-3440<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9390 | RIORDAN, MEAGHAN K.<br>EMPLOYER NOT SPECIFIED<br>MESA | AZ | 85209 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/22/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA4475 | RISKAS, CINDY M.<br>EMPLOYER NOT SPECIFIED<br>PHOENIX | AZ | 85024 | Tele (602)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/21/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8335 | RITTENHOUSE, JOANNE H<br>25511 W RIPPLE RD<br>BUCKEYE | AZ | 85326 | Tele (623)512-0381<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9738 | RIVERS, EBONEE L. | | | Tele (602)000-0000 | 12/08/2015 to 12/07/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA8229 | RIVERS, SHANELLE R. | | | Tele (623)419-5430 | 04/01/2016 to 03/31/2018 |
| | HEAD 2 TOE THERAPY INC | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA8932 | ROBERTS, JULIENNE A | | | Tele (480)398-4280 | 07/01/2016 to 06/30/2018 |
| | 10631 S 51ST ST #8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA10044 | ROBERTSON, ERIN MICHELE | | | Tele (480)000-0000 | 06/03/2016 to 06/02/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7301 | ROBERTSON, LORI L. | | | Tele (623)986-5110 | 07/01/2016 to 06/30/2018 |
| | 500 N BULLARD AVE #27 | | | Fax: (480)505-3387 | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10143 | ROBLES, RAQUEL | | | Tele (602)243-4870 | 07/11/2016 to 07/10/2018 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9542 | RODRIGUEZ, CECILIA | | | Tele (602)442-2900 | 07/29/2015 to 07/31/2017 |
| | 3101 W MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7513 | RODRIGUEZ, FRANCES C. | | | Tele (480)668-1917 | 06/01/2016 to 05/31/2018 |
| | 108 W UNIVERSITY DR | | | Fax: (480)668-2750 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9188 | ROGERS, KAREN D | | | Tele (602)277-5006 | 11/24/2014 to 11/30/2016 |
| | HEAD TO TOE THERAPY INC | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9671 | ROMERO, DAVID S. | | | Tele (480)000-0000 | 09/04/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6381 | ROMES, STACEY R. | | | Tele (602)403-5220 | 01/01/2016 to 12/31/2017 |
| | 11443 E VIA LINDA SUITE 2235 | | | Fax: (480)391-1229 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8698 | ROSADO, ALEXEANDRA N. | | | Tele (520)999-0951 | 02/01/2016 to 01/31/2018 |
| | 70 S VAL VISTA DRIVE A3 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10300 | ROSELYN JESSICA PETER | | | Tele (714)000-0000 | 10/19/2016 to 10/18/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8995 | ROSSI, NATALIE | | | Tele (480)219-3953 | 08/01/2016 to 07/31/2018 |
| | 4100 S LINDSAY RD SUITE #113 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9892 | ROWAN, ANDREA ELIZABETH | | | Tele (602)000-0000 | 03/29/2016 to 03/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9405 | ROZAN, THEOPHANO L. | | | Tele (480)000-0000 | 05/22/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7932 | RUELAS, ANGELICA | | | Tele (602)502-4397 | 12/17/2015 to 12/16/2017 |
| | 417 E TIERRA BUENA LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9389 | RUIZ MONROY, DIANA P. | | | Tele (602)626-8851 | 05/21/2015 to 05/31/2017 |
| | 11024 N 285TH DR SUITE 140 | | | Fax: (602)865-8020 | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9880 | RUIZ, ADRIANA MARIA | | | Tele (623)000-0000 | 03/10/2016 to 03/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8844 | RUIZ, JESSICA L | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 N 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9041 | RUSSELL, PATRICIA J. | | | Tele (623)435-0152 | 09/01/2016 to 08/31/2018 |
| | 7650 N 43RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8811 | SALAZAR, DIANA I | | | Tele (602)376-3440 | 05/01/2016 to 04/30/2018 |
| | TEAM4KIDS | | | Fax: (602)485-8859 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7228 | SALINAS, SONYA M. | | | Tele (623)935-6040 | 05/01/2016 to 04/30/2018 |
| | 4870 NLITCHFIELD ROAD SUITE 101 | | | Fax: (623)935-6046 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9185 | SAMANTHA ANN LAMERE | | | Tele (602)629-6850 | 12/01/2016 to 11/30/2018 |
| | 5048 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9858 | SAMIEI, LADAN | | | Tele (480)000-0000 | 03/10/2016 to 03/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9125 | SAMUEL DAKOTA KING | | | Tele (602)212-9000 | 10/01/2016 to 09/30/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9554 | SANDOVAL, SILVIA | | | Tele (480)000-0000 | 07/15/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9810 | SANDS, LINDA F. | | | Tele (623)000-0000 | 01/14/2016 to 01/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6722 | SANTA CRUZ, CHRISTINE B. | | | Tele (623)997-8300 | 04/01/2016 to 03/31/2018 |
| | 9051 W KELTON LANE | | | Fax: (623)322-2376 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9636 | SANTIAGO, VIANETH | | | Tele (602)000-0000 | 10/01/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10312 | SARAH OLIVIA SEVILLA | | | Tele (623)000-0000 | 10/24/2016 to 10/23/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8099 | SAVAGE, SARAH, R | | | Tele (480)855-0474 | 12/01/2015 to 11/30/2017 |
| | 600 W RAY ROAD STE #D-1 | | | Fax: (480)907-6855 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8620 | SCALLON, MEGAN M | | | Tele (480)419-0848 | 11/01/2015 to 10/31/2017 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: (480)583-5258 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9744 | SCHMALTZ, ANNIE C. | | | Tele (623)842-3889 | 11/13/2015 to 11/30/2017 |
| | 5810 N 49TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7728 | SCHRAVEN, TRACY L. | | | Tele (623)925-3400 | 06/01/2016 to 05/31/2018 |
| | 25555 W DURANGO ST | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7560 | SCHULTZ, JOLIE A. | | | Tele (480)629-4461 | 12/01/2015 to 11/30/2017 |
| | 9821 E BELL RD | | | Fax: (480)629-5898 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8247 | SCHWARZ, DEBRA J. | | | Tele (602)265-4124 | 04/01/2016 to 03/31/2018 |
| | 2302 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10017 | SEEGLITZ, JENNIFER LYNN | | | Tele (602)000-0000 | 05/23/2016 to 05/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7930 | SEGURA, AMANDA J. | | | Tele (480)727-5700 | 08/01/2016 to 07/31/2018 |
| | 6950 E WILLIAMS FIELD RD | | | Fax: (480)727-5701 | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6819 | SEMMENS, WHITNEY S. | | | Tele (480)347-8938 | 07/01/2016 to 06/30/2018 |
| | 3150 N ARIZONA AVE | | | Fax: (480)963-9126 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10297 | SENJI LYN ANN DALLAS | | | Tele (602)000-0000 | 10/03/2016 to 10/02/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10072 | SERPA, LEAH PAULINE | | | Tele (480)000-0000 | 06/28/2016 to 06/27/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6931 | SEXTON, CYNTHIA D. | | | Tele (480)820-6366 | 09/01/2015 to 08/31/2017 |
| | 690 E WARNER RD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6314 | SHANNON CASEY ILENE MCCLEAN | | | Tele (623)972-4033 | 09/01/2016 to 08/31/2018 |
| | 12600 N 113TH AVE BLDG A | | | Fax: ( ) - | |
| | YOUNGTOWN | AZ | 85363 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10016 | SHELL. NURIT | | | Tele (602)277-5006 | 06/08/2016 to 06/07/2018 |
| | 5314 N7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6341 | SHERINIAN, NANETTE L. | | | Tele (480)390-3004 | 09/01/2016 to 08/31/2018 |
| | 2487 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8675 | SHRIFT, BRIAN C | | | Tele (480)813-9537 | 01/01/2016 to 12/31/2017 |
| | 580 W MELODY LANE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8414 | SHUMWAY, DANICA | | | Tele (480)528-2746 | 07/01/2016 to 06/30/2018 |
| | 19670 E REINS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8963 | SINGLETON, TANYA E. | | | Tele (623)486-6000 | 07/01/2016 to 06/30/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: (623)412-4734 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8233 | SKINNER, KRISTIN L. | | | Tele (602)455-6800 | 04/01/2016 to 03/31/2018 |
| | 3348 WEST MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8300 | SMITH, HEATHER A. | | | Tele (602)502-4397 | 06/01/2016 to 05/31/2018 |
| | 417 E TIERRA BUENA LN | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8639 | SMITH, JAVAL K | | | Tele (623)755-3384 | 11/01/2015 to 10/31/2017 |
| | 5614 NORTH MILANO COURT | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9574 | SMOLL, CIELITO MARIE D. | | | Tele (480)000-0000 | 07/27/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9306 | SNYDEY-EMORY, SARA ANNE | | | Tele (623)445-5000 | 03/06/2015 to 03/31/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8512 | SONIA M NAVA | | | Tele (623)986-5110 | 09/01/2016 to 08/31/2018 |
| | 2122 S 114TH LN | | | Fax: (481)505-3387 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9468 | SOSA, KARINA | | | Tele (602)484-1122 | 06/09/2015 to 06/30/2017 |
| | ISAAC SCHOOL DISTRICT | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9536 | SOTO, BENJAMIN C. | | | Tele (602)773-5773 | 07/08/2015 to 07/31/2017 |
| | 5025 E WASHINGTON ST #212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8996 | SOUSAE, STEPHANIE E | | | Tele (480)541-1000 | 08/01/2016 to 07/31/2018 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9187 | SPENCER, MARY E. | | | Tele (480)000-0000 | 11/28/2014 to 11/30/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8396 | SPIEKERMAN, SARA | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7214 | SPRADLIN, RENEE L | | | Tele (480)632-5352 | 05/01/2016 to 04/30/2018 |
| | 4567 W ROBERTS ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9486 | SROCK, LAUREN M. | | | Tele (602)745-3800 | 06/15/2015 to 06/30/2017 |
| | 1431 E CAMPBELL AVE | | | Fax: (602)745-3899 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9270 | STEEL, CANDICE M. | | | Tele (480)000-0000 | 02/13/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9312 | STEELE, AMANDA G. | | | Tele (480)000-0000 | 03/09/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6493 | STEFFENS, ALYSON H. | | | Tele (480)219-3953 | 10/01/2015 to 09/30/2017 |
| | 4100 S LINDSAY RD STE 113 | | | Fax: (480)219-4203 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6512 | STEM, BETHANY A. | | | Tele (602)445-5000 | 02/01/2016 to 01/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6850 | STEPHENS, AMBER E. | | | Tele (602)903-4072 | 11/01/2015 to 10/31/2017 |
| | 4203 E INDIAN SCHOOL RD #230 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7821 | STEVENS, AMANDA M. | | | Tele (480)000-0000 | 11/19/2014 to 11/30/2016 |
| | EMPLOYER INFORMATION NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8110 | STEVENS, PATRICIA T | | | Tele (602)828-2619 | 01/01/2016 to 12/31/2017 |
| | 3145 E CHANDLER BLVD STE 110 #117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6573 | STEVENSON-PELTON, JULIEANN | | | Tele (602)000-0000 | 12/22/2014 to 12/31/2016 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6970 | STEWART, STEPHANIE J. | | | Tele (623)463-8208 | 12/01/2015 to 11/30/2017 |
| | 7415 N 59TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9496 | STINE, WHITNEY L. | | | Tele (480)000-0000 | 06/19/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7668 | STINSON, TINA M. | | | Tele (480)502-7726 | 02/01/2016 to 01/31/2018 |
| | 25615 N RANCH GATE ROAD | | | Fax: (480)513-4628 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7823 | STOLLER, SHANNA N. | | | Tele (480)963-3634 | 06/01/2016 to 05/31/2018 |
| | 1745 S ALMA SCHOOL RD SUITE 145 | | | Fax: (480)855-8384 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9444 | STOLZ, LORA D. | | | Tele (623)000-0000 | 06/04/2015 to 06/03/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10013 | STONE, AMANDA NICOLE | | | Tele (425)000-0000 | 05/19/2016 to 05/18/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9590 | STONE, COURTNEY | | | Tele (602)400-0000 | 08/03/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8119 | STRAYHAND, YOLANDA L. | | | Tele (602)224-0202 | 06/01/2016 to 05/31/2018 |
| | 4545 N 36TH ST STE 125 | | | Fax: (602)224-0010 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7116 | STRONG, REBECCA M | | | Tele (480)730-8675 | 01/01/2016 to 12/31/2017 |
| | 2333 W NARANJA | | | Fax: (602)277-5042 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7213 | STRUNA, MARIA LISA | | | Tele (480)726-0000 | 07/01/2016 to 06/30/2018 |
| | 3440 S OLEANDER DR | | | Fax: (480)726-9999 | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7044 | STUART, BARBE J. | | | Tele (602)000-0000 | 11/01/2015 to 10/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9465 | SULLIVAN, RHIANNON E. | | | Tele (602)000-0000 | 06/26/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7302 | SWART, ALIDA C. | | | Tele (480)484-7300 | 07/01/2016 to 06/30/2018 |
| | 8500 E JACKRABBIT RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8651 | SWEDERSKI, SUSAN A. | | | Tele (602)319-7324 | 04/01/2016 to 03/31/2018 |
| | 3442 W LOS GATOR DR | | | Fax: (602)926-8617 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6295 | SWENSON, KAREN A. | | | Tele (480)812-7000 | 09/01/2016 to 08/31/2018 |
| | 1525 W FRYE RD | | | Fax: (480)224-9128 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7747 | SWINK, SHONDEEN S. | | | Tele (480)528-2746 | 06/01/2016 to 05/31/2018 |
| | 19670 E REINS RD | | | Fax: (602)532-7464 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10210 | SYDNEY NICOLE BARBERA | | | Tele (602)773-5773 | 09/12/2016 to 09/11/2018 |
| | 5025 E WASHINGTON STREET #212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8334 | TAFT, CYDNEY M | | | Tele (623)707-4500 | 06/01/2016 to 05/31/2018 |
| | 1617 S 67TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85043 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6296 | TAGABAN, KAYE L.. | | | Tele (480)528-2746 | 09/01/2015 to 08/31/2017 |
| | 19670 E REINS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9280 | TALBERT, KAREN K. | | | Tele (602)277-5006 | 02/26/2015 to 02/28/2017 |
| | 5314 N 7TH ST | | | Fax: (602)121-3351 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6370 | TAMI RAE YOUNG | | | Tele (480)668-1917 | 09/01/2016 to 08/31/2018 |
| | 110 W UNIVERSITY DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10195 | TANG, MEGAN HELEN | | | Tele (201)993-8388 | 08/16/2016 to 08/15/2018 |
| | AZ PRACTICE ADDR NOTREGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8226 | TAPIA, FAVIOLA | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8593 | TARA LEE LOPEZ | | | Tele (623)347-2600 | 11/01/2016 to 10/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7292 | TARVER, ANGELA L | | | Tele (623)523-8200 | 06/01/2016 to 05/31/2018 |
| | 15042 W SWEETWATER AVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9993 | TAYLOR NICOLE CLUFF | | | Tele (480)000-0000 | 06/28/2016 to 06/27/2018 |
| | ARIZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9240 | TAYLOR, EMILY R. | | | Tele (480)000-0000 | 01/12/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8579 | TEOFILA ANNE STERLING | | | Tele (480)434-1373 | 10/01/2016 to 09/30/2018 |
| | 4135 S POWER RD | | | Fax: ( ) - | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8762 | TESS ALETA COX | | | Tele (480)963-3634 | 08/31/2016 to 08/30/2018 |
| | 1745 S ALMA SCHOOL ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7051 | THOMAS, STEPHANIE K. | | | Tele (602)277-5006 | 11/01/2015 to 10/31/2017 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9583 | THOMPSON, ABIGAIL H. | | | Tele (480)000-0000 | 08/05/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8657 | THOMPSON, JENNIFER M. | | | Tele (480)756-5500 | 12/01/2015 to 11/30/2017 |
| | 7541 S WILLOW DRIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9773 | THOMPSON, JULIE A. | | | Tele (623)000-0000 | 12/21/2015 to 12/20/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9437 | THOMPSON, TAMARA J. | | | Tele (480)000-0000 | 06/04/2015 to 06/03/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9010 | THORNHILL, ERICA W | | | Tele (623)349-1373 | 08/01/2016 to 07/31/2018 |
| | PO BOX 15801 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85060 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8240 | THORNHILL, TAMMY S | | | Tele (602)485-4444 | 04/01/2016 to 03/31/2018 |
| | 4045 E UNION HILLS DR STE 110 | | | Fax: (480)451-7226 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8946 | THORNTON, CAITLIN N. | | | Tele (602)347-2632 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: (602)347-2709 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8361 | THORNTON, JILL M. | | | Tele (480)204-7475 | 06/01/2016 to 05/31/2018 |
| | 13835 N TATUM BLVD STE 9-429 | | | Fax: (602)633-1076 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7757 | TIFFANY HOPE DAOUD | | | Tele (480)648-3502 | 09/01/2016 to 08/31/2018 |
| | 3370 N HAYDEN RD #123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6537 | TOLLEFSON, MARY JO S. | | | Tele (623)376-4800 | 01/01/2016 to 12/31/2017 |
| | 7241 W ROSE GARDEN LANE | | | Fax: (623)376-4880 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7286 | TORRES, KAYLA G. | | | Tele (602)266-3989 | 06/01/2016 to 05/31/2018 |
| | 3001 W INDIAN SCHOOL RD | | | Fax: (602)266-3979 | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8255 | TRAN, BARBARA | | | Tele (623)986-5110 | 05/01/2016 to 04/30/2018 |
| | 500 N BULLARD AVE | | | Fax: (480)505-3387 | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9257 | TRENTMAN, MEGAN LEIGH | | | Tele (540)000-0000 | 02/01/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7709 | TRIMBLE, KARRALEE | | | Tele (623)937-5090 | 05/01/2016 to 04/30/2018 |
| | 6815 W CACTUS ROAD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6548 | TRINCI, TONIE M. | | | Tele (623)523-8700 | 11/01/2015 to 10/31/2017 |
| | 17825 W SIERRA MONTANA LOOP | | | Fax: (623)523-8511 | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9850 | TRUJILLO, ELIZABETH MOLINA | | | Tele (623)772-5000 | 02/11/2016 to 02/10/2018 |
| | 295 W WESTERN AVENUE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9526 | TRUJILLO, TERESA M. | | | Tele (602)277-5006 | 07/02/2015 to 07/31/2017 |
| | 5314 NORTH 7TH STREET | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9210 | TSANG, CONNIE M. | | | Tele (480)361-1972 | 12/08/2014 to 12/31/2016 |
| | 2424 E SOUTHERN AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10173 | TUCEK, COURTNEY ARLENE | | | Tele (815)000-0000 | 08/04/2016 to 08/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10019 | TUCKER, KARLA NICHELLE | | | Tele (480)000-0000 | 05/23/2016 to 05/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9618 | TVETEN, MARLA A. | | | Tele (480)000-0000 | | 09/10/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CHANDLER | AZ | 85248 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8828 | UBER, MCKENZIE K | | | Tele (480)365-9981 | | 05/01/2016 | to | 04/30/2018 |
| | 3160 NORTH ARIZONA AVENUE SUITE 109 | | | Fax: (480)963-9126 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9272 | ULM, APRIL LEE | | | Tele (623)000-0000 | | 02/05/2015 | to | 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10135 | UNDERWOOD, LAUREN MARIE | | | Tele (908)000-0000 | | 07/20/2016 | to | 07/19/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85029 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8049 | UPPERMAN, LISA L. | | | Tele (602)277-5006 | | 11/01/2015 | to | 10/31/2017 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6558 | URBAN, DEBORAH L. | | | Tele (480)270-5438 | 01/01/2016 to 12/31/2017 |
| | 3201 S GILBERT RD | | | Fax: (888)420-5454 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9851 | URQUIZA-LOZOYA, KARLA JASMIN | | | Tele (602)000-0000 | 02/12/2016 to 02/11/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7687 | VALENZUELA, GINGER A. | | | Tele (480)600-3991 | 03/01/2016 to 02/28/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7043 | VAN CUYCK, TRACY S. | | | Tele (480)497-3300 | 11/01/2015 to 10/31/2017 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6940 | VAN ELDEREN, CATHERINE I. | | | Tele (602)773-5773 | 01/01/2016 to 12/31/2017 |
| | 5052 E WASHINGTON STREET | | | Fax: (602)273-9108 | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9847 | VANZANDT, ALEXANDRA ELIZABETH | | | Tele (623)349-1373 | 02/22/2016 to 02/21/2018 |
| | 6991 E CAMELBACK ROAD SUITED-300 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9213 | VARGHAI, SAFA N. | | | Tele (209)000-0000 | 01/14/2015 to 01/31/2017 |
| | EMLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8094 | VASILIKI APOSTOLIS | | | Tele (602)000-0000 | 10/04/2016 to 10/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8266 | VELASQUEZ, DIANA L. | | | Tele (623)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9766 | VIDAURRAZAGA, GUADALUPE ROMERO | | | Tele (602)000-0000 | 12/09/2015 to 12/08/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7642 | VIERA KARUM, MICHELLE L | | | Tele (602)277-5006 | 03/01/2016 to 02/28/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9194 | VIGGERS, TAYLOR F. | | | Tele (602)347-2600 | 11/14/2014 to 11/30/2016 |
| | 4650 W SWEETWATER AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8096 | VILLAMAR DORANTES, MARIA R. | | | Tele (602)442-2500 | 12/01/2015 to 11/30/2017 |
| | 3948 W MCDOWELL RD | | | Fax: (602)442-2599 | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10141 | VILLEGAS, LUCY MARIE | | | Tele (210)000-0000 | 07/11/2016 to 07/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9719 | VINE, ANNETTE M. | | | Tele (602)000-0000 | 11/04/2015 to 11/04/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7427 | VIRISSIMO, LIZETTE T | | | Tele (480)000-0000 | 08/01/2016 to 07/31/2018 |
| | 4848 E ROOOSEVELT STREET, APT 2037 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6393 | VOLKENANT, TAMMY R. | | | Tele (623)935-6040 | 10/01/2015 to 09/30/2017 |
| | 4870 N LITCHFIELD KNOLS E #101 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7157 | WAHLBERG, HEATHER W | | | Tele (480)963-5800 | 03/01/2016 to 02/28/2018 |
| | 815 EAST WARNER ROAD SUITE 106 | | | Fax: (480)963-5805 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9274 | WALLACE, CYHNTHIA E. | | | Tele (602)000-0000 | 03/16/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7763 | WARNER, CANDICE LYNN | | | Tele (480)365-9981 | 06/01/2016 to 05/31/2018 |
| | 3160 N ARIZONA AVE #109 | | | Fax: (480)963-9126 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9531 | WARSINSKE, ALICE M. | | | Tele (415)000-0000 | 07/06/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8818 | WARTAK, BECKY M | | | Tele (602)277-5006 | 05/01/2016 to 04/30/2018 |
| | 5314 NORTH 7TH ST | | | Fax: (602)277-5042 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9167 | WASLEY, LAURA E. | | | Tele (480)000-0000 | 11/01/2016 to 10/31/2018 |
| | ELEUTHERIA LLC | | | Fax: (480)505-3387 | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9632 | WATTS, SARAH A. | | | Tele (602)628-2827 | 08/24/2015 to 08/31/2017 |
| | 131 E SECRETARIAT DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9710 | WAY, CHARLOTTE S. | | | Tele (858)000-0000 | 10/28/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8153 | WEBB, KIMBERLY E. | | | Tele (480)820-6366 | 01/01/2016 to 12/31/2017 |
| | 690 E WARNER RD #105 | | | Fax: (888)243-7186 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9555 | WEBB, REANNA J. | | | Tele (602)000-0000 | 07/15/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REDISTERED | | | Fax: ( ) - | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6686 | WEBER, AMBER L. | | | Tele (480)204-7475 | 06/01/2016 to 05/31/2018 |
| | 13835 N TATUM BLVD STE 9-426 | | | Fax: (602)633-1076 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9605 | WEBSTRE, KELSEY M. | | | Tele (602)277-5006 | to |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7088 | WEIMAN, MARCIA F. | | | Tele (602)626-8851 | 12/01/2015 to 11/30/2017 |
| | 11024 N 28TH DRIVE SUITE 140 | | | Fax: (602)865-8020 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8826 | WEISS, MALLORY B | | | Tele (480)861-2181 | 05/01/2016 to 04/30/2018 |
| | 1419 W IRIS DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9441 | WHITE, KRISTYN M. | | | Tele (623)000-0000 | 06/15/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8336 | WHITESON, JESSICA A | | | Tele (724)634-1935 | 06/01/2016 to 05/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8767 | WHITING, JILLAINE | | | Tele (480)224-0202 | 04/01/2016 to 03/31/2018 |
| | ARIZONA INSTITUE FOR COMMUNICATION & COGNITIVE DIS | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9825 | WHITTINGTON, BRITTANY ASHLEY | | | Tele (480)610-6981 | 01/26/2016 to 01/25/2018 |
| | 4350 E MUIRWOOD DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7749 | WHYMAN, KAREN C. | | | Tele (602)381-6000 | 06/01/2016 to 05/31/2018 |
| | CREIGHTON SCHOOL DISTRICT | | | Fax: (602)381-6019 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8877 | WIESSMAN, JESSICA L. | | | Tele (480)818-4212 | 06/01/2016 to 05/31/2018 |
| | 70 S VAL VISTA DRIVE STE A3 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7771 | WILGUS, AMY L. | | | Tele (480)545-6132 | 05/01/2016 to 04/30/2018 |
| | 1540 N BURK ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8722 | WILKINS, LEANNE L. | | | Tele (623)935-3715 | 02/01/2016 to 01/31/2018 |
| | 272 E SAGEBRUSH STREET | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9606 | WILLIAMS, CHARNELLE C. | | | Tele (928)000-0000 | 08/31/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9779 | WILLIAMS, EMILY ANNE | | | Tele (480)000-0000 | 01/25/2016 to 01/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7620 | WILLIAMS, MELINDA M | | | Tele (623)974-4827 | 02/01/2016 to 01/31/2018 |
| | 13226 N 113TH AVE | | | Fax: ( ) - | |
| | YOUNGTOWN | AZ | 85363 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8699 | WINES, SONDI L | | | Tele (480)991-9560 | 02/01/2016 to 01/31/2018 |
| | 6865 E BECKERJ LN STE 101 | | | Fax: (480)607-9246 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9485 | WITCHLEY, KATIE L. | | | Tele (602)224-0202 | 08/14/2015 to 08/31/2017 |
| | 4545 N 36TH ST SUITE 125 A & C | | | Fax: (602)393-0141 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9558 | WOLLEY, BECKY | | | Tele (623)000-0000 | 08/05/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9679 | WOODS, MICHELLEL. | | | Tele (602)000-0000 | 09/15/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA8965 | WOODWARD, BRITTANY P. | | | Tele (602)347-2600 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7866 | WOOLF, AMBER J. | | | Tele (623)445-7600 | 08/01/2016 to 07/31/2018 |
| | 7000 W HAPPY VALLEY RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA6914 | WRAY, DANIELLE M. | | | Tele (602)707-2000 | 08/01/2016 to 07/31/2018 |
| | 1226 W OSBORN RD | | | Fax: (602)707-2040 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA9399 | WRIGHT, JACLYN S. | | | Tele (480)000-0000 | 06/10/2015 to 06/09/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9717 | WRIGHT, LORRAINE S. | | | Tele (623)000-0000 | 11/12/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8160 | WRIGHT, SUSAN L. | | | Tele (480)541-1000 | 02/01/2016 to 01/31/2018 |
| | 8700 S KYRENE RD | | | Fax: (480)541-1516 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6286 | ZIEGLER, MARY E. | | | Tele (623)876-7000 | 09/01/2016 to 08/31/2018 |
| | 15802 N PARVIEW PL | | | Fax: (623)876-7750 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6333 | ZUMMALLEN, SUSAN K. | | | Tele (602)403-5220 | 09/01/2016 to 08/31/2018 |
| | 11445 E VIA LINDA, SUITE 2235 | | | Fax: (623)582-6918 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9927 | ZVARA, LINDSEY MICHELLE | | | Tele (602)000-0000 | 04/25/2016 to 04/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1591 | CHERYL BOEHMER | | | Tele (602)339-3061 | 10/01/2016 to 09/30/2018 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6043 | JOCELYN SANDY ESPINOSA | | | Tele (480)730-7425 | 09/01/2016 to 08/31/2018 |
| | 3205 SOUTH RURAL ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5647 | KRISTIN JOAN BEASLEY | | | Tele (602)485-4444 | 09/01/2016 to 08/31/2018 |
| | 7241W ROSE GARDEN LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1630 | LORRAINE MADRID GALLEGOS | | | Tele (602)626-8851 | 08/01/2016 to 07/31/2018 |
| | 11024 N 28TH DR STE 140 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6569 | ABBY JO TIMM | | | Tele (480)240-9255 | 10/01/2016 to 09/30/2018 |
| | 1540 N BURK ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7520 | ABRAHAM, CAROLYN S. | | | Tele (623)207-3750 | 11/01/2015 to 10/31/2017 |
| | 14200 WEST CELEBRATE LIFE WAY | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1008 | ABRAHAM, JUDITH M. | | | Tele (480)963-5800 | 05/01/2016 to 04/30/2018 |
| | 815 E WARNER RD SUITE 106 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8603 | ABRAMS-STERN, RICKI F | | | Tele (480)456-0719 | 01/13/2015 to 01/31/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0162 | ACKERMAN, SONIA S. | | | Tele (602)942-3131 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (602)942-6057 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1895 | ACOTTO, CATHERINE CAMILLE | | | Tele (480)434-3723 | 06/01/2016 to 05/31/2018 |
| | 9990 N SCOTTSDALE RD #2008 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8691 | ADAMCZYK, CHRISTINA L | | | Tele (623)486-6000 | 04/06/2015 to 04/30/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9861 | ADAMS, CLARA ELIZABETH | | | Tele (512)000-0000 | 02/25/2016 to 02/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0378 | ADAMS, LISA A. | | | Tele (602)633-8162 | 03/01/2016 to 02/28/2018 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5633 | ADAMSON, CAROLINE M | | | Tele (602)736-3047 | 02/01/2016 to 01/31/2018 |
| | 4041 E UNION HILLS DRIVE STE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4353 | ADAY, KATIE E. | | | Tele (602)377-6542 | 07/01/2016 to 06/30/2018 |
| | 9982 W VILLA CHULA | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8011 | AEBI, JENA L. | | | Tele (602)933-0980 | 09/01/2016 to 08/31/2018 |
| | 1919 E THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8750 | AGUILAR, SARAH C | | | Tele (520)400-6500 | 03/01/2016 to 02/28/2018 |
| | 10251 N 35TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0628 | AGUIRRE, MONICA CURTIN | | | Tele (602)664-7900 | 02/17/2016 to 02/16/2018 |
| | 5601 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0509 | AHLMAN, PAMELA S. | | | Tele (480)321-4627 | 01/01/2015 to 12/31/2017 |
| | 6644 E BAYWOOD AVENUE | | | Fax: (480)981-4446 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9095 | AIMEE LEIGH COSKEY | | | Tele (623)334-5454 | 10/01/2016 to 09/30/2018 |
| | ENCOMPASS HOME HEALH | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9668 | AJIJEDIDUN, VICTORIA A. | | | Tele (623)237-7100 | 10/16/2015 to 10/31/2017 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6168 | AKERT, JULIE A | | | Tele (623)773-6500 | 05/01/2016 to 04/30/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9822 | ALBRIGHT, AMANDA MARIE | | | Tele (312)000-0000 | 01/25/2016 to 01/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8325 | ALEXANDER, MEGAN P | | | Tele (602)406-3473 | 05/01/2016 to 04/30/2018 |
| | CENTER FOR TRANSITIONAL NEURO REHAB ST JOESEPHS | | | Fax: (602)406-4406 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0383 | ALFONSO, NADINE H. | | | Tele (602)468-3433 | 03/01/2016 to 02/28/2018 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7331 | ALISON DAWN EDELSTEIN | | | Tele (602)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0363 | ALLEN, MARY K. | | | Tele (602)628-3598 | 02/01/2016 to 01/31/2018 |
| | 1201 E THOMAS ROAD | | | Fax: (602)404-2841 | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8387 | ALLISON JO KEIM | | | Tele (480)924-7777 | 09/01/2016 to 08/31/2018 |
| | 3130 E BROADWAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2133 | ALMANZA, JOSEFA | | | Tele (602)279-5801 | 12/01/2015 to 11/30/2017 |
| | 6306 NORTH 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9419 | ALVAREZ, CASSANDRA J. | | | Tele (602)746-0237 | 05/11/2016 to 05/10/2018 |
| | 222 W THOMAS ROAD SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7736 | ALYAFI, ANNETTE D. | | | Tele (602)406-3222 | 06/01/2016 to 05/31/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1408 | AMADEE, JUDITH A. | | | Tele (480)783-2876 | 01/01/2016 to 12/31/2017 |
| | 11820 S WARNER - ELLIOT LOOP | | | Fax: (480)783-5766 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1089 | AMANATI, FRANCES D | | | Tele (602)449-3057 | 06/01/2016 to 05/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9812 | AMANDA JEAN WARADZIN | | | Tele (602)265-4124 | 10/07/2016 to 10/06/2018 |
| | 2302 N 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6855 | AMANDA KATE WOODMANSEE | | | Tele (602)368-8601 | 11/01/2016 to 10/31/2018 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6206 | AMBROSE, KATHLEEN OATIS | | | Tele (602)368-8601 | 03/01/2016 to 02/28/2018 |
| | 4600 E SHEA UNIT 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0048 | ANDERSEN, JANICE L. | | | Tele (602)406-3723 | 01/01/2016 to 12/31/2017 |
| | 350 W THOMAS ROAD | | | Fax: (602)406-6104 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0767 | ANDERSON, DIANE L. | | | Tele (480)321-4649 | 03/01/2016 to 02/28/2018 |
| | 6644 E BAYWOOD AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8723 | ANDERSON, STEPHANIE M | | | Tele (480)541-1000 | 02/26/2015 to 02/28/2017 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0474 | ANDERSON, SUSAN V. | | | Tele (480)897-2744 | 01/01/2016 to 12/31/2017 |
| | 3205 SOUTH RURAL ROAD | | | Fax: (480)839-7325 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6768 | ANDREA CHANTAL GRAFFA | | | Tele (602)449-2000 | 11/01/2016 to 10/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8362 | ANDREASON, KAITLYN J. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: (888)957-8277 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8904 | ANDREW, HEATHER A | | | Tele (480)926-6309 | 10/27/2015 to 10/31/2017 |
| | 4554 E INVERNESS AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5081 | ANNE PATRICIA TEIXEIRA | | | Tele (602)664-7900 | 07/01/2016 to 06/30/2018 |
| | 5601 N 16TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1644 | ANNETTE GERALYNN MAHAN | | | Tele (480)472-2892 | 09/01/2016 to 08/31/2018 |
| | 525 N WESTWOOD | | | Fax: (480)472-2899 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6860 | ANNIE LIU LAND | | | Tele (602)449-2000 | 07/01/2016 to 06/30/2018 |
| | 15002 N 32ND STREET | | | Fax: (602)449-2193 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4417 | ANSON, AMY H | | | Tele (480)472-6831 | 06/01/2016 to 05/31/2018 |
| | 3807 E PUELBO AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0463 | APPLEMAN, SUSANNE A. | | | Tele (602)791-3646 | 01/01/2016 to 12/31/2017 |
| | 8669 E SAN ALBERTO DR SUITE 102 | | | Fax: (602)358-8278 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1702 | ARBOISIERE, MICHELE | | | Tele (602)430-6483 | 09/01/2016 to 08/31/2018 |
| | 702 E HARMONT DR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1097 | ARCHER, JANET R. | | | Tele (623)376-2311 | 07/01/2016 to 06/30/2018 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4212 | ARELLANO, ALICIA | | | Tele (480)812-7000 | 09/01/2016 to 08/31/2018 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4592 | ARIOLA, APRIL A | | | Tele (480)621-8361 | 12/01/2015 to 11/30/2017 |
| | 1305 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0738 | ARMBRUSTER, ALICE P | | | Tele (480)214-7702 | 04/01/2016 to 03/31/2018 |
| | 10200 N 92ND ST STE 100 | | | Fax: (480)342-0123 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5063 | ARMIJO, MARIA C | | | Tele (602)243-4800 | 06/01/2016 to 05/31/2018 |
| | 6000 SOUTH SEVENTH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0842 | ARMOUR, LUCINDA GALE | | | Tele (623)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0393 | ARMSTRONG, ANDREA F | | | Tele (602)264-2229 | 01/01/2016 to 12/31/2017 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1129 | ASHBY, PATRICIA A. | | | Tele (602)373-6722 | 12/01/2015 to 11/30/2017 |
| | 1146 WEST LYNWOOD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7525 | ASHLEY MICHELLE PHALEN | | | Tele (480)951-6451 | 10/01/2016 to 09/30/2018 |
| | TRS | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4030 | ASHPOLE-SCHUBERT, BRIDGET M | | | Tele (480)635-2011 | 04/01/2016 to 03/31/2018 |
| | 9430 EAST NEVILLE AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6418 | ATKINSON, ASHLEY K. | | | Tele (602)566-7489 | 03/01/2016 to 02/28/2018 |
| | 1155 EAST ROSE LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8343 | AUBRIE NICOLE RACH | | | Tele (602)839-2000 | 11/01/2016 to 10/31/2018 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0899 | AUDREY LEIGH CHRISTIANS | | | Tele (602)943-5472 | 09/01/2016 to 08/31/2018 |
| | 1802 W PARKSIDE LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10194 | AUSTIN, STEPHANIE LYNN | | | Tele (602)000-0000 | 08/15/2016 to 08/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6853 | AVINA-VIZZERRA, MONICA L. | | | Tele (623)691-5000 | 08/01/2016 to 07/31/2018 |
| | 3401 N 67TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4497 | BACKUS, PATRICIA A. | | | Tele (602)943-1012 | 08/01/2016 to 07/31/2018 |
| | 7227 N 16TH STREET STE 107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1317 | BACON, CATHERINE K. | | | Tele (480)965-5475 | 10/01/2015 to 09/30/2017 |
| | PO BOX 870102 | | | Fax: (480)965-8516 | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5077 | BAGLEY, RANDI M. | | | Tele (400)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0342 | BAIO, MARTHA A. | | | Tele (480)963-3634 | 01/01/2016 to 12/31/2017 |
| | 1745 SOUTH ALMA SCHOOL ROAD SUITE 145 | | | Fax: (480)855-8384 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7815 | BAIRD, DIANA YASMIN | | | Tele (602)771-5300 | 06/01/2016 to 05/31/2018 |
| | 7654 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7332 | BAKER, CHELSEA J | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 16428 EAST KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9919 | BAKER, SHAUNA LYNN | | | Tele (406)000-0000 | | 05/20/2016 | to | 05/19/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1618 | BALCH, HEATHER M. | | | Tele (480)279-8035 | | 08/01/2016 | to | 07/31/2018 |
| | 2935 S RECKER RD | | | Fax: (480)279-7205 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0262 | BALDWIN, JUDITH A. | | | Tele (480)813-1770 | | 12/01/2015 | to | 11/30/2017 |
| | 140 SOUTH GILBERT ROAD | | | Fax: (480)813-7279 | | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0607 | BALDWIN, NOREEN A. | | | Tele (602)257-3755 | | 02/01/2016 | to | 01/31/2018 |
| | 1210 N 5TH AVE | | | Fax: (602)257-3923 | | | | |
| | PHOENIX | AZ | 85003 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6171 | BALLIET, HEATHER A | | | Tele (509)432-4429 | | 11/01/2015 | to | 10/31/2017 |
| | 6610 N 93RD AVE | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1430 | BALZANO, KATHY C. DANIELS | | | Tele (602)525-1244 | 12/01/2015 to 11/30/2017 |
| | 334 W BUTLER DRIVE | | | Fax: (602)395-1575 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8964 | BARAJAS, CRYSTAL | | | Tele (480)000-0000 | 05/24/2016 to 05/23/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4745 | BARANY, LISA M. | | | Tele (623)445-5000 | 12/01/2015 to 11/30/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4235 | BARBARA DEAN LACELLE | | | Tele (480)892-9777 | 10/01/2016 to 09/30/2018 |
| | 551 S HIGLEY ROAD | | | Fax: (480)857-7907 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9204 | BARBARA JEAN BOWEN | | | Tele (480)892-9777 | 01/01/2017 to 12/31/2018 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9037 | BARELA, PATRICIA C | | | Tele (915)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0387 | BARNETT, DARBI K. | | | Tele (602)370-7374 | | 01/01/2016 | to | 12/31/2017 |
| | 1537 E FRIESS DR | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6833 | BARNETT, KATHERINE E. | | | Tele (602)943-2381 | | 09/01/2016 | to | 08/31/2018 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85020 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5883 | BARRETT, ASHLEY L | | | Tele (480)543-2851 | | 12/01/2015 | to | 11/30/2017 |
| | 1900 N HIGLEY RD | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7109 | BARRETT, JANA D. | | | Tele (480)347-8938 | | 06/01/2016 | to | 05/31/2018 |
| | 3160 N ARIZONA AVE STE 112 | | | Fax: (480)963-9126 | | | | |
| | CHANDLER | AZ | 85225 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4121 | BARRETT, JENNA L. | | | Tele (602)841-7445 | 11/01/2016 to 10/31/2018 |
| | 6331 N 39TH AVE | | | Fax: (602)841-6892 | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2102 | BARRY, DAVID B. | | | Tele (623)445-4500 | 08/01/2016 to 07/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9276 | BARSNESS, JONATHAN A. | | | Tele (480)855-0474 | 06/15/2016 to 06/14/2018 |
| | 600 W RAY ROAD SUITE D-1 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0689 | BARTA, BRENDA K. | | | Tele (480)472-9400 | 02/01/2016 to 01/31/2018 |
| | 845 S CRISMON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4433 | BARTOLI, MARIA M. | | | Tele (602)224-0598 | 12/01/2015 to 11/30/2017 |
| | 3426 E SHEA BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4556 | BARTON, ALLISON | | | Tele (480)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7396 | BASHAM, JILL N. | | | Tele (602)933-4762 | | 11/01/2015 | to | 10/31/2017 |
| | 1919 E THOMAS RD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0228 | BATTS, KAREN E. | | | Tele (480)987-5990 | | 12/01/2015 | to | 11/30/2017 |
| | 20740 S ELLSWORTH RD | | | Fax: ( ) - | | | | |
| | QUEEN CREEK | AZ | 85242 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8158 | BAUER, RYAN L. | | | Tele (602)336-2920 | | 02/01/2016 | to | 01/31/2018 |
| | 4510 N 37TH AVENUE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85019 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4434 | BAUGH, JILLIAN M. | | | Tele (623)486-6199 | | 06/01/2016 | to | 05/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5880 | BAXTER, AMY L | | | Tele (602)839-2141 | 01/01/2016 to 12/31/2017 |
| | 1012 E WILLETTA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9455 | BAYLOW, HOPE E. | | | Tele (623)537-6300 | 06/18/2015 to 06/30/2017 |
| | 19555 N 59TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8953 | BEARD, SARAH R. | | | Tele (623)561-1000 | 07/01/2016 to 06/30/2018 |
| | 18701 N 67TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5515 | BEELEY, KENDRA | | | Tele (928)639-6412 | 04/01/2016 to 03/31/2018 |
| | 2040 S ALMA SCHOOL RD, SUITE PMB 500 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9550 | BEHNKE, PETER J. | | | Tele (480)630-3005 | 06/27/2016 to 06/26/2018 |
| | 5358 E BASELINE ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7778 | BEIDLER, CAITLIN LEETE | | | Tele (602)368-8601 | 05/01/2016 to 04/30/2018 |
| | 4600 E SHEA BOULEVARD STE 101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1095 | BEKOS, AGELIKI | | | Tele (602)279-5801 | 06/01/2016 to 05/31/2018 |
| | 6306 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0298 | BELKIN, ALISON | | | Tele (602)943-1012 | 01/01/2016 to 12/31/2017 |
| | 7227 N 16TH ST STE 107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5153 | BELL, RANDI B. | | | Tele (480)767-7979 | 08/01/2016 to 07/31/2018 |
| | 3339 N DRINKWATER BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4411 | BELOAT, JAYNIE SUE | | | Tele (480)472-7731 | 08/01/2016 to 07/31/2018 |
| | 950 N SUNVALLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7330 | BELTRAMI, JENNA M | | | Tele (602)933-0872 | 01/01/2016 to 12/31/2017 |
| | 1919 EAST THOMAS ROAD | | | Fax: (602)933-2465 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0458 | BENGE, MARY R. | | | Tele (623)876-7022 | 12/01/2016 to 12/31/2017 |
| | 15802 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2099 | BENJAMIN, CLARICE | | | Tele (480)472-2392 | 05/01/2016 to 04/30/2018 |
| | 1025 NORTH COUNTRY CLUB DRIVE | | | Fax: (602)381-4662 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7270 | BENJAMIN, LYNDI A. | | | Tele (480)821-7779 | 12/01/2015 to 11/30/2017 |
| | 3001 E FANDANGO DR | | | Fax: (480)821-6820 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7360 | BENNETT, KASSIDY H | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 16428 E KINGSTREE | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4460 | BENSON RODRIGUEZ, HEIDI A. | | | Tele (602)664-7534 | | 09/01/2016 | to | 08/31/2018 |
| | 1431 E CAMPBELL | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP6618 | BENSON, LANA S. | | | Tele (602)865-4866 | | 02/01/2016 | to | 01/31/2018 |
| | 5601 W EUGIE AVE SUITE 215 | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP0459 | BENSON, PHYLLIS E. | | | Tele (602)451-8043 | | 01/01/2016 | to | 12/31/2017 |
| | 8201 NORTH VIA DE LAGO | | | Fax: (602)494-0793 | | | | |
| | PHOENIX | AZ | 85028 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP1666 | BENTE, KELLY M. | | | Tele (623)486-6000 | | 09/01/2016 | to | 08/31/2018 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85306 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP0353 | BENTON, KATHY B. | | | Tele (480)834-8379 | | 01/01/2016 | to | 12/31/2017 |
| | 2450 EAST LAUREL STREET | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85213 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0400 | BENVIN, STACY L. | | | Tele (480)993-7350 | 02/01/2016 to 01/31/2018 |
| | 12635 SOUTH 35TH PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5230 | BERG, AMY DAWN | | | Tele (574)780-2798 | 04/01/2016 to 03/31/2018 |
| | 4600 EAST SHEA BOULEVARD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7319 | BERGE, CARIANNE M | | | Tele (480)472-4416 | 12/01/2015 to 11/30/2017 |
| | 945 W RIO SALADO PARKWAY | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8302 | BERIT LYNN BILQUIST | | | Tele (602)386-8601 | 11/01/2016 to 10/31/2018 |
| | 4600 E SHEA BLVD #101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1126 | BERKOWITZ, DEBRA L. | | | Tele (600)000-0000 | 09/25/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4058 | BERKOWITZ, JANE H. | | | Tele (602)410-2172 | | 03/01/2016 | to | 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5240 | BERTHUSEN, ANN L. | | | Tele (623)879-5681 | | 10/01/2016 | to | 09/30/2018 |
| | 19829 N 27TH AVE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9461 | BERTONE, TARA S. | | | Tele (512)000-0000 | | 07/13/2015 | to | 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85064 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4176 | BETTS, WENDY S. | | | Tele (602)532-9960 | | 02/01/2016 | to | 01/31/2018 |
| | UNITED CEREBRAL PALSY OF CENTRAL ARIZONA | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85086 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6801 | BEVIER, SARAH A. | | | Tele (480)472-7364 | | 09/01/2016 | to | 08/31/2018 |
| | 63 E MAIN ST #101 | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85201 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0381 | BHATNAGAR, ANUJ | | | Tele (480)634-5052 | 03/01/2016 to 02/28/2018 |
| | 3031 N 60TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8436 | BICE, KENDERIA | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 17100 E SHEA BLVD STE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7279 | BIRCH, ELIZABETH EVE | | | Tele (623)312-2119 | 09/01/2016 to 08/31/2018 |
| | 1665 N AVONDALE BLVD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4640 | BIRCH, SHERRY W. | | | Tele (623)975-8100 | 01/01/2016 to 12/31/2017 |
| | 20625 N LAKE PLEASANT RD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6135 | BIWER-CAIN, DEBRA L | | | Tele (480)837-4565 | 03/01/2016 to 02/28/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8824 | BLACK, JESSICA M | | | Tele (970)000-0000 | 05/01/2016 to 04/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8149 | BLACKBURN, ALLISA D. | | | Tele (480)472-1417 | 05/01/2016 to 04/30/2018 |
| | 920 E BROADWAY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1493 | BLAIR, CYNTHIA A. | | | Tele (602)943-5472 | 03/01/2016 to 02/28/2018 |
| | 1802 W PARKSIDE LANE | | | Fax: (602)943-4936 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5724 | BLAIR, JASON S. | | | Tele (623)445-4161 | 06/01/2016 to 05/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4055 | BLAIR, JOEY D. | | | Tele (623)445-5322 | 09/01/2016 to 08/31/2018 |
| | 24575 N STETSON HILLS LOOPS | | | Fax: (623)445-5380 | |
| | PHOENIX | AZ | 85083 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8693 | BLALOCK, ALYSSA M | | | Tele (623)412-4775 | 04/01/2015 to 04/30/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2039 | BLANCHARD, KRISTIN N. | | | Tele (302)320-7517 | 12/01/2015 to 11/30/2017 |
| | 1652 E BRIARWOOD TERRACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4444 | BLANK, ALICIA H | | | Tele (602)406-6619 | 06/01/2016 to 05/31/2018 |
| | 222 WEST THOMAS RD SUITE 401 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9718 | BLASZ, KAYLA M. | | | Tele (847)000-0000 | 10/16/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4355 | BLEDSOE, CAROLYN E. | | | Tele (480)902-0771 | 03/01/2016 to 02/28/2018 |
| | 1830 S ALMA SCHOOL ROAD #130 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4132 | BLESSUM, KATY J. | | | Tele (480)308-7423 | 06/01/2016 to 05/31/2018 |
| | 950 N SUNVALLEY BLVD | | | Fax: (480)472-3999 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7700 | BLOCK, MICHELLE L | | | Tele (480)390-0352 | 04/01/2016 to 03/31/2018 |
| | 1400 SOUTH DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6595 | BLOOM, BARBARA M. | | | Tele (480)214-4200 | 01/01/2016 to 12/31/2017 |
| | 9846 NORTH 95TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4167 | BOE-KIPP, TAMMY J. | | | Tele (480)655-7444 | 10/01/2015 to 09/30/2017 |
| | 446 E BROADWAY | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP2109 | BOLAR, STACEY J. | | | Tele (602)248-1550 | 12/01/2015 to 11/30/2017 |
| | 4141 S HERRERA WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5350 | BOLGER, MARY L.<br>3811 N 44TH STREET<br>PHOENIX | AZ | 85018 | Tele (480)484-2600<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLP0081 | BOLLINGER, DENISE A.<br>3319 S MERCY ROAD<br>GILBERT | AZ | 85297 | Tele (480)729-6500<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP1784 | BOLYARD, TINA M.<br>1501 E ORANGEWOOD<br>PHOENIX | AZ | 85020 | Tele (602)944-1574<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLP5818 | BONCHONSKY, LISA J.<br>1525 WEST FRYE ROAD<br>CHANDLER | AZ | 85224 | Tele (480)883-5969<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP0487 | BONNO, RUTH<br>8914 W ADAM AVE<br>PEORIA | AZ | 85382 | Tele (623)362-3414<br>Fax: (623)362-3414<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5742 | BOOTH, JENNIFER L. | | | Tele (480)658-8360 | 01/01/2016 to 12/31/2017 |
| | 5146 W WHISPERING WIND DRIVE | | | Fax: (480)550-8960 | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5981 | BORIS, HILLARY I. | | | Tele (480)902-0771 | 12/01/2015 to 11/30/2017 |
| | 1830 S ALMA SCHOOL ROAD #130 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8382 | BORREGO, HYRUM J. | | | Tele (480)484-6100 | 07/08/2016 to 07/07/2018 |
| | 7575 E MAIN STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7553 | BOSTWICK, NICOLE M | | | Tele (480)472-9851 | 11/01/2015 to 10/31/2017 |
| | 2325 E ADOBE STREET | | | Fax: (480)472-9819 | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2108 | BOTMA, SARA LYNN | | | Tele (602)317-8467 | 06/01/2016 to 05/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)000-0000 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9166 | BOWERS, MELISSA A. | | | Tele (877)480-7913 | 11/06/2014 to 11/30/2016 |
| | 28731 N 25TH GLEN | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1584 | BOWMAN, SUSAN E | | | Tele (602)381-6000 | 06/01/2016 to 05/31/2018 |
| | 2702 E FLOWER | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2134 | BRADEN, CINDY L. | | | Tele (480)000-0000 | 06/09/2016 to 06/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7506 | BRADSHAW, AMANDA L. | | | Tele (602)000-0000 | 10/01/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1421 | BRANNON, CYNTHIA SUE | | | Tele (602)686-3840 | 02/01/2016 to 01/31/2018 |
| | 1930 E SOUTHERN | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4726 | BRECKOW, JACQULYN M. | | | Tele (480)820-6366 | 03/01/2016 to 02/28/2018 |
| | 690 E WARNER ROAD, #105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7283 | BREEN, JENNIFER COREY | | | Tele (602)933-1000 | 01/01/2016 to 12/31/2017 |
| | 1919 E THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5423 | BREGER, JOSHUA W. | | | Tele (602)000-0000 | 10/01/2015 to 09/30/2017 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0900 | BREMER, JAMI B. | | | Tele (602)449-2650 | 03/01/2016 to 02/28/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8840 | BRENNAN, MERIDITH A. | | | Tele (480)497-4032 | 06/01/2016 to 05/31/2018 |
| | 3900 S MOUNTAIN ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4784 | BRINKLEY, SHARA | | | Tele (480)727-7297 | 01/01/2016 to 12/31/2017 |
| | PO BOX 870102 | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1475 | BRODFUEHRER, DINA L. | | | Tele (623)412-4600 | 08/01/2016 to 07/31/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0891 | BRONER, JUDY R. | | | Tele (480)878-5262 | 03/01/2016 to 02/28/2018 |
| | 7007 E GOLD DUST AVE #2002 | | | Fax: ( ) - | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4098 | BROOKS, CHRISTINE D | | | Tele (480)540-4183 | 10/01/2015 to 09/30/2017 |
| | 3073 E BUENA VISTA DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4376 | BROOKS, CRYSTAL A. | | | Tele (602)542-8718 | 05/01/2016 to 04/30/2018 |
| | 1535 WEST JEFFERSON STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0885 | BROOKS, SHERYL L . | | | Tele (623)412-5014 | 04/01/2016 to 03/31/2018 |
| | 6330 W GREENWAY RD | | | Fax: (623)412-5020 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7529 | BROTHERTON, NATALIE J. | | | Tele (480)456-0942 | 06/03/2016 to 06/02/2018 |
| | 875 S COOPER RD | | | Fax: (866)925-3009 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9502 | BROWN, CHANICE L. | | | Tele (480)837-4565 | 06/08/2016 to 06/07/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1315 | BROWN, JEAN C. | | | Tele (480)965-9396 | 10/01/2015 to 09/30/2017 |
| | PO BOX 871809 | | | Fax: (480)965-0965 | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5805 | BROWN, KRISTY K. | | | Tele (602)406-3473 | 03/01/2016 to 02/28/2018 |
| | 222 W THOMAS RD SUITE 401 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6666 | BROWN, LYNN D. | | | Tele (602)295-3111 | 06/01/2016 to 05/31/2018 |
| | 16815 S DESERT FOOTHILLS PKWY STE 126 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0210 | BROWN, MARCI | | | Tele (623)486-6000 | 12/01/2015 to 11/30/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: (623)486-6111 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9085 | BROWN, MARY E. | | | Tele (480)551-5417 | 05/13/2015 to 05/31/2017 |
| | 9630 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0502 | BROWN, ROBIN A. | | | Tele (602)528-3450 | 05/01/2016 to 04/30/2018 |
| | PO BOX 25104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85002 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2170 | BROWNING, JULIA E. | | | Tele (480)999-9999 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4508 | BRUCE, LAUREL K. | | | Tele (480)620-2080 | 02/01/2016 to 01/31/2018 |
| | 7575 E MAIN STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0433 | BRYANT, KAREN T. | | | Tele (480)484-7300 | 01/01/2016 to 12/31/2017 |
| | 12121 N 124TH STREET | | | Fax: (480)484-7301 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7373 | BRYCE, JACOB L. | | | Tele (480)833-3988 | 10/01/2015 to 09/30/2017 |
| | 255 WEST BROWN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8678 | BUCHANAN, MICHAEL S. | | | Tele (623)925-3400 | 01/01/2016 to 12/31/2017 |
| | 25555 W DURANGO ST | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1547 | BUCKLER, JENNIFER M. | | | Tele (623)412-5283 | 05/01/2016 to 04/30/2018 |
| | 10851 W WILLIAMS ROAD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85373 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9005 | BUCKLEY, COLLEEN J | | | Tele (480)837-4565 | 05/19/2015 to 05/31/2017 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6861 | BUNZELL, LYNETTE M. | | | Tele (480)497-3300 | 09/01/2016 to 08/31/2018 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0994 | BURBACH-WEINER, CATHERINE A. | | | Tele (480)951-6451 | 04/01/2016 to 03/31/2018 |
| | 8115 E INDIAN BEND RD SUITE 123 | | | Fax: (480)951-6464 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2178 | BURDEN, REBECCA J. | | | Tele (480)229-5936 | 04/01/2016 to 03/31/2018 |
| | 7011 E CULVER ST | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5206 | BURINGRUD, KENDRA L. | | | Tele (623)445-5000 | 04/01/2016 to 03/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0554 | BURK, MARGARET | | | Tele (602)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | WITTMANN | AZ | 85361 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9499 | BURLEY, KATHLEEN M. | | | Tele (480)000-0000 | 06/07/2016 to 06/06/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5989 | BURNETTE, ALETHA J. | | | Tele (480)812-7000 | 11/01/2015 to 10/31/2017 |
| | CHANDLER UNIFIED SCHOOL DISTRICT | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7965 | BURNHAM, KRISTINA M. | | | Tele (800)376-3440 | 09/01/2016 to 08/31/2018 |
| | 13601 N LITCHFIELD RD SUITE 124 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8346 | BURRER, CORWYN A | | | Tele (602)347-2600 | 08/01/2016 to 07/31/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8641 | BURROW, KRISTA L | | | Tele (602)264-3824 | 11/01/2015 to 10/31/2017 |
| | 4202 N 20TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1577 | BUSTAMANTE, DONNA G. | | | Tele (623)876-7628 | 06/01/2016 to 05/31/2018 |
| | 15802 NORTH PARKWAY PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6757 | BUTKAY, GIANNA M. | | | Tele (480)728-3868 | 05/01/2016 to 04/30/2018 |
| | 1875 WEST FRYE ROAD | | | Fax: (480)728-3864 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6815 | BUTLER, ASHLEY N. | | | Tele (602)619-6061 | 12/01/2015 to 11/30/2017 |
| | 4600 E SHEA BLVD, SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4519 | BUTLER, BROOKE L. | | | Tele (602)380-3161 | 08/01/2016 to 07/31/2018 |
| | 110 W UNIVERSITY DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1425 | BUTLER, KIM ELLEN | | | Tele (480)345-2012 | 03/01/2016 to 02/28/2018 |
| | 2435 EAST SOUTHERN AVE SUITE 7 | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0088 | BUTTON, ERNIE S. | | | Tele (602)222-6412 | 12/01/2015 to 11/30/2017 |
| | 650 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4719 | BUXTON, DEANNA DENE | | | Tele (480)668-1917 | 05/01/2016 to 04/30/2018 |
| | 108 W UNIVERSITY AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0422 | BYERLY, MARY ANN | | | Tele (480)832-8333 | 01/01/2016 to 12/31/2017 |
| | 51 S 48TH ST | | | Fax: (480)983-3271 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1725 | BYLER, MIRIAM A. GARLANT | | | Tele (480)570-8781 | 06/01/2016 to 05/31/2018 |
| | 4825 EAST ROOSEVELT | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5406 | BYROM, CRISTA A. | | | Tele (714)330-6798 | 03/01/2016 to 02/28/2018 |
| | 14775 YORKSHIRE DR | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6657 | CABANILLA, MEGHAN P. | | | Tele (208)964-1514 | 06/01/2016 to 05/31/2018 |
| | 6610 N 93RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1621 | CABLE, JILL A. | | | Tele (602)839-2141 | 01/01/2016 to 12/31/2017 |
| | 1012 EAST WILLETTA STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1091 | CALDWELL, DENISE M STATS | | | Tele (480)965-3307 | 06/01/2016 to 05/31/2018 |
| | 975 S MYRTIE AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0512 | CALL, WENDY M. | | | Tele (480)965-2373 | 01/01/2016 to 12/31/2017 |
| | PO BOX 870102 | | | Fax: (480)965-0076 | |
| | CHANDLER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8569 | CALLAWAY, BRENDA K | | | Tele (480)528-2746 | 04/24/2015 to 04/30/2017 |
| | 19670 E REINS ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8450 | CALLOW, SARAH E | | | Tele (480)347-8938 | 06/01/2016 to 05/31/2018 |
| | 3150 N ARIZONA AVE STE 112 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4711 | CAMACHO, MARIA R. | | | Tele (480)412-3636 | 11/01/2015 to 10/31/2017 |
| | 2225 W SOUTHERN AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5690 | CAMERON, TAMRA L. | | | Tele (480)497-9790 | 07/01/2016 to 06/30/2018 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1383 | CAMPBELL, S. DAWN | | | Tele (602)439-7400 | 10/01/2015 to 09/30/2017 |
| | 6801 W UNION HILLS STE 1 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1392 | CAMPONOVO-BARROW, TRUDIE G. | | | Tele (480)484-5084 | 01/01/2016 to 12/31/2017 |
| | 8505 E VALLEY VIEW RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0349 | CANAS, IRMA M. | | | Tele (480)472-0712 | 01/01/2016 to 12/31/2017 |
| | 1025 N COUNTRY CLUB | | | Fax: (480)472-1482 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7166 | CANCINO, CATHERINE L | | | Tele (602)828-2629 | 08/01/2016 to 07/31/2018 |
| | 11024 N 28TH DR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6831 | CANO, RAMONA L. | | | Tele (602)512-3212 | 01/01/2016 to 12/31/2017 |
| | 3141 NORTH 3RD AVENUE SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1009 | CANTRILL, CRAIG E. | | | Tele (602)865-5838 | 05/01/2016 to 04/30/2018 |
| | 5555 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9404 | CANTRILL, KATHRYN J. | | | Tele (480)472-7200 | 06/07/2016 to 06/06/2018 |
| | 63 E MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2048 | CANTU, JENNIFER | | | Tele (800)376-3440 | 07/01/2016 to 06/30/2018 |
| | 16578 W GREENWAY RD SUITE 216 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4221 | CARAHALY, LYNN | | | Tele (480)219-3953 | 08/01/2016 to 07/31/2018 |
| | 4100 S LINDSAY RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0593 | CARD, GEORGIA T. | | | Tele (480)484-6100 | 01/01/2016 to 12/31/2017 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7530 | CARIN MARIE CARLSEN | | | Tele (480)917-0117 | 11/01/2016 to 10/31/2018 |
| | 8115 EAST INDIAN BEND SUITE 123 | | | Fax: (480)951-6464 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0172 | CARLSON, VIRGINIA H. | | | Tele (623)445-5000 | 12/01/2015 to 11/30/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5655 | CAROLAN, CHRISTINA | | | Tele (623)000-0000 | 02/01/2016 to 01/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6033 | CARR, ARMIDA R. | | | Tele (623)500-2401 | 06/01/2016 to 05/31/2018 |
| | 20100 N 51ST AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0801 | CARR, MICHELLE J. | | | Tele (480)820-6366 | 03/01/2016 to 02/28/2018 |
| | 690 E WARNER ROAD SUITE 105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6012 | CARRILLO, JANET | | | Tele (602)406-7211 | 04/01/2016 to 03/31/2018 |
| | 240 WEST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1729 | CARROLL, ERIN M. | | | Tele (602)449-2650 | 09/01/2016 to 08/31/2018 |
| | 3602 E CHOLLA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1172 | CARROLL, MICHELE | | | Tele (602)881-5832 | 07/01/2016 to 06/30/2018 |
| | 10553 E MEADOW HILL DRIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9519 | CARTER, CANEYL M. | | | Tele (970)000-0000 | 07/25/2016 to 07/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8080 | CASADY, JULIE M. | | | Tele (623)000-0000 | 12/21/2015 to 12/20/2017 |
| | 5125 N 40TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1391 | CASANOVA, CHRISTINE D. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4017 | CASEY, JENNIFER D. | | | Tele (480)926-3816 | 03/01/2016 to 02/28/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7481 | CASKA, HEATHER B. | | | Tele (480)398-4280 | 12/01/2015 to 11/30/2017 |
| | 10631 SOUTH 51ST STREET STE 8 | | | Fax: (480)398-4281 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0498 | CASPARI, ISABELLE | | | Tele (480)484-5084 | 02/01/2016 to 01/31/2018 |
| | 7575 E MAIN STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4558 | CASSADY, SHIRLEY A. | | | Tele (623)670-3905 | 10/01/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8222 | CASTILLO, LIZA T | | | Tele (602)839-6804 | 07/01/2016 to 06/30/2018 |
| | 1111 EAST MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4796 | CATOUR, BETH | | | Tele (602)796-4969 | 09/01/2016 to 08/31/2018 |
| | 425 W MOUNTAIN VISTA DR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1771 | CAVALLO, OLGA A. | | | Tele (602)319-1754 | 05/01/2016 to 04/30/2018 |
| | 4600 EAST SHEA BLVD UNIT 101 | | | Fax: (602)374-7876 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0813 | CAYWOOD, JANET L. | | | Tele (480)820-6366 | 08/01/2016 to 07/31/2018 |
| | 690 E WARNER ROAD, SUITE 105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4009 | CHACE, TERESA M. | | | Tele (623)584-6223 | 03/01/2016 to 02/28/2018 |
| | 2122 S 114TH LN | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6743 | CHAIB, MARIE A. | | | Tele (480)837-4565 | 12/01/2015 to 11/30/2017 |
| | 16428 EAST KINGTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5051 | CHAN, MAI LING | | | Tele (623)521-0571 | 06/01/2016 to 05/31/2018 |
| | 15508 W BELL RD SUITE 101-513 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5608 | CHAPPELL, SEAN M. | | | Tele (623)703-2829 | 01/01/2016 to 12/31/2017 |
| | 2122 S 114TH LN | | | Fax: (623)478-1863 | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6030 | CHARBONNEAU, DANA L. | | | Tele (318)218-2141 | 09/01/2016 to 08/31/2018 |
| | 272 SAGEBRUSH STREET | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6526 | CHARRON, CALISHA B. | | | Tele (623)412-5200 | 08/01/2016 to 07/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9123 | CHAVEZ, SHAUNALEE | | | Tele (480)837-4565 | 09/01/2015 to 09/30/2017 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5958 | CHAWEN-ACOSTA, ANA L | | | Tele (602)406-3000 | 12/01/2015 to 11/30/2017 |
| | 350 WEST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6112 | CHAY, TARA L. | | | Tele (602)406-4182 | 02/01/2016 to 01/31/2018 |
| | 240 W THOMAS RD, STE 303 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0007 | CHENEY-TUNTLAND MONA H. | | | Tele (602)347-2200 | 12/01/2015 to 11/30/2017 |
| | 8430 N 39TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4010 | CHERUKURI, DENISE D. | | | Tele (602)239-2000 | 11/01/2015 to 10/31/2017 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7207 | CHESHIER, ROSALIA I | | | Tele (602)764-7083 | 10/01/2015 to 09/30/2017 |
| | 4612 N 28TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0144 | CHESLIK, PAULA C. | | | Tele (602)999-0219 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0562 | CHIAPELLO, DENNIS A. | | | Tele (602)406-3222 | 01/01/2016 to 12/31/2017 |
| | 350 WEST THOMAS ROAD | | | Fax: (602)406-6104 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5342 | CHIECO, CATHERINE | | | Tele (602)406-6152 | 12/01/2015 to 11/30/2017 |
| | 222 WEST THOMAS ROAD SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1513 | CHRISTENSEN, NICOLE L. | | | Tele (480)484-6100 | 04/01/2016 to 03/31/2018 |
| | 3811 NORTH 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8048 | CHRISTENSEN, SHAWN D. | | | Tele (480)456-0719 | 03/01/2016 to 02/28/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4750 | CHRISTENSEN, STEPHANIE S | | | Tele (928)000-0000 | 07/15/2016 to 07/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5577 | CHRISTINA MONIQUE CARRIZOZA | | | Tele (623)691-3702 | 09/01/2016 to 08/31/2018 |
| | 3401 N 67TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1656 | CHRISTINA NICOLE PORTILLO | | | Tele (480)468-2638 | 11/01/2016 to 10/31/2018 |
| | MAIN & HIGLEY | | | Fax: ( ) - | |
| | MESA | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7459 | CHRISTINE LEIGH HARYASZ | | | Tele (602)406-2702 | 09/01/2016 to 08/31/2018 |
| | 250 WEST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7571 | CHU, MARY H. | | | Tele (623)000-0000 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0184 | CLARE, JODI R. | | | Tele (602)406-5211 | 01/01/2016 to 12/31/2017 |
| | 240 W THOMAS | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5488 | CLARK, BRYAN J. | | | Tele (623)799-9100 | 05/01/2016 to 04/30/2018 |
| | 14502 WEST MEEKER BLVD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1603 | CLARK, JOANNA J. | | | Tele (623)691-4700 | 07/01/2016 to 06/30/2018 |
| | 3401 N 67TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1347 | CLARK, JORDAN B. | | | Tele (623)474-5100 | 08/01/2016 to 07/31/2018 |
| | 38201 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | TONOPAH | AZ | 85354 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0050 | CLARK, KAREN D. | | | Tele (888)873-4221 | 01/01/2016 to 12/31/2017 |
| | 7540 N 19TH AVE SUITE 200 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9387 | CLARK, KIMBERLY R. | | | Tele (480)728-3031 | 03/22/2016 to 03/21/2018 |
| | 1955 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8175 | CLARK, VICTORIA E | | | Tele (480)839-0292 | 02/01/2016 to 01/31/2018 |
| | 500 W GUADALUPE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6377 | CLARKE, LINDSEY N. | | | Tele (602)257-3755 | 07/02/2015 to 07/31/2017 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1327 | CLARKE, PAMELA Y | | | Tele (602)933-2887 | 10/01/2016 to 09/30/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5296 | CLINE, HEIDE W. | | | Tele (623)523-8631 | 11/01/2015 to 10/31/2017 |
| | 15802 NORTH PARKVIEW PLACE | | | Fax: (928)442-9268 | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1562 | CLOUSER, JOHN C. | | | Tele (623)534-9607 | 07/01/2016 to 06/30/2018 |
| | 14122 GOODYEAR | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6691 | CLYBURN, SUZANNE | | | Tele (602)524-4039 | 04/01/2016 to 03/31/2018 |
| | 14502 W MEEKER BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10190 | COCHRAN, JACQUELINE MARIE | | | Tele (716)000-0000 | 08/09/2016 to 08/08/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7192 | COCHRAN, STEPHANIE V. | | | Tele (480)837-4565 | 03/01/2016 to 02/28/2018 |
| | 16428 E KINGS TREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0580 | COCKFIELD, ANN D BENNETT | | | Tele (602)839-5227 | 01/01/2016 to 12/31/2017 |
| | 1111 E MCDOWELL RD | | | Fax: (602)839-3139 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8478 | COHEN, JULIE L | | | Tele (602)243-4800 | 08/01/2016 to 07/31/2018 |
| | 6000 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0887 | COLBY, EILEEN R. | | | Tele (623)412-5050 | 03/01/2016 to 02/28/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: (602)439-1645 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2095 | COLELLA, CATHERINE S. | | | Tele (480)335-3249 | 02/01/2016 to 01/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6073 | COLELLA, STEPHANIE J. | | | Tele (480)567-0350 | 08/01/2016 to 07/31/2018 |
| | 5652 E BASELINE RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9431 | COLEMAN, MEREDITH M. | | | Tele (602)368-8601 | 04/29/2016 to 04/28/2018 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1559 | COLQUITT, KIMBERLY L. | | | Tele (480)820-6366 | 06/01/2016 to 05/31/2018 |
| | 690 EAST WARNER ROAD SUITE 105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0956 | COLYAR, TERRY C. | | | Tele (602)347-2600 | 04/01/2016 to 03/31/2018 |
| | 4650 W SWEETWATER RD | | | Fax: (602)505-5323 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1885 | CONNER, BRANDI L. | | | Tele (623)832-4940 | 04/01/2016 to 03/31/2018 |
| | 10401 W THUNDERBIRD BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7159 | CONSTANTINO, SHEILA | | | Tele (602)277-1073 | 07/01/2016 to 06/30/2018 |
| | 5055 E WASHINGTON ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5881 | CONTE, CHRISTINA M | | | Tele (602)839-2015 | 11/01/2015 to 10/31/2017 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4118 | CONTRERAS, TRACY A. | | | Tele (480)728-8721 | 06/01/2016 to 05/31/2018 |
| | 3555 S VAL VISTA DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0504 | COOPER, CHERYL A. | | | Tele (623)445-5000 | 02/01/2016 to 01/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9986 | CORDEO, KELLY NETT | | | Tele (602)406-3223 | 05/13/2016 to 05/12/2018 |
| | 350 W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7357 | CORDNER, MEGAN B | | | Tele (602)237-9100 | 08/01/2016 to 07/31/2018 |
| | 5001 WEST DOBBINS ROAD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0244 | CORNELIUS, MARY A. | | | Tele (602)865-5831 | 12/01/2015 to 11/30/2017 |
| | 5605 W EUGIE #215 | | | Fax: (480)275-3428 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4566 | CORONA, COLLEEN G. | | | Tele (623)229-7808 | 10/01/2015 to 09/30/2017 |
| | 14355 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0915 | COULTER, MICHELE M. | | | Tele (602)321-5407 | 04/01/2016 to 03/31/2018 |
| | 5109 NORTH 6TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5263 | COUPLAND, KRISTEN L. | | | Tele (480)000-0000 | 06/20/2016 to 06/19/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8874 | COWAN RODRIGUEZ, CASHINA C | | | Tele (602)791-0934 | 07/01/2016 to 06/30/2018 |
| | 4616 W BOSTON ST | | | Fax: (480)772-4626 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4349 | COWPERTHWAITE, PATRICIA J. | | | Tele (623)935-6040 | 04/01/2016 to 03/31/2018 |
| | 4870 W LITCHFIIELD PARK ROAD #101 | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0109 | COX, KAREN | | | Tele (623)237-7100 | 06/01/2016 to 05/31/2018 |
| | 7301 NORTH 58TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9658 | COY, MALLORY D. | | | Tele (480)398-4280 | 06/16/2016 to 06/15/2018 |
| | 10631 S 51ST STREET #8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4425 | CRAMPTON, SHYLAH M. | | | Tele (623)347-4850 | 10/01/2016 to 09/30/2018 |
| | 1502 W MOUNTAIN VIEW ROAD | | | Fax: (602)347-4870 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9633 | CRANE, LAUREN N. | | | Tele (480)699-4845 | 07/08/2016 to 07/07/2018 |
| | 1447 W ELLIOT ROAD SUITE 101 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6035 | CRISTIE LYNN O'TOOLE | | | Tele (480)892-9777 | 10/01/2016 to 09/30/2018 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8475 | CRISTINA-KREBS, JILL A. | | | Tele (602)449-2000 | 08/01/2016 to 07/31/2018 |
| | 15002 N 32ND ST | | | Fax: (602)449-2194 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1176 | CROCKETT, JANE J. | | | Tele (602)821-6425 | 07/01/2016 to 06/30/2018 |
| | 11150 N 92ND ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8866 | CROFT, KATHRYN E. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 17100 E SHEA BLVD | | | Fax: (888)957-8277 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1189 | CROSBY, DEBBIE | | | Tele (480)497-3300 | 07/01/2016 to 06/30/2018 |
| | 130 W MESQUITE ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8957 | CROUSE-MATLOCK, SHARON L | | | Tele (480)837-4565 | 07/08/2015 to 07/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7358 | CROWLEY, LAURA EMILY | | | Tele (602)243-4800 | 09/01/2016 to 08/31/2018 |
| | 6000 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0732 | CRUJIDO, LISA R. | | | Tele (480)342-3045 | 03/01/2016 to 02/28/2018 |
| | 5777 EAST MAYO BLVD | | | Fax: (928)777-0174 | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1846 | CRUZ, BRYNA | | | Tele (480)897-6233 | 03/01/2016 to 02/28/2018 |
| | 625 W CORNELL DR | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6352 | CRUZ, VICTORIA R. | | | Tele (623)000-0000 | 09/17/2015 to 09/30/2017 |
| | 6630 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0192 | CULP, CAROL M. | | | Tele (480)472-0408 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5727 | CUMMARD, KATHRYN A. | | | Tele (480)484-2600 | 12/01/2015 to 11/30/2017 |
| | 4525 NORTH GRANITE REEF ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4287 | CUNNINGHAM, CHRISTINA L | | | Tele (480)472-0000 | 05/01/2016 to 04/30/2018 |
| | 3440 S OLEANDER DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2185 | CUNNINGHAM, DANIELA S. | | | Tele (602)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7282 | CURLEY, CHELSEA V. | | | Tele (480)456-0719 | 11/01/2015 to 10/31/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6651 | CURRY, TISA K. | | | Tele (602)373-3136 | 03/01/2016 to 02/28/2018 |
| | NO EMPLOYER LISTED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7019 | CURTNER, REBECCA ANN | | | Tele (480)000-0000 | 06/15/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7505 | CUSANO, ELAINE | | | Tele (800)218-9280 | 11/01/2015 to 10/31/2017 |
| | 6610 N 93RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0903 | CUTLER, DOUGLAS S. | | | Tele (480)472-0628 | 03/01/2016 to 02/28/2018 |
| | 1025 N COUNTRY CLUB DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1527 | CUTSINGER, LINDA K. | | | Tele (602)524-2860 | 08/01/2015 to 07/31/2017 |
| | 22456 N 104TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8407 | CYNTHIA MARIE HENSLEY | | | Tele (602)758-5580 | 12/01/2016 to 11/30/2018 |
| | 1026 E PORTLAND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4835 | DABUL, BARBARA L | | | Tele (623)875-5097 | 04/01/2016 to 03/31/2018 |
| | 10950 W UNION HILLS DR #1336 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85373 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7891 | D'ADAMO, PATRICIA A. | | | Tele (480)882-4000 | 07/01/2016 to 06/30/2018 |
| | 7400 E OSBORN RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4609 | DANIEL, KATHRYN A. | | | Tele (602)449-7100 | 06/01/2016 to 05/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9811 | DANIELLE ALEXIS SAMUELS | | | Tele (480)837-4565 | 10/13/2016 to 10/12/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2120 | DANNER, ANASTASIA L | | | Tele (480)483-1025 | 02/01/2016 to 01/31/2018 |
| | 5040 EAST SHEA BLVD SUITE 168 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9527 | DARLING, ANYA N. | | | Tele (480)398-4280 | 04/06/2016 to 04/05/2018 |
| | 10631 S 51ST STREET SUITE 8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1464 | DARLING, WENDY C. | | | Tele (480)459-0456 | 02/01/2016 to 01/31/2018 |
| | 1926 EAST BENDIX DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0443 | DASHEFSKY, RANDY L. | | | Tele (602)347-4849 | 01/01/2016 to 12/31/2017 |
| | 4650 W SWEETWATER AVE | | | Fax: (480)474-4069 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1531 | DAVID, ANDREA M | | | Tele (623)376-4522 | 05/01/2016 to 04/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8365 | DAVIS JENNINGS, ANGELA J. | | | Tele (480)567-0350 | 11/03/2014 to 11/30/2016 |
| | 5652 E BASELINE RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1453 | DAVIS, CHERYL H. | | | Tele (480)541-4000 | 05/01/2016 to 04/30/2018 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6965 | DAVIS, CRYSTAL I. | | | Tele (480)419-0848 | 02/01/2016 to 01/31/2018 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4049 | DAWN, JANIS RAYANN | | | Tele (480)507-1404 | 02/01/2016 to 01/31/2018 |
| | 8045 E PORTOBELLO AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0606 | DEAL, STEVE E. | | | Tele (623)773-6650 | 02/01/2016 to 01/31/2018 |
| | 9687 WEST ADAMS AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5485 | DEARING, LEIGH ANNE | | | Tele (602)449-2001 | 05/01/2016 to 04/30/2018 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5040 | DECOUFLE, APRIL C | | | Tele (623)445-5000 | 06/01/2016 to 05/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9410 | DEITERING, SAMANTHA J. | | | Tele (480)621-8361 | 05/25/2016 to 05/24/2018 |
| | 1305 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7557 | DEL MONTE, BRENDA KAY | | | Tele (480)820-6366 | 12/01/2015 to 11/30/2017 |
| | 690 E WARNER RD SUITE #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0357 | DEL VECCHIO, RUTH B. | | | Tele (602)568-5232 | 03/01/2016 to 02/28/2018 |
| | 9126 E VOLTAIRE DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4931 | DELCAMP, KELLEY A. | | | Tele (623)399-3229 | 10/01/2015 to 09/30/2017 |
| | 1750 EAST FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9416 | DELFINO, CHRISTINE R. | | | Tele (602)000-0000 | 05/18/2016 to 05/17/2018 |
| | 350 W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6936 | DELONGCHAMP, BARBARA L. | | | Tele (480)472-8690 | 09/01/2016 to 08/31/2018 |
| | 120 S JEFFERSON AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8934 | DEMARTA, JESSICA L | | | Tele (480)704-5954 | 07/16/2015 to 07/31/2017 |
| | 16815 S DESERT FOOTHILLS PKWY STE 126 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0773 | DEMEUSE, AMY R | | | Tele (602)628-7085 | 03/01/2016 to 02/28/2018 |
| | 2931 EAST LINDRICK DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6849 | DEMICHELE, CHRISTINA J | | | Tele (480)247-9190 | 06/01/2016 to 05/31/2018 |
| | 3013 N 67TH PL SUITE 101 | | | Fax: (480)247-9718 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9506 | DEMORET, ARIEL D. | | | Tele (480)837-4565 | 06/06/2016 to 06/05/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8324 | DENA BETH BERG | | | Tele (480)963-5800 | 12/01/2016 to 11/30/2018 |
| | 815 E WARNER RD STE 106 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8039 | DENNY, SUSAN M | | | Tele (602)896-6583 | 06/01/2016 to 05/31/2018 |
| | 4602 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0250 | DERN, DARRELL J. | | | Tele (623)478-5719 | 12/01/2015 to 11/30/2017 |
| | 1254 S AVONDALE BLVD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0215 | DESMOND, ANDREA L | | | Tele (602)327-7101 | 12/01/2015 to 11/30/2017 |
| | 350 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4424 | DESMOND, LORI P. | | | Tele (480)837-4565 | 01/01/2016 to 12/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5169 | DETHOMASIS, BETTY | | | Tele (914)490-7728 | 08/01/2016 to 07/31/2018 |
| | 13518 N 152ND DR | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7073 | DETTMER, CHRISTA D. | | | Tele (623)445-5000 | 03/01/2016 to 02/28/2018 |
| | 20405 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP9609 | DIAMOND, JESSICA L. | | | Tele (623)486-6000 | 04/26/2016 to 04/25/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0354 | DIANA LOUISE BARTOLOMEI | | | Tele (602)944-1666 | 01/01/2017 to 12/31/2018 |
| | 9155 N 3RD ST | | | Fax: (602)944-8549 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8566 | DIAZ, SHEENA B | | | Tele (623)832-7000 | 07/01/2016 to 06/30/2018 |
| | 10601 W SANTA FE DR | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7966 | DIGIACINTO, JENNI M. | | | Tele (602)933-0969 | 04/01/2016 to 03/31/2018 |
| | 1919 ETHOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7806 | DILLER, AMANDA K. | | | Tele (623)486-6000 | 06/01/2015 to 05/31/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2161 | DILLON, MICHELLE | | | Tele (623)882-3980 | 08/01/2016 to 07/31/2018 |
| | 250 N LITCHFIELD RD SUITE 103 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4420 | DILLOW, GIGETTE LANFORD | | | Tele (480)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1077 | DIRVONAS, DEBORAH F. | | | Tele (480)926-6301 | 05/01/2016 to 04/30/2018 |
| | 1030 NORTH BLUE GROTTO | | | Fax: (480)813-9011 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7920 | DIXON, MARIA V. | | | Tele (480)965-2374 | 11/01/2015 to 10/31/2017 |
| | 975 S MYRTLE AVE PO BOX 870102 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0009 | DODGE, DIANE D. | | | Tele (480)484-2000 | 12/01/2015 to 11/30/2017 |
| | 8505 E VALLEY VIEW | | | Fax: (480)484-2001 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2080 | DOEKSEN, BRENDA J. | | | Tele (480)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4003 | DOELL, ALICIA M | | | Tele (480)472-3821 | 07/01/2016 to 06/30/2018 |
| | 8115 E INDIAN BEND RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1861 | DOMINGUEZ, HEATHER S. | | | Tele (480)570-8154 | 01/01/2016 to 12/31/2017 |
| | 11227 EAST SHERIDAN AVENUE | | | Fax: (602)314-6029 | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6832 | DOMZALSKI, NICOLE R. | | | Tele (602)472-4002 | 01/01/2016 to 12/31/2017 |
| | 63 EAST MAIN ST #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4388 | DONG, LORI A. | | | Tele (602)619-6061 | 08/01/2016 to 07/31/2018 |
| | 4600 E SHEA BLVD STE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5552 | DOSSOU, JOVIA D. | | | Tele (602)237-9110 | 04/07/2015 to 04/30/2017 |
| | 4141 W MCNEIL ST | | | Fax: (602)237-9134 | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5027 | DOUGLAS, KIMBERLI C. | | | Tele (480)274-3951 | 07/01/2016 to 06/30/2018 |
| | 1950 EAST LAFAYETTE AVENUE | | | Fax: (480)718-7587 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5190 | DOUGLAS, KIMBERLY M. | | | Tele (480)488-3946 | 08/01/2016 to 07/31/2018 |
| | 32531 N SCOTTSDALE RD SUITE 105-162 | | | Fax: (480)488-3956 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6173 | DOWNS, REBECCA E | | | Tele (602)381-6000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: (602)381-6019 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0879 | DRUCK, KAREN L. | | | Tele (480)433-2258 | 03/01/2016 to 02/28/2018 |
| | 3320 NORTH CARRIAGE LANE | | | Fax: (602)978-2287 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4472 | DUCKWILER, SHARON T. | | | Tele (602)865-5555 | 06/01/2016 to 05/31/2018 |
| | 5555 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6208 | DUDASH ARNY, MARY | | | Tele (602)865-3858 | 09/01/2016 to 08/31/2018 |
| | 5555 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5660 | DUDLEY, MEGAN M. | | | Tele (623)376-5022 | 10/01/2015 to 09/30/2017 |
| | 26716 N HIGH DESERT DR | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1871 | DUENSING, JEANEEN D. | | | Tele (602)841-1403 | 04/01/2016 to 03/31/2018 |
| | 3232 W CAMPBELL AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1269 | DUFFY, SUSAN J. | | | Tele (602)432-1430 | 09/01/2016 to 08/31/2018 |
| | 7540 19TH AVE #200 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4085 | DUMANSKI, KIMBERLY A. | | | Tele (602)336-2000 | 06/01/2016 to 05/31/2018 |
| | 4510 NORTH 37TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7141 | DUNHAM, CHRISTINE E | | | Tele (480)472-0000 | 08/01/2016 to 07/31/2018 |
| | 63 E MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2072 | DUNN, STACIE E | | | Tele (480)892-2022 | 06/01/2016 to 05/31/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4686 | DURFEE, DAVID M. | | | Tele (480)321-2000 | 04/01/2016 to 03/31/2018 |
| | 6644 E BAYWOOD AVE | | | Fax: (480)632-5070 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7246 | DURNAN, CASSANDRA L. | | | Tele (480)472-3800 | 12/01/2015 to 11/30/2017 |
| | 3320 N CARRIAGE LN | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0359 | DUTTON, SUSAN M. | | | Tele (602)449-3300 | 01/01/2016 to 12/31/2017 |
| | 2430 E LARKSPUR | | | Fax: (602)449-3305 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8069 | DYER LINDSEY L | | | Tele (623)388-2100 | 02/01/2016 to 01/31/2018 |
| | 32919 CENTER STREET | | | Fax: (623)388-2915 | |
| | WITTMANN | AZ | 85361 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2049 | ECKERT ROBINSON, KIMBERLY M. | | | Tele (400)000-0000 | | 07/01/2016 | to | 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TEMPE | AZ | 85283 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8920 | ECKHARDT, CHELSEA S | | | Tele (602)619-6061 | | 07/16/2015 | to | 07/31/2017 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85028 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1600 | EDWARDS, AIMEE GEAN | | | Tele (480)227-8023 | | 07/01/2016 | to | 06/30/2018 |
| | LAGUNA ELEMENTARY | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1263 | EDWARDS, DEBORAH N. | | | Tele (480)363-8210 | | 09/01/2016 | to | 08/31/2018 |
| | 5750 E LUDLOW DRIVE | | | Fax: (602)795-2223 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7836 | EDWARDS, SHARON P. | | | Tele (480)515-6296 | | 01/01/2016 | to | 12/31/2017 |
| | 5777 EAST MAYO BOULEVARD | | | Fax: (480)323-3677 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9634 | EGEA, KATIE M. | | | Tele (623)594-5050 | 07/05/2016 to 07/04/2018 |
| | 14775 W YORKSHIRE DRIVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6507 | EGNEW, ERICA L. | | | Tele (602)695-5688 | 05/01/2016 to 04/30/2018 |
| | 690 E WARNER ROAD SUITE 105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1751 | EHRLER, SUSAN J. | | | Tele (623)412-4575 | 10/01/2015 to 09/30/2017 |
| | 6330 WEST THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1572 | EHRMAN, JENNIFER M. | | | Tele (480)000-0000 | 05/01/2016 to 04/30/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10186 | EILEEN HUNSAKER | | | Tele (623)537-6301 | 08/01/2016 to 07/31/2018 |
| | 19555 N 59TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6219 | EINFELDT, LAUREN C. | | | Tele (815)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1876 | ELIAS, KAREN | | | Tele (602)347-2600 | 08/01/2016 to 07/31/2018 |
| | 4650 SWEETWATER AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8729 | ELISA MCDOWELL | | | Tele (480)630-3676 | 09/28/2016 to 09/27/2018 |
| | 825 S 94TH STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0292 | ELLENBERGER, KERI K. | | | Tele (480)813-8533 | 06/01/2016 to 05/31/2018 |
| | 4139 EAST CAMPBELL AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0617 | ELLIOTT, CHRISTINE M. | | | Tele (623)486-0199 | 05/01/2016 to 04/30/2018 |
| | 8251 WEST THUNDERBIRD RD SUITE 180 | | | Fax: (623)486-2198 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0185 | ELLIS, AMY L | | | Tele (602)347-4824 | 02/01/2016 to 01/31/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: (623)877-1028 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6088 | EMBREE, REBECCA L | | | Tele (623)486-6000 | 09/01/2016 to 08/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8598 | EMILY MARIE PADILLA | | | Tele (480)456-0719 | 12/01/2016 to 11/30/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: (480)456-0163 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6826 | EMMERT, JAMIE S. | | | Tele (480)398-4279 | 12/01/2015 to 11/30/2017 |
| | 10631 S 52ST ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6824 | ENNS, TANYA M. | | | Tele (800)561-6671 | 07/01/2016 to 06/30/2018 |
| | 8115 E INDIAN BEND RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0346 | ERICKSON, JULIE D. | | | Tele (480)999-9999 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4023 | ERICKSON, KATHLEEN A. | | | Tele (480)497-3300 | 03/01/2016 to 02/28/2018 |
| | 140 S GILBERT RD | | | Fax: (480)632-4777 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8468 | ERIKA ELISA EHLERT | | | Tele (902)406-3747 | 12/01/2016 to 11/30/2018 |
| | 222 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7997 | ERIKA SUZANNE MADDEN | | | Tele (602)000-0000 | 09/21/2016 to 09/20/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7193 | ERIN DALE EDWARDS | | | Tele (480)837-4565 | 08/30/2016 to 08/29/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8993 | ERLING, NATALIE K. | | | Tele (480)892-7810 | 08/25/2015 to 08/31/2017 |
| | 550 N HORNE ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5604 | ESGAR, VALERIE L. | | | Tele (602)999-9999 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5629 | ESTEBO SIMKO, SUZANNE E. | | | Tele (602)258-7500 | 09/01/2016 to 08/31/2018 |
| | 11411 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8543 | ESTEPP, FIELDING L. | | | Tele (623)691-4116 | 09/01/2016 to 08/31/2018 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6323 | ESTRADA, DANIELA | | | Tele (623)237-4237 | 02/01/2016 to 01/31/2018 |
| | 7301 NORTH 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6884 | ESTRADA, NAOMI J. | | | Tele (480)419-0848 | 07/01/2016 to 06/30/2018 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9801 | ETHAN JAMES WASH | | | Tele (623)524-4038 | 11/21/2016 to 11/20/2018 |
| | 14418 W MEEKER BLVD BLDG B SUITE 301 | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7237 | EVANS, BROOKE M. | | | Tele (480)951-6451 | 08/03/2016 to 08/02/2018 |
| | 8115 E INDIAN BENS SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0739 | EVERETT, SUE T | | | Tele (480)837-4565 | 02/01/2016 to 01/31/2018 |
| | 16428 EAST KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4861 | EYER, BRIAN D. | | | Tele (623)760-5908 | 10/01/2016 to 09/30/2018 |
| | 17958 W BROWN ST | | | Fax: ( ) - | |
| | WADDELL | AZ | 85355 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0398 | FAIRBANK, CARLENE M. | | | Tele (480)484-2800 | 01/01/2016 to 12/31/2017 |
| | 8330 E OSBORN RD | | | Fax: (480)460-3906 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8474 | FAIRBANKS, KAARA | | | Tele (480)621-8361 | 01/12/2015 to 01/31/2017 |
| | 3271 E QUEEN CREEK RD STE 101 | | | Fax: (480)621-8513 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2038 | FAITH, JENNIFER L. | | | Tele (480)800-3919 | 07/01/2016 to 06/30/2018 |
| | 8850 E PIMA CENTER PKWY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4332 | FALES, MONICA A. | | | Tele (602)000-0000 | 02/01/2016 to 01/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8905 | FALL, ELIZABETH A | | | Tele (480)412-3627 | 07/09/2015 to 07/31/2017 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6549 | FARES, AMNA | | | Tele (808)371-5977 | 02/01/2016 to 01/31/2018 |
| | 33 E 13TH ST | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6283 | FARRELL, SHANNON P. | | | Tele (480)528-2746 | 03/01/2016 to 02/28/2018 |
| | 19670 E REINS ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0120 | FASH, DEBORAH S. | | | Tele (602)629-6850 | 12/01/2015 to 11/30/2017 |
| | 5048 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0570 | FELKINS, ALEXANDRA G | | | Tele (623)876-1319 | 02/01/2016 to 01/31/2018 |
| | 7300 N DYSART RD | | | Fax: (602)257-3830 | |
| | GLENDALE | AZ | 85307 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8895 | FENN, KELSEY L | | | Tele (480)398-4280 | 04/27/2015 to 04/30/2017 |
| | 10631 SOUTH 51ST ST STE 8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7475 | FEUSAHRENS, MARY B. | | | Tele (623)691-4000 | 12/01/2015 to 11/30/2017 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6969 | FIERRO-BIRD, LISA A. | | | Tele (623)445-5000 | 09/01/2016 to 08/31/2018 |
| | 20402 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7591 | FINEMAN, STEPHANIE LAUREN | | | Tele (480)221-9379 | 01/01/2016 to 12/31/2017 |
| | 6130 E VIA ESTRELLA AVENUE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1507 | FINNELL, BARBARA ANN | | | Tele (480)200-2937 | 04/01/2016 to 03/31/2018 |
| | 1909 E RAY ROAD SUITE 9 PMB 149 | | | Fax: (480)773-7874 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6261 | FISHER, KRISTEN A | | | Tele (480)951-6451 | 07/01/2016 to 06/30/2018 |
| | 8115 E INDIAN BEND STE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9886 | FISSEL, SCHEA NICOLE | | | Tele (623)572-3215 | 04/05/2016 to 04/04/2018 |
| | 19555 N 59TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6134 | FITZGERALD, LAURA S | | | Tele (480)323-3000 | 02/01/2016 to 01/31/2018 |
| | 9003 EASTSHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1587 | FITZGERALD-HUGHES, MARGARET M. | | | Tele (480)497-3300 | 06/01/2016 to 05/31/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7837 | FLAKE, MICHELLE L. | | | Tele (602)368-8601 | 02/01/2016 to 01/31/2018 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0131 | FLITNER, LAURENE L. | | | Tele (602)406-3473 | 12/01/2015 to 11/30/2017 |
| | 222 WEST THOMAS ROAD SUITE 401 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5180 | FLOOD, JAIME | | | Tele (480)358-6422 | 09/01/2016 to 08/31/2018 |
| | 1301 SOUTH CRISMON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0640 | FLORENTINE, MARK F. | | | Tele (602)449-4500 | 03/01/2016 to 02/28/2018 |
| | 22801 N 22ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2031 | FLORES, CRISTINA C. | | | Tele (480)951-6451 | 06/01/2016 to 05/31/2018 |
| | 8115 E INDIAN BEND SUTIE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0045 | FLORES, DAWN M. | | | Tele (602)277-5006 | 01/01/2016 to 12/31/2017 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5068 | FLORY, KENDRA M. | | | Tele (602)839-6806 | 02/01/2016 to 01/31/2018 |
| | 1111 E MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6574 | FLUCKER, AMY R. | | | Tele (480)456-0719 | 02/01/2016 to 01/31/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5434 | FOGARTY, ALYCE M | | | Tele (646)734-9139 | 05/01/2016 to 04/30/2018 |
| | 4805 NORTH 196TH LANE | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7351 | FOLEY, TAYLOR H | | | Tele (602)499-2000 | 06/01/2016 to 05/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6081 | FOLSE, SUSAN L. | | | Tele (602)347-2668 | 09/02/2015 to 09/30/2017 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0461 | FOLSOM, LAURA A. | | | Tele (602)765-6929 | 01/01/2016 to 12/31/2017 |
| | 3509 EAST SHEA BLVD #114 | | | Fax: (602)494-2930 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6259 | FONSECA, MEREDITH AUBREY | | | Tele (602)406-4324 | 01/26/2016 to 01/25/2018 |
| | 350W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9288 | FONZA, KRISTEN L. | | | Tele (602)000-0000 | 01/29/2015 to 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0364 | FORBES, BARBARA DIANE | | | Tele (480)541-5116 | 01/01/2016 to 12/31/2017 |
| | 5000 W WHITTEN | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6520 | FORBES, LAURIE A. | | | Tele (623)000-0000 | 11/01/2015 to 10/31/2017 |
| | EMP ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9021 | FORD, HOLLY K | | | Tele (602)000-0000 | 07/02/2015 to 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6245 | FORD, STACEY R. | | | Tele (480)472-9924 | 12/01/2015 to 11/30/2017 |
| | 10100 E ADOBE RD | | | Fax: (480)472-9999 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9793 | FORTI, CHRISTINE P. | | | Tele (480)472-7200 | 01/06/2016 to 01/05/2018 |
| | 63 E MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5003 | FORTIN, PATRICIA L | | | Tele (602)449-3500 | 04/01/2016 to 03/31/2018 |
| | 2728 E SHEA BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5980 | FOUGHT, TIFFANY L. | | | Tele (480)551-5425 | 08/01/2016 to 07/31/2018 |
| | 9630 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6525 | FOWLER-HOLMES, ANGELA T. | | | Tele (602)843-8433 | 11/01/2015 to 10/31/2017 |
| | 13620 NORTH 55TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4499 | FOX, ANGELA M | | | Tele (480)773-1282 | 06/01/2016 to 05/31/2018 |
| | 305 E CALLE DE ARCOS | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6248 | FOX, DEBRA J | | | Tele (928)505-6900 | 07/01/2016 to 06/30/2018 |
| | PO BOX 27 | | | Fax: ( ) - | |
| | MESA | AZ | 85211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8186 | FOY, MICHELLE M. | | | Tele (480)342-2071 | 02/01/2016 to 01/31/2018 |
| | 5777 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8555 | FRANKE, HOLLY W | | | Tele (602)449-2000 | 10/01/2016 to 09/30/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5498 | FRANKOT, MELINDA M. | | | Tele (480)456-0942 | 06/01/2016 to 05/31/2018 |
| | 875 SOUTH COOPER ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0770 | FRETHEM, STACY L. | | | Tele (480)629-4461 | 03/01/2016 to 02/28/2018 |
| | 9821 E BELL ROAD | | | Fax: (480)629-5898 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4081 | FRISCH, KELLI L. | | | Tele (602)512-3213 | 04/01/2016 to 03/31/2018 |
| | 3141 NORTH 3RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7995 | FRITZ, JAMIE T. | | | Tele (480)832-5555 | 10/01/2015 to 09/30/2017 |
| | 5121 E BROADWAY RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7863 | FRITZ, MARIE E. | | | Tele (623)847-8503 | 07/01/2016 to 06/30/2018 |
| | 25555 W DURANGO STREET | | | Fax: (623)327-0744 | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8156 | FROBERG, JILL K. | | | Tele (602)449-2000 | 07/01/2016 to 06/30/2018 |
| | 15002 N 32ND ST/ 1750 EAST GROVERS | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5311 | FROST-MCKINLEY, VALERIE S. | | | Tele (602)524-9302 | 11/01/2016 to 10/31/2018 |
| | 7020 E FRIESS DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8241 | FRYE, LINDA S | | | Tele (801)414-4412 | 04/01/2016 to 03/31/2018 |
| | WASHINGTON ELEMENTARY SCHOOL DISTRICT | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0460 | FUCHIGAMI, DEBORAH K. | | | Tele (602)406-1607 | 01/01/2016 to 12/31/2017 |
| | 222 W THOMAS RD SUITE #100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0219 | GABRIEL, ROXANNE M. | | | Tele (480)622-8109 | 12/01/2015 to 11/30/2017 |
| | 41 W MAIN ST | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1100 | GABRIEL-CONLEY, BARBARA J | | | Tele (602)228-0640 | 08/01/2016 to 07/31/2018 |
| | 1527 E AQUARIUS PLACE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1908 | GAEBEL, ARCHIBALD D R | | | Tele (480)472-8263 | 05/01/2016 to 04/30/2018 |
| | 1001 N POWER ROAD | | | Fax: (480)472-8333 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9051 | GAISER, VANESSA L. | | | Tele (602)265-4124 | 08/06/2015 to 08/31/2017 |
| | 2305 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5713 | GAJDA, ANNETTE M | | | Tele (248)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4884 | GALL, LAUREN K. | | | Tele (480)812-7000 | 11/01/2015 to 10/31/2017 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4985 | GALLAGHER, KAREN L. | | | Tele (602)965-0752 | 03/01/2016 to 02/28/2018 |
| | 975 WEST MYRTLE DRIVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6605 | GALLEGOS, JENNIFER D. | | | Tele (623)879-5681 | 01/01/2016 to 12/31/2017 |
| | 19829 NORTH 27TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7478 | GARCIA, MONICA R | | | Tele (602)373-3136 | 06/13/2016 to 06/12/2018 |
| | 4525 S COLLEGE AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2043 | GARLAND, BREETA A. | | | Tele (480)635-2011 | 06/01/2016 to 05/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0428 | GARLICK, TERESA M. | | | Tele (602)459-6743 | 12/01/2015 to 11/30/2017 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8320 | GARNER, ANNA L. | | | Tele (480)342-9800 | 08/01/2016 to 07/31/2018 |
| | 23005 N 74TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8973 | GARRETT, KATHLEEN A. | | | Tele (480)484-1800 | 10/07/2015 to 10/31/2017 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8312 | GAUSDEN, VIRGINIA B | | | Tele (480)203-2652 | 06/01/2016 to 05/31/2018 |
| | 8115 E INDIAN BEND ROAD SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5110 | GAVLE, RITA R. | | | Tele (480)575-2848 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5876 | GENEROUS, LISA M. | | | Tele (800)376-3440 | 02/20/2015 to 02/28/2017 |
| | 16578 W GREENWAY RD SUITE 216 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9015 | GEORGE, JO ANNE | | | Tele (602)467-6700 | 08/01/2016 to 07/31/2018 |
| | 18424 N 51ST AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1379 | GERBER, MARILYN S. | | | Tele (480)948-3999 | 11/01/2015 to 10/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)585-4833 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8115 | GESE, KELLY LEAH | | | Tele (602)933-5646 | 09/18/2015 to 09/30/2017 |
| | 1919 EAST THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8937 | GIBBONS, EMILY M | | | Tele (602)467-5300 | 04/20/2015 to 04/30/2017 |
| | 3910 W GROVERS AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8082 | GIBSON, JOSIE E. | | | Tele (478)391-9171 | 11/01/2015 to 10/31/2017 |
| | 335 E GERMANN RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1439 | GIER, KRISTIN GOMMEL | | | Tele (480)221-7553 | 08/01/2016 to 07/31/2018 |
| | 25615 N RANCH GATE RD | | | Fax: (480)513-4628 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6907 | GILAN, ANN R. | | | Tele (480)541-6567 | 02/01/2016 to 01/31/2018 |
| | 8700 SOUTH KYRENE RD | | | Fax: (480)541-6401 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1247 | GILBERT, KIMBERLY A. | | | Tele (602)605-8540 | 04/01/2016 to 03/31/2018 |
| | 7275 W VINEYARD RD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7234 | GILMAN, SHERRI L. | | | Tele (480)917-9900 | 05/01/2016 to 04/30/2018 |
| | 1945 SOUTH ASHLAND RANCH ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6806 | GINA MAZZUCCO | | | Tele (480)472-0702 | 11/01/2016 to 10/31/2018 |
| | 1025 N COUNTRY CLUB DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8070 | GITTUS, BRIANNE B. | | | Tele (480)264-3393 | 03/01/2016 to 02/28/2018 |
| | 932 W CHANDLER BLVD SUITE 3 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8364 | GIUFFRIDA, KATRINA A. | | | Tele (480)704-5954 | 07/01/2016 to 06/30/2018 |
| | 16815 S DESERT FOOTHILLS PARKWAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7604 | GJERSVIG, BEVERLY A | | | Tele (480)837-4565 | 02/01/2016 to 01/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: (888)957-8277 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1879 | GLADIEUX, KELLI C. | | | Tele (623)523-8700 | 08/01/2016 to 07/31/2018 |
| | 15802 N PARKVIEW PL | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0401 | GLAVIC, SUSAN H. | | | Tele (602)406-6494 | 03/01/2016 to 02/28/2018 |
| | 114 W THOMAS ROAD | | | Fax: (602)406-4105 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0559 | GLENN, SARAH U. | | | Tele (480)882-5295 | 02/01/2016 to 01/31/2018 |
| | 7400 E OSBORN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1395 | GLENNON, MARYELLEN | | | Tele (480)728-8721 | | 06/01/2016 | to | 05/31/2018 |
| | 3555 S VAL VISTA DR | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85297 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1454 | GLISSMAN, LAURIE ELAINE | | | Tele (602)347-2600 | | 08/01/2016 | to | 07/31/2018 |
| | 4560 W SWEETWATER AVE | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85304 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6159 | GLOERSTAD, JENNIFER L | | | Tele (602)334-3502 | | 03/01/2016 | to | 02/28/2018 |
| | JGLOERSTAD LLC | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85022 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9507 | GOEKE, LORRAINE A. | | | Tele (614)000-0000 | | 07/07/2015 | to | 07/31/2017 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8951 | GOLDMAN, JESSICA S. | | | Tele (626)000-0000 | | 11/13/2015 | to | 11/30/2017 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85032 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1868 | GOLDSTEIN, BETH A | | | Tele (602)449-2051 | 04/01/2016 to 03/31/2018 |
| | 15002 NORTH 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0943 | GOLDSTEIN, JILL K. | | | Tele (602)406-3473 | 04/01/2016 to 03/31/2018 |
| | 222 W THOMAS, SUITE 401 | | | Fax: (602)406-4406 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4544 | GOODMAN, JENNIFER C. | | | Tele (480)987-5900 | 06/01/2016 to 05/31/2018 |
| | 20217 E CHANDLER HEIGHTS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0861 | GOODMAN, SANDRA E. | | | Tele (480)967-1661 | 04/01/2016 to 03/31/2018 |
| | 1730 S MILL AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1300 | GOODRICH, ANN E | | | Tele (602)739-2984 | 03/01/2016 to 02/28/2018 |
| | 780 WEST MACAW DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2028 | GORR, GRETCHEN J | | | Tele (602)449-2650 | 06/01/2016 to 05/31/2018 |
| | 15002 N 32ND PL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8102 | GORSKI, KRISTIN A. | | | Tele (480)551-5481 | 12/01/2015 to 11/30/2017 |
| | 9630 SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85256 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4988 | GOTFRIED, ANNETTE L | | | Tele (480)751-7327 | 03/01/2016 to 02/28/2018 |
| | 3443 N CENTRAL AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0745 | GOTSCH, LINDA A. | | | Tele (602)999-7995 | 03/01/2016 to 02/28/2018 |
| | 2432 WEST PEORIA AVE SUITE 1243 | | | Fax: (602)923-5755 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4547 | GOTTLIEB, EILEEN D. | | | Tele (480)406-5800 | 01/01/2016 to 12/31/2017 |
| | 9265 NORTH 115TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4675 | GRABER, SVETLANA S. | | | Tele (480)419-0848 | 04/01/2016 to 03/31/2018 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: (480)538-5258 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0886 | GRADY, BARBARA J | | | Tele (602)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1838 | GRADY, JESSICA E. | | | Tele (480)980-4969 | 03/01/2016 to 02/28/2018 |
| | 222 W THOMAS RD SUITE 400 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4220 | GRAHAM, BETSY B | | | Tele (602)595-0074 | 05/01/2016 to 04/30/2018 |
| | 4045 E UNION HELLS DRIVE #110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4600 | GRAHS, CHRISTINE L. | | | Tele (602)839-3137 | 12/01/2015 to 11/30/2017 |
| | 1012 E WILLETTA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7206 | GRANILLO, SHONA | | | Tele (480)472-8911 | 12/01/2014 to 11/30/2016 |
| | 63 EAST MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8846 | GRAVES, AMANDA T | | | Tele (401)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0205 | GRAVES, TRACEY A. | | | Tele (602)449-4300 | 05/01/2016 to 04/30/2018 |
| | 3997 E LOCKWOOD DRIVE | | | Fax: (480)607-0399 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5504 | GRAY, ANN R | | | Tele (623)533-8417 | 12/01/2015 to 11/30/2017 |
| | 18116 W EAST WIND AVE | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0937 | GRAY, CYNTHIA M. | | | Tele (602)764-8163 | 04/01/2016 to 03/31/2018 |
| | 1900 W THOMAS | | | Fax: (602)271-2696 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0526 | GRAY, SHELLEY I. | | | Tele (480)965-6796 | 01/01/2016 to 12/31/2017 |
| | PO BOX 870102 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0721 | GRAY, WANDA L. | | | Tele (623)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5443 | GRAYBILL, LISA M. | | | Tele (602)865-2347 | 06/01/2016 to 05/31/2018 |
| | 5605 W EUGIE AVE SUITE 212 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4707 | GREEFF, CONNIE ORA | | | Tele (480)427-3070 | 05/01/2016 to 04/30/2018 |
| | 515 MESA DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4868 | GREEN, DANIELLE L. | | | Tele (602)277-5006 | 01/01/2016 to 12/31/2017 |
| | 5310 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6886 | GREENE, INTISSAR A. | | | Tele (602)771-4554 | 05/01/2016 to 04/30/2018 |
| | 7654 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8311 | GREENE, LEAH M. | | | Tele (623)876-7000 | 06/01/2016 to 05/31/2018 |
| | 15802 NORTH PARKVIEW PLACE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0652 | GREER, DAWN C. | | | Tele (480)965-9074 | 02/01/2016 to 01/31/2018 |
| | 200 E CURRY STE 148 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8489 | GREFF, KASEY A. | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0318 | GREGORY, KRISTINE L. | | | Tele (480)541-5600 | 01/01/2015 to 12/31/2017 |
| | 8700 S KYRENE RD | | | Fax: (480)541-5610 | |
| | TEMPE | AZ | 85285 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0402 | GRIEF, LAURIE D. | | | Tele (480)892-9777 | 01/01/2016 to 12/31/2017 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4875 | GRIEGO, JOSE N. | | | Tele (480)332-6691 | 01/01/2016 to 12/31/2017 |
| | 1992 S FALCON DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1578 | GRIFFIN, PATTI J | | | Tele (480)461-3206 | 06/01/2016 to 05/31/2018 |
| | 1460 S HORNE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6751 | GRIGGS CHELSEA L | | | Tele (480)728-3000 | 01/01/2016 to 12/31/2017 |
| | 1955 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1155 | GRIMMETT, JULIE R. | | | Tele (720)770-5118 | 07/01/2016 to 06/30/2018 |
| | 18976 N 92ND WAY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0810 | GROFF, NANCY L. | | | Tele (602)790-3446 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1570 | GROSSMAN, SARAH F. | | | Tele (602)839-3379 | 10/01/2016 to 09/30/2018 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0442 | GROTH, SUSAN F. | | | Tele (602)449-6900 | 01/01/2016 to 12/31/2017 |
| | 5902 E SWEETWATER | | | Fax: (480)367-5815 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1810 | GROVER, KRISTIN E. | | | Tele (480)541-3400 | 05/01/2016 to 04/30/2018 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5749 | GRULKE, AMY T. | | | Tele (480)242-0114 | 05/01/2016 to 04/30/2018 |
| | 60 SOUTH 58TH STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9131 | GRUMBLATT, HOLLY C. | | | Tele (353)000-0000 | 10/01/2016 to 09/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1902 | GRUNOW, HOPE E. | | | Tele (480)752-8873 | 05/01/2016 to 04/30/2018 |
| | 1001 E KNOX ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1309 | GUE, ELIZABETH S. | | | Tele (602)896-2900 | 10/01/2015 to 09/30/2017 |
| | 5821 WEST BEVERLY LANE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5616 | GUERRERO, VIRGINIA L. | | | Tele (480)883-4400 | 10/01/2015 to 09/30/2017 |
| | 3535 S BASHA ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1474 | GUMPERT, ANGELA M | | | Tele (623)931-5800 | 03/01/2016 to 02/28/2018 |
| | 5125 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1815 | GUSTINE, KATHLEEN L. | | | Tele (480)484-6400 | 08/01/2016 to 07/31/2018 |
| | N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1492 | GUZMAN, CHARLES R. | | | Tele (623)738-0479 | 08/01/2016 to 07/31/2018 |
| | 5146 W WISPERING WIND DRIVE | | | Fax: (602)548-2673 | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5173 | HAASER, JILL M. | | | Tele (602)867-0212 | 03/01/2016 to 02/28/2018 |
| | 4065 EAST BELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0123 | HABGOOD, KAREN L. | | | Tele (602)569-6659 | 12/01/2015 to 11/30/2017 |
| | 3235 EAST LONGHORN DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0457 | HACKETT, ANITA C | | | Tele (602)406-3000 | 01/01/2016 to 12/31/2017 |
| | 350 W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7334 | HAGNESS, SAMANTHA L | | | Tele (520)909-5240 | 09/01/2016 to 08/31/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10199 | HAHN, SARAH FISHER | | | Tele (708)000-0000 | 08/18/2016 to 08/17/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9505 | HAHS, KELLY M. | | | Tele (314)000-0000 | 07/22/2015 to 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4339 | HALES, SARAH E. | | | Tele (480)829-9777 | 02/01/2016 to 01/31/2018 |
| | 551 SOUTH HIGLEY | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0290 | HALL, SHEILA J. | | | Tele (480)497-9790 | 01/01/2016 to 12/31/2017 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4509 | HAMP, GINGER C. | | | Tele (602)332-4256 | 01/01/2015 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6122 | HANEY, COLLETTE M. | | | Tele (480)551-5417 | 05/01/2016 to 04/30/2018 |
| | 9630 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4371 | HANKINS, RONALD J. | | | Tele (602)246-5365 | 04/01/2016 to 03/31/2018 |
| | 2000 WEST BETHANY HOME | | | Fax: (602)239-5150 | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4011 | HANSEN, LUDIE R. | | | Tele (602)657-9033 | 05/01/2016 to 04/30/2018 |
| | 3150 SOUTH 48TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1740 | HANSON BOOTHE, NIKOL L. | | | Tele (602)451-2697 | 10/01/2016 to 09/30/2018 |
| | PO BOX 93214 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85070 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0269 | HARDING, KIM J. | | | Tele (480)236-7274 | 12/01/2015 to 11/30/2017 |
| | 8313 E NOPAL AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9582 | HARRIS, DEBRA RAMSEY | | | Tele (480)820-6366 | 06/30/2016 to 06/29/2018 |
| | 690 E WARNER ROAD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1607 | HARRIS, KYRA A. | | | Tele (602)896-6081 | 07/01/2016 to 06/30/2018 |
| | 13425 N 19TH AVENUE | | | Fax: (602)896-6020 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6228 | HARRISON, ELIZABETH V. | | | Tele (602)324-6500 | 07/01/2016 to 06/30/2018 |
| | 7540 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5444 | HARRISON, ROBIN JILL | | | Tele (480)412-5439 | 03/01/2016 to 02/28/2018 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8735 | HARRIS-SCOTT, LYNNETTE H | | | Tele (480)662-0037 | 03/01/2016 to 02/28/2018 |
| | 2121 E HULET DR | | | Fax: (763)250-2550 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0188 | HART, COLLEEN M. | | | Tele (602)896-5956 | 05/01/2016 to 04/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4810 | HASE, MARIA R. M. D. | | | Tele (480)484-3500 | 02/01/2016 to 01/31/2018 |
| | 4610 EAST OSBORN ROAD | | | Fax: (480)484-3501 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2060 | HASLAM STOLFA, MEGAN | | | Tele (480)784-4484 | 07/01/2016 to 06/30/2018 |
| | 3205 S RURAL RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8952 | HATCH, GILLIAN K. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: (540)982-7637 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4311 | HATHAWAY, JOANNE | | | Tele (480)472-5330 | 02/01/2016 to 01/31/2018 |
| | 63 EAST MAIN STREET UNIT 101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5957 | HAUSERMANN, LORENA M. | | | Tele (602)347-2600 | 02/01/2016 to 01/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8873 | HAWKINS, KIRA M | | | Tele (480)497-3300 | 06/22/2015 to 06/30/2017 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1484 | HAWS, LISA T. | | | Tele (480)472-0584 | 03/01/2016 to 02/28/2018 |
| | 1025 N COUNTRY CLUB | | | Fax: (480)472-0892 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0800 | HAYES, CAROL P. | | | Tele (480)620-0408 | 03/01/2016 to 02/28/2018 |
| | 5755 E MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2026 | HAYES, CYNTHIA L. | | | Tele (480)000-0000 | 08/01/2016 to 07/31/2018 |
| | EMPLOYER NOT LISTED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9395 | HAYS, GRETCHEN R. | | | Tele (480)472-1800 | 05/05/2016 to 05/04/2018 |
| | 1407 N ALTA MESA DR | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4091 | HAYWARD, ELIZABETH A. | | | Tele (623)486-6000 | 06/01/2016 to 05/31/2018 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4293 | HAYWARD, JANIS C. | | | Tele (602)397-0763 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9914 | HAZELIP, MICHELLE SUSAN | | | Tele (708)000-0000 | 04/08/2016 to 04/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1642 | HEADLEY, ANGELA M | | | Tele (602)633-8464 | 07/01/2016 to 06/30/2018 |
| | 2850 N 24TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1476 | HEATH, LINDA M. | | | Tele (623)486-6450 | 03/01/2016 to 02/28/2018 |
| | 12995 N MARSHALL RANCH DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4771 | HEATON, ANGELA N | | | Tele (602)449-2000 | 08/01/2016 to 07/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9064 | HECHT, MARGARET A | | | Tele (602)243-4800 | 05/19/2015 to 05/31/2017 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6115 | HEDRICK, AARON R. | | | Tele (623)972-0995 | 01/01/2016 to 12/31/2017 |
| | 13840 N DESERT HARBOR DR | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5795 | HEDRICK, LYNN | | | Tele (602)840-2323 | 05/01/2016 to 04/30/2018 |
| | 4120 NORTH 20TH STREET SUITE A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8372 | HEID, LAUREN K | | | Tele (480)412-3000 | 04/01/2016 to 03/31/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0259 | HEIM, CLAREEN M. | | | Tele (480)472-0728 | 12/01/2015 to 11/30/2017 |
| | 1025 N CUNTRY CLUB DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0216 | HEISLER, JULIE M. | | | Tele (602)449-2717 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTIC ADDRESS NOT KREGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0405 | HELLER, MARCIA A. | | | Tele (602)614-6386 | 01/01/2016 to 12/31/2017 |
| | 1550 NORTH STAPLEY DRIVE #131 | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6531 | HELLING, BREANNE M. | | | Tele (602)336-2920 | 10/27/2015 to 10/31/2017 |
| | 4510 N 37TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5838 | HELSER, JENNA M. | | | Tele (480)472-5521 | 03/01/2016 to 02/28/2018 |
| | 63 EAST MAIN STREET #101 | | | Fax: (480)472-5480 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0456 | HENDERSON, CHRISTINE D. | | | Tele (480)323-3214 | 01/01/2016 to 12/31/2017 |
| | 10200 N 92ND ST #100 | | | Fax: (480)323-3677 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10038 | HENDERSON, DAVIS EARLE | | | Tele (480)965-2905 | 06/01/2016 to 05/31/2018 |
| | 975 S MYRTLE AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9514 | HENRY, MEAGAN N. | | | Tele (801)000-0000 | 07/26/2016 to 07/25/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0961 | HENSLEY-LEIDEKER, PENNY J. | | | Tele (480)529-8654 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)812-0952 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7204 | HERCHOLD ,BAILIE E | | | Tele (602)449-6711 | 06/10/2015 to 06/09/2017 |
| | 7690 E WILLIAMS DR | | | Fax: (480)483-1673 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8428 | HERMANN, AMANDA S. | | | Tele (480)211-7553 | 12/08/2014 to 12/31/2016 |
| | 25615 N RANCH GATE RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6464 | HERNANDEZ, JULIE A. | | | Tele (623)486-6000 | 02/01/2016 to 01/31/2018 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6401 | HERR, HEATHER L. | | | Tele (602)264-9039 | 10/01/2015 to 09/30/2017 |
| | 4635 NORTH 14TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6423 | HERSKOVIC, SHEENA | | | Tele (480)516-4969 | 03/01/2016 to 02/28/2018 |
| | 1211 NORTH MILLER ROAD SUITE 159 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6268 | HIGGINS, BETH A | | | Tele (602)406-5214 | 10/01/2015 to 09/30/2017 |
| | 240 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4331 | HIGGINS, CAROLYN F | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85045 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5126 | HIGHFILL, MATTHEW B. | | | Tele (602)843-8433 | 08/01/2016 to 07/31/2018 |
| | 13620 N 55TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2079 | HILL, AMANDA J | | | Tele (480)987-5378 | 10/01/2016 to 09/30/2018 |
| | 34179 N PICKET POST DR | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0493 | HILL, BETSY P. | | | Tele (602)736-3041 | 01/01/2016 to 12/31/2017 |
| | 4045 E UNION HILLS DR STE 110 | | | Fax: (480)451-7780 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6420 | HILL, ERIN M. | | | Tele (602)449-2650 | 05/01/2016 to 04/30/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8120 | HILL, JENNIFER L | | | Tele (480)567-0350 | 02/01/2016 to 01/31/2018 |
| | 5652 E BASELINE RD | | | Fax: (480)567-0351 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8926 | HILL, LINDSAY A | | | Tele (810)000-0000 | 06/26/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0156 | HILL, SANDRA L. | | | Tele (480)541-3766 | 12/01/2015 to 11/30/2017 |
| | 1201 W COURTNEY LANE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4722 | HINDES, ADRIAN L | | | Tele (480)495-0116 | 01/01/2016 to 12/31/2017 |
| | 2657 E DOGWOOD DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1905 | HINES, LISA M. | | | Tele (602)743-8645 | 05/01/2016 to 04/30/2018 |
| | 9244 VISTA VERDE CT | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0124 | HINKLE, KATHLEEN P. | | | Tele (480)897-6233 | 12/01/2015 to 11/30/2017 |
| | 625 W CORNELL | | | Fax: ( ) - | |
| | GUADALUPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1190 | HINNERS, LAURA C. | | | Tele (602)703-5544 | 07/01/2016 to 06/30/2018 |
| | 4600 E HAZELTINE WAY | | | Fax: (480)917-7509 | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0582 | HINSKI, MARGARET R. | | | Tele (602)449-2150 | 01/01/2016 to 12/31/2017 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1138 | HIRTE, MARY E. | | | Tele (602)943-1012 | 07/01/2016 to 06/30/2018 |
| | 7227 N 16TH ST STE 107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9691 | HITCHCOCK, KOURTNEY G. | | | Tele (480)000-0000 | 09/22/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7443 | HIXSON, NAOMI H | | | Tele (480)321-2000 | 11/01/2015 to 10/31/2017 |
| | 6644 EAST BAYWOOD AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0015 | HODGKINSON-HAMM, JUDITH B. | | | Tele (480)776-7279 | 12/01/2015 to 11/30/2017 |
| | 20717 S CHANDLER HEIGHTS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4703 | HODGSON, PRUDENCE B. | | | Tele (602)684-9175 | 05/01/2016 to 04/30/2018 |
| | 950 W LAGUNA AZUL | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8754 | HOFFMAN, ALLISON E | | | Tele (623)524-4039 | 04/01/2016 to 03/31/2018 |
| | BANNER DEL WEBB MEDICAL CENTER | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0610 | HOFFMAN, CINDY S. | | | Tele (602)406-4355 | 03/01/2016 to 02/28/2018 |
| | 350 W THOMAS ROAD | | | Fax: (602)406-6104 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6287 | HOFFMANN, BRENDA L. | | | Tele (480)221-2475 | 01/01/2016 to 12/31/2017 |
| | 4616 W BOSTON ST | | | Fax: (480)772-4626 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0651 | HOLEN, DEBORAH J. | | | Tele (480)838-9702 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6644 | HOLLIGNSWORTH, NICOLE M. | | | Tele (602)368-8601 | 03/01/2016 to 02/28/2018 |
| | 4600 E SHEA BLVD | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0870 | HOLLOCK, DERRY A. | | | Tele (623)334-5465 | 03/01/2016 to 02/28/2018 |
| | 13460 N 67TH AVE | | | Fax: (623)334-5403 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9443 | HOLMES, LINDSEY M. | | | Tele (480)456-0719 | 05/13/2016 to 05/12/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9067 | HOLMES, SHAREE O. | | | Tele (602)368-8601 | 09/01/2016 to 08/31/2018 |
| | 4600 EAST SHEA BOULEVARD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1296 | HOLTZ , SUSAN N. | | | Tele (480)472-0664 | 10/01/2016 to 09/30/2018 |
| | 63 E MAIN ST #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1460 | HOMCO, NANCY P. | | | Tele (623)463-8208 | 02/01/2016 to 01/31/2018 |
| | 7415 NORTH 59TH AVENUE | | | Fax: (602)841-7232 | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7842 | HOMSTAD, KAYLEE E. | | | Tele (480)472-4700 | 08/01/2016 to 07/31/2018 |
| | 63 E MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2142 | HONIG, JUDY S. | | | Tele (480)225-4540 | 04/01/2016 to 03/31/2018 |
| | 1885 EAST CARMEN STREET | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4337 | HORACK, KIMBERLY A. | | | Tele (602)237-9110 | 12/01/2015 to 11/30/2017 |
| | 4141 W MCNEIL ST | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1310 | HOREWITCH, LAURIE | | | Tele (480)221-8123 | 10/01/2016 to 09/30/2018 |
| | 4158 W CORONA DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5587 | HORPEDAHL, KATHERINE P. | | | Tele (480)882-7520 | 07/31/2016 to 06/30/2018 |
| | 11130 E CHOLLA ST BLDG I | | | Fax: (480)451-5270 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8314 | HORTON, KRISTIN M | | | Tele (602)999-5916 | 06/01/2016 to 05/31/2018 |
| | 3116 S MILL AVENUE SUITE 109 | | | Fax: (480)889-0384 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1737 | HOWARD, JACKIE A. | | | Tele (480)892-8624 | 10/01/2015 to 09/30/2017 |
| | 175 W ELLIOT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4856 | HOWARD, KATHERINE A. | | | Tele (480)650-2929 | 06/01/2016 to 05/31/2018 |
| | 855 W SYCAMORE COURT | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7094 | HOWELL, SHERRY M. | | | Tele (602)406-4687 | 02/01/2016 to 01/31/2018 |
| | 222 W THOMAS ROAD | | | Fax: (602)294-5035 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8342 | HSIUNG, ELIZABETH | | | Tele (480)541-1000 | 10/01/2016 to 09/30/2018 |
| | 8700 S KYRENE RD | | | Fax: (480)541-1816 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0828 | HUFT, DEANN E. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDR WITHHELD FOR PRIVACY | | | Fax: (480)000-0000 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0444 | HUGHSON-HALE, ELLEN D. | | | Tele (602)476-1320 | 01/01/2016 to 12/31/2017 |
| | 99 E VIRGINIA STE 200 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2180 | HUNSAKER, JENNIFER J. | | | Tele (602)406-3473 | 09/01/2016 to 08/31/2018 |
| | 222 W THOMAS RD SUITE 401 | | | Fax: (602)406-4406 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0996 | HUNT, CONNIE | | | Tele (602)439-7400 | 04/01/2016 to 03/31/2018 |
| | 6701 W UNION HILLS DR STE 2 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5640 | HURST, MARY B. | | | Tele (602)368-8601 | 06/01/2016 to 05/31/2018 |
| | 4600 EAST SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1110 | HURWITZ, MERYL ROBIN | | | Tele (480)502-7726 | 06/01/2016 to 05/31/2018 |
| | 25615 N RANCH GATE ROAD | | | Fax: (480)484-6287 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1749 | HUSS, ANDREA M | | | Tele (602)403-5220 | 10/01/2015 to 09/30/2017 |
| | 11445 E VIA LINDA STE 2235 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8348 | HUYSENTRUYT, JENNIFER A | | | Tele (480)704-5954 | 09/01/2016 to 08/31/2018 |
| | 16815 S DESERT FOOTHILS PAKWY STE 126 | | | Fax: (480)704-5807 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9007 | IBARRA, CAROLIEN | | | Tele (602)257-3755 | 08/05/2016 to 08/04/2018 |
| | 1817 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6782 | IBIYEMI-ALUKO, JENROLA A. | | | Tele (602)943-5472 | 08/03/2015 to 08/31/2017 |
| | 1802 W PARKSIDE LANE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7287 | IGRAS, KATRINA M. | | | Tele (602)243-4800 | 09/01/2016 to 08/31/2018 |
| | 6000 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4956 | IMPARATO, SHERRY A. | | | Tele (623)445-5057 | 02/01/2016 to 01/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7058 | INDILICATO, SHELLEY L. | | | Tele (480)994-1333 | 10/01/2015 to 09/30/2017 |
| | 3333 N CIVIC CENTER PLAZA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0926 | INGRAM, KELLY D. | | | Tele (480)965-5830 | 04/01/2016 to 03/31/2018 |
| | 10TH AND MYRTLE COOR 2211 | | | Fax: (480)965-8516 | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4813 | IRELAND, MICHELLE L. | | | Tele (480)627-9810 | 01/01/2016 to 12/31/2017 |
| | 815 E WARNER RD STE 106 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9545 | ISAKI, JANELLE A. | | | Tele (500)000-0000 | 08/11/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4067 | IUORIO, BARBARA E | | | Tele (480)484-7700 | 05/01/2016 to 04/30/2018 |
| | 3811 NORTH 44TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7229 | JACOB HENRY TRYON | | | Tele (480)000-0000 | 10/20/2016 to 10/19/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1604 | JACOBOSKI, BARBARA | | | Tele (485)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6436 | JACQUELINE MICHELE GREENFIELD | | | Tele (602)865-5831 | 12/01/2016 to 11/30/2018 |
| | 5605 W EUGIE AVE STE 212 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0047 | JAFFA, HELEN R. | | | Tele (480)229-5936 | 01/01/2016 to 12/31/2017 |
| | 7011 EAST CULVER STREET | | | Fax: (480)924-5860 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1486 | JAIME, ANITA J | | | Tele (602)752-1739 | 03/01/2016 to 02/28/2018 |
| | 4007 S FILER DR | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6071 | JAKUBUS, KRISTEN N. | | | Tele (480)270-5438 | 10/01/2016 to 09/30/2018 |
| | 3201 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0414 | JAMESON, REGIS A. | | | Tele (602)751-3672 | 04/01/2016 to 03/31/2018 |
| | 8190 W DEER VALLEY RD 104-200 | | | Fax: (602)218-1352 | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1565 | JANETTE SMITH BOOTH | | | Tele (480)000-0000 | 11/05/2016 to 11/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8383 | JANOUSEK, MAYA A. | | | Tele (602)000-0000 | | 04/01/2016 | to | 03/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85006 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9009 | JEAN E NELSON | | | Tele (602)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85268 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9132 | JENAE FLEMING NYLANDER | | | Tele (801)319-8779 | | 11/01/2016 | to | 10/31/2018 |
| | BRIGHT HORIZON PEDIATRIC THERAPY | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85204 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4344 | JENKINS, KELLY L. | | | Tele (623)256-1728 | | 06/01/2016 | to | 05/31/2018 |
| | 7747 W DEER VALLEY RD #255 | | | Fax: (623)249-5324 | | | | |
| | PEORIA | AZ | 85382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6039 | JENKINS, NICOLE A. | | | Tele (480)837-4565 | | 04/01/2016 | to | 03/31/2018 |
| | 17100 E SHEA BLVD SUITE #225 | | | Fax: ( ) - | | | | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4887 | JENNIFER LYNN LEE | | | Tele (480)837-4565 | 10/01/2016 to 09/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8196 | JENNIFER R FRANCO | | | Tele (631)901-5372 | 03/01/2016 to 02/28/2018 |
| | ACHIEVEMENT THERAPY SERVICES | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6469 | JENNIFER RENEE YANCEY | | | Tele (602)373-3136 | 09/01/2016 to 08/31/2018 |
| | 4525 S COLLETE AVE | | | Fax: (866)422-2651 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0079 | JENSEN, DARRELL L. | | | Tele (480)777-2212 | 01/01/2016 to 12/31/2017 |
| | 119 E LINDA LN | | | Fax: (480)777-9092 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8890 | JENSEN, KATRINA A | | | Tele (602)406-3000 | 06/01/2016 to 05/31/2018 |
| | 350 W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4883 | JESPERSEN, SARAH J. | | | Tele (480)390-7532 | 07/01/2016 to 06/30/2018 |
| | 879 N HARMONY AVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8510 | JESSICA LYNN HUDSON | | | Tele (480)719-6535 | 10/01/2016 to 09/30/2018 |
| | STUTTERING AND SPEECH THERAPY OF ARIZONA | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6968 | JETTY, MAGGIE K. | | | Tele (602)452-6943 | 07/01/2016 to 06/30/2018 |
| | 1817 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1561 | JOANNE RENEE BRISTOR | | | Tele (602)679-2922 | 09/01/2016 to 08/31/2018 |
| | 19032 N 37TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2188 | JOHANSON, CASSANDRA E. | | | Tele (623)486-6000 | 02/01/2016 to 01/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5668 | JOHN, KAREN L. | | | Tele (602)368-8601 | 02/01/2016 to 01/31/2018 |
| | 4600 E SHEA BLVD #101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7674 | JOHNS, AMY K. | | | Tele (623)376-2311 | 03/01/2016 to 02/28/2018 |
| | 551 S HIGLEY ROAD | | | Fax: (480)635-0222 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4224 | JOHNSON, ALYSON M | | | Tele (480)650-7805 | 09/01/2016 to 08/31/2018 |
| | 3713 E NOLAN DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7089 | JOHNSON, BRANDON M. | | | Tele (480)497-3300 | 08/01/2016 to 07/31/2018 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5631 | JOHNSON, DEBRA R. | | | Tele (602)449-2000 | 05/01/2016 to 04/30/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8958 | JOHNSON, EMILY E. | | | Tele (480)472-0735 | 06/01/2016 to 05/31/2018 |
| | 1025 N COUNTRY CLUB DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0223 | JOHNSON, KATHLEEN R. | | | Tele (480)874-3720 | 12/01/2015 to 11/30/2017 |
| | 3801 N MILLER RD | | | Fax: (480)940-3560 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4110 | JOHNSON, NATALIE J. | | | Tele (602)449-7300 | 10/01/2016 to 09/30/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0971 | JOHNSON, SHARI K. | | | Tele (480)308-5591 | 04/01/2016 to 03/31/2018 |
| | 950 NORTH SUNVALLEY BLVD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2200 | JOHNSON, SUSAN E. | | | Tele (602)347-4866 | 02/01/2016 to 01/31/2018 |
| | 1502 W MOUNTAIN VIEW ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0254 | JOHNSTON, ANDREA M | | | Tele (480)820-6366 | 12/01/2015 to 11/30/2017 |
| | 690 E WARNER ROAD, #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7306 | JOHNSTON, CASSIE A. | | | Tele (602)277-5006 | 04/01/2016 to 03/31/2018 |
| | 2040 S ALMA SCHOOL RD STE 1 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5663 | JONES, ALLISON M. | | | Tele (480)820-6366 | 03/01/2016 to 02/28/2018 |
| | 690 E WARNER RD SUITE 105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1870 | JONES, LEAH A. | | | Tele (480)926-3816 | 04/01/2016 to 03/31/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: (480)813-6809 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5426 | JONES, LOURDES RAQUEL | | | Tele (602)243-4800 | 03/01/2016 to 02/28/2018 |
| | 6218 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8969 | JONES, NOELLE A. | | | Tele (480)837-4565 | 06/26/2015 to 06/30/2017 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8998 | JONES, RACHEL M | | | Tele (623)691-4088 | 10/27/2015 to 10/31/2017 |
| | 5220 W INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1045 | JONES, TRACI M. | | | Tele (602)000-0000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4992 | JONES-BLACK, JULIE K. | | | Tele (602)629-6600 | 03/01/2016 to 02/28/2018 |
| | 4825 E ROOSEVELT ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0592 | JONI FAY PERFECT | | | Tele (602)826-0963 | 12/01/2016 to 11/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: (602)347-3420 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1128 | JOSEPHINE ANN RIVAS PEREZ | | | Tele (602)347-4130 | 12/01/2015 to 11/30/2017 |
| | 801 W PEORIA AVE | | | Fax: (602)347-4120 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4201 | JOYNER, MARTY A. | | | Tele (623)670-2565 | 01/01/2016 to 12/31/2017 |
| | 12411 W RANCHO DR | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9252 | JUAREZ, JESIRAE G. | | | Tele (602)933-2886 | 12/28/2015 to 12/27/2017 |
| | 1919 E THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10331 | JUDITH ANN NANCE | | | Tele (623)376-4890 | 10/28/2016 to 10/27/2018 |
| | 7241 W ROSE GARDEN LN | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10290 | JUDITH LYNN SEBASTIAN | | | Tele (845)544-5242 | 10/03/2016 to 10/02/2018 |
| | 1919 E THOMAS RD #2 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6880 | JUDITH MARGARET MACIAS-HARRIS | | | Tele (602)999-7998 | 10/01/2016 to 09/30/2018 |
| | 2813 W IVANHOE ST | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5131 | JULIE A TROGAN | | | Tele (602)750-8359 | 08/01/2016 to 07/31/2018 |
| | 4435 S FRANKS PL | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5946 | JULIE KATHERINE SWOBODA | | | Tele (623)435-3213 | 09/01/2016 to 08/31/2018 |
| | 25555 W DURANGO STREET | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1119 | JULIEN, JUDITH R. | | | Tele (602)242-0212 | 07/01/2016 to 06/30/2018 |
| | 4510 N 37TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP10064 | JURGENSMEIER, ALYSSA SHIREE | | | Tele (480)000-0000 | 06/08/2016 to 06/07/2018 |
| | AZ PRACTICE LOCATION NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5223 | KAESLER, SARAH N. | | | Tele (480)820-6366 | 05/01/2016 to 04/30/2018 |
| | 690 E WARNER RD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4379 | KAHLDON, LESLIE C. | | | Tele (602)769-6672 | 06/01/2016 to 05/31/2018 |
| | 8825 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1019 | KALKBRENNER, MARY BETH | | | Tele (602)449-2150 | 08/01/2016 to 07/31/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8847 | KAMM, KAREN | | | Tele (602)397-4891 | 06/01/2016 to 05/31/2018 |
| | UCP OF CENTRAL ARIZONA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1168 | KAMMERZELL, GWENDOLYN M. | | | Tele (480)892-2022 | 07/01/2016 to 06/30/2018 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7948 | KANY HYO-JIN, CHRISTINA | | | Tele (480)342-2890 | 09/01/2016 to 08/31/2018 |
| | 5777 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4837 | KAPPUS, MELANIE A. | | | Tele (480)472-5648 | 06/01/2016 to 05/31/2018 |
| | 950 N SUNVALLEY BLVD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4665 | KASTEN, PATRICIA M. | | | Tele (702)301-6332 | 03/01/2016 to 02/28/2018 |
| | 4045 E UNION HILLS DRIVE, SUITE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4921 | KATE CHRISTINE VAIANA | | | Tele (480)967-8933 | 11/01/2016 to 10/31/2018 |
| | 2002 E CONCORDA DR | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1244 | KATHMAN, LISA M. | | | Tele (480)472-0735 | 10/01/2016 to 09/30/2018 |
| | 1025 N COUNTRY CLUB DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8513 | KATHRYN MARIA ATKINSON | | | Tele (623)242-6908 | 12/01/2016 to 11/30/2018 |
| | 14557 W INDIAN SCHOOL RD | | | Fax: (623)242-6909 | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1274 | KATHRYN WENDY EVERTS | | | Tele (480)966-7114 | 09/01/2016 to 08/31/2018 |
| | 3205 SOUTH RURAL ROAD | | | Fax: (480)838-0853 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6961 | KATHYE HOPE WATTERSON | | | Tele (623)445-5057 | 10/01/2016 to 09/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8552 | KATIE CHRISTINE STACEY | | | Tele (623)486-6000 | 11/01/2016 to 10/31/2018 |
| | 6330 W THUNDERBIRD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2077 | KATIE LEIGH SULLIVAN | | | Tele (480)936-3634 | 10/01/2016 to 09/30/2018 |
| | 1745 S ALMA SCHOOL RD #145 | | | Fax: (480)855-8384 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7338 | KATIE LYNN KONDOS | | | Tele (623)535-6000 | 08/01/2016 to 07/31/2018 |
| | 272 E SAGEBRUSH ST | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8977 | KAUFER, ALYSSA L. | | | Tele (480)484-6100 | 10/08/2015 to 10/31/2017 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6798 | KAVANAGH, NICOLE L. | | | Tele (480)270-5422 | 08/01/2016 to 07/31/2018 |
| | 3201 S GILBERT RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0692 | KAYE, JACQUELINE F. | | | Tele (480)326-7750 | 04/01/2016 to 03/31/2018 |
| | 3955 EAST FLINTLOCK DRIVE | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0145 | KAYTON, PENNY | | | Tele (480)231-7026 | 12/01/2015 to 11/30/2017 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7697 | KAZIAN, KRISTY D. | | | Tele (847)624-4341 | 06/01/2016 to 05/31/2018 |
| | 1802 W PARKSIDE LANE | | | Fax: (847)680-1295 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1835 | KEE, ELSA C. | | | Tele (480)472-4996 | 02/01/2016 to 01/31/2018 |
| | 63 EAST MAIN SUITE 101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0069 | KEEGAN, CARLA K. | | | Tele (480)883-4111 | 01/01/2016 to 12/31/2017 |
| | EMPL ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0538 | KEENEY, MARY E. | | | Tele (602)542-4016 | 01/01/2016 to 12/31/2017 |
| | 1535 WEST JEFFERSON BIN #24 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8368 | KELDERHOUSE, RENEE L. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 16428 EAST KINGSTREE BLVD | | | Fax: (480)836-1992 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5863 | KELLY MARIE BOHART | | | Tele (602)839-6893 | 10/01/2016 to 09/30/2018 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8328 | KELLY MARIE SETTERGREN | | | Tele (623)486-6475 | 11/01/2016 to 10/31/2018 |
| | 9980 77TH AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9138 | KELLY MICHELE JARVIS | | | Tele (602)000-0000 | 11/01/2016 to 10/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1654 | KELLY, PATRICIA K. | | | Tele (480)854-1545 | 09/01/2016 to 08/31/2018 |
| | 1101 N RECKER RD | | | Fax: (480)854-1641 | |
| | MESA | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0252 | KEMERY, LAURA J. | | | Tele (602)347-4850 | 12/01/2015 to 11/30/2017 |
| | 1502 W MOUNTAIN VIEW RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1436 | KENDALL, DEBORAH A. | | | Tele (602)402-1455 | 02/01/2016 to 01/31/2018 |
| | 6665 EAST LAFAYETTE BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7807 | KENISON, ANNE E. | | | Tele (480)926-3816 | 08/01/2016 to 07/31/2018 |
| | 545 NORTH BURK | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6813 | KENNELLY, ALLISON E. | | | Tele (602)406-7342 | 06/01/2016 to 05/31/2018 |
| | 350 WEST THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5764 | KEPNER, REBECCA M. | | | Tele (480)472-1500 | 07/01/2016 to 06/30/2018 |
| | 705 S 32ND ST | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0965 | KEPPEL, MELISSA | | | Tele (602)839-6804 | 04/01/2016 to 03/31/2018 |
| | 1111 EAST MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7341 | KERRIGAN, LISA M. | | | Tele (480)837-4565 | | 07/01/2016 | to | 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | | | | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5049 | KEY, SARAH F. | | | Tele (602)406-3000 | | 10/01/2016 | to | 09/30/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9837 | KHOURY, MARY AYOUB | | | Tele (602)000-0000 | | 02/02/2016 | to | 02/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9683 | KILLEEN, STACEY L. | | | Tele (219)000-0000 | | 09/16/2015 | to | 09/30/2017 |
| | 1919 E THOMAS ROAD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5154 | KILLIGREW, JENNIFER J. | | | Tele (602)629-6550 | | 10/01/2015 | to | 09/30/2017 |
| | 4309 E BELLEVIEW | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85008 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8408 | KIMBERLY ANN MEISS | | | Tele (480)704-5954 | 11/01/2016 to 10/31/2018 |
| | 16815 S DESERT FOOTHILLS PKWY STE 126 | | | Fax: (480)704-5807 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8425 | KIMBERLY IRENE BATSTONE | | | Tele (602)368-8601 | 12/01/2016 to 11/30/2018 |
| | 4600 E SHEA BLVD STE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4027 | KIMBERLY NICOLE NUDI | | | Tele (703)618-1149 | 09/01/2016 to 08/31/2018 |
| | JEANNETTE KRUFT LOGOPAEDIE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0737 | KING, JODIE D. | | | Tele (602)839-5239 | 04/01/2016 to 03/31/2018 |
| | 1111 E MCDOWELL RD | | | Fax: (602)839-4548 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5259 | KING, LAURA C. | | | Tele (602)316-2092 | 10/01/2015 to 09/30/2017 |
| | MCCLINTOCK DR | | | Fax: (602)445-5210 | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9598 | KINKEL, ASHLEY E. | | | Tele (802)828-2619 | 06/01/2016 to 05/31/2018 |
| | 3145 E CHANDLER BLVD SUITE 110 #117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8697 | KINSEY, AMANDA L | | | Tele (480)837-4565 | 02/01/2016 to 01/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4751 | KISICKI, SHAUNA G. | | | Tele (602)291-4069 | 06/01/2016 to 05/31/2018 |
| | 3102 N 56TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7008 | KLEIN, ANDREA JILL | | | Tele (480)991-6560 | 12/01/2015 to 11/30/2017 |
| | 6865 E BECKER LN STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6415 | KLEIN, CHERYL L. | | | Tele (602)316-1849 | 01/01/2016 to 12/31/2017 |
| | 4700 S MCCLINTOCK DRIVE SUITE 135 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4901 | KLEINDORFER, KELI J. | | | Tele (602)277-5006 | 06/01/2016 to 05/31/2018 |
| | 5314 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9420 | KLEINERT, LAUREN O | | | Tele (602)933-0980 | 05/13/2016 to 05/12/2018 |
| | 1919 E THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5132 | KLEVEN, VERA L. | | | Tele (623)445-5000 | 08/01/2016 to 07/31/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6958 | KLEY, CASEY E. | | | Tele (480)837-4565 | 02/01/2016 to 01/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8674 | KLINGENSMITH, AUBREY T. | | | Tele (602)870-6060 | 01/27/2015 to 01/31/2017 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1652 | KNAB, LINDA M. | | | Tele (480)897-6063 | 03/01/2016 to 02/28/2018 |
| | 3205 RURAL ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7649 | KNAPP, SHANNON E | | | Tele (623)412-4678 | 08/01/2016 to 07/31/2018 |
| | 1745 S ALMA SCHOOL RD STE 145 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6075 | KNEIB, VALORY L. | | | Tele (480)837-4565 | 09/01/2016 to 08/31/2018 |
| | 16428 E KINGS TREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6111 | KNOLL, JACLYN E. | | | Tele (602)839-5955 | 05/01/2016 to 04/30/2018 |
| | 1012 E WILLETTA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4505 | KOEHNKEIN, DONALD E. | | | Tele (602)317-0804 | 08/01/2016 to 07/31/2018 |
| | 3877 N 7TH ST #240 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5911 | KOHRS, DENISE A. | | | Tele (602)707-2000 | 06/01/2016 to 05/31/2018 |
| | 1225 W OSBORN RD | | | Fax: (602)707-2040 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4338 | KOSCAK, SUSAN | | | Tele (623)486-6000 | 09/01/2016 to 08/31/2018 |
| | 11501 N 79TH AVE | | | Fax: (602)997-5263 | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4103 | KOSTREWA, LORI | | | Tele (480)837-4565 | 12/01/2015 to 11/30/2017 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4421 | KOTSOVOS, KRISTA L. | | | Tele (480)882-4821 | 12/01/2015 to 11/30/2017 |
| | 7400 OSBORN ROAD | | | Fax: (480)947-3159 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1093 | KOZEL, ALISON C | | | Tele (480)861-5019 | 04/01/2016 to 03/31/2018 |
| | 3114 E MEAD DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1156 | KOZIOL, LOUISE A. | | | Tele (602)595-0074 | 07/01/2016 to 06/30/2018 |
| | 4045 E UNION HILLS DR STE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6956 | KRETCHMAN, JENNIFER L. | | | Tele (480)541-6000 | 11/01/2015 to 10/31/2017 |
| | 8700 SOUTH KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9711 | KRETSCHMAN, SKYLAR E. | | | Tele (404)000-0000 | 10/27/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1882 | KREW, KIMBERLY J. | | | Tele (602)486-5133 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1482 | KRISTOF, LARA C. | | | Tele (480)472-3823 | 03/01/2016 to 02/28/2018 |
| | 3320 N CARRIAGE LANE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1860 | KRISTOFFERSON, DEBORAH L. | | | Tele (480)541-6728 | 03/01/2016 to 02/28/2018 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8712 | KUMAR BIRENDRA | | | Tele (480)832-5160 | 02/01/2016 to 01/31/2018 |
| | 6458 E BROADWAY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8131 | KUMAR, RAMYA | | | Tele (978)000-0000 | 06/01/2016 to 05/31/2018 |
| | BANNER THUNDERBIRD MEDICAL CENTER | | | Fax: (978)985-7835 | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8406 | KURPINSKY, KRISTEN L. | | | Tele (623)523-8200 | 07/01/2016 to 06/30/2018 |
| | 14506 W SWEETWATER AVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2096 | KWASNY, LESLIE M. | | | Tele (480)704-5954 | 01/01/2016 to 12/31/2017 |
| | 16815 S DESERT FOOTHILLS PKWY STE 126 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7753 | L CHRISTINE MCDONALD | | | Tele (602)896-6500 | 09/01/2016 to 08/31/2018 |
| | 4650 W SWEETWATER | | | Fax: (602)896-6520 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0265 | LA BROZZI, KAREN M. | | | Tele (623)412-4775 | 12/01/2015 to 11/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: (623)412-4786 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0650 | LA PIETRA-WINN, MICHELLE G. | | | Tele (602)251-8518 | 09/01/2016 to 08/31/2018 |
| | 1800 E VAN BUREN ST | | | Fax: (623)935-7322 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1329 | LA PRATT, NANCY J. O'KEEFE | | | Tele (602)449-2000 | 10/01/2016 to 09/30/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5813 | LA TOUR, VICTORIA | | | Tele (480)512-7733 | 04/01/2016 to 03/31/2018 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5719 | LABADIE, SHAYNA A. | | | Tele (602)760-9590 | 06/01/2016 to 05/31/2018 |
| | 1922 E VAUGHN ST | | | Fax: ( ) - | |
| | GUADALUPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2047 | LACEY, JENNIFER L. | | | Tele (623)237-7148 | 09/01/2016 to 08/31/2018 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8442 | LACOPO, ERIN M | | | Tele (480)882-4360 | 07/01/2016 to 06/30/2018 |
| | 7400 E OSBORN RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4716 | LADD, BETH LYNN | | | Tele (615)000-0000 | 02/17/2016 to 02/16/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2131 | LAFFERTY-BEAKLEY, ADDIE E | | | Tele (480)507-1359 | 09/01/2016 to 08/31/2018 |
| | 3777 E HOUSTON AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1183 | LAGMAN, ANN P | | | Tele (480)472-8000 | 07/01/2016 to 06/30/2018 |
| | 7401 EAST BROWN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0483 | LAIKKO, TERESA L. | | | Tele (602)449-2000 | 03/01/2016 to 02/28/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6281 | LAKE, ANNE M | | | Tele (480)265-6325 | 02/01/2016 to 01/31/2018 |
| | 3324 E RAY ROAD #340 | | | Fax: ( ) - | |
| | HIGLEY | AZ | 85236 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9076 | LANCELLOTTI, CARA | | | Tele (602)218-9483 | 07/29/2015 to 07/31/2017 |
| | 9155 N 3RD STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1370 | LANDESMAN, CINDY | | | Tele (602)433-0300 | 06/01/2016 to 05/31/2018 |
| | 6516 N 7T ST SUTIE 104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6421 | LANE, VICTORIA L. | | | Tele (480)427-9963 | 04/01/2016 to 03/31/2018 |
| | 12207 N 113TH AVE | | | Fax: ( ) - | |
| | YOUNGTOWN | AZ | 85363 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2037 | LANGFORD, CAROLYN M | | | Tele (623)376-3922 | 06/01/2016 to 05/31/2018 |
| | 7071 W HILLCREST BLVD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2019 | LANHAM, SHELLY L. | | | Tele (480)256-5388 | 06/01/2016 to 05/31/2018 |
| | 1900 N HIGLEY RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7074 | LANKFORD, DENISE J. | | | Tele (480)472-8431 | 12/01/2015 to 11/30/2017 |
| | 63 E MAIN ST | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4169 | LANOUE, GWENDOLYN A. | | | Tele (602)449-3400 | 05/01/2016 to 04/30/2018 |
| | 11020 N 28TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1449 | LANZIERI, LAURA E. | | | Tele (480)820-6366 | 06/01/2016 to 05/31/2018 |
| | 690 E WARNER RD #105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0723 | LAROUX, KAY A. | | | Tele (480)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7981 | LARSEN, CHASE W | | | Tele (480)694-3635 | 09/01/2016 to 08/31/2018 |
| | P O BOX 11476 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4891 | LARSON, HOLLIS MAURICE | | | Tele (480)254-8724 | 08/01/2016 to 07/31/2018 |
| | 647 EAST MANOR DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0256 | LARSON, LAURA A. | | | Tele (602)764-6563 | 12/01/2015 to 11/30/2017 |
| | 1101 E THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0764 | LARSON, STEVEN K. | | | Tele (623)832-4000 | 03/01/2016 to 02/28/2018 |
| | 10401 W THUNDERBIRD BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7492 | LASKY, JESSICA N | | | Tele (623)670-9112 | 07/01/2016 to 06/30/2018 |
| | 1324 E CONSTANCE WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1258 | LATO, ANDREA M | | | Tele (602)369-9419 | 10/01/2016 to 09/30/2018 |
| | 10810 N TATUM BLVD BLDG 102-185 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7298 | LAUNER, MAUREEN N. | | | Tele (602)256-7500 | 12/01/2015 to 11/30/2017 |
| | 11411 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5246 | LAURA JO LADEWSKI | | | Tele (602)626-8851 | 09/01/2016 to 08/31/2018 |
| | 11024 N 28TH DR STE 140 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6962 | LAUREN EMILY HANKINS | | | Tele (480)756-5809 | 10/01/2016 to 09/30/2018 |
| | 2525 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9119 | LAUREN KIM HEDANI | | | Tele (480)837-4565 | 10/01/2016 to 09/30/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0485 | LAWTON, ELIZABETH A. | | | Tele (480)820-6366 | 01/01/2016 to 12/31/2017 |
| | 690 E WARNER RD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5229 | LAZZARA, ADRIANNA | | | Tele (602)933-6163 | 02/01/2016 to 01/31/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4535 | LEACH, ANN M | | | Tele (623)445-8200 | 04/01/2016 to 03/31/2018 |
| | 2200 W MAYA WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1483 | LEACH, DEBORAH A. | | | Tele (602)266-9066 | 03/01/2016 to 02/28/2018 |
| | 500 W THOMAS RD SUITE 960 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4079 | LEAH CAROL THOMPSON | | | Tele (480)892-9777 | 10/01/2016 to 09/30/2018 |
| | 551 S HIGLEY ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5736 | LEAKE, KATIE C. | | | Tele (218)779-3811 | 06/01/2016 to 05/31/2018 |
| | 3348 WEST MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7197 | LEATHERWOOD, HYLAH J | | | Tele (480)477-7151 | 06/01/2016 to 05/31/2018 |
| | 5652 E BASELINE RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5201 | LEBLANC, ASHLEY M | | | Tele (602)347-3042 | 04/01/2016 to 03/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1855 | LEBLANC, TRACIE K. | | | Tele (602)224-0598 | 08/01/2016 to 07/31/2018 |
| | 3426 E SHEA BLVD | | | Fax: (480)836-1992 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7928 | LEE, ERIN A | | | Tele (602)449-2000 | 08/01/2016 to 07/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7504 | LEE, SUE S. | | | Tele (480)442-8059 | 10/01/2015 to 09/30/2017 |
| | 125 SOUTH AVONDALE BLVD SUITE 105 | | | Fax: (623)907-8600 | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4723 | LEESER, HANNAH A. | | | Tele (602)000-0000 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6770 | LEHTINEN-MAXWELL, JANA L. | | | Tele (480)951-6451 | 10/01/2016 to 09/30/2018 |
| | 8115 E INDIAN BEND STE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8079 | LEISING, GINA M. | | | Tele (623)362-3202 | 07/01/2016 to 06/30/2018 |
| | 21000 N 75TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7115 | LEJA, CAITLIN S | | | Tele (480)575-2800 | 09/01/2016 to 08/31/2018 |
| | 4322 DESERT WILLOW PKWY | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4886 | LEMON, KIMBERLY A. | | | Tele (480)000-0000 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1006 | LEMONS, KEVIN P. | | | Tele (480)820-6366 | 08/01/2016 to 07/31/2018 |
| | 690 E WARNER RD STE 105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1328 | LENORA MARIE BROWN | | | Tele (480)000-0000 | 10/01/2016 to 09/30/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)987-7439 | |
| | QUEEN CREEK | AZ | 85242 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1239 | LEPACIK, TRACI L. | | | Tele (480)412-3636 | 08/01/2016 to 07/31/2018 |
| | 2225 WEST SOUTHERN AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1246 | LEPKOWSKI, MARY E. | | | Tele (602)574-3810 | 09/01/2016 to 08/31/2018 |
| | 21227 N 53RD AVE | | | Fax: (623)825-9206 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4458 | LESLIE, JOY M. | | | Tele (602)527-7325 | 11/01/2015 to 10/31/2017 |
| | JOY OF COMMUNICATION, LLC | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5723 | LETTIERE, ABEL J | | | Tele (602)336-2920 | 07/01/2016 to 06/30/2018 |
| | 4510 NORTH 37TH AVE | | | Fax: (602)336-2270 | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8168 | LEVANOVIC, MARY L | | | Tele (480)882-4000 | 02/01/2016 to 01/31/2018 |
| | 7400 E OSBORN | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7090 | LEVATAU. WA'NANI | | | Tele (480)472-6608 | 10/14/2015 to 10/31/2017 |
| | 2122 E PUEBLO AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2007 | LEVINGAR, KIMBERLY J. | | | Tele (602)561-9877 | 07/01/2016 to 06/30/2018 |
| | 5151 W ORAIBI DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7572 | LEVY, LUCIA H. | | | Tele (602)449-4700 | 01/01/2016 to 12/31/2017 |
| | 3725 E LONE CACTUS DR | | | Fax: (602)449-4705 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4050 | LEVY, MEREDITH A. | | | Tele (602)449-5300 | 08/01/2016 to 07/31/2018 |
| | 2826 E GROVERS AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7773 | LEWIS, IAN G. | | | Tele (623)815-6100 | 11/01/2015 to 10/31/2017 |
| | 13714 N PLAZA DEL RIO BLVD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0863 | LIBERA, JAN A. | | | Tele (480)783-4000 | 04/01/2016 to 03/31/2018 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0484 | LICHTENFELS-MANALLI, TAMEY LEA. | | | Tele (480)502-9320 | 03/01/2016 to 02/28/2018 |
| | 11544 E WHISPERING WIND DR | | | Fax: (480)502-9603 | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5643 | LIEN, BETHANY D | | | Tele (602)449-2000 | 03/01/2016 to 02/28/2018 |
| | 15002 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8318 | LIGIA DANIELA HUDREA | | | Tele (623)247-3949 | 11/01/2016 to 10/31/2018 |
| | 4704 W DIANA AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7946 | LIMMER, AMY L. | | | Tele (480)000-0000 | 09/01/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0797 | LIND, ERINN K. | | | Tele (480)472-9077 | 03/01/2016 to 02/28/2018 |
| | 63 E MAIN ST #101 | | | Fax: (480)472-9090 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1411 | LINNA ARLENE THOMPSON | | | Tele (602)000-0000 | 09/30/2016 to 09/29/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6457 | LISA JEAN PICCININNI | | | Tele (480)375-5054 | 10/01/2016 to 09/30/2018 |
| | 6050 N INVERGARDEN RD | | | Fax: (480)368-7946 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6053 | LISA MARIE BALDINELLI | | | Tele (623)932-7000 | 11/01/2016 to 10/31/2018 |
| | 1481 N ELISEO FELIX JR WAY SUITE 110 | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2071 | LISA MARIE VICKERS | | | Tele (602)526-7080 | 10/01/2016 to 09/30/2018 |
| | 2850 N 24TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1581 | LITTLE, AUDRA M | | | Tele (623)346-4322 | 08/01/2016 to 07/31/2018 |
| | 19000 N 63RD AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5869 | LIU, HEATHER M. | | | Tele (480)000-0000 | 05/10/2016 to 05/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2008 | LLOYD, KIMBERLY A. | | | Tele (480)861-2181 | 09/01/2016 to 08/31/2018 |
| | 1419 W IRIS DR | | | Fax: (855)609-6915 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0576 | LOCHRIDGE, HEIDI M. | | | Tele (480)266-4041 | 08/01/2016 to 07/31/2018 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8765 | LOFTINE, ROSEMARY B. | | | Tele (480)342-4111 | 04/01/2016 to 03/31/2018 |
| | 5777 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5562 | LOMONACO, JILL R. | | | Tele (602)707-2204 | 03/01/2016 to 02/28/2018 |
| | 1225 W CLARNEDON | | | Fax: (602)707-2240 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5465 | LONG, JONI M. | | | Tele (480)855-6342 | 04/01/2016 to 03/31/2018 |
| | 2207 N DOBSON ROAD | | | Fax: (480)855-6323 | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4063 | LONG, SUSAN MICHELE | | | Tele (480)497-9343 | 05/03/2016 to 04/30/2018 |
| | 601 N KEY BISCAYNE DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5474 | LONGORIA, LYDIA | | | Tele (480)497-3300 | 05/01/2016 to 04/30/2018 |
| | 140 S GILBERT RD | | | Fax: (480)507-1320 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4486 | LOPEZ, PHYLLIS M. | | | Tele (480)472-6533 | 08/01/2016 to 07/31/2018 |
| | 345 S HALL | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1718 | LOPEZ, SYLVIA G. | | | Tele (602)764-4192 | 06/01/2016 to 05/31/2018 |
| | 3921 W BASELINE ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1703 | LORTON MAHER, KRISTEN J. | | | Tele (623)487-5146 | 02/01/2016 to 01/31/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0817 | LOUDENSLAGEL, JEAN F. | | | Tele (602)865-5833 | 03/01/2016 to 02/28/2018 |
| | 5555 W THUNDERBIRD MEDICAL CENTER | | | Fax: (602)865-6044 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5734 | LOUDENSLAGEL, MARK W. | | | Tele (480)882-6700 | 01/01/2016 to 12/31/2017 |
| | 7400 E OSBORN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9481 | LOUGHER, AMY M. | | | Tele (480)926-6309 | 05/18/2016 to 05/17/2018 |
| | 4554 E INVERNESS AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6214 | LOVATO, LAUREN H. | | | Tele (602)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4439 | LOVEJOY-THORESEN, MONICA K. | | | Tele (480)254-8688 | 11/01/2015 to 10/31/2017 |
| | P O BOX 93846 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85070 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1418 | LOWE, DANIELLE L. | | | Tele (602)828-2619 | 02/01/2016 to 01/31/2018 |
| | 3145 EAST CHANDLER BLVD SUITE 110 -117 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6948 | LOWE, GENNA E. | | | Tele (480)483-1025 | 02/01/2016 to 01/31/2018 |
| | 5040 E SHEA BLVD, STE 168 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8225 | LOWELL, DANIELLE | | | Tele (602)224-0202 | 05/16/2016 to 05/15/2018 |
| | 4545 NORTH 36TH STREET SUITE 125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0789 | LOWES, LORI R. | | | Tele (480)472-4309 | 03/01/2016 to 02/28/2018 |
| | 1402 EAST LIBRA DRIVE | | | Fax: (480)472-4350 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4205 | LOZANO, RACHEL D. | | | Tele (480)629-5911 | 10/01/2015 to 09/30/2017 |
| | 3461 E RIOPELLE AVE | | | Fax: (480)696-4945 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6596 | LUCERO, COURTNEY L. | | | Tele (602)930-0051 | 07/01/2016 to 06/30/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA7903 | LUCERO, LUCIA | | | Tele (602)347-2600 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1073 | LUJAN, CATHY C . | | | Tele (480)812-7500 | 11/01/2015 to 10/31/2017 |
| | 5245 W VAL VISTA | | | Fax: (480)812-7520 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1332 | LUPE, JOANNE KIRSTEN | | | Tele (480)897-6608 | 10/01/2016 to 09/30/2018 |
| | 3205 S RURAL RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4129 | LUTZ, JULIET A. | | | Tele (602)266-5976 | 06/01/2016 to 05/31/2018 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8441 | LYDING, BRIANNA M. | | | Tele (602)347-3028 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4083 | LYNCH, ELIZABETH M. | | | Tele (623)334-5466 | 05/01/2016 to 04/30/2018 |
| | 13460 N 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4779 | LYNDE, SUSAN K. | | | Tele (480)296-8223 | 08/01/2016 to 07/31/2018 |
| | 3811 N 44TH ST | | | Fax: (480)656-2416 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7367 | MACK, KERRY M. | | | Tele (480)419-0848 | | 08/01/2016 | to | 07/31/2018 |
| | 10049 E DYNAMITE BLVD SUITE 130 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85262 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6265 | MACKAY, LYDIA R | | | Tele (602)995-7366 | | 07/01/2016 | to | 06/30/2018 |
| | 10251 N 35TH AVE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85051 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6696 | MACKEN, CHELSEA E. | | | Tele (480)837-4565 | | 10/16/2015 | to | 10/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | | | | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8053 | MACKIE, LEAH M. | | | Tele (480)256-6444 | | 11/01/2015 | to | 10/31/2017 |
| | 2946 EAST BANNER GATEWAY DRIVE | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9792 | MACPHERSON, COLIN ALASDAIR | | | Tele (623)537-6300 | | 01/19/2016 | to | 01/18/2018 |
| | 19555 N 59TH AVENUE | | | Fax: ( ) - | | | | |
| | GLENDALE | AZ | 85308 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8260 | MADDEN, BRITTANY N | | | Tele (480)837-4565 | 05/01/2016 to 04/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0816 | MADDEN, JOLENE R. | | | Tele (480)484-5084 | 02/01/2016 to 01/31/2018 |
| | 8500 E JACKRABBIT ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1517 | MADDEN, MARNIE L. | | | Tele (602)943-5472 | 06/01/2016 to 05/31/2018 |
| | 1802 W PARKSIDE LANE | | | Fax: (602)943-4963 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6417 | MADDISON KAY SPARKS | | | Tele (480)882-4000 | 09/01/2016 to 08/31/2018 |
| | 7400 E OSBORN RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9134 | MAGLINAO, ARIEL D. | | | Tele (602)839-3379 | 08/15/2016 to 08/14/2018 |
| | 1012 E WILLETTA STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP1585 | MAHER, WENDY ANN<br>AZ PRACTICE ADDR NOT REGISTERED<br>SCOTTSDALE AZ 85260 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP535 | MAHON, CYNTHIA H.<br>15002 N 32ND ST<br>PHOENIX AZ 85032 | Tele (602)449-2000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9497 | MAIEFSKI, OLIVIA P.<br>4600 E SHEA BLVD #101<br>PHOENIX AZ 85028 | Tele (602)619-6061<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/14/2016 to 06/13/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1195 | MAISCH, ANN M<br>7500 N DREAMY DRAW DRIVE SUITE 205<br>PHOENIX AZ 85040 | Tele (602)870-5051<br>Fax: (623)707-4860<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1186 | MALECKI, KRISTY B.<br>15802 N PARKVIEW PLACE<br>SUN CITY AZ 85374 | Tele (623)876-7481<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4131 | MALENA, EDITH I. | | | Tele (602)449-3200 | 07/01/2016 to 06/30/2018 |
| | 3633 E THUNDERBIRD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8072 | MANNION JONES, NATALIE M. | | | Tele (480)837-4565 | 11/01/2015 to 10/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6767 | MARCELINE LOUISE SADOWSKI | | | Tele (480)882-4821 | 11/01/2016 to 10/31/2018 |
| | 7400 E OSBORN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1417 | MARFE, EILEEN M. | | | Tele (480)963-4951 | 01/01/2016 to 12/31/2017 |
| | 200 WEST GALVESTON STREET | | | Fax: (480)963-8959 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0272 | MARGARET EILEEN MCINTOSH | | | Tele (602)000-0000 | 12/01/2016 to 11/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1834 | MARINCOVICH, AMY L | | | Tele (602)449-2000 | 02/01/2016 to 01/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8849 | MARINELLO, KATHERINE M. | | | Tele (480)551-5400 | 10/09/2015 to 10/31/2017 |
| | 9630 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5872 | MARISA KAY KUNDE | | | Tele (480)892-9777 | 10/01/2016 to 09/30/2018 |
| | 551 S HIGHLEY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10307 | MARISHA LOUISE MCGRORTY | | | Tele (480)000-0000 | 10/06/2016 to 10/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4358 | MARKOWITZ, SARI E. | | | Tele (602)449-2000 | 03/01/2016 to 02/28/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9224 | MARLIN, LINDSEY M. | | | Tele (310)000-0000 | 12/29/2014 to 12/31/2016 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2121 | MARREN, ALAIN M | | | Tele (623)486-6000 | 07/01/2016 to 06/30/2018 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4445 | MARSH, LINDA M. | | | Tele (909)395-6887 | 06/01/2016 to 05/31/2018 |
| | 2021 W MAYA WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1243 | MARSOLLIER, NIVES F. | | | Tele (623)237-7252 | 05/01/2016 to 04/30/2018 |
| | 7301 N 58TH AVENUE | | | Fax: (623)237-4000 | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8200 | MARTENS, CHARLENE G. | | | Tele (480)951-6451 | 02/01/2016 to 01/31/2018 |
| | 8115 E INDIAN BEND SUITE 123 | | | Fax: (480)951-6464 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6322 | MARTICH, BIANCA E. | | | Tele (480)000-0000 | | 01/31/2015 | to | 01/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85020 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0475 | MARTIN, PENNY S. | | | Tele (480)484-6800 | | 02/01/2016 | to | 01/31/2018 |
| | 7501 E VIRGINIA AVE | | | Fax: (480)484-6801 | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2203 | MARTINEZ, DEBORAH R. | | | Tele (602)770-6677 | | 04/01/2016 | to | 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85042 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5625 | MARTINEZ, LILLA A. | | | Tele (480)390-9459 | | 03/01/2016 | to | 02/28/2018 |
| | 3370 S BEVERLY PLACE | | | Fax: ( ) - | | | | |
| | CHANDLER | AZ | 85248 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5264 | MARTINEZ, MARIA C. | | | Tele (480)897-6233 | | 03/01/2016 | to | 02/28/2018 |
| | 3205 S RURAL RD | | | Fax: ( ) - | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5150 | MARTINEZ-WERTH, JULISSA | | | Tele (602)368-8601 | 12/05/2014 to 12/31/2016 |
| | 4600 EASH SHEA BLVD UNIT 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1491 | MARTINSON, CANDICE M. | | | Tele (480)472-7909 | 06/01/2016 to 05/31/2018 |
| | 6650 E RAFTRIVER | | | Fax: (480)472-7969 | |
| | MESA | AZ | 85215 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9365 | MARURE, MATTHEW M. | | | Tele (480)837-4565 | 04/28/2015 to 04/30/2017 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10203 | MARY MAGDALEINE M JAMES | | | Tele (520)000-0000 | 09/07/2016 to 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4521 | MARYHEW, KIMBERLY P. | | | Tele (480)484-2200 | 05/01/2016 to 04/30/2018 |
| | 6911 E MCDONALD DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1463 | MASCHUE, AMY M | | | Tele (602)488-5159 | 11/01/2015 to 10/31/2017 |
| | 16248 N 41ST PLACE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0176 | MASON, LA RITA | | | Tele (602)667-0002 | 01/01/2016 to 12/31/2018 |
| | 3127 EAST MARSHALL AVE | | | Fax: (602)667-0003 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0537 | MASON, MARGOT A. | | | Tele (602)347-2254 | 05/01/2016 to 04/30/2018 |
| | 8430 N 39TH AVENUE | | | Fax: (602)347-2220 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4062 | MASON, MISTY A. | | | Tele (623)999-6358 | 07/01/2016 to 06/30/2018 |
| | 16195 W COTTONWOOD STREET | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6640 | MASTRONARDI, DEBRA LYNN | | | Tele (613)297-1761 | 04/01/2016 to 03/31/2018 |
| | 3810 55 AVENUE APT 110 WHITECOURT, ALBERTA CANADA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7788 | MATHEWS, REBECCA D. | | | Tele (602)406-3000 | 05/01/2016 to 04/30/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5544 | MATHIS, LISA M. | | | Tele (602)523-8790 | 09/01/2016 to 08/31/2018 |
| | 1817 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6744 | MATLEY, KATHERINE A. | | | Tele (480)365-9981 | 07/01/2016 to 06/30/2018 |
| | NORTH ARIZONA AVENUE #109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0143 | MATTSON, PATTY J. | | | Tele (480)472-0734 | 12/01/2015 to 11/30/2017 |
| | 1025 N COUNTRY CLUB | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7395 | MATUTE, RAQUEL P | | | Tele (480)837-4565 | 01/01/2016 to 12/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: (480)836-1992 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2014 | MAURA EILEEN RHODES | | | Tele (602)406-3486 | | 12/01/2016 | to | 11/30/2018 |
| | 222 W THOMAS RD SUITE 401 | | | Fax: (604)406-4406 | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4206 | MAUREEN CREA SPATARO | | | Tele (480)951-6451 | | 08/21/2015 | to | 08/31/2017 |
| | 8115 E INDIAN BEND RD #123 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8950 | MAYNARD, ANNETTE M. | | | Tele (602)000-0000 | | 12/15/2015 | to | 12/14/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85087 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1348 | MCCARTNEY, PATRICIA O. | | | Tele (480)839-6000 | | 05/01/2016 | to | 04/30/2018 |
| | 1250 N 77TH ST | | | Fax: (480)830-6363 | | | | |
| | SCOTTSDALE | AZ | 85257 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8097 | MCCAW, ASHLEY B. | | | Tele (480)730-7100 | | 10/01/2016 | to | 09/30/2018 |
| | 3205 RURAL ROAD | | | Fax: ( ) - | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6244 | MCCLENDON, DENA C | | | Tele (480)951-6451 | 12/01/2015 to 11/30/2017 |
| | 8115 E INDIAN BEND STE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1655 | MCCORMICK, CAROLYN L. | | | Tele (480)484-6100 | 08/01/2016 to 07/31/2018 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5570 | MCCRANEY, COURTNEY L. | | | Tele (480)951-6451 | 12/01/2015 to 11/30/2017 |
| | 8115 E INDIAN BEND SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0356 | MCCRORY, ANA M | | | Tele (602)841-0704 | 01/01/2016 to 12/31/2017 |
| | 4510 N 37TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2004 | MCDONNELL, LAURA M. | | | Tele (480)497-9343 | 05/01/2016 to 04/30/2018 |
| | GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1210 | MCGARY- FYNMORE, SUSAN J | | | Tele (602)943-1012 | 08/01/2016 to 07/31/2018 |
| | 7227 N 16TH STREET SUITE 107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5358 | MCGINNIS, KIMBERLY D. | | | Tele (623)445-5000 | 12/01/2015 to 11/30/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1733 | MCGUIRE, SUZANNE MILLER | | | Tele (480)951-6451 | 08/01/2016 to 07/31/2018 |
| | 8115 E INDIAN BEND RD | | | Fax: (480)362-2201 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0435 | MCILQUHAM, WILLIAM J. | | | Tele (623)362-1947 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0134 | MCINTIRE, LISA A. | | | Tele (480)472-4041 | 12/01/2015 to 11/30/2017 |
| | 63 E MAIN STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5691 | MCINTOSH, SARETTE I. | | | Tele (602)449-2150 | 09/01/2016 to 08/31/2018 |
| | 2430 E LARKSPUR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9742 | MCKAY, LINDSEY M. | | | Tele (203)000-0000 | 11/06/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1590 | MCKENNA, KELLY A. | | | Tele (602)933-0874 | 05/01/2016 to 04/30/2018 |
| | 1919 E THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2076 | MCKENNEY, SHARON A. | | | Tele (692)257-3755 | 02/06/2016 to 01/31/2018 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8250 | MCKINLEY, HELENA M. | | | Tele (813)000-0000 | 04/01/2016 to 03/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0057 | MCKNIGHT, SUSAN M. | | | Tele (480)472-5080 | 01/01/2016 to 12/31/2017 |
| | 1829 NORTH GRAND | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8351 | MCLAUCHLIN, KELSEY L. | | | Tele (623)486-6000 | 07/01/2016 to 06/30/2018 |
| | 6330 W THUNDERBIRD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2198 | MCLAUGHLIN, PAMELA K. | | | Tele (623)937-5090 | 01/01/2016 to 12/31/2017 |
| | 6815 WEST CACTUS DRIVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8471 | MCMICKELL, LAURA N | | | Tele (623)445-5000 | 07/01/2016 to 06/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7587 | MCMULLEN, JODY A | | | Tele (602)373-3136 | 02/01/2016 to 01/31/2018 |
| | 4525 S COLLEGE AVE | | | Fax: (866)422-2651 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1150 | MCNETT, KAREN T. | | | Tele (480)301-7283 | 07/01/2016 to 06/30/2018 |
| | 13400 E SHEA BLVD | | | Fax: (480)301-8451 | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0897 | MEADOR, JEANETTE D. | | | Tele (480)308-7459 | 03/01/2016 to 02/28/2018 |
| | 8115 E INDIAN BEND RD SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6276 | MECHAM, MERIDETH A. | | | Tele (480)838-5553 | 06/01/2016 to 05/31/2018 |
| | 1910 S STAPLEY DR | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0140 | MEINTEL, MARY KAY | | | Tele (630)413-5847 | 06/01/2016 to 05/31/2018 |
| | 1222 W BASELINE RD UNIT #167 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9521 | MELANSON, ANDREA M. | | | Tele (480)837-4565 | 05/18/2016 to 05/17/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4150 | MELISSA ANNE HILLQUIST | | | Tele (480)412-4036 | 11/01/2016 to 10/31/2018 |
| | 2225 W SOUTHERNB AVE | | | Fax: (480)412-5595 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1373 | MELLON, COLLEEN M. | | | Tele (602)933-0844 | 07/01/2016 to 06/30/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4309 | MELLOR, LESLEY | | | Tele (623)764-4188 | 01/01/2016 to 12/31/2017 |
| | 3921 W BASELINE ROAD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0838 | MENDEZ, JENNY M. | | | Tele (623)486-6400 | 04/01/2016 to 03/31/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4777 | MERRIMAN, LAUREN E. | | | Tele (623)882-1500 | 08/01/2016 to 07/31/2018 |
| | 13677 W MCDOWELL RD | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9039 | METOYER-DANLEY, KATHERINE L. | | | Tele (480)308-7200 | 08/01/2016 to 07/31/2018 |
| | 9410 E MCKELLIPS | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1290 | METTEE, MONICA A. | | | Tele (480)837-4565 | 03/01/2016 to 02/28/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0768 | MEXAL, SANDRA K. | | | Tele (602)449-3300 | 03/01/2016 to 02/28/2018 |
| | 2430 E LARKSPUR DR | | | Fax: (602)493-6155 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5055 | MEYER, CHRISTINE M. | | | Tele (480)543-2000 | 01/01/2016 to 12/31/2017 |
| | 1900 N HIGLEY ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8523 | MEYER, MARY M | | | Tele (623)876-7000 | 07/01/2016 to 06/30/2018 |
| | 15802 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6741 | MEZINKO, ELIZABETH A. | | | Tele (480)882-4821 | | 09/01/2016 | to | 08/31/2018 |
| | 7400 E OSBORN RD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85251 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6164 | MICELI, ANDREW | | | Tele (480)940-5440 | | 03/01/2016 | to | 02/28/2018 |
| | 14647 S 50TH STREET SUITE 175 | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85044 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1273 | MICHAEL CHRISTIAN NIELSEN | | | Tele (623)974-7810 | | 09/01/2016 | to | 08/31/2018 |
| | 14239 W BELL RD | | | Fax: ( ) - | | | | |
| | SURPRISE | AZ | 85374 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9111 | MICHELLE A DARSCHEWSKI | | | Tele (847)000-0000 | | 10/01/2016 | to | 09/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5986 | MICHELLE DENISE SCHOW | | | Tele (602)933-0963 | | 09/01/2016 | to | 08/31/2018 |
| | 1919 THOMAS RD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85016 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0239 | MIKKELSEN-SHUGA, DEBRA K | | | Tele (480)000-0000 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4768 | MIKOLS, APRIL A | | | Tele (480)472-5101 | 08/01/2016 to 07/31/2018 |
| | 125 E MCLELLEN | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7840 | MILLAN VASQUEZ, MARIANA | | | Tele (480)419-0848 | 02/01/2016 to 01/31/2018 |
| | 10049 E DYNAMITE BLVD SUITE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4828 | MILLER, CAROL R. | | | Tele (623)691-2415 | 10/01/2015 to 09/30/2017 |
| | 3401 N 67TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1325 | MILLER, DENISE A. | | | Tele (602)449-5400 | 10/01/2016 to 09/30/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8162 | MILLER, ERIN M. | | | Tele (480)837-4565 | 01/01/2016 to 12/31/2017 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1202 | MILLER, JENNIFER G. | | | Tele (480)820-6366 | 08/01/2016 to 07/31/2018 |
| | 690 E WARNER RD #105 | | | Fax: (480)820-0462 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5204 | MILLER, JENNIFER K. | | | Tele (602)449-2000 | 05/01/2016 to 04/30/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1427 | MILLER, JESSICA T. | | | Tele (480)719-5564 | 08/01/2016 to 07/31/2018 |
| | 4700 S MCCLINTOCK DR STE 135 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7476 | MILLER, LAURA N. | | | Tele (480)456-0719 | 05/01/2016 to 04/30/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5929 | MILLER, MEGAN A. | | | Tele (513)563-8777 | 07/29/2015 to 07/31/2017 |
| | 11905 WEST COCOPAH CIRCLE NORTH | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5533 | MILLER, NADIA A. | | | Tele (480)231-9733 | 10/01/2016 to 09/30/2018 |
| | 3160 N AZ AVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1873 | MILLER, STEPHANIE A. | | | Tele (928)684-6714 | 08/01/2016 to 07/31/2018 |
| | 40 WEST YAVAPAI STREET | | | Fax: (623)487-4897 | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7954 | MILLION, KATHERINE W. | | | Tele (480)832-5160 | 02/01/2016 to 01/31/2018 |
| | 10049 E DYNAMITE BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5401 | MIRANDA ELYCE ROBERTS | | | Tele (602)546-1177 | 10/01/2016 to 09/30/2018 |
| | 1919 EAST THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5756 | MITCHELL, LIZ B. | | | Tele (480)967-1661 | 12/01/2015 to 11/30/2017 |
| | 500 W GUADALUPE ROAD | | | Fax: ( ) - | |
| | GUADALUPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9407 | MOAKLEY, KATHERINE R.H. | | | Tele (623)242-6908 | 04/01/2016 to 03/31/2018 |
| | 14557 W INDAIAN SCHOOL RD | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6776 | MOCK, CAITLIN L. | | | Tele (602)393-0520 | 06/01/2016 to 05/31/2018 |
| | 1190 E MISSOURI AVE #100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2126 | MOFFAT, LISA K. | | | Tele (480)497-3300 | 03/01/2016 to 02/28/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0584 | MOLLISON, KAREN KELLY | | | Tele (480)483-1025 | 03/01/2016 to 02/28/2018 |
| | 5040 E SHEA BLVD SUITE 168 | | | Fax: (480)483-1026 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8539 | MOLLOY, KELLY M | | | Tele (480)567-0350 | 09/01/2016 to 08/31/2018 |
| | 5652 E BROADWAY RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4042 | MOLTEN, TARYN K | | | Tele (480)728-3031 | 09/01/2016 to 08/31/2018 |
| | 1955 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1632 | MONHEIT, LISA J. | | | Tele (480)495-0525 | 08/01/2016 to 07/31/2018 |
| | 10033 SOUTH 46TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4470 | MONICA DEANN GALLEGOS | | | Tele (602)771-5300 | 11/14/2016 to 11/13/2018 |
| | 7654 N 19TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6068 | MONICA RENEE MALMGREN | | | Tele (623)692-3162 | 11/01/2016 to 10/31/2018 |
| | 17618 W MANDALAY LN | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6038 | MONTGOMERY, LAURA MARIE | | | Tele (602)995-7366 | 03/01/2016 to 02/28/2018 |
| | 10251 N 35TH AVE | | | Fax: (602)995-0867 | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1495 | MOODY, FRANCES P. | | | Tele (480)472-0000 | 04/01/2016 to 03/31/2018 |
| | 63 EAST MAIN STREET, 1168 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0698 | MOODY, MARY J. | | | Tele (480)832-8333 | 05/01/2016 to 04/30/2018 |
| | 5358 E BASELINE RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9065 | MOONEY, DANA K | | | Tele (480)474-4173 | 07/28/2015 to 07/31/2017 |
| | 2451 E BASELINE ROAD SUITE 420 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1109 | MOORE, CHARLOTTE C. | | | Tele (480)926-4363 | 07/01/2016 to 06/30/2018 |
| | 1324 NORTH FARRELL COURT SUITE 102 | | | Fax: (480)836-1992 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7613 | MOORE, CHRISTINA M | | | Tele (623)524-4000 | 08/01/2016 to 07/31/2018 |
| | 14502 W MEEKER BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9066 | MORAN, TRACY | | | Tele (623)832-7058 | 09/01/2016 to 08/31/2018 |
| | 10601 W SANTA FE DR | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5954 | MORENO, ERIN M. | | | Tele (480)837-4565 | 01/01/2016 to 12/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8501 | MORGAN LEIGH MARINI | | | Tele (602)403-5220 | 12/01/2016 to 11/30/2018 |
| | 11445 E VIA LINDA, STE 2235 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9515 | MORGAN MCKENZI MILLER | | | Tele (480)837-4565 | 05/27/2016 to 05/26/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9146 | MORGAN, HANNAH M. | | | Tele (480)837-4565 | 11/10/2015 to 11/30/2017 |
| | 18518 E KINGTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6672 | MORIARTY, GINA M. | | | Tele (480)472-7200 | 09/03/2015 to 09/30/2017 |
| | 63 EAST MAIN STREET | | | Fax: (480)472-0440 | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9371 | MORRIS, DENAE MICHELLE | | | Tele (602)393-0520 | 02/05/2016 to 02/04/2018 |
| | 1190 E MISSOURI SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0693 | MORRIS, PAT | | | Tele (602)664-7848 | 02/01/2016 to 01/31/2018 |
| | 7150 N 22ND STREET | | | Fax: (602)664-7988 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4604 | MORRISON, AMY E | | | Tele (480)832-8333 | 12/01/2015 to 11/30/2017 |
| | 51 SOUTH 48TH STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4981 | MORROW, JANET L. | | | Tele (602)449-2150 | 03/01/2016 to 02/28/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0516 | MORSE, ANITA W | | | Tele (480)951-6451 | 01/01/2016 to 12/31/2017 |
| | 8115 E INDIAN BENAD ROAD, SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6621 | MORTENSON, AMANDA M. | | | Tele (480)882-6821 | 05/01/2016 to 04/30/2018 |
| | 3134 N CIVIC CENTER PLAZA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1010 | MORTON, CHERYL L. | | | Tele (623)486-0199 | 07/01/2016 to 06/30/2018 |
| | 8251 W THUNDERBIRD STE 180 | | | Fax: (623)486-2198 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5228 | MOSES, TAMMRA L. | | | Tele (623)915-0345 | 06/01/2016 to 05/31/2018 |
| | 5430 W GLENN DR | | | Fax: (623)937-5425 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8626 | MOSLEY, NICOLETTE, L. | | | Tele (480)222-4233 | 11/01/2015 to 10/31/2017 |
| | 4525 E BASELINE RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5598 | MOTL, VANESSA | | | Tele (623)848-8420 | 01/01/2016 to 12/31/2017 |
| | 4530 W CAMPBELL AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1887 | MOTTER, LARA HUTCHISON | | | Tele (602)460-0899 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFED | | | Fax: (480)515-0175 | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5768 | MULLENIX, AMY E | | | Tele (602)000-0000 | 06/01/2016 to 05/31/2018 |
| | 4600 E SHEA BLV STE 101 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4479 | MULLIGAN, CHRISTINE K. | | | Tele (480)730-1212 | 07/01/2016 to 06/30/2018 |
| | 1955 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7077 | MULVEY, CHRISTINE M. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5093 | MUNOZ, KAREN E. | | | Tele (480)728-8721 | 09/01/2016 to 08/31/2018 |
| | 3555 S VAL VISTA DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9357 | MURPHY, LACEE R. | | | Tele (480)837-4565 | 04/21/2015 to 04/30/2017 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6983 | MURPHY, MARIAH A. | | | Tele (480)837-4565 | 10/01/2016 to 09/30/2018 |
| | 16428 EAST KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5891 | MUSSELWHITE, CAROLINE R. | | | Tele (623)399-3198 | 10/01/2016 to 09/30/2018 |
| | 916 W CASTILLO DR | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1180 | MUTO, AMY A | | | Tele (623)876-7350 | 12/01/2015 to 11/30/2017 |
| | 15802 NORTH PARKVIE PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6811 | MYERS, LAURA M. | | | Tele (765)210-8831 | 12/28/2015 to 12/28/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0942 | NABAI, NADEREH | | | Tele (602)369-0977 | 06/01/2016 to 05/31/2018 |
| | 4203 E INDIAN SCHOOL RD #230 | | | Fax: (480)831-0871 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8294 | NAKATA BLOCK, COURTNEY EVE | | | Tele (480)991-6560 | 07/01/2016 to 06/30/2018 |
| | 6865 E BECKER LANE | | | Fax: (480)607-9246 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2020 | NANCY NEWELL YOUNG | | | Tele (602)000-0000 | 10/01/2016 to 09/30/2018 |
| | EMPLOYER NOT SPECIFIED | | | Fax: (602)493-6076 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1140 | NARAMORE, CAROL | | | Tele (480)472-5538 | 07/01/2016 to 06/30/2018 |
| | 1025 N COUNTRY CLUB DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5516 | NAYLOR, LISA A. | | | Tele (602)839-3580 | 01/01/2016 to 12/31/2017 |
| | 1012 E WILLETTA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8867 | NEBEKER, HEIDI | | | Tele (480)836-1992 | 06/01/2016 to 05/31/2018 |
| | 16428 EL KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0920 | NEDBERG, PATRICIA J. | | | Tele (480)345-2012 | 04/01/2016 to 03/31/2018 |
| | 2435 E SOUTHERN # 7 | | | Fax: (480)839-2590 | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6090 | NEEDHAM, DANIELLE N | | | Tele (480)636-6366 | 07/01/2016 to 06/30/2018 |
| | 690 EAST WARNER ROAD SUITE 105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1877 | NEIBLING, SARAH E. | | | Tele (623)445-5000 | 05/01/2016 to 04/30/2018 |
| | 20402 NORTH 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7323 | NEIMAN, MICHAEL R. | | | Tele (800)218-9281 | 07/01/2016 to 06/30/2018 |
| | 6610 N 93RD AVE STE 1158 | | | Fax: (866)656-6111 | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6233 | NELSON, JENNIFER N. | | | Tele (801)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0659 | NELSON, ROBERT M. | | | Tele (602)257-3755 | 02/01/2016 to 01/31/2018 |
| | 2619 EAST HALE STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5170 | NEMYO, JANNE L. | | | Tele (480)987-7400 | 09/01/2016 to 08/31/2018 |
| | 20217 E CHANDLER HEIGHTS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0058 | NERHEIM, SUSAN L. | | | Tele (602)992-5400 | 05/01/2016 to 04/30/2018 |
| | 13232 NORTH TATUM BLVD | | | Fax: (602)493-6316 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7490 | NESVIK, JEANINE E. | | | Tele (480)398-4280 | 10/01/2015 to 09/30/2017 |
| | 10631 S 51 STREET SUITE #8 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4713 | NEUSTADT, STACI L. | | | Tele (480)250-0852 | 01/01/2016 to 12/31/2017 |
| | 4909 E BROWN RD | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8183 | NICHOLS, KRISTINE B. | | | Tele (623)412-4835 | 05/01/2016 to 04/30/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5871 | NICHOLS, SARA L. | | | Tele (480)543-2955 | 04/01/2016 to 03/31/2018 |
| | 1900 M HIGLEY RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5512 | NICOLAS, NOELLE M. | | | Tele (480)375-0145 | 12/01/2015 to 11/30/2017 |
| | 712 E MICHIGAN AVE | | | Fax: (866)551-7895 | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5894 | NIELSEN, KELLY M. | | | Tele (623)524-8976 | 08/01/2016 to 07/31/2018 |
| | 14506 W GRANITE VALLEY DR | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1787 | NIELSON, SHELLY | | | Tele (480)634-5440 | 04/01/2016 to 03/31/2018 |
| | 315 WEST ELLIOT ROAD #107-250 | | | Fax: (480)939-3439 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9266 | NINA LUISA CLEMENTE | | | Tele (203)928-7607 | 02/01/2017 to 01/31/2019 |
| | 5358 E BASELINE RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6294 | NOBEL-MATHENY, VICTORIA L. | | | Tele (480)472-0000 | 08/01/2016 to 07/31/2018 |
| | 63 E MAIN ST #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2151 | NOLAND, MARY E. | | | Tele (602)363-2066 | 05/01/2016 to 04/30/2018 |
| | 5205 WEST WINSTON DRIVE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0127 | NOONAN, KRISTA F. | | | Tele (480)362-2433 | 12/01/2015 to 11/30/2017 |
| | 10005 E OSBORN ROAD | | | Fax: (480)362-2201 | |
| | SCOTTSDALE | AZ | 85256 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9500 | NORCROSS, MEGHAN N. | | | Tele (480)407-5954 | 06/13/2016 to 06/12/2018 |
| | 16815 S DESERT FOOTHILLS PKWY #126 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8974 | NORMOYLE, KAYLA M. | | | Tele (480)484-5500 | 05/29/2015 to 05/28/2017 |
| | 11256 N 128TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1711 | NORRIS, JENNIFER L. | | | Tele (602)449-2000 | 09/01/2016 to 08/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0395 | NORWOOD, ELENA D | | | Tele (602)410-4273 | 02/01/2016 to 01/31/2018 |
| | 5613 E ST JOHN RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0026 | NOVAK, CONSTANCE W. | | | Tele (602)910-5377 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (480)473-9648 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0369 | NULAND, ANITA M | | | Tele (480)472-0557 | 01/01/2016 to 12/31/2017 |
| | 950 NORTH SUNVALLEY BLVD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP9020 | NYBOER, KRISTIN S | | | Tele (623)478-5005 | 09/08/2015 to 09/30/2017 |
| | 3834 S 91ST AVE | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4122 | O'BRIEN, BRIDGET C. | | | Tele (602)614-7187 | 07/01/2016 to 06/30/2018 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6494 | O'BRIEN, LACEY E. | | | Tele (623)000-0000 | 11/01/2015 to 10/31/2017 |
| | 3130 E BROADWAY ST | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6556 | OCAMPO, SARA-BRIANNA D. | | | Tele (480)812-7000 | 06/29/2015 to 06/30/2017 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0152 | ODUM, ROSEMARIE A. | | | Tele (623)486-6000 | 12/01/2015 to 11/30/2017 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: (623)266-0348 | |
| | GLENDALE | AZ | 85302 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0623 | O'GORMAN, ROSEMARIE J. | | | Tele (623)334-5467 | 02/01/2016 to 01/31/2018 |
| | 13460 N 67TH AVE | | | Fax: (623)334-5377 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1229 | OLTMANN, DONNA R. | | | Tele (480)586-1925 | 08/01/2016 to 07/31/2018 |
| | 1800 EAST VAN BUREN | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7783 | O'MARA, ASHLEY D. | | | Tele (623)691-2324 | 08/01/2016 to 07/31/2018 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0661 | O'NEAL, JENNIFER L. | | | Tele (623)628-7289 | 02/01/2016 to 01/31/2018 |
| | 40528 N CROSS TIMBERS TRAIL | | | Fax: (623)551-9578 | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0348 | ONG, JACQUELINE J. | | | Tele (480)844-7113 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5400 | OPEL, KARA M. | | | Tele (602)243-4800 | 04/01/2016 to 03/31/2018 |
| | 6000 S 7TH ST | | | Fax: (602)243-2637 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8582 | ORCHARD, BROOKE E | | | Tele (480)345-7171 | 03/16/2015 to 03/31/2017 |
| | 2555 N PRICE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4125 | O'ROURKE, PETER M. | | | Tele (805)341-2334 | 07/01/2016 to 06/30/2018 |
| | 20311 E STONECREST DR | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1160 | ORTIZ, SUZANNE E. | | | Tele (480)472-7791 | 03/01/2016 to 02/28/2018 |
| | 1435 MCLELLAN | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7784 | OSTREICHER, JENNIFER D. | | | Tele (480)951-6451 | 07/01/2016 to 06/30/2018 |
| | 8115 E INDIAN BEND ROAD SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6137 | OVALLE CARWILE, KENDALL | | | Tele (602)870-6060 | 04/01/2016 to 03/31/2018 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1593 | OZDOBA, CHRISTINA | | | Tele (480)472-6206 | 07/01/2016 to 06/30/2018 |
| | 1445 E HILTON AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5612 | PAGE, ANNE M | | | Tele (602)232-4980 | 07/01/2016 to 06/30/2018 |
| | 8220 S 7TH AVE | | | Fax: (602)243-4926 | |
| | PHOENIX | AZ | 85041 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5119 | PAHL, JENNIFFER L. | | | Tele (623)237-7100 | 08/01/2016 to 07/31/2018 |
| | 7301 NORTH 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6987 | PAIR, DENISE L | | | Tele (623)362-2684 | 07/16/2015 to 07/31/2017 |
| | 22456 N 104TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5161 | PAKIS, LINDSEY J. | | | Tele (602)000-0000 | 03/01/2016 to 02/28/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2210 | PALMER, JAMISON D. | | | Tele (480)268-1188 | 03/01/2016 to 02/28/2018 |
| | 1630 S WILDROSE | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0663 | PAMELA SUE TRUESDELL | | | Tele (602)347-2600 | 12/01/2015 to 11/30/2017 |
| | 4650 SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1502 | PANIPINTO, KIMBERLY M. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5788 | PAPPALARDO, CHANTEL R. | | | Tele (480)812-7000 | 09/01/2016 to 08/31/2018 |
| | 1525 WEST FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0168 | PARADY, SUSAN K. | | | Tele (480)657-1000 | 12/01/2015 to 11/30/2017 |
| | 275 E GERMANN RD SUITE 110 | | | Fax: (480)512-5595 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5312 | PARISIAN, MICHELLE B. | | | Tele (480)477-7151 | 11/01/2015 to 10/31/2017 |
| | 5652 E BASELINE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6347 | PARKER, GLENN S. | | | Tele (480)000-0000 | 08/11/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85083 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9426 | PARKER, NICOLE M. | | | Tele (480)412-3000 | 04/19/2016 to 04/18/2018 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8705 | PARKHOUSE, LINDSEY D. | | | Tele (480)497-3300 | 02/01/2016 to 01/31/2018 |
| | 140 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4400 | PARMELY, NAKOMIS C. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | EAST SHEA BOULVARD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7348 | PARRA, LUCIA M | | | Tele (623)772-4774 | 08/01/2016 to 07/31/2018 |
| | 295 W WESTERN AVE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0300 | PARRONE, ELIZABETH A. | | | Tele (602)771-5332 | 01/01/2016 to 12/31/2017 |
| | 7654 N 19TH AVENUE | | | Fax: (602)771-5364 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7962 | PARRY, MELISSA E. | | | Tele (480)926-6390 | 01/01/2016 to 12/31/2017 |
| | 4542 E INVERNESS AVE STE G3 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5362 | PASQUALE, TRINITY A. | | | Tele (623)523-8700 | 08/01/2016 to 07/31/2018 |
| | 17825 W SIERRA MONTANA LOOP | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0417 | PASSON, RACHEL C. | | | Tele (480)516-3311 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2189 | PAYNE, KATHERINE M. | | | Tele (623)707-4500 | 10/01/2015 to 09/30/2017 |
| | 4825 E ROSSEVELT ST | | | Fax: (623)474-7271 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0174 | PEAPENBURG, JULIE A. | | | Tele (623)773-6593 | 01/01/2016 to 12/31/2017 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1641 | PEGRAM, TARA M. | | | Tele (480)227-3602 | 02/01/2016 to 01/31/2018 |
| | 9003 EAST SHEA BLVD | | | Fax: (480)629-8620 | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1479 | PELLINO-MUSCAT, JENNIFER | | | Tele (602)266-5976 | 11/01/2015 to 10/31/2017 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0384 | PENA, JENNIFER K. | | | Tele (480)472-3975 | 06/01/2016 to 05/31/2018 |
| | 950 N SUNVALLEY BLVD | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1072 | PENKAVA, HEATHER L. | | | Tele (480)664-5200 | 05/01/2016 to 04/30/2018 |
| | 14825 N FAYETTE | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10170 | PERALES, JAVIER | | | Tele (469)863-3652 | 07/27/2016 to 07/26/2018 |
| | 6458 E BROADWAY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4178 | PEREZ, JILL S. | | | Tele (480)820-6366 | 04/01/2016 to 03/31/2018 |
| | 690 E WARNER RD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4343 | PEREZ, KATHERINE A. | | | Tele (480)951-6451 | 02/01/2016 to 01/31/2018 |
| | 85115 SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1340 | PERKES, CHRISTIE | | | Tele (480)456-0719 | 11/01/2015 to 10/31/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4994 | PESKIN, NEVA K. | | | Tele (480)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0023 | PETERS, BECKY J | | | Tele (480)236-8807 | 12/01/2015 to 11/30/2017 |
| | 1057 NORTH NEILSON STREET | | | Fax: (480)472-0705 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6013 | PETERS, HEIDI S. | | | Tele (480)892-9777 | 08/01/2016 to 07/31/2018 |
| | 551 SOUTH HIGLEY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5988 | PETERS, MONICA | | | Tele (623)920-5111 | 08/01/2016 to 07/31/2018 |
| | 11638 S 175TH LANE | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5634 | PETERSEN, COURTNEY J. | | | Tele (480)472-8618 | 10/01/2016 to 09/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1396 | PETERSEN, PATRICIA DIANE | | | Tele (602)449-6500 | 01/01/2016 to 12/31/2017 |
| | 15002 N 32ND STREET | | | Fax: (602)449-5105 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8218 | PETERSON, DONNA L. | | | Tele (480)621-8361 | 06/01/2016 to 05/31/2018 |
| | 1305 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9470 | PETERSON, MARIAH J. | | | Tele (480)837-4565 | 05/27/2016 to 05/26/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9677 | PETRAS, MEGAN T. | | | Tele (480)621-8361 | 08/15/2016 to 08/14/2018 |
| | 1305 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0073 | PFLEIGER, CHRISTINE LYNN | | | Tele (480)497-3300 | 01/01/2016 to 12/31/2017 |
| | 140 SOUTH GILBERT ROAD | | | Fax: (480)730-0528 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0074 | PFRANG, CYNTHIA L. | | | Tele (480)000-0000 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7284 | PHELPS, AMY M | | | Tele (602)347-2600 | 06/01/2016 to 05/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0077 | PHILLIPS, DAPHNE T. | | | Tele (480)882-6825 | 01/01/2016 to 12/31/2017 |
| | 3134 CIVIC CENTER PLAZA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0390 | PHILLIPS, JOANNE C. | | | Tele (602)509-1174 | 01/01/2016 to 12/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: (480)473-1127 | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4621 | PIANO, NICOLETTE | | | Tele (602)773-5773 | 07/01/2016 to 06/30/2018 |
| | 5025 E WASHINGTON ST 212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0731 | PICKEREL, KRISTIN D. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1218 | PIEPER, CHRISTINA M. | | | Tele (480)363-9645 | 04/01/2016 to 03/31/2018 |
| | 1663 EAST REDFIELD ROAD | | | Fax: (480)926-4889 | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0424 | PIKE, GAYLE SHARON | | | Tele (602)449-5400 | 01/01/2016 to 12/31/2017 |
| | 16428 N 21STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1424 | PILILAAU, CHRISTINE I. | | | Tele (480)657-1000 | 01/01/2016 to 12/31/2017 |
| | 275 EAST GERMANN ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8719 | PINDER, SARA K. | | | Tele (480)800-3933 | 02/01/2016 to 01/31/2018 |
| | 8850 E PIMA CENTER PKWY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0682 | PISANO, SUZANNE V. | | | Tele (628)879-5681 | 02/01/2016 to 01/31/2018 |
| | 19829 N 27TH AVE | | | Fax: (623)572-8011 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4818 | PITTS, MARY L. | | | Tele (480)000-0000 | 02/01/2016 to 01/31/2018 |
| | 1339 EAST 3RD STREET | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0912 | PLUMMER, SUSAN L. | | | Tele (480)472-0662 | 04/01/2016 to 03/31/2018 |
| | 1025 COUNTRY CLUB DRIVE | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6746 | PLUNKETT, GABRIELA | | | Tele (480)412-3627 | 06/01/2016 to 05/31/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4025 | POGHOSSIAN, MELISSA A | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1420 | POLAKOF, ISABEL M | | | Tele (146)816-8099 | 02/01/2016 to 01/31/2018 |
| | PSC 475 BOX1 EOIS YOKATOA/ EDIS YOKASUKA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0288 | POLESKY, RONDA D. | | | Tele (480)349-6358 | 01/01/2016 to 12/31/2017 |
| | 4958 E KARSTEN DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7209 | POLLARD, CYNTHIA C. | | | Tele (480)419-0848 | 05/01/2016 to 04/30/2018 |
| | 10049 E DYNAMITE BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4840 | POLLOCK, AMY L | | | Tele (623)412-4900 | 02/01/2016 to 01/31/2018 |
| | 21258 N 81ST AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5287 | POMILIO, CAROLE | | | Tele (480)541-4242 | 01/01/2016 to 12/31/2017 |
| | 8700 S KYRENE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1508 | PONTON, JOAN A. | | | Tele (480)515-1829 | 04/01/2016 to 03/31/2018 |
| | 21526 NORTH 37TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2030 | PORTER, CHRISTI R. | | | Tele (602)943-1012 | 03/01/2016 to 02/28/2018 |
| | 7227 N 16TH STREET | | | Fax: (480)314-1056 | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9319 | PORTER, MARIE B. | | | Tele (480)000-0000 | 04/02/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1412 | POTTS, LORRAINE A. | | | Tele (602)573-5842 | 01/01/2016 to 12/31/2017 |
| | 20165 NORTH 67TH AVENUE 122A | | | Fax: (623)321-1177 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0740 | POURKAVEH, FAITH A. | | | Tele (602)406-7012 | 02/01/2016 to 01/31/2018 |
| | 240 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4648 | POWELL, DEBORAH A. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: (480)777-5993 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8981 | PRICE, ANNA C. | | | Tele (602)449-2000 | 11/06/2015 to 11/30/2017 |
| | 15002 N 32ND STREET | | | Fax: (602)449-2194 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4056 | PRIEM, CHRISTIE J. | | | Tele (480)266-0926 | 05/01/2016 to 04/30/2018 |
| | 873 N LAYMAN ST | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1537 | PROCHNIEWSKII, JENNIFER L. | | | Tele (480)000-0000 | 11/01/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7413 | PROCOPIO, MELISSA J. | | | Tele (480)567-6717 | 02/01/2016 to 01/31/2018 |
| | 7575 E INDIAN BEND RD #2056 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1509 | PROCTOR, LINDA M. | | | Tele (480)472-1200 | 08/01/2016 to 07/31/2018 |
| | 1020 S EXTENSION | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6585 | PROFFIT, ERIN L. | | | Tele (480)000-0000 | 07/01/2016 to 06/30/2018 |
| | NO ADDRESS GIVEN | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4957 | PRUDEN, KIMBERLY D. | | | Tele (602)499-9844 | 01/01/2016 to 12/31/2017 |
| | 3426 E WINONA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4377 | PUTNAM, JULIE A. | | | Tele (602)277-5006 | 05/01/2016 to 04/30/2018 |
| | 5314 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7945 | QUILL, ANDREA N. | | | Tele (480)342-2071 | 09/01/2016 to 08/31/2018 |
| | 5777 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7191 | QUINN, ELIZABETH A. | | | Tele (480)837-4565 | 06/08/2016 to 06/07/2018 |
| | 1700 E SHEA BLVD SIUTE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0755 | QUINN, MARIA J. | | | Tele (602)449-2800 | 03/01/2016 to 02/28/2018 |
| | 15002 NORTH 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9175 | RACHEL BOOTH FIX | | | Tele (601)000-0000 | 11/01/2016 to 10/31/2018 |
| | ADVANCED THERAPY SOLUTIONS | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6375 | RACHEL EVA ALTORFER | | | Tele (602)664-7176 | 10/01/2016 to 09/30/2018 |
| | 5601 N 16TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7877 | RACHEL LISA SCHIMMEL | | | Tele (602)277-5006 | 10/31/2016 to 10/30/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0804 | RADIC, MARY N. | | | Tele (602)449-2150 | 03/01/2016 to 02/28/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6839 | RADTKE, SARAH R. | | | Tele (480)497-3300 | 08/01/2016 to 07/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7830 | RAK, ANNETTE M. | | | Tele (602)393-0520 | 08/01/2016 to 07/31/2018 |
| | 1190 E MISSOURI AVE STE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8919 | RAKOZY, ELIZABETH A. | | | Tele (602)324-6500 | 05/07/2015 to 05/31/2017 |
| | 7540 N 19TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1154 | RAMBO, KARI S. | | | Tele (602)565-5701 | 07/01/2016 to 06/30/2018 |
| | 18119 W NARRAMORE RD | | | Fax: (623)433-8542 | |
| | GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4679 | RAMIREZ, LAURA M. | | | Tele (347)000-0000 | 08/04/2016 to 08/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7146 | RANDLES, JOSIE D | | | Tele (602)995-7366 | 02/01/2016 to 01/31/2018 |
| | 10251 NORTH 35TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8949 | RANSDELL, ANGELA D. | | | Tele (480)279-7000 | 08/01/2016 to 07/31/2018 |
| | 2935 S RECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5890 | RAPIER, JESSICA N. | | | Tele (480)221-7553 | 09/30/2015 to 09/30/2017 |
| | 25615 N RANCH GATE ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4744 | RAS, JERI N. | | | Tele (480)839-0292 | 06/01/2016 to 05/31/2018 |
| | 500 WEST GUADALUPE RD | | | Fax: ( ) - | |
| | GUADALUPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0352 | RASMUSSEN, CATHERINE A. | | | Tele (480)563-5503 | 01/01/2016 to 12/31/2017 |
| | 6744 EAST DUANE LANE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5121 | RATH, KATHLEEN M. | | | Tele (480)472-6330 | 12/01/2015 to 11/30/2017 |
| | 930 S SIRRINE | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0905 | RATHS, RENEE D. | | | Tele (602)265-4124 | 03/01/2016 to 02/28/2018 |
| | 2302 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6280 | RATIU, ILEANA | | | Tele (602)224-0202 | 01/01/2016 to 12/31/2017 |
| | PO BOX 870102 | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4832 | RATKE, CINDY J. | | | Tele (602)622-2190 | 02/01/2016 to 01/31/2018 |
| | 3820 W HAPPY VALLEY STE 141-176 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5140 | RAWDIN, CAMILLE R. | | | Tele (480)628-6290 | 02/01/2016 to 01/31/2018 |
| | 4510 N 37TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1830 | RAWSON, MELANIE CARVALHO | | | Tele (480)000-0000 | | 09/01/2016 | to | 08/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1716 | RAYE, JANINE E. | | | Tele (480)951-6451 | | 09/01/2016 | to | 08/31/2018 |
| | 8115 E INDIAN BEND RD SUITE 123 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0653 | RAYMOND, SUSAN B. | | | Tele (480)484-6100 | | 05/01/2016 | to | 04/30/2018 |
| | 3811 N 44TH STREET | | | Fax: (602)468-3407 | | | | |
| | PHOENIX | AZ | 85018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0041 | RAZ, MIRLA G. | | | Tele (480)951-9707 | | 12/01/2015 | to | 11/30/2017 |
| | 8356 EAST SAN RAFAEL DRIVE | | | Fax: (480)951-5834 | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0660 | REABAN, MICHELLE A. | | | Tele (520)245-4176 | | 02/01/2016 | to | 01/31/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85013 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

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Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2167 | REAMS, JENNIFER L. | | | Tele (480)800-3900 | 02/01/2016 to 01/31/2018 |
| | 8850 E PIMA CENTER PKWY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1648 | REBECCA ELY JENSEN | | | Tele (623)237-4433 | 09/01/2016 to 08/31/2018 |
| | 4932 W MYRTLE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8504 | REBECCA JILL POMEROY | | | Tele (480)497-3300 | 11/01/2016 to 10/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10258 | REBECCA LYNN COLVIN | | | Tele (503)000-0000 | 09/07/2016 to 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6778 | REBECCA MARIE MILLER | | | Tele (480)541-6988 | 11/17/2016 to 11/16/2018 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0581 | RECHTER, LINDA J. | | | Tele (480)575-6772 | 02/01/2016 to 01/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8570 | RECORD, REST ITSSLP | | | Tele (623)587-7566 | 02/01/2014 to 01/31/2016 |
| | 1589 ROAD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85307 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5607 | REDMAN, SARA L. | | | Tele (480)412-3000 | 01/01/2016 to 12/31/2017 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2168 | REDPATH-CAROLLO, KORRI | | | Tele (602)347-4859 | 12/01/2015 to 11/30/2017 |
| | 1502 W MOUNTAIN VIEW ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0099 | REED, KATHRYN L. | | | Tele (623)523-8437 | 12/01/2015 to 11/30/2017 |
| | EMPL ADD NOT SPECIFIED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2163 | REED, KELLI L. | | | Tele (602)920-1373 | 12/01/2015 to 11/30/2017 |
| | 3440 S OLEANDER DR | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8863 | REED, NIKKI D. | | | Tele (928)684-2432 | 06/01/2016 to 05/31/2018 |
| | 1640 KILLDEER | | | Fax: ( ) - | |
| | WICKENBURG | AZ | 85390 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0819 | REGIER, CHERYL L . | | | Tele (480)000-0000 | 03/01/2016 to 02/28/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85259 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9087 | REHMAN, RIFFAT O | | | Tele (623)000-0000 | 08/26/2015 to 08/31/2017 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5037 | REID, AMY S | | | Tele (480)812-7000 | 05/01/2016 to 04/30/2018 |
| | 1525 WEST FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4033 | REID, STACY L. | | | Tele (602)870-6060 | 04/01/2016 to 03/31/2018 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5127 | REIFMAN. MARLA A. | | | Tele (602)663-4161 | 08/01/2016 to 07/31/2018 |
| | 9655 E WINDROSE DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6477 | REILLY, KATIE V. | | | Tele (602)455-6700 | 10/01/2016 to 09/30/2018 |
| | 16428 E KINGS TREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0306 | REIMAN, JILL L | | | Tele (480)963-4443 | 02/01/2016 to 01/31/2018 |
| | 531 EAST VERMONT DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8147 | REISINGER, LANNI K | | | Tele (623)242-6908 | 01/01/2016 to 12/31/2017 |
| | 14535 W INDIAN SCHOOL RD STE 100 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7662 | REISS, KELLY R. | | | Tele (480)497-3300 | 06/01/2016 to 05/31/2018 |
| | 140 S GILBERT RD | | | Fax: (480)507-1320 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0925 | REMSON, LYNNE HEBERT | | | Tele (480)484-5078 | 02/01/2016 to 01/31/2018 |
| | 8500 EAST JACKRABBIT | | | Fax: (480)484-5106 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4658 | RESTREPO, MARIA A. | | | Tele (480)727-8795 | 05/01/2016 to 04/30/2018 |
| | P O BOX 870102 | | | Fax: (480)965-8516 | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5162 | RETHELFORD, TARA L. | | | Tele (480)518-2473 | 08/01/2016 to 07/31/2018 |
| | 7419 E SAND HILLS RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8728 | REYES, PAMELA P. | | | Tele (602)626-8851 | 05/12/2015 to 05/31/2017 |
| | 11024 N 28TH DR STE 140 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7269 | REYNOLDS, ASHLEY C. | | | Tele (480)412-7724 | 04/26/2016 to 04/25/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4431 | RHINE, BOBBA K. | | | Tele (480)472-5788 | 11/01/2015 to 10/31/2017 |
| | 1630 E SOUTHERN AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5449 | RHODEHOUSE, SARAH K. | | | Tele (602)867-0212 | 04/01/2016 to 03/31/2018 |
| | 5652 EAST BASELINE RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9630 | RICE, SUSAN M. | | | Tele (315)000-0000 | 09/14/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0181 | RICHARDS, RICHELLE M. | | | Tele (602)882-8121 | 02/01/2016 to 01/31/2018 |
| | 20613 NORTH 63RD DRIVE | | | Fax: (623)842-2844 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6460 | RICO, ELISANDRA | | | Tele (609)999-5916 | 10/01/2016 to 09/30/2018 |
| | 3116 S MILL AVE | | | Fax: (480)889-0384 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1038 | RIDGE, JOANN M. | | | Tele (480)695-4746 | 05/01/2016 to 04/30/2018 |
| | 3326 E MAPLEWOOD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8939 | RIECH, SHERYL. | | | Tele (602)943-1012 | 01/12/2016 to 01/11/2018 |
| | 7227 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8907 | RINN, KRISTEN M | | | Tele (480)412-5439 | 07/01/2016 to 06/30/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7550 | RIORDAN, JORDAN K. | | | Tele (602)243-4800 | 07/07/2016 to 07/06/2018 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9004 | RIOS, URBANO H. | | | Tele (866)258-0293 | 08/01/2016 to 07/31/2018 |
| | 40 E INDIANOLA AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0340 | RITCHIE, SUSAN K. | | | Tele (602)923-5648 | 03/01/2016 to 02/28/2018 |
| | 3805 E BELL RD #1100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4277 | RIVERA, RAQUEL | | | Tele (602)266-5976 | 11/01/2015 to 10/31/2017 |
| | 2850 N 24TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4418 | ROACH, STACY L | | | Tele (480)892-9777 | 11/01/2015 to 10/31/2017 |
| | 551 S HIGLEY RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4683 | ROBERTS, DIXIE | | | Tele (480)298-3834 | 10/01/2015 to 09/30/2017 |
| | 4041 EAST LODGEPOLE DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0952 | ROBERTS, ELLEN K. | | | Tele (602)347-2925 | 02/01/2016 to 01/31/2018 |
| | 7337 N 19TH AVE | | | Fax: (602)347-2920 | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5730 | ROBERTS, MELISSA A. | | | Tele (480)745-9951 | 02/01/2016 to 01/31/2018 |
| | 112 W MAHOGANY PLACE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4526 | ROBERTS, SHARON L. | | | Tele (623)810-8545 | 08/01/2016 to 07/31/2018 |
| | 15820 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6543 | ROBERTS, VIRGINIA R. | | | Tele (973)999-9999 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85383 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5502 | ROBERTSON, BARBARA ELAINE | | | Tele (623)876-7600 | 06/01/2016 to 05/31/2018 |
| | 15802 N PARKVIEW PL | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6496 | ROBINS, JENNIFER L. | | | Tele (480)575-2000 | 09/01/2016 to 08/31/2018 |
| | 33016 N 60TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9551 | ROBINSON, CHRISTINE A. | | | Tele (603)000-0000 | 07/21/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4653 | ROBINSON, GEORGINA | | | Tele (602)243-4800 | 11/01/2015 to 10/31/2017 |
| | 6000 SOUTH SEVENTH STREET | | | Fax: (602)243-2637 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4880 | ROBINSON, HEATHER A | | | Tele (602)743-8815 | 06/01/2016 to 05/31/2018 |
| | 3712 E LATHAM CT | | | Fax: (480)718-8788 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7659 | ROBINSON, JULIE C. | | | Tele (480)456-0719 | 03/01/2016 to 02/28/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9381 | ROBLE, RICHARD R. | | | Tele (480)472-0422 | 06/24/2015 to 06/30/2017 |
| | 63 E MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6212 | ROBLEDO, TIFFANY C. | | | Tele (480)390-8746 | 06/01/2016 to 05/31/2018 |
| | 22665 S 194TH WAY | | | Fax: (480)279-3518 | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9538 | RODRIGUEZ, ALEXANDREA J. | | | Tele (480)837-4565 | 05/24/2016 to 05/23/2018 |
| | 17100 ESHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0608 | RODRIGUEZ, KIMBERLYN | | | Tele (623)772-5000 | 02/01/2016 to 01/31/2018 |
| | 295 W WESTERN | | | Fax: ( ) - | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0756 | RODRIGUEZ, NORMA A. | | | Tele (480)221-8650 | 03/01/2016 to 02/28/2018 |
| | 16611 S 40TH STREET SUITE #114 | | | Fax: (480)209-1528 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5576 | ROGALSKI, MEGAN THERESE | | | Tele (602)629-6850 | 08/01/2016 to 07/31/2018 |
| | 5048 E OAK ST | | | Fax: (602)629-6851 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7311 | ROGERS, COURTNEY A. | | | Tele (602)243-4910 | 11/01/2015 to 10/31/2017 |
| | 4615 S 22ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6613 | ROGOWSKI, JACLYN K. | | | Tele (602)933-1000 | 09/01/2016 to 08/31/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10201 | ROLLINS, KASSAUNDRA KAY | | | Tele (602)995-7366 | 08/18/2016 to 08/17/2018 |
| | 10251 N 35TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1194 | ROMERO, KATHERINE I. | | | Tele (602)633-8343 | 08/01/2016 to 07/31/2018 |
| | 2850 NORTH 24TH STREET | | | Fax: (602)468-3407 | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4319 | ROMERO, STEPHANIE R. | | | Tele (602)237-9100 | | 03/01/2016 | to | 02/28/2018 |
| | 5001 WEST DOBBINS ROAD | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85041 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6823 | RONDEAU, BRIELE M. | | | Tele (480)951-6451 | | 09/01/2016 | to | 08/31/2018 |
| | 8115 E INDIAN BEND RD #123 | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85250 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5526 | RONQUILLO, ANGELENE M. | | | Tele (480)321-4816 | | 06/01/2016 | to | 05/31/2018 |
| | 6644 EAST BAYWOOD AVE | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85206 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2159 | ROOD, CARA S. | | | Tele (480)484-7000 | | 10/01/2016 | to | 09/30/2018 |
| | 12575 EAST VIA LINDA | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85259 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0323 | ROSEN, BETH R | | | Tele (602)697-2835 | | 01/01/2016 | to | 12/31/2017 |
| | 7738 EAST STARLA DRIVE | | | Fax: (480)515-4709 | | | | |
| | SCOTTSDALE | AZ | 85255 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6842 | ROSS, JR HUBERT A. | | | Tele (623)691-4900 | 09/01/2016 to 08/31/2018 |
| | 4602 N 63RD AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0880 | ROSS, KATHERINE B. | | | Tele (602)222-6412 | 03/01/2016 to 02/28/2018 |
| | 650 E INDIAN SCHOOL RD #126 | | | Fax: (602)222-6588 | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0312 | ROSS, KELLY H. | | | Tele (623)332-1639 | 01/01/2016 to 12/31/2017 |
| | 5810 WEST DESPERADO WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85083 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0893 | ROUSE, VALERIE H. | | | Tele (602)467-6376 | 03/01/2016 to 02/28/2018 |
| | 20402 N 15TH AVE | | | Fax: (623)445-3580 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1551 | ROUSSEAU, JENNIFER YOHLER | | | Tele (602)793-9442 | 09/01/2016 to 08/31/2018 |
| | 2850 W GLENDALE ARIZONA | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7740 | ROUSSEAU-HUNT, LINDSEY M. | | | Tele (608)870-6060 | 07/01/2016 to 06/30/2018 |
| | 250 EAST DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5480 | ROWE, JULIE R. | | | Tele (623)412-4800 | 10/01/2015 to 09/30/2017 |
| | 7841 W SWEETWATER | | | Fax: (623)937-5349 | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP9279 | ROYE, LISA M. | | | Tele (602)793-8376 | 02/09/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0858 | ROYSE, CATHERINE L. | | | Tele (602)347-4852 | 03/01/2016 to 02/28/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: (602)237-7365 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7898 | RUDDELL, CYNTHIA E. | | | Tele (480)419-0848 | 06/16/2016 to 06/15/2018 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8589 | RUDEN, ANNE E. | | | Tele (971)000-0000 | 10/01/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0699 | RUDIN, ROBIN A. | | | Tele (480)922-9211 | 04/01/2016 to 03/31/2018 |
| | 8669 E SAN ALBERTO DRIVE | | | Fax: (480)342-9247 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4375 | RUEHLE-KUMAR, KAREN L. | | | Tele (480)991-6560 | 04/01/2016 to 03/31/2018 |
| | 6865 EAST BECKER LANE SUITE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5802 | RUFER, GORDANA | | | Tele (602)257-3755 | 07/01/2016 to 06/30/2018 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6232 | RUHNKE, LAUREN K. | | | Tele (480)837-4565 | 10/01/2016 to 09/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0175 | RUNBECK, ROBYN G. | | | Tele (602)881-0905 | | 01/01/2016 | to | 12/31/2017 |
| | 5508 EAST JANICE WAY | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7488 | RUSH, DONNA M. | | | Tele (480)484-4000 | | 08/03/2016 | to | 08/02/2018 |
| | 9181 E REDFIELD ROAD | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85260 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2010 | RUSSO, KELLY J. | | | Tele (480)279-7000 | | 07/01/2016 | to | 06/30/2018 |
| | 2935 SOUTH RECKER ROAD | | | Fax: (480)272-9290 | | | | |
| | GILBERT | AZ | 85295 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0834 | RUTT-SHEPARD, AMBER M. | | | Tele (623)445-5000 | | 03/01/2016 | to | 02/28/2018 |
| | 20402 N 15TH AVENUE | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1819 | RYAN, CATHY W | | | Tele (480)205-6991 | | 02/01/2016 | to | 01/31/2018 |
| | 298 E JASTER CT | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6034 | RYAN, EILEEN | | | Tele (602)248-1598 | 11/01/2015 to 10/31/2017 |
| | 4141 N SOUTH HERRERA WAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9445 | SABIA, KELLY J. | | | Tele (623)500-2401 | 06/05/2015 to 06/04/2017 |
| | 20100 N 51ST AVENUE SUITE E540 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4843 | SABO, JILL C. | | | Tele (623)412-4475 | 07/01/2016 to 06/30/2018 |
| | 4600 EAST SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1248 | SALAMY, JACQUE L. | | | Tele (480)820-6366 | 09/01/2016 to 08/31/2018 |
| | 690 EAST WARNER ROAD SUITE 105 | | | Fax: (480)472-0705 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0981 | SALCIDO, RENEE K. | | | Tele (602)528-3450 | 05/01/2016 to 04/30/2018 |
| | PO BOX 25104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85002 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1706 | SALEK, MAHSA MOEENI | | | Tele (480)813-4886 | 06/01/2016 to 05/31/2018 |
| | 2350 E GERMANN RD | | | Fax: (480)247-2477 | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9237 | SAMANTHA RENAE CARBAJAL | | | Tele (623)445-5000 | 08/26/2016 to 08/25/2018 |
| | 20402 N 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6721 | SAMPEY, FRANCIS M. | | | Tele (602)619-6061 | 06/01/2016 to 05/31/2018 |
| | 4600 EAST SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8862 | SAMPSON, AMBER T | | | Tele (480)650-8516 | 09/21/2015 to 09/30/2017 |
| | 1334 E CHANDLER BLVD SIUTE 5 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4367 | SANCHEZ, ELAINE M. | | | Tele (602)284-3034 | 04/01/2016 to 03/31/2018 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5091 | SANCHEZ, ERICA J | | | Tele (602)449-2150 | 11/01/2015 to 10/31/2017 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1915 | SANDERLIN, ALEXANDRA A | | | Tele (602)449-2000 | 06/01/2016 to 05/31/2018 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4498 | SANDERS, MINDY J. | | | Tele (480)497-3300 | 02/01/2016 to 01/31/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6615 | SANDERS, RONNIE R. | | | Tele (480)478-6216 | 03/01/2016 to 02/28/2018 |
| | 23005 NORTH 74TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5052 | SANDLER, SUSAN L. | | | Tele (602)870-6060 | 11/01/2015 to 10/31/2017 |
| | 250 E DUNLAP | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4423 | SANDWEG, KARINA | | | Tele (480)626-4142 | 11/01/2015 to 10/31/2017 |
| | 1505 N ALMA SCHOOL RD, STE 2 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5765 | SANFILIPPO, WHITNEY | | | Tele (480)201-0303 | 06/01/2016 to 05/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1041 | SANFRATELLO, LISE A. | | | Tele (480)882-4821 | 05/01/2016 to 04/30/2018 |
| | 7400 E OSBORN ROAD | | | Fax: (480)614-2157 | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9393 | SANTORO, ANNE E. M. | | | Tele (480)321-4789 | 06/01/2016 to 05/31/2018 |
| | 6644 E BAYWOOD AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0419 | SANTY, MARY F. | | | Tele (480)390-5102 | 03/01/2016 to 02/28/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (480)778-0301 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9796 | SARA ROSE MITCHEM | | | Tele (800)376-3440 | 11/17/2016 to 11/16/2018 |
| | 13601 N LITCHFIELD SUITE #124 | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6403 | SARAH HINES BREVOORT | | | Tele (480)484-6100 | 09/01/2016 to 08/31/2018 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6260 | SARAH KAITLYN BRITTO | | | Tele (480)347-8938 | 11/01/2016 to 10/31/2018 |
| | 3150 N ARIZONA AVE STE 112 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5628 | SARGENT, ERIN D. | | | Tele (602)243-4231 | 03/01/2016 to 02/28/2018 |
| | 1402 EAST SOUTH MOUNTAIN AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0101 | SARGINGER, KATHRYN S. | | | Tele (480)882-4360 | 12/01/2015 to 11/30/2017 |
| | 7400 E OSBORN 3W | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6918 | SAVAGE, KAILEE J. | | | Tele (602)839-4157 | 07/01/2016 to 06/30/2018 |
| | 1012 EAST WILETTA | | | Fax: (623)839-3139 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4693 | SAVAGE, KRISTIN J. | | | Tele (480)347-8938 | 11/01/2015 to 10/31/2017 |
| | 3160 NORTH ARIZONA AVENUE SUITE 109 | | | Fax: (480)963-9126 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7856 | SAVOY, CASSANDRA TEEGARDEN | | | Tele (404)351-8410 | 11/01/2015 to 10/31/2017 |
| | 4555 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0752 | SAWYERS, KATHLEEN M. | | | Tele (480)507-1359 | 03/01/2016 to 02/28/2018 |
| | 3777 E HOUSTON | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1174 | SAXTON, CLINTON M. | | | Tele (602)347-2600 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0092 | SAYAS, JAYME F. | | | Tele (480)702-8480 | 12/01/2015 to 11/30/2017 |
| | 3961 E CHANDLER BLVD #111-108 | | | Fax: (480)968-6704 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4473 | SCAVARELLI, SHANNON E. | | | Tele (480)266-8777 | 07/01/2016 to 06/30/2018 |
| | 4045 E UNION HILLS DR #110P | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4670 | SCHACHINGER, GLENDA G. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6559 | SCHAEFER, HOLLY C. | | | Tele (480)991-6560 | 06/01/2016 to 05/31/2018 |
| | 6865 E BECKER LN STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7969 | SCHAEFER, NORA A. | | | Tele (480)484-4000 | 10/01/2016 to 09/30/2018 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1024 | SCHAENZER, AMY T | | | Tele (602)239-6804 | 05/01/2016 to 04/30/2018 |
| | 1111 EAST MCDOWELL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9069 | SCHAFFER, KARIN E | | | Tele (480)837-4565 | 07/01/2015 to 07/31/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1376 | SCHAFFER, SUSAN R. | | | Tele (480)396-9668 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0294 | SCHATZKI, MARIA RITA P. | | | Tele (480)965-9224 | 01/01/2016 to 12/31/2017 |
| | PO BOX 870102 | | | Fax: (480)634-5038 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7645 | SCHAUMBURG, KALEY J | | | Tele (602)722-1300 | 09/01/2016 to 08/31/2018 |
| | 1405 N DOBSON RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8296 | SCHERER, NANCY J | | | Tele (480)965-2905 | 08/01/2016 to 07/31/2018 |
| | 975 S MYRTLE AVE | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0235 | SCHLAPPI, CAROLE R. | | | Tele (602)999-9999 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0415 | SCHLAPPI, SUSAN R. | | | Tele (602)449-5500 | 01/01/2014 to 12/31/2016 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7554 | SCHLICHTING, MEAGAN A. | | | Tele (864)999-9999 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0034 | SCHMIDT, MARJORIE T. | | | Tele (602)629-6850 | 09/01/2016 to 08/31/2018 |
| | 5048 E OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5991 | SCHOCK, DANIEL L. | | | Tele (480)837-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5269 | SCHOFIELD, JOANNE K. | | | Tele (480)837-4565 | 04/01/2016 to 03/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8999 | SCHOLZ, ANDREA M. | | | Tele (480)484-6100 | 09/30/2015 to 09/30/2017 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7436 | SCHROCK, DARLA J. | | | Tele (602)449-2000 | 09/01/2016 to 08/31/2018 |
| | 15002 N 32ND ST | | | Fax: (602)449-2193 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8443 | SCHULHAUSER, SARAH LILY | | | Tele (602)619-6061 | 12/01/2014 to 12/31/2016 |
| | 4600 E SHEA BLVD STE 101 | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1380 | SCHULTZ, ABBY L | | | Tele (480)923-5000 | 12/01/2015 to 11/30/2017 |
| | 3805 E BELL ROAD SUITE 1100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6466 | SCHULTZ, TARRIN R. | | | Tele (610)724-1506 | 08/01/2016 to 07/31/2018 |
| | 3811 N 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5136 | SCHULZE, KIMBERLY M. | | | Tele (480)497-3300 | 08/01/2016 to 07/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0025 | SCHWAN, CHRISTINE M. | | | Tele (602)432-3847 | 12/01/2015 to 11/30/2017 |
| | PO BOX 44333 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85064 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6040 | SCHWARTZ, EMILY M. | | | Tele (602)449-5200 | 09/01/2016 to 08/31/2018 |
| | 2650 E CONTENTION MINE RD | | | Fax: (602)449-5205 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7904 | SCHWARTZ, JENNIFER R. | | | Tele (480)272-8600 | 07/01/2016 to 06/30/2018 |
| | P O BOX 426 | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85331 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5410 | SCOFIELD, KRISTI K. | | | Tele (480)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9859 | SCOTT, KIMBERLY STOKER | | | Tele (801)000-0000 | 02/22/2016 to 02/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85212 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1324 | SCOTT, SHARON E. | | | Tele (480)497-3457 | 08/01/2016 to 07/31/2018 |
| | 63 E MAIN ST #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8889 | SCOTT, STEPHANIE L | | | Tele (602)206-8577 | 09/29/2015 to 09/30/2017 |
| | 530 E MCDOWELL RD 107-475 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7437 | SEELEY, TRACY C. | | | Tele (480)993-5676 | 08/01/2016 to 07/31/2018 |
| | 250 E DUNLAP | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8148 | SEGERSON, MELINDA K. | | | Tele (480)279-7000 | 06/01/2016 to 05/31/2018 |
| | 2935 S RECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0089 | SERATTE, FAITH T. | | | Tele (480)323-3400 | 12/01/2015 to 11/30/2017 |
| | 9003 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6273 | SEVERINO, MARK T | | | Tele (480)484-6100 | 01/01/2016 to 12/31/2017 |
| | 3811 N 44TH | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7272 | SEVERSON, KATHRYN M. | | | Tele (480)991-6560 | 03/01/2016 to 02/28/2018 |
| | 6865 E BECKER LANE STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6299 | SHAH, AVANI D. | | | Tele (623)691-4000 | 03/01/2016 to 02/28/2018 |
| | 5220 W INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5976 | SHANNON, ERIN M. | | | Tele (602)224-0202 | 05/01/2016 to 04/30/2018 |
| | 4545 NORTH 36TH STREET SUITE 125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10298 | SHARON ANN VALDES-DOLPHIN | | | Tele (714)000-0000 | 10/03/2016 to 10/02/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1781 | SHARP, LORI A. | | | Tele (623)412-4850 | 12/01/2015 to 11/30/2017 |
| | P O BOX 39 | | | Fax: (623)974-8911 | |
| | PEORIA | AZ | 85380 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6868 | SHAWNA MICHELLE NAVID | | | Tele (480)000-0000 | 11/01/2016 to 10/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5531 | SHEARER, MEGAN K. | | | Tele (623)334-5404 | 12/01/2015 to 11/30/2017 |
| | 13460 NORTH 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1262 | SHIELDS, RICHARD W. | | | Tele (623)832-5349 | 09/01/2016 to 08/31/2018 |
| | 10401 W THUNDERBIRD BLVD | | | Fax: (953)832-6661 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6136 | SHIPMAN, BETHANY A | | | Tele (602)406-7546 | 04/01/2016 to 03/31/2018 |
| | 350 WEST THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0647 | SHNIDERMAN, LAURA B. | | | Tele (602)317-5337 | 11/01/2015 to 10/31/2017 |
| | 3104 E CAMELBACK RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0374 | SHOOP, DEBORAH H. | | | Tele (602)751-3672 | 01/01/2016 to 12/31/2017 |
| | 8190 WEST DEER VALLEY RD STE 104 200 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4664 | SHORB, TIFFANY J. | | | Tele (602)357-9033 | 03/01/2016 to 02/28/2018 |
| | 3150 S 48TH ST | | | Fax: (602)275-2093 | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1297 | SHOVELIN, SHAWNA N. | | | Tele (602)442-2300 | 04/07/2016 to 04/06/2018 |
| | 3348 W MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4634 | SIDDENS, JULIE A. | | | Tele (480)419-0848 | 02/01/2016 to 01/31/2018 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0052 | SIDLER, MARY ELLEN | | | Tele (623)486-6000 | 01/01/2016 to 12/31/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4572 | SIEGLITZ, NICOLE P. | | | Tele (623)773-6685 | 10/01/2015 to 09/30/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0039 | SIGNE COLETTE ERICKSON | | | Tele (480)497-3300 | 12/01/2016 to 11/30/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9014 | SILASHKI, KATELYN S. | | | Tele (480)902-0771 | 01/20/2016 to 01/19/2018 |
| | 1830 S ALMA SCHOOL ROAD STE 130 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0186 | SILBERLICHT, JAMIE C. | | | Tele (600)000-0000 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4040 | SILVASTI, SHANNON L. | | | Tele (480)419-0848 | 03/01/2016 to 02/28/2018 |
| | 10049 E DYNAMITE BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2086 | SIMMONS, KRISTIN C. | | | Tele (480)951-6451 | 12/01/2015 to 10/31/2017 |
| | 8115 E INDIAN BEND SUITE 123 | | | Fax: (480)588-7802 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0072 | SIMON, CHARLANN S. | | | Tele (480)200-3947 | 01/01/2016 to 12/31/2017 |
| | 2266 S DOBSON RD, SUITE 230 | | | Fax: (480)839-5507 | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5582 | SIMON, NATALIE T. | | | Tele (602)933-3009 | 02/01/2016 to 01/31/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2211 | SIMPSON, VICKIE L. | | | Tele (602)523-5749 | 07/01/2016 to 06/30/2018 |
| | 1817 N 7TY STREET | | | Fax: (480)614-3203 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4384 | SIMS, CHERYL J. | | | Tele (520)603-6896 | 09/01/2016 to 08/31/2018 |
| | EDIS-MISAWA BLDG 94 UNIT 5048 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6753 | SINGER, PATTY | | | Tele (410)369-0000 | 06/17/2015 to 06/30/2017 |
| | 5960 S COOPER RD SUITE 1 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4352 | SINGLETON, MELANIE D. | | | Tele (623)445-4322 | 03/01/2016 to 02/28/2018 |
| | 20402 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2193 | SINK, MARY E. | | | Tele (480)507-1481 | 05/01/2016 to 04/30/2018 |
| | 140 S GILBERT RD | | | Fax: (480)507-1550 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4767 | SISTAK, COURTNEY D. | | | Tele (480)365-9981 | 11/01/2015 to 10/31/2017 |
| | 3160 N ARIZONA AVE #109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8496 | SKOGLIND, CHRISTINA M | | | Tele (602)870-6060 | 09/01/2016 to 08/31/2018 |
| | 250 E DUNLAP AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7342 | SKONIECKE, KRISTI L. | | | Tele (480)575-2000 | 08/01/2016 to 07/31/2018 |
| | PO BOX 426 | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4962 | SKWERES, SARA E. | | | Tele (602)707-2000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2100 | SLABACH, MICHELLE C. | | | Tele (480)991-6560 | 08/01/2016 to 07/31/2018 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1132 | SLEZAK, LEANN B. | | | Tele (602)896-5439 | 07/01/2016 to 06/30/2018 |
| | 4650 WEST SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0780 | SLICK, DENISE L. | | | Tele (480)308-7233 | 03/01/2016 to 02/28/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0906 | SLOAN, DEBRA P. | | | Tele (602)449-2800 | 03/01/2016 to 02/28/2018 |
| | 15833 N 29TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0865 | SLOCUM, V ANNE | | | Tele (602)000-0000 | 05/02/2016 to 05/01/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9512 | SMALL, JENNA E. | | | Tele (480)837-4565 | 05/24/2016 to 05/23/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6681 | SMALLEY AMY J | | | Tele (602)839-6804 | 05/01/2016 to 04/30/2018 |
| | 1111 EAST MCDOWELL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1557 | SMIDT, KRISTIN S. | | | Tele (623)445-4700 | 06/01/2016 to 05/31/2018 |
| | 20402 N 15TH AVE | | | Fax: (623)877-1028 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9501 | SMITH, ALEXANDRA | | | Tele (480)837-4565 | 05/24/2016 to 05/23/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5874 | SMITH, ALLISON D. | | | Tele (480)963-5800 | 02/01/2016 to 01/31/2018 |
| | 815 E WARNER RD SUITE #106 | | | Fax: (480)963-5805 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0234 | SMITH, CYNTHIA J. | | | Tele (480)472-0731 | 12/01/2015 to 11/30/2017 |
| | 1025 N COUNTRY CLUB DR | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4987 | SMITH, ERIN L. | | | Tele (480)258-4031 | 05/01/2016 to 04/30/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5393 | SMITH, JACQUELINE L. | | | Tele (480)497-3300 | 01/01/2016 to 12/31/2017 |
| | 140 SGILBERT RD | | | Fax: (480)507-1320 | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1446 | SMITH, JANET I. | | | Tele (602)839-6893 | 02/01/2016 to 01/31/2018 |
| | 1111 E MCDOWELL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5086 | SMITH, MELISSA K. | | | Tele (602)277-5006 | 04/26/2016 to 04/25/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9052 | SMITH, ROBERT E. | | | Tele (602)273-1347 | 07/10/2015 to 07/31/2017 |
| | 2509 N 29TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0167 | SMITH, SUSAN J. | | | Tele (480)484-5304 | 12/01/2015 to 11/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: (480)472-0705 | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1555 | SMITH, SUSAN R | | | Tele (480)484-3200 | 08/01/2016 to 07/31/2018 |
| | 11808 N 64TH STREET | | | Fax: (480)595-9373 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1452 | SMITH, VALORIE J. | | | Tele (602)449-4100 | 02/01/2016 to 01/31/2018 |
| | 4315 E CASHMAN DRIVE | | | Fax: (480)419-5635 | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7819 | SNOW, KARI L. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 17100 E SHEA BLVD STE 2 | | | Fax: (719)440-7933 | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0855 | SNOW, KIM L. | | | Tele (480)329-4239 | 03/01/2016 to 02/28/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9070 | SNYDER, LINDSEY M | | | Tele (480)567-0350 | 09/01/2016 to 08/31/2018 |
| | 5652 E BASELINE RD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9518 | SNYDER, LYNN E. | | | Tele (623)000-0000 | 06/26/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9012 | SOKOLL, VICTORIA A | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9791 | SOLARI, JESSICA ANN | | | Tele (623)876-7909 | 01/25/2016 to 01/24/2018 |
| | 15802 N PARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0170 | SOLI, SYDNEY J. | | | Tele (480)897-6202 | 12/01/2015 to 11/30/2017 |
| | 8409 S AVENIDA DEL YAQUI | | | Fax: ( ) - | |
| | GUADALUPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1185 | SOMERS, LYNNETTE A. | | | Tele (602)449-5011 | 05/01/2016 to 04/30/2018 |
| | 15002 N STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9295 | SONNENKLAR, JORDAN ELIZABETH | | | Tele (602)747-4444 | 01/26/2016 to 01/25/2018 |
| | 14502 W MEEKER BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8271 | SOPHIE JUNE DANIEL | | | Tele (602)619-6061 | 05/01/2016 to 04/30/2018 |
| | 4600 EAST SHEA BLVD | | | Fax: (602)368-8605 | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7942 | SORENSEN, KRISTY A. | | | Tele (623)832-7000 | 09/01/2016 to 08/31/2018 |
| | 10601 W SANTE FE DR | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1101 | SORRICK, JULIE A. | | | Tele (480)704-5954 | 06/01/2016 to 05/31/2018 |
| | 16815 S DESERT FOOTHILLS PKWY | | | Fax: (480)704-5807 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0177 | SOTELO, JUDITH C. | | | Tele (480)991-6560 | 01/01/2016 to 12/31/2017 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: (480)607-9246 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7671 | SOTO, ELISA | | | Tele (602)865-2976 | 04/01/2016 to 03/31/2018 |
| | 5555 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0680 | SPACKMAN, DAGNE H. | | | Tele (480)888-1610 | 05/01/2016 to 04/30/2018 |
| | 580 W MELODY LANE | | | Fax: (480)503-1487 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9336 | SPARR, DARLYN K. | | | Tele (480)837-4565 | 04/14/2015 to 04/30/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7015 | SPENDER, MEGAN K. | | | Tele (480)926-6301 | 01/01/2016 to 12/31/2017 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6419 | SPETZ, JEANETTE M. | | | Tele (480)951-6451 | 03/01/2016 to 02/28/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0373 | SPIRO, MELISSA GAIL | | | Tele (480)326-2619 | 01/01/2015 to 12/31/2017 |
| | 10810 N TATUM BLVD 102-185 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7364 | SPRAGG, CASEY | | | Tele (602)865-2974 | 08/01/2016 to 07/31/2018 |
| | 10601 W SANTA FE DR | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5354 | ST. JOHN, SARA C. | | | Tele (623)412-5050 | 01/01/2016 to 12/31/2017 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9181 | STACY LEIGH SAUTER | | | Tele (505)250-7594 | 11/01/2016 to 10/31/2018 |
| | 14557 W INDIAN SCHOOL RD STE 500B | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4126 | STAFF, NANCY | | | Tele (480)657-1000 | 07/01/2016 to 06/30/2018 |
| | 275 E GERMANN RD #110 | | | Fax: (480)000-0000 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8509 | STAMADIANOS, VICTORIA | | | Tele (602)707-2000 | 09/01/2016 to 08/31/2018 |
| | 1226 W OSBORN RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6456 | STANCZYK, ANNMARIE | | | Tele (602)664-7900 | 08/01/2016 to 07/31/2018 |
| | 5601 NORTH 16TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5305 | STANKOVIC MCLANE, LINDA | | | Tele (602)626-8851 | 05/01/2016 to 04/30/2018 |
| | 10640 N 28TH DR SUITE C-104 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0242 | STANLEY, CRISTINA E. | | | Tele (602)345-4850 | 01/01/2016 to 12/31/2017 |
| | 1502W MOUNTAIN VIEW RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4781 | STANLEY, SHELLI D. | | | Tele (480)888-1610 | 10/01/2016 to 09/30/2018 |
| | 4567 W ROBERTS ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5241 | STANLEY, STACIA S. | | | Tele (480)820-6366 | 03/01/2016 to 02/28/2018 |
| | 690 EAST WARNER ROAD SUITE 105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1514 | STANSBERRY, KATHLEEN A. | | | Tele (602)347-2668 | 04/01/2016 to 03/31/2018 |
| | 4650 WEST SWEETWATER AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4422 | STANTON, LISA E. | | | Tele (602)431-6640 | 11/01/2015 to 10/31/2017 |
| | 4525 E ST ANNE AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1668 | STEARNS, CAROL J. | | | Tele (480)540-6947 | 06/01/2016 to 05/31/2018 |
| | PO BOX 426 | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6366 | STEDMAN, JENNY M. | | | Tele (480)000-0000 | 03/08/2016 to 03/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7320 | STEFANIE ANN CIHOWIAK | | | Tele (602)243-4800 | 06/01/2016 to 05/31/2018 |
| | 6000 S 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4202 | STEGMAN, SANDRA S. | | | Tele (480)991-6560 | 02/01/2016 to 01/31/2018 |
| | 6865 E BECKER LANE STE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0913 | STEINHILBER, SUSAN L. | | | Tele (602)363-0870 | 01/01/2016 to 12/31/2017 |
| | 1111 EAST MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0281 | STEINWINTER, SHERYL B. | | | Tele (602)449-7200 | 12/01/2015 to 11/30/2017 |
| | 17650 N 54TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1847 | STELLBURG, ELLEN O. | | | Tele (480)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5090 | STELLINO, SUZANNE G. | | | Tele (602)280-7000 | 09/01/2016 to 08/31/2018 |
| | 40 E INDIANOLA AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9199 | STEPHANIE JOHANNA PERALTA | | | Tele (480)837-4565 | 12/01/2016 to 11/30/2018 |
| | STUDENT THERAPY AND RESOURCE SERVICES | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4043 | STEPHANIE LAVON BARRY | | | Tele (602)793-2958 | 09/01/2016 to 08/31/2018 |
| | 2150 W ALAMEDA RD UNIT 1314 | | | Fax: (623)780-2323 | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7273 | STERBENZ, KATHERINE A. | | | Tele (480)412-7732 | 09/01/2016 to 08/31/2018 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4097 | STEVENS, LINDSAY M. | | | Tele (602)933-1166 | 06/01/2016 to 05/31/2018 |
| | 1919 EAST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7792 | STEVENS, TAYLOR D. | | | Tele (480)837-4565 | 12/01/2015 to 11/30/2017 |
| | 17100 EAST SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6587 | STEVENSON, EMILY J | | | Tele (602)586-8743 | 08/01/2016 to 07/31/2018 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4341 | STEVENSON, LAURA | | | Tele (602)664-7400 | 09/01/2016 to 08/31/2018 |
| | 5601 N 16TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0711 | STEWART, AMY C | | | Tele (623)925-3537 | 03/01/2016 to 02/28/2018 |
| | BUCKEYE ELEMENTARY SCHOOL DISTRICT | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0355 | STEWART, STACIE J. | | | Tele (623)698-6311 | 01/01/2016 to 12/31/2017 |
| | 272 SAGEBRUSH ST | | | Fax: (623)399-9562 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5074 | STILLWELL, SHANNON L. | | | Tele (623)376-2311 | 08/01/2016 to 07/31/2018 |
| | 8718 W DEER VALLEY RD STE B105 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8345 | STOECKMANN, MELISSA J | | | Tele (602)406-3473 | 05/01/2016 to 04/30/2018 |
| | 222 E THOMAS RD | | | Fax: (602)406-4406 | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0792 | STOLTENBERG, CARLY R. | | | Tele (480)540-6263 | 03/01/2016 to 02/28/2018 |
| | 1431 E CENTURY AVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2147 | STOMBAUGH, MELISSA A. | | | Tele (480)832-3034 | 01/01/2015 to 12/31/2016 |
| | 230 N COLE DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7834 | STONE, AMY L. | | | Tele (480)424-8400 | 08/01/2016 to 07/31/2018 |
| | 1525 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7034 | STONE, DEBRA S. | | | Tele (623)547-1249 | 12/01/2015 to 11/30/2017 |
| | 13335 W MISSOURI AVE | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4374 | STORZ, DIANE T. | | | Tele (602)485-4444 | 09/01/2016 to 08/31/2018 |
| | 4045 E UNION HILLS DIRVE SUTIE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8608 | STOUT-BLOYER, SUMMER C | | | Tele (623)445-5000 | 08/18/2016 to 08/17/2018 |
| | 20402 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7638 | STROM, STEPHANIE L. | | | Tele (602)920-1209 | 08/01/2016 to 07/31/2018 |
| | 4410 W UNION HILLS DR STE 7-272 | | | Fax: (602)926-8252 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2027 | STRONG, ANDREA L | | | Tele (480)650-8485 | 08/01/2016 to 07/31/2018 |
| | 4252 E CULLUMBER CT | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6807 | STRONG, SARAH JORDAN | | | Tele (480)347-8938 | 07/01/2016 to 06/30/2018 |
| | 3326 E MAPLEWOOD ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4198 | STROW, ANNA L | | | Tele (480)206-8285 | 09/01/2016 to 08/31/2018 |
| | 10956 EAST RAINTREE DRIVE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9741 | STRUB, VITTORIA M. | | | Tele (480)412-5437 | 11/06/2015 to 11/30/2017 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0720 | STULTZ, PAMELA A. | | | Tele (602)840-2166 | 02/01/2016 to 01/31/2018 |
| | 8115 E INDIAN BEND RD STE 123 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6247 | SUDA, RENEE N | | | Tele (623)203-4109 | 01/01/2016 to 12/31/2017 |
| | 8877 N 107TH AVE SUITE 302 PMB 503 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9006 | SUDIMACK, MARGARET T | | | Tele (480)837-4565 | 09/01/2016 to 08/31/2018 |
| | 17100 E SHEA BLVD STE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8412 | SUKHODOLSKY, ALBINA T | | | Tele (314)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0762 | SUKIS, DAWN K. | | | Tele (480)632-4785 | 02/01/2016 to 01/31/2018 |
| | 505 WEST HUSTON | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4608 | SUKONECK, LENORE L. | | | Tele (602)347-2600 | 12/01/2015 to 11/30/2017 |
| | 4650 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5779 | SULLIVAN, AMANDA K | | | Tele (602)791-4290 | 08/01/2016 to 07/31/2018 |
| | 25615 N RANCH GATE RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9059 | SULLIVAN, KATHERINE E. | | | Tele (480)456-0719 | 06/15/2015 to 06/30/2017 |
| | 1930 E SOUTHERN | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0533 | SULSER, KATHERINE L. | | | Tele (480)518-1535 | 04/01/2016 to 03/31/2018 |
| | 1334 E CHANDLER BLVD STE 5 | | | Fax: (480)718-7633 | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8900 | SUMMERS, ALLISON M | | | Tele (480)474-4173 | 06/01/2016 to 05/31/2018 |
| | A BRIGHTER AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0142 | SUNDSTROM-DRESSER, PAT K. | | | Tele (480)472-3852 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0332 | SUNSHINE, HEATHER A. | | | Tele (602)369-3451 | 08/01/2016 to 07/31/2018 |
| | 3035 E CAPTAIN DREYFUS AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4061 | SUPPANZ, JAMIE R | | | Tele (602)996-1396 | 03/01/2016 to 02/28/2018 |
| | 2633 E INDIAN SCHOOL RD #310 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5590 | SURMAN, TIFFANY J | | | Tele (480)951-6451 | 08/01/2016 to 07/31/2018 |
| | 8115 E INDIAN BEND STE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0164 | SUSIE KNELER OKUN | | | Tele (480)323-3636 | 12/01/2016 to 11/30/2018 |
| | 9003 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5517 | SUZANNE KARI HOMMEL | | | Tele (602)449-2500 | 12/01/2016 to 11/30/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9577 | SWAZO, BRIGITTE J. | | | Tele (516)000-0000 | 06/06/2016 to 06/05/2018 |
| | 4525 S COLLEGE AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5781 | SWEETIN, MAREN J. | | | Tele (480)370-7072 | 07/01/2016 to 06/30/2018 |
| | 3766 E ZACHARY DR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9075 | SWENSON, JENNIFER A | | | Tele (480)837-4565 | 06/10/2015 to 06/09/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5840 | SWENSON, SARAH E. | | | Tele (602)707-2700 | 05/01/2016 to 04/30/2018 |
| | 1209 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4147 | SWERLYK, ROBYN D. | | | Tele (480)588-8405 | 08/01/2016 to 07/31/2018 |
| | 7547 EAST DESERT VISTA ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7544 | TAMI ELISE SMITH | | | Tele (602)449-2000 | 11/01/2016 to 10/31/2018 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7750 | TANZER, JO R. | | | Tele (480)223-9001 | 04/01/2016 to 03/31/2018 |
| | 530 E MCDOWELL RD STE 107-475 | | | Fax: (480)223-9002 | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5654 | TAPIA, MONICA K. | | | Tele (520)483-0367 | 09/01/2016 to 08/31/2018 |
| | 10049 DYNAMITE BLVD STE 110 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6453 | TAPLEY, JENNIFER A. | | | Tele (623)445-5000 | 05/01/2016 to 04/30/2018 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0291 | TAYLOR TAMARA J. | | | Tele (602)876-7000 | 01/01/2016 to 12/31/2017 |
| | 15802 NORTH PARKVIEW PLACE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1867 | TAYLOR, KRISTIN M. | | | Tele (602)909-7439 | 04/01/2016 to 03/31/2018 |
| | 700 N SUPERSTITION BLVD | | | Fax: (602)909-7439 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4761 | TAYLOR, LORI ANN | | | Tele (480)280-5690 | 07/01/2016 to 06/30/2018 |
| | 7006 S FOREST AVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6622 | TEALE-SANCHEZ, STEPHANIE P. | | | Tele (480)323-3871 | 04/01/2016 to 03/31/2018 |
| | 10200 N 92ND ST STE 100 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7526 | TEFFT, SHRADDHA A. | | | Tele (480)704-5954 | | 09/01/2016 | to | 08/31/2018 |
| | 16815 S DESERT FOOTHILLS PKWY SUITE 126 | | | Fax: (480)704-5807 | | | | |
| | PHOENIX | AZ | 85048 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6389 | TERESA MARIE DEMASI | | | Tele (480)456-0719 | | 09/01/2016 | to | 08/31/2018 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | | | | |
| | TEMPE | AZ | 85282 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6794 | TERESA S DOMRZALSKI | | | Tele (480)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MESA | AZ | 85202 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0763 | TEXADA, KRISTIN E. | | | Tele (602)548-3038 | | 10/01/2015 | to | 09/30/2017 |
| | PO BOX 6466 | | | Fax: (602)548-3175 | | | | |
| | WADDELL | AZ | 85355 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0777 | THAYER, ROBIN A. | | | Tele (480)497-3300 | | 03/01/2016 | to | 02/28/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85296 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0217 | THIESSEN-HEFTA, SHANNON M. | | | Tele (480)800-3933 | 12/01/2015 to 11/30/2017 |
| | 8850 E PIMA CENTER PARKWAY | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85256 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8984 | THOMAS, ANNA-ALYSE | | | Tele (480)219-3953 | 08/03/2015 to 08/31/2017 |
| | 4100 S LINDSAY RD STE #113 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8915 | THOMAS, KAREN H. | | | Tele (480)963-3634 | 07/01/2016 to 06/30/2018 |
| | 1745 SOUTH ALMA SCHOOL ROAD SUITE 145 | | | Fax: (480)855-8384 | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4427 | THOMAS, MELISSA SUE | | | Tele (480)495-2899 | 07/01/2016 to 06/30/2018 |
| | 4045 E UNION HILLS DRIVE SUITE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0380 | THOMAS, SHEREEN E. | | | Tele (480)883-4200 | 03/01/2016 to 02/28/2018 |
| | 451 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0450 | THOMPSON, CELENA R. | | | Tele (602)904-0295 | 02/01/2016 to 01/31/2018 |
| | 5777 EAST MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0982 | THOMPSON, JANA B. | | | Tele (480)728-3826 | 04/01/2016 to 03/31/2018 |
| | 1955 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4052 | THOMPSON, KRISTINA M. | | | Tele (800)000-0000 | 12/01/2015 to 11/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4924 | THOMSEN, NICOLE C. | | | Tele (602)933-0855 | 01/01/2016 to 12/31/2017 |
| | 1919 E THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1203 | TILLER, GARY ROBERT. | | | Tele (623)999-9999 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0869 | TILLERY, AUGUSTA K HELMS | | | Tele (602)000-0000 | 12/09/2014 to 12/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: (480)965-8516 | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2123 | TIMM, KRISTIN M. | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTED | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0758 | TINKER, BRANDI M. | | | Tele (602)265-4124 | 03/01/2016 to 02/28/2018 |
| | 2302 N 15TH AVE | | | Fax: (602)248-8843 | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8551 | TINSMAN, HELEN A. | | | Tele (480)541-1000 | 05/23/2016 to 05/22/2018 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8472 | TITSWORTH, KAITLIN M | | | Tele (217)710-4803 | 07/01/2016 to 06/30/2018 |
| | 13500 NORTH EL MIRAGE ROAD | | | Fax: ( ) - | |
| | EL MIRAGE | AZ | 85335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8968 | TODARO, HALLIE G. | | | Tele (480)484-3600 | 10/19/2015 to 10/31/2017 |
| | 7501 E OAK STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8085 | TOKARZ, EILEEN M. | | | Tele (480)636-7584 | 03/01/2016 to 02/28/2018 |
| | 15608 N 71ST ST STE 254 | | | Fax: (480)636-7584 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8803 | TOLLAKSEN, DANIELLE A..F. | | | Tele (602)474-4173 | 05/01/2016 to 04/30/2018 |
| | 2451 E BASELINE RD STE #420 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7236 | TOMLIN, MEGAN F. | | | Tele (602)277-5551 | 07/31/2015 to 07/31/2017 |
| | 650 E INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4419 | TOMPKINS, SHANNON L. | | | Tele (480)668-1917 | 11/01/2015 to 10/31/2017 |
| | PO BOX 27 | | | Fax: ( ) - | |
| | MESA | AZ | 85211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4709 | TOMS, NANCY L. | | | Tele (602)406-8503 | 06/01/2016 to 05/31/2018 |
| | 350 WEST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0296 | TONKS, BETH A | | | Tele (480)892-9777 | 01/01/2016 to 12/31/2017 |
| | 551 SOUTH HIGHLEY ROAD | | | Fax: (480)325-8592 | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4972 | TORRE, ELENA V. | | | Tele (480)353-0071 | 03/01/2016 to 02/28/2018 |
| | 3811 NO 44TH STREET | | | Fax: (480)636-7227 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7035 | TRADER, LAUREN M. | | | Tele (480)541-4101 | 06/19/2015 to 06/30/2017 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5827 | TRAINOR, STACY J. | | | Tele (602)304-2030 | 10/01/2015 to 09/30/2017 |
| | 6735 S 47TH AVE | | | Fax: (602)304-2035 | |
| | PHOENIX | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4685 | TRAYLOR, MELODY A. | | | Tele (480)259-7142 | 04/01/2016 to 03/31/2018 |
| | 4065 E GREENWAY CIRCLE | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1029 | TRIMMER, LISA A. | | | Tele (602)347-2668 | 05/01/2016 to 04/30/2018 |
| | 4650 WEST SWEETWATER AVE | | | Fax: (623)566-6308 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7410 | TROST, JENNIFER N. | | | Tele (602)455-6700 | 02/01/2016 to 01/31/2018 |
| | 3348 W MCDOWEL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6324 | TROUTMAN, SHAWN K. | | | Tele (602)791-0934 | 08/01/2016 to 07/31/2018 |
| | 4616 W BOSTON STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8935 | TROUTT, TAYLOR M | | | Tele (480)730-7100 | 05/24/2016 to 05/23/2018 |
| | 3205 S RURAL ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0372 | TRUNZO, MARY JANE | | | Tele (602)224-0202 | 01/01/2016 to 12/31/2017 |
| | 4545 N 36TH STREET STE 125C | | | Fax: (602)224-0010 | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4525 | TSCHUPP, JACQUELINE M. | | | Tele (602)708-6321 | 08/01/2016 to 07/31/2018 |
| | 1802 WEST PARKSIDE LANE | | | Fax: (602)914-1335 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9535 | TURLEY, MADISON M. | | | Tele (602)368-8601 | 07/15/2016 to 07/14/2018 |
| | 4600 E SHEA BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8978 | TURNER, JENNA N | | | Tele (480)991-6560 | 11/16/2015 to 11/15/2017 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: (480)607-9246 | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8017 | UECKERT, ASHLEY D. | | | Tele (623)832-5349 | 10/01/2016 to 09/30/2018 |
| | 10401 W THUNDERBIRD BLVD | | | Fax: (623)832-6661 | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2138 | USSERY, ERIKA J. | | | Tele (480)472-7730 | 09/01/2016 to 08/31/2018 |
| | 2635 N 32ND ST | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4165 | UTHKE, THERESE M. | | | Tele (602)406-6175 | 07/01/2016 to 06/30/2018 |
| | 114 WEST THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2015 | VALADEZ, SONIA I. | | | Tele (902)455-6700 | 07/01/2016 to 06/30/2018 |
| | 3348 W MCDOWELL RD | | | Fax: (602)278-1693 | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6845 | VALDIZAN, CHARLOTTE ELOISE | | | Tele (623)773-6525 | 07/01/2016 to 06/30/2018 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7543 | VALENZUELA, SABRINA ANNETTE | | | Tele (480)860-6396 | 06/01/2016 to 05/31/2018 |
| | 9494 E BECKER LANE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5511 | VALLE, JESUS H. | | | Tele (623)691-5417 | 04/01/2016 to 03/31/2018 |
| | 4602 NORTH 63RD AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1472 | VAN BUSKIRK, KAY M. | | | Tele (602)422-3476 | 03/01/2016 to 02/28/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9391 | VAN DAAM, STEPHANIE M. | | | Tele (480)892-9777 | 03/15/2016 to 03/14/2018 |
| | 551 S HIGLEY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0267 | VAN DAHM, KELLY L. | | | Tele (602)933-0878 | 12/01/2015 to 11/30/2017 |
| | 1919 E THOMAS RD | | | Fax: (602)933-1661 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7809 | VAN DINTEREN, MONICA M. | | | Tele (480)456-0719 | 09/01/2015 to 10/31/2017 |
| | 1930 E SOUTHERN | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6547 | VANESSA ANN ABRAHAM | | | Tele (602)467-6522 | 11/01/2016 to 10/31/2018 |
| | 20402 N 15TH AVE | | | Fax: (623)445-5086 | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5949 | VANNOCKER, CHRISTINA LYNN | | | Tele (480)836-4565 | 07/01/2016 to 06/30/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6733 | VANPOELVOORDE, LEAH J. | | | Tele (623)000-0000 | 06/07/2016 to 06/06/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85310 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5967 | VARGA, KATHERINE J. | | | Tele (520)000-0000 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6008 | VARNER-LEDERMAN, PATRICIA C. | | | Tele (480)279-7054 | 08/01/2016 to 07/31/2018 |
| | 2935 S RECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1281 | VASQUEZ, THERESE J. | | | Tele (602)347-3362 | 10/01/2015 to 09/30/2017 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9290 | VEALE, TINA K. | | | Tele (623)572-3215 | 03/09/2015 to 03/31/2017 |
| | 19555 N 59TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7625 | VECCHIO, CRISTINA D. | | | Tele (480)728-3000 | 12/01/2015 to 11/30/2017 |
| | 1955 WEST FRY ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5549 | VERCELLI, ANNETTE RAPIER | | | Tele (480)472-4075 | 11/01/2015 to 10/31/2017 |
| | 63 E MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8354 | VERDUGO, KATHERINE V. | | | Tele (480)621-8361 | 12/02/2014 to 12/31/2016 |
| | 3271 E QUEEN CREEK RD #101 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5331 | VERMEULEN, TINA R. | | | Tele (480)951-6451 | 06/01/2016 to 05/31/2018 |
| | 8115 E INDIAN BEND RD SUITE 123 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8801 | VIGIL, GEORGE E | | | Tele (623)523-8300 | 05/01/2016 to 04/30/2018 |
| | 14898 ACOMA DRIVE | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4416 | VILLARREAL, SHANAN M. | | | Tele (480)963-5800 | 12/01/2015 to 11/30/2017 |
| | 815 E WARNER RD STE 106 | | | Fax: (480)963-5805 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6571 | VINCI, JENNA L. | | | Tele (480)951-6451 | 05/26/2015 to 05/25/2017 |
| | 8115 E INDIAN BEND RD STE 123 | | | Fax: (480)472-0745 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0501 | VIOLETTE, JOSEPH D. | | | Tele (480)321-2000 | 02/01/2016 to 01/31/2018 |
| | 6644 E BAYWOOD AVE | | | Fax: (480)321-4351 | |
| | GILBERT | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9418 | VOGEL, ALISON K. | | | Tele (480)472-4242 | 05/27/2016 to 05/26/2018 |
| | 828 S VALENCIA | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6271 | VOLK, REBECCA B | | | Tele (480)728-3000 | 11/01/2015 to 10/31/2017 |
| | 1875 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0241 | VOLKMANN, MELODY A. | | | Tele (602)995-7366 | 05/01/2016 to 04/30/2018 |
| | 1430 EAST BASELINE ROAD | | | Fax: (602)995-0867 | |
| | TEMPE | AZ | 85283 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7266 | VOSE, CAITLIN J. | | | Tele (480)412-7694 | 11/01/2015 to 10/31/2017 |
| | 1400 S DOBSON RD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8980 | VOSS, STEPHANIE L. | | | Tele (480)563-7648 | 07/06/2015 to 07/31/2017 |
| | 8415 N PIMA RD SUITE 165 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1828 | VULCANO, SALLY A. | | | Tele (602)619-6061 | 02/01/2016 to 01/31/2018 |
| | 7702 E DOUBLETREE RANCH RD SUITE 300 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85258 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0382 | WAGNER, DEANNA K. | | | Tele (602)664-7900 | 03/01/2016 to 02/28/2018 |
| | 5601 N 16TH STREET | | | Fax: (602)468-3406 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8711 | WALBERG, STACEY M | | | Tele (480)837-4656 | 02/01/2016 to 01/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9397 | WALD, ALEXANDRA L. | | | Tele (480)621-8361 | 05/19/2016 to 05/18/2018 |
| | 1305 S GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5978 | WALKER, GENICE N. | | | Tele (602)406-6810 | 08/01/2016 to 07/31/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7833 | WALKER, KAYLEE E. | | | Tele (480)837-4565 | 09/01/2016 to 08/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0274 | WALKER, MARY JO | | | Tele (602)256-7500 | 12/01/2015 to 11/30/2017 |
| | 1141 N 19TH AVE | | | Fax: (602)943-7697 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6887 | WALLACE, SARA K. | | | Tele (602)257-3755 | 09/01/2016 to 08/31/2018 |
| | 1817 NORTH 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7200 | WALLER, MARY W | | | Tele (623)327-4017 | 05/01/2016 to 04/30/2018 |
| | 9201 W THOMAS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85037 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0154 | WALSH, SALLY A. | | | Tele (480)213-2925 | 12/01/2015 to 11/30/2017 |
| | VILSECK MTBI CLINIC, BUILDING 158 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0902 | WARE, JENNIFER M. | | | Tele (480)507-1624 | 04/01/2016 to 03/31/2018 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2130 | WARNKE, KIMBERLY A. | | | Tele (602)361-6397 | 08/01/2016 to 07/31/2018 |
| | 4414 E KIOWA STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85044 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0094 | WARNOCK, JUDITH L. | | | Tele (480)892-8805 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGESTERED | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4543 | WATSON, CHRISTINE A | | | Tele (623)561-1000 | 02/01/2016 to 01/31/2018 |
| | 18701 N 67TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8983 | WATTS, MAURA R. | | | Tele (602)368-8601 | 10/01/2015 to 10/31/2017 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2127 | WAX, ESTHER E. | | | Tele (602)618-4154 | 10/01/2015 to 09/30/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0518 | WEAVER, JILL M. | | | Tele (480)541-5340 | 01/01/2016 to 12/31/2017 |
| | 8700 S KYRENE ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4824 | WEBB, ASHLEY S | | | Tele (602)865-5555 | 09/01/2016 to 08/31/2018 |
| | 5555 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7250 | WEBER, NICOLE Y. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8665 | WEBSTER, LYNDA F | | | Tele (480)484-6100 | 04/01/2016 to 03/31/2018 |
| | SCOTTSDALE USD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6901 | WEINER, CAROLYN A | | | Tele (602)361-7929 | 09/01/2016 to 08/31/2018 |
| | 6739 N 16TH PL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4437 | WEINHOLD, JULIET B. | | | Tele (480)965-8719 | 06/01/2015 to 05/31/2017 |
| | P O BOX 870102 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7925 | WEINRICH, LAURA J. | | | Tele (602)449-2900 | 02/01/2016 to 01/31/2018 |
| | 15002 N 32ND ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0490 | WEIR, CINDY L. | | | Tele (602)206-6349 | 03/01/2016 to 02/28/2018 |
| | 16420 SOUTH 36TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9287 | WEISLOGEL, RACHEL A. | | | Tele (623)925-9330 | 02/18/2015 to 02/28/2017 |
| | 350 E LA CANADA BLVD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4284 | WEISS, AMY L | | | Tele (602)943-1012 | 12/01/2015 to 11/30/2017 |
| | 7227 N 16TH ST #107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4037 | WEISS, SHANNON L. | | | Tele (480)497-3474 | 05/01/2016 to 04/30/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0063 | WELKER, ANN M | | | Tele (480)951-6451 | 01/01/2016 to 12/31/2017 |
| | 8115 E INDIAN BEND RD STE 123 | | | Fax: (480)472-7377 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0148 | WELKER, REBECCA D. | | | Tele (623)977-2052 | 12/01/2015 to 11/30/2017 |
| | 15020 NORTH 142ND LANE | | | Fax: (602)505-9799 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0066 | WELLS, BEVERLY B. | | | Tele (480)216-4934 | 01/01/2016 to 12/31/2017 |
| | 5401 S 7TH ST | | | Fax: (602)271-2880 | |
| | PHOENIX | AZ | 85040 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0482 | WELSH, TERRY C. | | | Tele (623)000-0000 | | 12/01/2015 | to | 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GOODYEAR | AZ | 85395 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6252 | WENDEL, KARA L | | | Tele (480)800-3923 | | 09/01/2015 | to | 08/31/2018 |
| | 8850 E PIMA CENTER PKWY | | | Fax: ( ) - | | | | |
| | SCOTTSDALE | AZ | 85258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9439 | WENTLAND, BRANDI L. | | | Tele (530)000-0000 | | 06/10/2015 | to | 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | CHANDLER | AZ | 85248 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0494 | WERNER, ANITA | | | Tele (480)991-6560 | | 05/01/2016 | to | 04/30/2018 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: (480)607-9246 | | | | |
| | SCOTTSDALE | AZ | 85254 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6019 | WERTH, STEPHANIE A | | | Tele (602)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85234 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2091 | WESCOTT, CARA F. | | | Tele (602)577-2272 | 08/01/2016 to 07/31/2018 |
| | 22415 S 178TH PL | | | Fax: (480)219-8583 | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0560 | WESTBERG, DEBORAH L. | | | Tele (480)497-0742 | 03/01/2016 to 02/28/2018 |
| | 245 S MCQUEEN | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0601 | WESTMORELAND, DEBORAH E. | | | Tele (480)946-6571 | 02/01/2016 to 01/31/2018 |
| | 2620 N 68TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1063 | WEXLER, KATHRYN F. | | | Tele (480)965-2373 | 04/01/2016 to 03/31/2018 |
| | PO BOX 870102 | | | Fax: (480)965-8516 | |
| | ARIZONA STATE UNIVER | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5728 | WEYBRECHT, CAROLYN J. | | | Tele (480)813-1240 | 12/01/2015 to 11/30/2017 |
| | 140 SOUTH GILBERT ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4872 | WHALEN, YOLANDA MONTANO | | | Tele (480)630-3676 | 05/01/2016 to 04/30/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0301 | WHALEY, CHANDRA Y. | | | Tele (602)773-5773 | 01/01/2016 to 12/31/2017 |
| | 5025 E WASHINGTON ST SUITE 212 | | | Fax: (602)273-9108 | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9425 | WHINERY, CHRISTINA S. | | | Tele (602)277-5006 | 08/10/2016 to 08/09/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0639 | WHITE, ANNE E | | | Tele (480)472-1871 | 02/01/2016 to 01/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | MESA | AZ | 85215 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8837 | WHITE, EMILY S. | | | Tele (713)000-0000 | 06/17/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0470 | WHITE, JILL A. | | | Tele (623)377-9698 | 01/01/2016 to 12/31/2017 |
| | 14775 W YORKSHIRE DR | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6909 | WHITE, MELANIE L. | | | Tele (480)472-2005 | 03/01/2016 to 02/28/2018 |
| | 5831 E MCLELLAN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8764 | WHITE, SHELLY L. | | | Tele (822)234-2211 | 04/01/2016 to 03/31/2018 |
| | 25615 N RANCH GATE ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4830 | WHITE, VASANTI M. | | | Tele (602)839-2942 | 02/01/2016 to 01/31/2018 |
| | 1012 E WILLETTA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6977 | WIDOFF, DAYNA A | | | Tele (602)449-6400 | 02/01/2016 to 01/31/2018 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4312 | WIEBERS, TANA L. | | | Tele (623)445-5000 | 06/01/2016 to 05/31/2018 |
| | 20402 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1795 | WIGGINS, KIMBERLY D. | | | Tele (623)486-6000 | 06/01/2016 to 05/31/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: (623)486-6207 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0712 | WILL, KAREN SUE | | | Tele (602)943-1012 | 02/01/2016 to 01/31/2018 |
| | 7227 N 16TH ST SUITE 107 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1800 | WILLCOXON, MARILYN S. | | | Tele (602)881-1973 | 01/01/2016 to 12/31/2017 |
| | 2850 N 24TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8749 | WILLIAMS, BRITTANY R. | | | Tele (602)347-2600 | 06/01/2016 to 05/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6619 | WILLIAMS, CAROLYN L. | | | Tele (623)694-2980 | 02/01/2015 to 01/31/2017 |
| | 2040 S ALMA SCHOOL ROAD, SUITE 1 PMB 500 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8943 | WILLIAMS, JENNIFER A | | | Tele (623)237-7100 | 05/07/2015 to 05/31/2017 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8856 | WILLIAMS, JESSICA L. | | | Tele (480)000-0000 | 05/14/2015 to 05/31/2017 |
| | 350 W THO,AS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7227 | WILLIAMS, LAUREN K | | | Tele (602)347-2600 | 06/23/2016 to 06/22/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5117 | WILLIAMS, LUANN | | | Tele (602)406-5551 | 08/01/2016 to 07/31/2018 |
| | 350 W THOMAS RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9219 | WILLIAMS, MYRA S. | | | Tele (623)486-6000 | 01/01/2016 to 12/31/2017 |
| | 6330 W THUNDERBIRD RD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7555 | WILLIAMS, STEPHANIE S. | | | Tele (480)727-4009 | 06/01/2016 to 05/31/2018 |
| | 200 E CURRY RD STE 146 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7933 | WILLIS, EMILIE M. | | | Tele (623)500-2401 | 02/01/2016 to 01/31/2018 |
| | 20100 N 51ST AVE SUITE E-540 | | | Fax: (623)209-8822 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8497 | WILLIS, ERIN N | | | Tele (623)500-2401 | 07/01/2016 to 06/30/2018 |
| | 20100 N 51ST AVE E540 | | | Fax: (623)209-8822 | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7430 | WILSON, CASEY L. | | | Tele (602)449-2700 | 02/01/2016 to 01/31/2018 |
| | 3820 E NISBET RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6787 | WILSON, KRISTEN D. | | | Tele (602)485-4444 | 11/01/2015 to 10/31/2017 |
| | 4045 E UNION HILLS DR STE 110 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2101 | WILSON, REBECCA R. | | | Tele (480)270-5422 | 02/01/2016 to 01/31/2018 |
| | 3201 S GILBERT RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0187 | WINCHESTER, KERI ANN | | | Tele (480)256-5385 | 01/01/2016 to 12/31/2017 |
| | 1900 N HIGLEY RODA | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8910 | WING, MAHEALANI E. | | | Tele (480)456-0719 | 07/02/2015 to 07/31/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | ARIZONA STATE UNIVER | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0046 | WISE, DEBORAH L. | | | Tele (602)771-7190 | 01/01/2016 to 12/31/2017 |
| | 4000 N CENTRAL AVE SUITE 1800 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0425 | WOLFE, KIMBERLY A. | | | Tele (480)838-5553 | 05/01/2016 to 04/30/2018 |
| | 1910 S STAPELY DR, STE #107 | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7971 | WOLFORD, GEORGE W. | | | Tele (602)449-5400 | 06/01/2016 to 05/31/2018 |
| | 16428 N 21ST ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85022 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7929 | WOLFORD, LAURA L. | | | Tele (602)839-2000 | 06/01/2016 to 05/31/2018 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1007 | WOOD, NANCY C. | | | Tele (623)000-0000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8013 | WOODBURY, ALYSON S. | | | Tele (480)347-8938 | 04/01/2016 to 03/31/2018 |
| | 3160 NORTH ARIZONA AVENUE SUITE 109 | | | Fax: (480)963-9126 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10101 | WOODRUFF, JARED CURTIS | | | Tele (623)486-6000 | 06/15/2016 to 06/14/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1345 | WOODS, DAVID R. | | | Tele (480)544-4226 | 11/01/2015 to 10/31/2017 |
| | 1817 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6373 | WORDEN, ERIN L. | | | Tele (602)771-5300 | 08/01/2016 to 07/31/2018 |
| | 7654 N 19TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0178 | WORTH, SUSAN M. | | | Tele (623)243-0997 | 02/01/2016 to 01/31/2018 |
| | 10401 W THUNDERBIRD BLVD | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85351 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8331 | WORTHING, DONNA J | | | Tele (651)295-7240 | 06/01/2016 to 05/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5720 | WRIGHT, CHRISTINE F. | | | Tele (602)732-3400 | 11/01/2015 to 10/31/2017 |
| | 16825 NORTH 63RD AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9522 | WRIGHT, KELLIE A. | | | Tele (602)368-8601 | 07/15/2015 to 07/31/2017 |
| | 4600 E SHEA BLVD UNIT 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6503 | WRIGHT, MELISSA A. | | | Tele (480)347-8938 | 06/30/2015 to 06/30/2017 |
| | 3326 E MAPLEWOOD STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7184 | WRIGHT, NEIL F. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4879 | WURTH, REGAN M. | | | Tele (602)523-8701 | 11/01/2015 to 10/31/2017 |
| | 2000 N 16TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0676 | YARDLEY, KATHLEEN D. | | | Tele (602)330-3212 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5017 | YBARRA, EDDIE D. | | | Tele (480)945-0185 | 09/01/2016 to 08/31/2018 |
| | 5314 N 7TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6123 | YBARRA, JAMIE L | | | Tele (602)000-0000 | 02/26/2015 to 02/28/2017 |
| | 13460 N 67TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8649 | YBARRA, JULIE C | | | Tele (480)883-4783 | 12/01/2015 to 11/30/2017 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6119 | YEAGER, ERIN E. | | | Tele (480)650-9575 | 01/01/2016 to 12/31/2017 |
| | 4510 NORTH 37TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0687 | YONTZ, JIM W. | | | Tele (602)243-4800 | 02/01/2016 to 01/31/2018 |
| | 6000 S 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9108 | YOUNG, TERESA | | | Tele (602)790-5827 | 07/31/2015 to 07/31/2017 |
| | 8008 S JESSE OWENS PARKWAY | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8228 | YOURKIN, KATHRYN H. | | | Tele (480)224-3610 | 04/01/2016 to 03/31/2018 |
| | 7520 S ADORA BLVD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5831 | YULE, NICOLE CLEMENTE | | | Tele (602)349-2078 | 04/01/2016 to 03/31/2018 |
| | 7330 N 16TH STREET SUITE C-200 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7797 | ZACHAROPOULOS, CANELA | | | Tele (480)386-7104 | 07/01/2016 to 06/30/2018 |
| | 6991 E CAMELBACK RD #D-300 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9603 | ZAGIER, BARBARA S. | | | Tele (480)000-0000 | 08/07/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6032 | ZAILA,, RANDI JENNIFER | | | Tele (850)445-8442 | 11/01/2016 to 10/31/2018 |
| | 6748 N 19TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0434 | ZAMAN, ANNE N | | | Tele (602)347-2600 | 04/01/2016 to 03/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0399 | ZAMPINI, NANCY D. | | | Tele (602)347-2627 | 04/01/2016 to 03/31/2018 |
| | 4650 WEST SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8037 | ZEIEN, JENNIFER A. | | | Tele (480)515-6296 | 11/01/2015 to 10/31/2017 |
| | 5777 E MAYO BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85054 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8652 | ZELAZQUES, AURELIA M | | | Tele (602)442-3200 | 12/01/2015 to 11/30/2017 |
| | 1001 N 31ST AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1734 | ZELLER, MEGHAN P. | | | Tele (480)516-1860 | 07/01/2016 to 06/30/2018 |
| | 3326 EAST MAPLEWOOD STREET | | | Fax: (480)963-3402 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0024 | ZIMMERMAN, CARLA M. | | | Tele (480)719-5564 | 12/01/2015 to 11/30/2017 |
| | 4700 SOUTH MCCLINTOCK DR SUITE 135 | | | Fax: (480)347-0853 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0697 | ZIMMERMAN, CONSTANCE L. | | | Tele (480)951-6451 | 02/01/2016 to 01/31/2018 |
| | 8115 E INDIAN BEND SUITE 123 | | | Fax: (480)951-6464 | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5930 | ZIMMERMAN, ELIZABETH M. | | | Tele (602)347-4000 | 07/01/2016 to 06/30/2018 |
| | 8621 NORTH 3RD STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10156 | ZITTEL, TRACEY VEA | | | Tele (661)000-0000 | 08/04/2016 to 08/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5053 | ZOLLTHEIS, TRACY D. | | | Tele (602)304-2020 | 06/01/2016 to 05/31/2018 |
| | 9401 S 51ST AVE | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP9325 | ZORDELL, JOHN K. | | | Tele (250)000-0000 | 03/17/2015 to 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP9469 | ZUHLKE, ELIZABETH A. | | | Tele (623)000-0000 | 06/10/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85085 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6632 | ZURICK, ALENA MICHELLE | | | Tele (480)472-7200 | 08/01/2016 to 07/31/2018 |
| | 63 EAST MAIN STREET #101 | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9102 | ZWENGER, LAUREN A. | | | Tele (602)224-0202 | 07/24/2015 to 07/31/2017 |
| | 4545 N 36TH STRET STE 125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0080 | ZYLSTRA, DEANNA C. | | | Tele (602)764-7539 | 01/01/2016 to 12/31/2017 |
| | 4525 N CENTRAL AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4243 | PEGGY K. LIEDER | | | Tele (480)812-7000 | 10/01/2016 to 09/30/2018 |
| | 1525 W FRY RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6653 | ACEVEDO - MORALES, AMANDA | | | Tele (480)375-5054 | 05/01/2016 to 04/30/2018 |
| | 6050 N INVERGORON ROAD | | | Fax: ( ) - | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4906 | ADLAND, ELISE SARAH | | | Tele (480)648-3502 | 01/01/2016 to 12/31/2017 |
| | 7272 E INDIAN SCHOOL RD #540 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0932 | AGLIALORO, SUSAN | | | Tele (480)472-8750 | 04/01/2016 to 03/31/2018 |
| | 3120 NORTH RED MOUNTAIN ROAD | | | Fax: (480)472-8735 | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9863 | AGUIRRE, KAROL A. | | | Tele (480)837-4565 | 06/29/2015 to 06/30/2017 |
| | 17100 E SHEA BLVD #225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0730 | ALLEN, SHARON J. | | | Tele (602)523-5800 | 02/01/2016 to 01/31/2018 |
| | 804 NORTH 18TH STREET | | | Fax: (602)314-5214 | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5156 | AMY L BENTON JACKSON | | | Tele (480)497-3300 | 08/01/2016 to 07/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4780 | ANN LEAF, ELIZABETH | | | Tele (602)681-2200 | 08/01/2016 to 07/31/2018 |
| | 2929 E FILMORE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5372 | ARAMBEL, REBECCA J. | | | Tele (623)925-3409 | 01/01/2016 to 12/31/2017 |
| | 25555 W DURANGO | | | Fax: ( ) - | |
| | BUCKEYE | AZ | 85326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4207 | ARRIETA, SANDRA A. | | | Tele (602)336-2920 | 09/01/2016 to 08/31/2018 |
| | 4510 N 37TH AVE | | | Fax: (602)336-2266 | |
| | PHOENIX | AZ | 85019 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5146 | BACA, BRENDA A. | | | Tele (480)892-2801 | 08/01/2016 to 07/31/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5073 | BEARD, KIESHA L. | | | Tele (602)368-8601 | 07/01/2016 to 06/30/2018 |
| | 4600 EAST SHEA BLVD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4636 | BEHBOODI, LILY | | | Tele (602)664-7900 | 01/01/2016 to 12/31/2017 |
| | 5601 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5366 | BERGLUND, LINDSEY C. K. | | | Tele (623)691-3226 | 02/01/2016 to 01/31/2018 |
| | 7070 W HEATHERBRAE DRIVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6550 | BIANCHI, PAULA J | | | Tele (480)484-6500 | 11/01/2015 to 10/31/2017 |
| | 6935 E GOLD DUST AVE | | | Fax: (480)484-6501 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5265 | BORK, ANNE M | | | Tele (480)484-6287 | 11/01/2015 to 10/31/2017 |
| | 3811 NORTH 44TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5696 | BRADLEY, AMANDA J | | | Tele (623)936-9740 | 11/01/2015 to 10/31/2017 |
| | 9261 W VAN BUREN ST | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8989 | BREWER, ASHLEY J | | | Tele (623)936-9740 | 07/01/2016 to 06/30/2018 |
| | 9261 W VAN BUREN | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5023 | BROWN, AMANDA C. | | | Tele (602)347-2600 | 06/01/2016 to 05/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5042 | BROWN, EMILY A. | | | Tele (602)944-2097 | 06/01/2016 to 05/31/2018 |
| | 21639 N 12TH AVE STE 204 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1545 | BROWN, SHARON L. | | | Tele (623)535-6000 | 12/01/2015 to 11/30/2017 |
| | 272 E SAGEBRUSH STREET | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5165 | BUCHANAN, JESSICA A. | | | Tele (480)335-3249 | 02/01/2016 to 01/31/2018 |
| | 1147 E TONTPO DRIVE | | | Fax: (480)777-7536 | |
| | CHANDLER | AZ | 85249 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0511 | BYE-MARSH, MARY KATHLEEN | | | Tele (480)497-3300 | 01/01/2016 to 12/31/2017 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5790 | CANNON, KATIE E. | | | Tele (623)474-2126 | 02/01/2016 to 01/31/2018 |
| | 2504 SOUTH 91ST AVENUE | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5757 | CANO, JACLYN | | | Tele (623)486-6000 | 01/01/2016 to 12/31/2017 |
| | 6330 WEST THUNDERBIRD ROAD | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8285 | CARDENAS, JASMINE | | | Tele (602)277-4482 | 06/01/2016 to 05/31/2018 |
| | 921 W CAMELBACK RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1911 | CASCIANI, KAREN M. | | | Tele (480)783-2400 | 10/01/2015 to 09/30/2017 |
| | 8700 S KYRENE RD | | | Fax: (602)347-3420 | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7477 | CASTANEDA, AMY M | | | Tele (480)812-6228 | 11/01/2015 to 10/31/2017 |
| | 500 S ARROWHEAD DRIVE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8134 | CERIMELI, TASHA M | | | Tele (480)507-1624 | 02/01/2016 to 01/31/2018 |
| | 375 S COLUMBUS DR | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5370 | CHOU, ANDREA | | | Tele (480)812-6411 | 01/01/2016 to 12/31/2017 |
| | 801 E FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4488 | CHRISTIANSEN, MARCIA W. | | | Tele (480)472-3866 | 08/01/2016 to 07/31/2018 |
| | 3320 N CARRIAGE LANE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0936 | CLARKE, JESSIE S. | | | Tele (623)772-4672 | 04/01/2016 to 03/31/2018 |
| | 2131 SOUTH 157TH AVE | | | Fax: (623)873-4691 | |
| | AVONDALE-GOODYEAR | AZ | 85338 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4527 | COLLINS, AMY L. | | | Tele (480)818-4212 | 04/01/2016 to 03/31/2018 |
| | 70 SVAL VISTA DR A 3 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8635 | CONNOLLY, AMITY E | | | Tele (480)456-0942 | 11/01/2015 to 10/31/2017 |
| | 875 S COOPER RD | | | Fax: (866)925-3009 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2154 | CONTI, HILDA B. | | | Tele (623)691-4000 | 12/01/2015 to 11/30/2017 |
| | 5220 W INDIAN SCHOOL ROAD | | | Fax: (623)691-4079 | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5324 | CYR, MICHELLE L | | | Tele (716)432-6777 | 12/01/2015 to 11/30/2017 |
| | 3116 S MILL AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6279 | DARIOTIS, NICOLE P | | | Tele (602)369-8339 | 09/01/2016 to 08/31/2018 |
| | PO BOX 7341 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85281 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6104 | DOUGLAS PATTON AVERY | | | Tele (602)330-9251 | 10/01/2016 to 09/30/2018 |
| | 6050 N INVERGORDEN RD | | | Fax: (480)874-2928 | |
| | PARADISE VALLEY | AZ | 85253 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4882 | DREW, MARY J. | | | Tele (480)541-3000 | 07/01/2016 to 06/30/2018 |
| | 8700 S KYRENE RD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4210 | EPLEY, KAREN A. | | | Tele (602)707-2328 | 06/01/2016 to 05/31/2018 |
| | 1420 WEST OSBORN ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0201 | FECTEAU, LOIS C. | | | Tele (602)330-2442 | 12/01/2015 to 11/30/2017 |
| | 15434 N 180TH COURT | | | Fax: (623)258-4285 | |
| | SURPRISE | AZ | 85388 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1443 | FERRANTE, CYNTHIA L. | | | Tele (602)347-2600 | 02/01/2016 to 01/31/2018 |
| | 4650 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0953 | FISH, MARSHA A. | | | Tele (602)896-5584 | 04/01/2016 to 03/31/2018 |
| | 3333 W BANFF DESERT HILLS JUNIOR HIGH SCHOOL | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5008 | FITZGERALD, JO ELLEN | | | Tele (602)449-2000 | 03/01/2016 to 02/28/2018 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4851 | FOX, KATIE O. | | | Tele (480)388-9483 | 10/01/2015 to 09/30/2017 |
| | 500 W GALVESTON STREET | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2111 | FRANKS, SHELLY A. | | | Tele (602)347-2627 | 08/01/2016 to 07/31/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0183 | GAGNEPAIN, MARY S. | | | Tele (602)896-5300 | 01/01/2016 to 12/31/2017 |
| | 10444 N 39TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5080 | GAGNON, CINDY B. | | | Tele (480)484-5084 | 07/01/2016 to 06/30/2018 |
| | 8505 E VALLEY VIEW ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5346 | GARDUNO, HELEN M. | | | Tele (623)000-0000 | 01/01/2016 to 12/31/2017 |
| | 12613 WEST SHERIDAN STREET | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5067 | GAYLOR, SHANA M. | | | Tele (602)347-2600 | 07/01/2016 to 06/30/2018 |
| | 4650 WEST SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5995 | GENAW, TRACI A. | | | Tele (480)987-5935 | 10/01/2015 to 09/30/2017 |
| | 20217 E CHANDLER HEIGHTS RD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0408 | GISCHE, SABA | | | Tele (602)499-6846 | 01/01/2016 to 12/31/2017 |
| | 1700 E ELLIOT | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1437 | GOODRICH, PATRICIA C. | | | Tele (602)347-2600 | 02/01/2016 to 01/31/2018 |
| | 4650 W SWEET WATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5794 | GRAUER, SCARLETT M. | | | Tele (623)445-5000 | 02/01/2016 to 01/31/2018 |
| | 35959 N 7TH AVE | | | Fax: ( ) - | |
| | ANTHEM | AZ | 85086 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5635 | GREEN, KATHY A. | | | Tele (623)344-4300 | 09/01/2016 to 08/31/2018 |
| | 12050 N BULLARD AVE | | | Fax: (623)344-4310 | |
| | SURPRISE | AZ | 85379 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7067 | GREER, SANDRA S. | | | Tele (480)279-7000 | 08/01/2016 to 07/31/2018 |
| | 5935 S RECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6084 | GRIECO, ROBIN R | | | Tele (602)619-6061 | 09/01/2016 to 08/31/2018 |
| | 4600 E SHEA BLVD STE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4642 | GROSCOST, AMY M | | | Tele (602)683-2400 | 01/01/2016 to 12/31/2017 |
| | 2929 E FILLMORE ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5710 | HACKETT, MARYBETH | | | Tele (602)304-3170 | 07/01/2016 to 06/30/2018 |
| | 6000 SOUTH 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1758 | HARKLESS, CHERYL | | | Tele (623)445-5000 | 11/01/2015 to 10/31/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6399 | HART, STACEY L. | | | Tele (602)347-2600 | 07/01/2016 to 06/30/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0632 | HAZEN, SHERILYN | | | Tele (602)896-5163 | 02/01/2016 to 01/31/2018 |
| | 4650 WEST SWEETWATER AVE | | | Fax: (602)896-5120 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0744 | HERN, TERESA M. | | | Tele (480)600-5322 | 03/01/2016 to 02/28/2018 |
| | 851 N STAPLEY DR BLDG 7 | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5239 | HERNANDEZ, KIMBERLY W. | | | Tele (480)279-7000 | 03/01/2016 to 02/28/2018 |
| | 2935 SOUTH RECKER ROAD | | | Fax: (480)855-2701 | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6156 | HERNANDEZ-ALLEN, MARISSA E | | | Tele (602)626-8851 | 06/01/2016 to 05/31/2018 |
| | 11024 N 28TH DR STE 140 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6023 | HICKS, ROSETTA A. | | | Tele (602)882-5544 | 12/01/2015 to 11/30/2017 |
| | 4433 N 7TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0335 | HIGGINS, SHEILA M. | | | Tele (480)472-6451 | 01/01/2016 to 12/31/2017 |
| | 1753 E 8TH ST | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4900 | HOWELL, ELIZABETH C. | | | Tele (623)691-1916 | 12/01/2015 to 11/30/2017 |
| | 5656 EAST GRANT ROAD SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7960 | HOYT, APRIL W. | | | Tele (623)295-4241 | 11/01/2015 to 10/31/2017 |
| | 9261 W VAN BUREN | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0700 | ISAACSON, LESLY K. | | | Tele (602)467-5500 | 02/01/2016 to 01/31/2018 |
| | 6150 WEST GREENBIAR DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6728 | JACKSON, HEATHER E. | | | Tele (480)279-6944 | 12/01/2015 to 11/30/2017 |
| | 2935 S RECKER RD | | | Fax: (480)279-6905 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4582 | JIMENEZ, JULIE C. | | | Tele (602)664-7300 | 12/22/2015 to 12/21/2017 |
| | 7302 N 10TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5661 | JONES, CHRISTA J. | | | Tele (623)691-1617 | 01/01/2016 to 12/31/2017 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5649 | JONES, CRYSTAL JOVON | | | Tele (623)691-5516 | 02/01/2016 to 01/31/2018 |
| | 2043 N 64TH DR | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85035 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5072 | KEELING, PATRICIA A. | | | Tele (480)575-2009 | 07/01/2016 to 06/30/2018 |
| | 33606 N 60TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4666 | KEETON, JOANNA | | | Tele (480)381-4722 | 07/01/2016 to 06/30/2018 |
| | 9215 N 14TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6079 | KEHLER, KRISTEN A | | | Tele (866)495-6738 | 09/01/2016 to 08/31/2018 |
| | 875 S COOPER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1775 | KENNEDY, KATHERINE A. | | | Tele (602)347-4014 | 12/01/2015 to 11/30/2017 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5450 | KERN, BETH M | | | Tele (623)486-6000 | 04/01/2016 to 03/31/2018 |
| | 6330 W THUNDERBIRD ROAD | | | Fax: (623)412-5232 | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8041 | KIMBERLIN, BETHANY K. | | | Tele (480)484-1100 | 11/01/2015 to 10/31/2017 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5705 | KRAUSS, CYNTHIA D. | | | Tele (480)484-7500 | 11/01/2015 to 10/31/2017 |
| | 4330 N 62ND STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6470 | LANGDON, CAROL A. | | | Tele (602)381-6180 | 12/01/2015 to 11/30/2017 |
| | 2702 E FLOWER | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6000 | LANZ-RUMSEY, RUTH R | | | Tele (623)691-4000 | 08/10/2016 to 08/09/2018 |
| | 5220 W INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0521 | LARSON, DIANA M. | | | Tele (480)484-1100 | 01/01/2016 to 12/31/2017 |
| | 3811 N 44TH ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5996 | LEE, ANNA K. | | | Tele (602)896-6247 | 08/01/2016 to 07/31/2018 |
| | 4650 W SWEETWATER AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5985 | LEVEILL, KRISTI KAY | | | Tele (480)812-7000 | 09/01/2016 to 08/31/2018 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5143 | LYNCH, STACEY M. | | | Tele (480)326-2619 | 08/01/2016 to 07/31/2018 |
| | 10810 N TATUM | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4522 | MACIAS, ELIZABETH MARTHA | | | Tele (480)484-3838 | 11/01/2015 to 10/31/2017 |
| | 701 N MILLER RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6109 | MANN, LAURA R. | | | Tele (602)664-7900 | 12/01/2015 to 11/30/2017 |
| | 5601 N 16TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8987 | MARCH, BRITTNEY L | | | Tele (516)000-0000 | 07/01/2016 to 06/30/2018 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5971 | MAZUR, MICHELE M. | | | Tele (480)812-7000 | 07/01/2016 to 06/30/2018 |
| | 1525 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6018 | MCCAIN, JENNIFER C. | | | Tele (480)456-0942 | 08/01/2016 to 07/31/2018 |
| | 875 S COOPER ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5931 | MCGUIRE, CORRIE | | | Tele (602)316-7640 | 09/11/2015 to 09/30/2017 |
| | 2138 W CAMBRIDGE AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85009 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2196 | MENDEZ, DANA K. | | | Tele (480)892-2801 | 05/01/2016 to 04/30/2018 |
| | 140 S GILBERT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1757 | MICHELLE LYNN RIPPE | | | Tele (602)869-5662 | 11/01/2016 to 10/31/2018 |
| | 14850 N 39TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85053 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6077 | MONTEMAYOR, CRYSTAL A. | | | Tele (602)837-4565 | 09/01/2016 to 08/31/2018 |
| | 17100 E SHEA BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4515 | MONTGOMERY, NANCY J. | | | Tele (602)449-2000 | 08/01/2016 to 07/31/2018 |
| | 15002 N 32ND ST | | | Fax: (602)449-2052 | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0934 | MORDEN, JANEY L. | | | Tele (480)575-2009 | 04/01/2016 to 03/31/2018 |
| | PO BOX 426 | | | Fax: ( ) - | |
| | CAVE CREEK | AZ | 85327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1224 | MYERS, SHAUNA A. | | | Tele (623)875-5975 | 07/01/2016 to 06/30/2018 |
| | 16025 N DYSART RD | | | Fax: ( ) - | |
| | SURPRISE | AZ | 85374 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0404 | NASLUND, DIANE LYNN | | | Tele (623)772-0215 | 01/01/2016 to 12/31/2017 |
| | 49822 N 21ST LANE | | | Fax: ( ) - | |
| | NEW RIVER | AZ | 85087 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5285 | NIEB, LINDA L. | | | Tele (623)445-5000 | 11/01/2015 to 10/31/2017 |
| | 20402 NORTH 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6874 | PARKER, REBEKAH M. | | | Tele (520)466-2450 | 08/01/2016 to 07/31/2018 |
| | 3959 E ELLIOT RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4487 | PHILIPS, AMANDA B. | | | Tele (480)279-7000 | 07/01/2016 to 06/30/2018 |
| | 2935 SRECKER RD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5704 | PORTER, CHELSI CHE | | | Tele (623)936-9740 | 11/01/2015 to 10/31/2017 |
| | 9261 W VAN BUREN | | | Fax: (623)936-9757 | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1617 | PRESCOTT, VICKIE A. | | | Tele (623)936-9740 | 07/01/2016 to 06/30/2018 |
| | 9261 W VAN BUREN STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4034 | QUINTERO, DENISE | | | Tele (623)691-3644 | 04/01/2016 to 03/31/2018 |
| | 3401 NORTH 67TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5586 | RAMOS, ALMA D | | | Tele (602)243-4866 | 08/01/2016 to 07/31/2018 |
| | 6218 S 7TH ST BLDG A | | | Fax: (602)304-3132 | |
| | PHOENIX | AZ | 85042 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7068 | REYHER, PAMELA D. | | | Tele (602)347-4100 | 01/01/2016 to 12/31/2017 |
| | 801 W PEORIA AVE | | | Fax: (600)234-7412 | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0113 | RITCHIE, PATRICIA E. | | | Tele (480)883-4300 | 12/01/2015 to 11/30/2017 |
| | 1525 W FRYE RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5695 | ROADS, JOAN C. | | | Tele (480)575-2000 | 11/01/2015 to 10/31/2017 |
| | 33016 N 60TH ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85266 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0173 | RODRIGUEZ, CYNTHIA J. | | | Tele (602)347-2266 | 02/01/2016 to 01/31/2018 |
| | 4650 W SWEETWATER | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6864 | RODRIGUEZ-QUEZADA, MARIA E. | | | Tele (480)837-4565 | 08/01/2016 to 07/31/2018 |
| | 16428 EAST KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8330 | ROMERO, ROMAN W. | | | Tele (602)000-0000 | 06/01/2016 to 05/31/2018 |
| | 4725 W SOUTH LAVEEN AVE | | | Fax: (602)237-7040 | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5777 | ROTH, LISA M. | | | Tele (623)535-6200 | 02/01/2016 to 01/31/2018 |
| | 553 PLAZA CIRCLE | | | Fax: ( ) - | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0884 | SABO, HERLINDA | | | Tele (602)381-6000 | 08/01/2016 to 07/31/2018 |
| | 2702 E FLOWER ST | | | Fax: (602)381-6019 | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5257 | SANDERS, ANGELA D | | | Tele (480)883-4400 | 11/01/2015 to 10/31/2017 |
| | 3535 S BASHA ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5054 | SCANNELL, REGINA M. | | | Tele (480)837-4565 | 06/01/2016 to 05/31/2018 |
| | 16428 N KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5699 | SHADLEY, LINDA DIANE | | | Tele (602)589-0110 | 12/01/2015 to 11/30/2017 |
| | 3022 W CAMPBELL AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5277 | SMITH, TENIYA L. | | | Tele (623)691-4800 | 11/01/2015 to 10/31/2017 |
| | 2252 N 55TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85035 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5352 | SPLICHAL, SARAH C. | | | Tele (480)279-8613 | 12/01/2015 to 11/30/2017 |
| | 2935 SOUTH RECKER ROAD | | | Fax: ( ) - | |
| | GILBERT | AZ | 85295 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5841 | SPRADLIN, RENEE L. | | | Tele (480)813-9537 | 05/01/2016 to 04/30/2018 |
| | 580 W MELODY LN | | | Fax: (480)375-5290 | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2160 | STADEL, CHARLOTTE A. | | | Tele (623)691-4000 | 03/01/2016 to 02/28/2018 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4574 | STEEL, CANDICE M. | | | Tele (602)336-0061 | 10/01/2015 to 09/30/2017 |
| | 6601 N 27TH AVE | | | Fax: (602)336-0249 | |
| | PHOENIX | AZ | 85017 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| SLPL1054 | STEIGERWALT, JENNIFER L. | | | | Tele (480)264-3710 | | 07/01/2016 | to | 06/30/2018 |
| | 690 EAST WARNER ROAD BLDG 9 STE 141 | | | | Fax: (480)264-4405 | | | | |
| | GILBERT | AZ | 85296 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| SLPL6560 | STUMP, DARLA K. | | | | Tele (623)518-8157 | | 01/01/2016 | to | 12/31/2017 |
| | 1000 E NARRAMORE RD | | | | Fax: ( ) - | | | | |
| | BUCKEYE | AZ | 85326 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| SLPL4211 | STUMPF, MICHELE M. | | | | Tele (480)484-6105 | | 09/01/2016 | to | 08/31/2018 |
| | 7575 E MAIN ST | | | | Fax: (480)484-6287 | | | | |
| | SCOTTSDALE | AZ | 85251 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| SLPL5309 | SUSAN KAY LENTZ | | | | Tele (602)449-2500 | | 12/01/2016 | to | 11/30/2018 |
| | 17602 N CENTRAL AVE | | | | Fax: ( ) - | | | | |
| | PHOENIX | AZ | 85032 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| SLPL1754 | SUSAN LYNNE KENNEDY | | | | Tele (480)545-7060 | | 10/01/2016 | to | 09/30/2018 |
| | 140 S GILBERT RD | | | | Fax: ( ) - | | | | |
| | GILBERT | AZ | 85296 | | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4225 | TERRY, NADIA | | | Tele (623)478-5000 | 07/01/2016 to 06/30/2018 |
| | 3834 S 91ST AVE | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2554 | THE TUNGLAND CORPORATION / SANTA CRUZ | | | Tele (480)730-7924 | 07/28/2015 to 07/27/2017 |
| | 140 E SANTA CRUZ DR | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4913 | THOMAS, APRIL D | | | Tele (602)373-3136 | 01/01/2016 to 12/31/2017 |
| | 4525 S COLLETE AVE | | | Fax: (480)398-1997 | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6024 | TOLLEFSON, MARY JO S. | | | Tele (623)445-5000 | 01/01/2016 to 12/31/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8484 | TRACY B WRIGHT | | | Tele (480)270-5422 | 10/08/2014 to 10/31/2016 |
| | 3201 S GILBERT RD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5064 | TRIO, LAURIE A. | | | Tele (480)987-5912 | 06/01/2016 to 05/31/2018 |
| | 22301 SOUTH HAWES ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8307 | VAN WIE, SUSAN E | | | Tele (602)705-8705 | 06/01/2016 to 05/31/2018 |
| | 902 W WILLETTA ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1151 | WALLER, LAURA M. | | | Tele (623)445-5000 | 10/01/2015 to 09/30/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2205 | WARBURTON, EMILY E. | | | Tele (602)381-6000 | 04/01/2016 to 03/31/2018 |
| | 2702 EAST FLOWER STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6078 | WARTAK, BECKY M | | | Tele (602)237-9100 | 09/01/2016 to 08/31/2018 |
| | 5001 WEST DOBBINS ROAD | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5737 | WILGUS, AMY L | | | Tele (602)381-6000 | 10/01/2015 to 09/30/2017 |
| | 2702 E FLOWER | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85016 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1522 | WILLIAMS, ROXANNE M. | | | Tele (480)812-7000 | 07/01/2016 to 06/30/2018 |
| | 1525 WEST FRYE RD | | | Fax: (480)224-9128 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5129 | WILTON, DEBORAH A. | | | Tele (480)926-3816 | 06/01/2016 to 07/31/2018 |
| | 545 N BURK STREET | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7243 | WYKE, LORI A. | | | Tele (623)237-7100 | 05/01/2016 to 04/30/2018 |
| | 7301 N 58TH AVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5392 | ZAIRE, SONITA JEAN | | | Tele (480)203-6871 | 02/01/2016 to 01/31/2018 |
| | 1525 WEST FRY ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7578 | ZIMMERMAN, MICHELLE J | | | Tele (623)691-4000 | 02/01/2016 to 01/31/2018 |
| | 5220 W INDIAN SCHOOL RD | | | Fax: (623)691-4079 | |
| | PHOENIX | AZ | 85031 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : STATE ONLY FACILITY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-258 | SUN VALLEY LODGE | | | Tele (623)933-0137 | 01/01/2017 to 12/31/2017 |
| | 12415 NORTH 103RD AVE | | | Fax: (623)933-5846 | |
| | SUN CITY | AZ | 85351 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9354 | ANTOINE EUGENE STANFORD | | | Tele (302)527-9993 | 05/01/2016 to 04/30/2017 |
| | 16165 N 83RD AVENUE #200 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9876 | ARVISO, MICHELE CHRISTINE | | | Tele (480)293-0081 | 04/06/2016 to 04/05/2017 |
| | 1415 N ARIZONA AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5194 | ASHLEY CHRISTIANE EERNISSE | | | Tele (480)375-2061 | 11/15/2016 to 11/14/2017 |
| | 595 S GALLERIA WAY | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9808 | BRANDON ALDER WEST | | | Tele (623)582-6699 | 01/15/2016 to 01/14/2017 |
| | 2222 W PINNACLE PEAK ROAD #170 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD4369 | BRYAN SCOTT BABER | | | Tele (623)792-7151 | 03/02/2016 to 03/01/2017 |
| | 13211 W CAMINO DEL SOL | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10025 | CROFT, DANIEL ENNA | | | Tele (602)527-9990 | 06/09/2016 to 06/08/2017 |
| | 7650 S MCCLINTOCK DRIVE SUITE101 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6670 | DENA LYNN MASON | | | Tele (623)907-5671 | 11/23/2016 to 11/22/2017 |
| | 10000 W MCDOWELL RD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9916 | FARMAHINY, LEILA | | | Tele (480)308-7068 | 04/11/2016 to 04/10/2017 |
| | 4570 E CACTUS ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD7328 | JAMILE DEAN ESSA | | | Tele (602)765-7800 | 01/22/2016 to 01/31/2017 |
| | 4807 E GREENWAY RD STE 3 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10031 | JANICE LYNN FOREMAN | | | Tele (480)366-3974 | 06/03/2016 to 06/30/2017 |
| | 2887 S MARKET ST | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10278 | JONATHAN GARRIOTT WOOLARD | | | Tele (480)333-6570 | 09/28/2016 to 09/27/2017 |
| | 1444 S SOSSAMAN RD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10253 | JULIA ANN ANDERSON | | | Tele (623)398-9600 | 08/22/2016 to 08/21/2017 |
| | 9365 S MCKEMY ST STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9328 | KERI A. PURSELLEY | | | Tele (623)583-1737 | 05/01/2016 to 04/30/2017 |
| | 12691 W SMOKEY DR #131 | | | Fax: ( ) - | |
| | SUN CITY | AZ | 85378 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10209 | LAURA TERESA HEERUP | | | Tele (602)576-2988 | 08/22/2016 to 08/21/2017 |
| | 11811 N TATUM BLVD STE 3031 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9936 | LUNDGREN, BRIAN M. | | | Tele (480)924-5925 | 07/06/2016 to 07/05/2017 |
| | 4406 E MAIN #103 | | | Fax: ( ) - | |
| | MESA | AZ | 85205 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9889 | MARIO LUZ MONTEMAYOR JR | | | Tele (480)293-0050 | 03/23/2016 to 03/22/2017 |
| | 1415 N ARIZONA AVENUE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85233 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10007 | MARK STEPHEN HULL | | | Tele (480)258-6050 | 05/17/2016 to 05/16/2017 |
| | 801 S POWER ROAD #111 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10254 | NINA KRISTIN CHRISTENSEN | | | Tele (480)813-8400 | 08/26/2016 to 08/25/2017 |
| | 9365 S MCKEMY ST STE 105 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10069 | PENNEY, HEATHER MARIE | | | Tele (480)609-1420 | 06/27/2016 to 06/26/2017 |
| | 15255 N HAYDEN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10053 | PIECH, IWONA Z | | | Tele (480)375-2850 | 06/03/2016 to 06/02/2017 |
| | COSTCO | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10006 | RAE, SHERRY LYNN | | | Tele (480)893-8975 | 05/17/2016 to 05/16/2017 |
| | 1445 W ELLIOT ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9417 | RASHMI KWATRA | | | Tele (480)777-3990 | 06/01/2016 to 05/31/2017 |
| | 7650 S MCCLINTOCK DRIVE SUITE 101 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD8653 | RENNER, MARIA F | | | Tele (480)333-6570 | 10/19/2015 to 10/31/2016 |
| | 1444 S SOSSAMAN RD | | | Fax: (480)333-6571 | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD2044 | RICHARD ANTHONY YANEZ | | | Tele (480)807-6335 | 10/24/2016 to 10/23/2017 |
| | 1155 S POWER ROAD #109 | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10123 | ROMERO, MELISSA ANN | | | Tele (480)333-6570 | 08/17/2016 to 08/16/2017 |
| | 1444 S SOSSAMAN ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9750 | TIMOTHY PATRICK LIDDY | | | Tele (623)825-0999 | 01/13/2016 to 01/12/2017 |
| | 10503 W THUNDERBIRD SUITE 114 | | | Fax: ( ) - | |
| | PEORIA | AZ | 85381 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9871 | TRIMBOLI, PETER | | | Tele (480)964-2386 | 03/09/2016 to 03/08/2017 |
| | 7165 E UNIVERSITY DR #167 | | | Fax: ( ) - | |
| | MESA | AZ | 85207 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD7626 | WANGLER, STEPHANIE L | | | Tele (623)975-1660 | 01/01/2016 to 12/31/2016 |
| | 13949 W MEEKER BLVD, SUITE C | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9774 | ADAMS, ASHLEY M. | | | Tele (602)368-8601 | 12/17/2015 to 12/16/2016 |
| | 4600 E SHEA BLVD SUITE101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9723 | ALEXA RICKLER COMETZ | | | Tele (602)870-6060 | 12/01/2016 to 11/30/2017 |
| | 250 E DUNLAP | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10121 | ALLISON BROOKE RHINEHART | | | Tele (480)837-4565 | 07/20/2016 to 07/19/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10240 | ALYSE WHEELER | | | Tele (480)567-0350 | 08/23/2016 to 08/22/2017 |
| | 5652 E BASELINE ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7756 | AMBER RASHEL CROUCH | | | Tele (480)963-5810 | 08/26/2016 to 08/25/2017 |
| | 815 E WARNER ROAD | | | Fax: (480)963-5805 | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9529 | ANDERSON, BRANDY | | | Tele (409)000-0000 | 07/06/2015 to 07/31/2017 |
| | 1252 S AVONDALE BLVD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10288 | ANGELA CHRISTINE HUGHES | | | Tele (480)704-5954 | 09/27/2016 to 09/26/2017 |
| | 16815 S DESER FOOTHILLS PKWY #126 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9893 | BECHTOLT, RACHEL C | | | Tele (509)000-0000 | 07/26/2016 to 07/25/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85248 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9990 | BESTHOFF, ERIKA LAUREN | | | Tele (602)865-5830 | 05/15/2016 to 05/15/2017 |
| | 5605 W EUGIE AVE SUITE 206 | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10206 | BINDER, MARLAYNA LEE | | | Tele (602)839-3580 | 08/26/2016 to 08/25/2017 |
| | 1012 E WILLETTE STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9988 | BRATTEL, ASHLEY ANNE | | | Tele (480)456-0719 | 05/11/2016 to 05/10/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10222 | BROOKE KATHRYN MALEY | | | Tele (602)432-4229 | 08/30/2016 to 08/29/2017 |
| | 1111 E MCDOWELL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10252 | BRYANA MERRELL | | | Tele (928)243-8357 | 09/01/2016 to 08/31/2017 |
| | 4545 N 36TH STREET #125A | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10221 | CANDACE RAELYNN BANKS | | | Tele (602)896-1166 | 08/30/2016 to 08/29/2017 |
| | 4941 WUNION HILLS DRIVE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85308 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10249 | CASSANDRA JESSICA BANK-ROLLINS | | | Tele (480)456-0719 | 08/31/2016 to 08/30/2017 |
| | 1930 E SOUTHERN AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10193 | CASTELO, CARISSA ANN | | | Tele (480)567-0350 | 08/16/2016 to 08/15/2017 |
| | 5652 E BASELINE ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9680 | CHARLOTTE L HARVELL | | | Tele (602)277-5551 | 10/01/2015 to 10/31/2016 |
| | 650 E INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10263 | CHELSEA JOSEPHINE REILLY | | | Tele (480)759-1592 | 09/08/2016 to 09/07/2017 |
| | 15810 S42ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85048 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10133 | CHELSIE LYNN THIELSEN | | | Tele (480)382-0604 | 09/08/2016 to 09/07/2017 |
| | 3100 W RAY ROAD SUITE 201 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7546 | CHERYL LYNN RUDOLPH | | | Tele (623)412-4750 | 08/23/2016 to 08/22/2017 |
| | 12901 N 63RD AVENUE | | | Fax: (623)412-4755 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8068 | CHYRES ANNETTE SALIN | | | Tele (480)710-8500 | 09/29/2016 to 09/28/2017 |
| | 34179 N PICKET POST DRIVE | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9996 | COON, RACHEL ELIZABETH | | | Tele (480)892-9777 | 05/17/2016 to 05/16/2017 |
| | 551 S HIGLEY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP6867 | CRYER, NICOLE A. | | | Tele (480)484-6100 | 03/01/2016 to 02/28/2017 |
| | 7575 E MAIN ST | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8516 | CUMMINGS, HILARY P | | | Tele (480)419-0848 | 08/22/2016 to 08/21/2017 |
| | 10049 E DYNAMITE BLVD STE 110 | | | Fax: (480)538-5258 | |
| | SCOTTSDALE | AZ | 85262 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9520 | CURTIS, KRISTEN M. | | | Tele (480)837-4565 | 07/14/2016 to 07/13/2018 |
| | 17100 E SHEA BLVD SUITE 225 | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10243 | DANIKA MARLYNN KNIGHT | | | Tele (520)780-9211 | 08/26/2016 to 08/25/2017 |
| | 9801 W VAN BUREN STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10051 | DAPPAS, ALISSA HELEN | | | Tele (480)456-0719 | 06/06/2016 to 06/05/2017 |
| | 1930 E SOUTHERN AVENUE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10029 | DELANEY, SHANNON L. | | | Tele (480)472-6165 | 06/02/2016 to 06/01/2017 |
| | 1350 S LINDSAY ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9001 | DILLON, HOPE E. C. | | | Tele (480)472-3823 | 05/17/2016 to 05/16/2017 |
| | 3320 N CARRIAGE LANE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9885 | EARNHART, KIMBERLY ANNE | | | Tele (602)000-0000 | 03/23/2016 to 03/22/2017 |
| | 3001 E FANDAGO DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85298 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10120 | ERICKSON, BETHANY GENE | | | Tele (602)449-2650 | 07/05/2016 to 07/04/2017 |
| | 15002 N 32ND STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7767 | FARLEY, ERIN P. | | | Tele (480)882-4821 | 05/10/2016 to 05/09/2017 |
| | 7400 E OSBORN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9975 | FREUND, ELIZABETH ROSE | | | Tele (480)820-3633 | 05/10/2016 to 05/09/2017 |
| | 690 E WARNER RD #105 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85296 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10125 | GETTINGS, COURTNEY MARY | | | Tele (623)478-5600 | 06/28/2016 to 06/27/2017 |
| | 1600 S 107TH AVENUE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10171 | GOODMAN, MARA LEE | | | Tele (623)878-8800 | 08/03/2016 to 08/02/2017 |
| | 13460 N 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10177 | HAWS, MELISSA ANN | | | Tele (480)472-9711 | 08/22/2016 to 08/21/2017 |
| | 615 S CHESIRE | | | Fax: ( ) - | |
| | MESA | AZ | 85208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10065 | HEISLER, EMILY LOUISE | | | Tele (480)839-6000 | 06/08/2016 to 06/07/2017 |
| | 1250 N 77TH STREET | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85257 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9972 | HICKOK, TAYLOR NICOLE | | | Tele (602)393-0520 | 05/09/2016 to 05/08/2018 |
| | 1190 E MISSOURI AVENUE #100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10076 | HIPKISS, MEGAN LAUREN | | | Tele (602)773-5773 | 06/13/2016 to 06/12/2017 |
| | 5025 E WASHINGTON STREET SUITE 212 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85034 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9992 | HURST, MELISSA LYNN RUST | | | Tele (480)728-3804 | 05/16/2016 to 05/15/2017 |
| | 1955 W FRYE ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10236 | JENNIFER GAIL SHAW | | | Tele (623)547-5088 | 09/08/2016 to 09/07/2017 |
| | 19303 N NEW TRADITION ROAD | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9846 | JERUSHA GRACE YATES | | | Tele (480)502-7726 | 02/01/2016 to 02/28/2017 |
| | 25615 N RANCH GATE RD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85255 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9190 | JONES, DEVYN K. | | | Tele (602)347-2600 | 05/31/2016 to 05/30/2017 |
| | 4650 W SWEETWATER AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10262 | JULIA TAYLOR STOSZ | | | Tele (480)474-4173 | 09/19/2016 to 09/18/2017 |
| | 2451 E BASELINE ROAD SUITE 420 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9840 | KARI MARIE LIEN | | | Tele (480)965-2373 | 03/02/2016 to 03/01/2017 |
| | 975 S MYRTLE AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85287 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10068 | KARR, KAITLIN MARIE | | | Tele (623)878-8800 | 06/10/2016 to 06/09/2017 |
| | 13460 N 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10244 | KATELYN DAWN LINDERMAN | | | Tele (480)837-4565 | 08/26/2016 to 08/25/2017 |
| | 945 W RIO SALADO PARKWAY | | | Fax: ( ) - | |
| | MESA | AZ | 85201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP | KATHRYN ELIZABETH FORBES | | | Tele (480)981-0687 | 10/24/2016 to 10/23/2017 |
| | 330 S PINNACLE CIRCLE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7632 | KAYLA DANIELLE PATRICK | | | Tele (480)812-6700 | 09/06/2016 to 09/05/2017 |
| | 700 N HARTFORD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10032 | KOBURI, KALEE NICHOL | | | Tele (630)000-0000 | 06/15/2016 to 06/14/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LAVEEN | AZ | 85339 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10104 | KOLQUIST, JILLIAN ALISSA | | | Tele (480)837-4565 | 06/20/2016 to 06/19/2017 |
| | 16428 E KINGSTREE BLVD | | | Fax: ( ) - | |
| | FOUNTAIN HILLS | AZ | 85268 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| TSLP10126 | KRISTIN SEO YEON HONG | | | Tele (602)368-8601 | 06/28/2016 to 06/27/2017 |
| | 4600 E SHEA BLVD SUITE 101 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85028 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| TSLP7884 | KRISTYN LEIGH NEWBROUGH | | | Tele (480)710-8500 | 08/30/2016 to 08/29/2017 |
| | 34179 N PICKET POST DRIVE | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| TSLP9394 | LA CROIX, ARIANNA N. | | | Tele (480)456-0719 | 06/01/2016 to 05/31/2017 |
| | 1930 E SOUTHERN AVE | | | Fax: ( ) - | |
| | TEMPE | AZ | 85282 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| TSLP9824 | LAIKKO, LAURA ELIZABETH | | | Tele (602)449-2600 | 01/26/2016 to 01/25/2017 |
| | 3540 W CHOLLA STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85029 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9753 | LAUREN SHARA ELLISH | | | Tele (623)412-4550 | 11/17/2016 to 11/16/2017 |
| | 6315 W PORT AU PRINCE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85306 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10077 | LOCHNER, JENNA MARIE | | | Tele (480)728-7047 | 06/15/2016 to 06/14/2017 |
| | 3555 S VAL VISTA DRIVE | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10147 | LOGSDON, CECILY MARIAH | | | Tele (623)478-4200 | 07/11/2016 to 07/10/2017 |
| | 9419 W VAN BUREN STREET | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP4833 | LORA MARIE LEDFORD | | | Tele (480)365-9981 | 09/01/2016 to 08/31/2017 |
| | 3160 N ARIZONA AVE STE 1109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10059 | MACALUSO, ALYSSA SUSAN | | | Tele (480)398-4280 | 06/21/2016 to 06/20/2017 |
| | 2150 S COUNTRY CLUB ROAD SUITE 20 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8821 | MACNAB, LAURA R | | | Tele (480)472-6165 | 06/24/2016 to 06/23/2017 |
| | 1445 E HILDON AVE | | | Fax: ( ) - | |
| | MESA | AZ | 85204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8487 | MADDEN, JOSEPH P. | | | Tele (623)376-2311 | 08/01/2016 to 07/31/2018 |
| | 8718 W DEER VALLEY RD | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPT8381 | MANTON, CHRISTIAN E. | | | Tele (480)882-5295 | 05/12/2016 to 05/11/2017 |
| | 7400 E OSRBORN ROAD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9820 | MCNAMEE, VIRGINIA ANNE | | | Tele (480)000-0000 | 01/21/2016 to 01/20/2017 |
| | 530 E MCDOWELL ROAD, 107-475 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85004 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9562 | MEADOWS, ELIZABETH J. | | | Tele (480)472-2400 | 06/30/2016 to 06/29/2017 |
| | 848 N HORNE AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85203 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10161 | MECHAM, ANNALIESE | | | Tele (480)472-3800 | 07/21/2016 to 07/20/2017 |
| | 3320 N CARRIAGE LANE | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85224 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7119 | MEGAN LEE MESMAN | | | Tele (480)551-5417 | 09/02/2016 to 09/01/2017 |
| | 9630 E SHEA BLVD | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10257 | MEGAN RENEE KETTNER | | | Tele (480)219-3953 | 09/02/2016 to 09/01/2017 |
| | 4100 S LINDSAY ROAD SUITE 113 | | | Fax: ( ) - | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9930 | MERRY, BRENNA ANNE | | | Tele (480)991-6560 | 07/08/2016 to 07/07/2017 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: ( ) - | |
| | TEMPE | AZ | 85284 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10009 | MEYER, JESSICA PAIGE | | | Tele (602)393-0520 | 05/19/2016 to 05/18/2017 |
| | 1190 E MISSOURI AVENUE SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7752 | MORA, CAITLYN J. | | | Tele (480)837-4565 | 08/22/2016 to 08/21/2017 |
| | 3205 S RURAL ROAD | | | Fax: ( ) - | |
| | TEMPE | AZ | 85285 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10291 | MORGAN MARIE KUHN | | | Tele (623)242-6908 | 09/28/2016 to 09/27/2017 |
| | 14557 W INDIAN SCHOOL ROAD SUITE 500 | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10093 | NASEMAN, JALEN GRAY | | | Tele (602)265-4124 | 06/16/2016 to 06/15/2017 |
| | 2302 N 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP6893 | NATALIE JANE HIBBS | | | Tele (623)474-7700 | 09/30/2016 to 09/29/2017 |
| | 9419 W VAN BUREN ST | | | Fax: ( ) - | |
| | TOLLESON | AZ | 85353 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9537 | OVERFIELD, LEAH M. | | | Tele (602)707-2600 | 07/11/2016 to 07/10/2017 |
| | 1526 W MISSOURI AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10142 | OVERY, NICOLE ERIN | | | Tele (623)242-6908 | 07/12/2016 to 07/11/2017 |
| | 14557 W INDIAN SCHOOL ROAD | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10106 | PAPPAS, ALEXANDRA LAURA | | | Tele (623)486-6200 | 06/22/2016 to 06/21/2017 |
| | 15585 N 91ST AVENUE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7780 | PETERSEN, DANIELLE MARIE | | | Tele (602)445-5000 | 05/19/2016 to 05/18/2017 |
| | 20402 N 15TH AVE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85027 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10075 | PIGNATARO, JILL JANINE | | | Tele (623)412-5200 | 06/10/2016 to 06/09/2017 |
| | 8409 N 111TH AVE | | | Fax: ( ) - | |
| | PEORIA | AZ | 85345 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7937 | POVOGGI, NATASHA M. | | | Tele (623)479-5719 | 01/14/2016 to 01/13/2017 |
| | 1252 S AVONDALE BLVD | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85392 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10188 | PRESLEY, NICOLE GRACE | | | Tele (602)449-2815 | 08/10/2016 to 08/09/2017 |
| | 15833 N 29TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8009 | PUCCETTI, LINDSAY E | | | Tele (623)219-4300 | 08/17/2016 to 08/16/2017 |
| | 3201 S GILBERT ROAD | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85286 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10205 | RAAB, KELSEY CHRISTINA | | | Tele (602)249-0212 | 08/23/2016 to 08/22/2017 |
| | 2000 W BETHANY HOME ROAD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85015 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7758 | RICE, BRADLEY D. | | | Tele (623)935-6040 | 08/26/2016 to 08/25/2017 |
| | 4870 N LITCHFIELD PARK STE 101 | | | Fax: (623)935-6046 | |
| | LITCHFIELD PARK | AZ | 85340 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9973 | ROBERTS, CARA MICHELLE | | | Tele (480)963-3634 | 05/23/2016 to 05/22/2017 |
| | 1745 S ALMA SCHOOL ROAD SUITE 145 | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10033 | ROBERTSON, SHERI MARIE | | | Tele (602)449-2800 | 06/01/2016 to 05/31/2017 |
| | 15833 N 29TH STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85032 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10014 | RODRIGUEZ, ISABEL VICTORIA | | | Tele (602)265-4124 | 06/06/2016 to 06/05/2017 |
| | 2302 N 15TH AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85007 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10061 | SANDERS, ASHELY LAUREN | | | Tele (314)781-1655 | 06/08/2016 to 06/07/2017 |
| | 1880 E VAN BUREN ST | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7063 | SEIGER, ABIGAIL F. | | | Tele (602)516-1860 | 01/13/2016 to 01/12/2017 |
| | 3160 N ARIZONA AVENUE #109 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85225 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7679 | SHATTO, JAMIE M. | | | Tele (602)347-2600 | 07/19/2016 to 07/18/2017 |
| | 4650 W SWEETWATER AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10010 | SHEAFFER, SHAYLYN RAE | | | Tele (480)882-6821 | 05/23/2016 to 05/22/2017 |
| | 3134 N CIVIC CENTER PLAZA | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85251 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9813 | SKARDA, DANIELLE A. | | | Tele (602)331-1470 | 01/20/2016 to 01/19/2017 |
| | 1234 E NORTHERN AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10145 | SMITH, ELIZABETH MARIE | | | Tele (480)412-3000 | 07/11/2016 to 07/10/2017 |
| | 1400 S DOBSON ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10134 | SMITH, RANDOLPH WESTLEY | | | Tele (480)567-0350 | 07/01/2016 to 06/30/2017 |
| | 5652 E BASELINE ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10116 | SOULE, RACHEL MARIE | | | Tele (480)635-2025 | 06/24/2016 to 06/23/2017 |
| | 10211 E MADERO | | | Fax: ( ) - | |
| | MESA | AZ | 85209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| YSLP6659 | STEPHANIE NICOLE JACOB | | | Tele (480)321-2000 | 08/25/2016 to 08/24/2017 |
| | 6644 E BAYWOOD AVENUE | | | Fax: ( ) - | |
| | MESA | AZ | 85206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8881 | STOKLOSA, KIMBERLY N | | | Tele (602)870-6060 | 05/10/2016 to 05/09/2017 |
| | 250 E DUNLAP AVENUE | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85020 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8763 | TAYLOR LAUREN JOHNSON | | | Tele (480)991-6560 | 08/29/2016 to 08/28/2017 |
| | 6865 E BECKER LANE SUITE 101 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85254 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9989 | VON DER AHE, KIMBERLY ANNE | | | Tele (480)902-0771 | 05/13/2016 to 05/12/2017 |
| | 1830 S ALMA SCHOOL ROAD | | | Fax: ( ) - | |
| | MESA | AZ | 85210 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8290 | WAIT, JESSICA M | | | Tele (602)347-2600 | 05/19/2016 to 05/18/2017 |
| | 4650 W SWEETWATER | | | Fax: (602)347-2520 | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7988 | WEHDE, STEPHANIE D. | | | Tele (602)629-6850 | 08/29/2016 to 08/28/2017 |
| | 5048 EAST OAK STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85008 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9761 | WEST, THOMAS M. | | | Tele (720)000-0000 | 11/25/2015 to 11/24/2016 |
| | 13575 W MCDOWELL ROAD | | | Fax: ( ) - | |
| | GOODYEAR | AZ | 85395 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9821 | WHITE, KIMBERLY ANN | | | Tele (602)839-6893 | 01/26/2016 to 01/25/2017 |
| | 1111 E MCDOWELL RD | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85006 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10070 | WHORL, BRITTNEY DANELLE | | | Tele (623)478-5600 | 06/13/2016 to 06/12/2017 |
| | 1600 S 107TH AVENUE | | | Fax: ( ) - | |
| | AVONDALE | AZ | 85323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10137 | WOLSKA, KINGA | | | Tele (623)524-4015 | 07/28/2016 to 07/27/2017 |
| | 14502 W MEEKER BLVD | | | Fax: ( ) - | |
| | SUN CITY WEST | AZ | 85375 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9818 | WOODWARD, LAURA R. | | | Tele (623)878-8800 | 01/26/2016 to 01/25/2017 |
| | 13460 N 67TH AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85304 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10052 | ZIMMERMAN, LAUREN MICHELLE | | | Tele (602)914-1520 | 06/06/2016 to 06/05/2017 |
| | 3141 N 3RD AVENUE SUITE 100 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85013 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7424 | A SERVANT'S HEART PALLIATIVE AND NURSING, LLC | | | Tele (480)777-3400 | 11/01/2016 to 10/31/2017 |
| | 5111 NORTH SCOTTSDALE ROAD, SUITE 203 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85250 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7741 | ADVANCED + MOBILE PHYSICIANS, LLC | | | Tele (623)218-8911 | 07/14/2016 to 06/30/2017 |
| | 7418 EAST HELM DRIVE, SUITE 263 | | | Fax: ( ) - | |
| | SCOTTSDALE | AZ | 85260 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7585 | ARIZONA MOBILE IV THERAPY | | | Tele (480)719-1550 | 02/12/2016 to 01/31/2017 |
| | 5070 NORTH 40TH STREET, #120 | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85018 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7159 | ARIZONA PALLIATIVE HOME CARE | | | Tele (602)212-3000 | 05/01/2016 to 04/30/2017 |
| | 1510 EAST FLOWER STREET | | | Fax: ( ) - | |
| | PHOENIX | AZ | 85014 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7577 | BEECH HEALTH SERVICES, LLC | | | Tele (480)461-9370 | 02/18/2016 to 01/31/2017 |
| | 2017 EAST ADOBE STREET, SUITE 1 | | | Fax: ( ) - | |
| | MESA | AZ | 85213 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7251 | BIRTH NEST AT CATLIN COURT, THE | | | Tele (623)748-7655 | 07/01/2016 to 06/29/2017 |
| | 5622 WEST PALMAIRE AVENUE | | | Fax: ( ) - | |
| | GLENDALE | AZ | 85301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7520 | CARDIAC IMAGING, INC. | | | Tele (800)998-2035 | 01/04/2016 to 12/31/2016 |
| | 600 SOUTH 56TH STREET, SUITE 7 | | | Fax: ( ) - | |
| | CHANDLER | AZ | 85226 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC6813 | CARING CONNECTIONS PALLIATIVE CARE | | | Tele (480)657-1000 | 09/01/2016 to 08/31/2017 |
| | 275 EAST GERMANN ROAD, SUITE 110 W | | | Fax: (480)655-2527 | |
| | GILBERT | AZ | 85297 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7718 | COMPCARE, LLC<br>2111 EAST HIGHLAND AVENUE, SUITE B430<br>PHOENIX AZ 85016 | Tele (602)795-9705<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/14/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| UNC6405 | CRISIS RESPONSE NETWORK, INC<br>1275 WEST WASHINGTON, SUITE 201<br>TEMPE AZ 85281 | Tele (602)427-4600<br>Fax: (602)633-0520<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| UNC7135 | GLOBAL NEURO - DIAGNOSTICS<br>16427 NORTH SCOOTTSDALE ROAD, SUITE 410<br>SCOTTSDALE AZ 85254 | Tele (866)848-2522<br>Fax: (877)290-1544<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| UNC6999 | INNOVATIVE REHABILITATION<br>5146 WEST WHISPERING WIND DRIVE<br>GLENDALE AZ 85310 | Tele (480)658-9785<br>Fax: (480)621-5265<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| UNC7594 | NORTH COUNTY FIRE AND MEDICAL DISTRICT<br>18818 NORTH SPANISH GARDEN DRIVE<br>SUN CITY WEST AZ 85375 | Tele (623)544-5400<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/16/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7770 | NURSEWISE<br>1501 WEST FOUNTAINHEAD PARKWAY, SUITE 201<br>TEMPE AZ 85282 | Tele (480)431-8660<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/12/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC6915 | PALLIATIVE CARE ALLIANCE<br>ONE EAST WASHINGTON STREET, SUITE 500<br>PHOENIX AZ 85004 | Tele (602)269-6011<br>Fax: (602)926-2551<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7949 | PHOENIX BIRTH CENTER, LLC, THE<br>531 EAST LYNWOOD STREET<br>PHOENIX AZ 85004 | Tele (602)242-4446<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/16/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7931 | REFLECTIONS PALLIATIVE CARE, LLC<br>1840 EAST UNIVERSITY DRIVE, SUITE 3A<br>MESA AZ 85203 | Tele (480)246-3580<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/04/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC6824 | SERENITY PALLIATIVE CARE, LLC<br>2999 NORTH 44TH STREET, SUITE 225-B<br>PHOENIX AZ 85018 | Tele (602)216-2273<br>Fax: (602)944-2457<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MARICOPA Total = 9033

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC7833 | SOUTHWOOD PEDIATRIC THERAPY<br>1204 EAST BASELINE ROAD, #106<br>TEMPE AZ 85283 | Tele (520)582-0142<br>Fax: (866)672-7115<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| UNC6513 | THEMA HEALTH SERVICES<br>1500 EAST BETHANY HOME ROAD, SUITE 250<br>PHOENIX AZ 85014 | Tele (602)889-4400<br>Fax: (602)216-6112<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| UNC7046 | VALLEY PALLIATIVE CARE<br>1350 EAST MCKELLIPS ROAD, SUITE #4<br>MESA AZ 85203 | Tele (480)643-0599<br>Fax: (480)921-4115<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| UNC7859 | WILLOW MIDWIFE CENTER FOR BIRTH AND WELLNESS LLC<br>2045 SOUTH VINEYARD, BUILDING 2E, SUITE 136<br>MESA AZ 85210 | Tele (480)266-1189<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/26/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - MOHAVE Total = 329

Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL1697F | EVERLASTING GUEST HOME<br>2275 POTTER AVENUE<br>KINGMAN AZ 86401 | Tele (928)757-8451<br>Fax: (928)681-1879<br>Capacity : 4 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8993F | LOVE OPEN HAND | | | Tele (928)565-3179 | 10/01/2016 to 09/30/2017 |
| | 3732 NORTH BIBO ROAD | | | Fax: (928)565-3179 | |
| | GOLDEN VALLEY | AZ | 86413 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6535F | QUICK'S ADULT FOSTER CARE | | | Tele (928)854-7154 | 05/01/2016 to 04/30/2017 |
| | 1501 SANDY DRIVE | | | Fax: (928)854-7154 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9225F | RIVERVIEW ADULT FOSTERCARE HOME | | | Tele (949)231-9588 | 06/01/2016 to 05/31/2017 |
| | 1784 DORADO DRIVE | | | Fax: (928)554-3298 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC0074 | AIMS OUTPATIENT SURGERY CENTER | | | Tele (928)757-3690 | 07/01/2016 to 06/30/2017 |
| | 3636 STOCKTON HILL ROAD | | | Fax: (928)757-3635 | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OSC3519 | EYES OF ARIZONA VISION & SURGERY CENTER | | | Tele (928)855-9477 | 03/01/2016 to 02/28/2017 |
| | 40 CAPRI BOULEVARD, SUITE 102 | | | Fax: (928)855-2983 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC2406 | PHYSICIAN'S SURGERY CENTER<br>1800 HIGHWAY 95, SUITE 5<br>BULLHEAD CITY AZ 86442 | Tele (928)763-1919<br>Fax: (928)763-3012<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | SOUTHWESTERN EYE CENTER, LTD - LAKE HAVASU CITY<br>2005 INJO DRIVE<br>LAKE HAVASU AZ 86403 | Tele (928)505-3696<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC4178 | SOUTHWESTERN EYE CENTER, LTD. - KINGMAN<br>1919 FLORENCE AVENUE<br>KINGMAN AZ 86401 | Tele (480)892-8400<br>Fax: (928)753-7790<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | SOUTHWESTERN EYE SURGICENTER-BULLHEAD CITY<br>3007 HIGHWAY 95, SUITE 63-B<br>BULLHEAD CITY AZ 86442 | Tele (928)753-5454<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2750C | CERBAT GUEST HOME<br>2364 CARVER AVENUE<br>KINGMAN AZ 86401 | Tele (928)757-3989<br>Fax: (928)692-0398<br>Capacity : 35 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9756C | DAVIS PLACE | | | Tele (928)763-4570 | 06/01/2016 to 05/31/2017 |
| | 2943 DESERT SKY | | | Fax: (928)763-4647 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 47 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4962C | GARDENS AT KINGMAN, THE | | | Tele (928)753-2273 | 08/01/2016 to 07/31/2017 |
| | 1031 DETROIT AVE | | | Fax: (928)753-1638 | |
| | KINGMAN | AZ | 86401 | Capacity : 51 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9757C | JASMINE PLACE | | | Tele (928)680-1701 | 06/01/2016 to 05/31/2017 |
| | 3076 SHOSHONE DRIVE | | | Fax: (928)680-1575 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 43 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9873C | JOSHUA SPRINGS SENIOR LIVING | | | Tele (928)763-1212 | 12/01/2016 to 11/30/2017 |
| | 2995 DESERT SKY BOULEVARD | | | Fax: (866)252-4547 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9024C | LAKE VIEW TERRACE MEMORY CARE RESIDENCE | | | Tele (928)855-8099 | 04/01/2016 to 03/31/2017 |
| | 320 NORTH LAKE HAVASU AVENUE | | | Fax: (928)855-6666 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 72 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL0574C | PRESTIGE ASSISTED LIVING AT CLAREMONT | | | Tele | (928)855-4843 | 06/01/2016 | to | 05/31/2017 |
| | 1221 CLAREMONT DRIVE | | | Fax: | (928)855-2987 | | | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : | 40 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1768C | PRESTIGE ASSISTED LIVING AT LAKE HAVASU | | | Tele | (928)680-1818 | 02/01/2017 | to | 01/31/2018 |
| | 90 SOUTH SMOKETREE AVENUE | | | Fax: | (928)680-9188 | | | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : | 67 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL0881C | SILVER CREEK LEISURE LIVING | | | Tele | (928)704-7000 | 05/01/2016 | to | 04/30/2017 |
| | 1670 HIGHWAY 95 | | | Fax: | (928)763-8070 | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | 62 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8825C | SUNHAVEN ASSISTED LIVING SOUTH | | | Tele | (928)855-5558 | 09/01/2016 | to | 08/31/2017 |
| | 2731 SOUTH JAMAICA BOULEVARD | | | Fax: | (928)855-2339 | | | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : | 16 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4424C | SUNRIDGE VILLAGE | | | Tele | (928)754-0700 | 07/01/2016 | to | 06/30/2017 |
| | 839 LANDON DRIVE | | | Fax: | (928)754-1225 | | | |
| | BULLHEAD CITY | AZ | 86429 | Capacity : | 125 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9549C | WHITE CLIFFS SENIOR LIVING | | | Tele (928)263-2203 | 10/01/2016 to 09/30/2017 |
| | 3600 PETERSON ROAD | | | Fax: (866)252-4547 | |
| | KINGMAN | AZ | 86409 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8824C | SUNHAVEN ASSISTED LIVING NORTH | | | Tele (928)855-5558 | 02/01/2016 to 01/31/2017 |
| | 2845 HAVASUPAI BLVD | | | Fax: (877)632-1956 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3262H | ANGEL'S TOUCH CARE HOME | | | Tele (928)788-3990 | 05/01/2016 to 04/30/2017 |
| | 1974 EAST CLEAR LAKE DRIVE | | | Fax: (928)788-3879 | |
| | FORT MOHAVE | AZ | 86426 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9796H | ASTER ELDER CARE LLC | | | Tele (360)520-0039 | 10/01/2016 to 09/30/2017 |
| | 3861 ORO GRANDE BLVD | | | Fax: (866)740-4541 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5425H | BAL-TIP ASSISTED LIVING | | | Tele (928)565-5066 | 09/01/2016 to 08/31/2017 |
| | 3996 NORTH BOWIE ROAD | | | Fax: (928)565-7472 | |
| | GOLDEN VALLEY | AZ | 86413 | Capacity : 6 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3027H | CASA GRANDE ASSISTED LIVING HOME | | | Tele (928)854-8787 | 11/01/2016 to 10/31/2017 |
| | 3801 BUENA VISTA | | | Fax: (928)453-8487 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8432H | FLOWER'S ASSISTED LIVING HOME | | | Tele (928)208-5088 | 06/01/2016 to 05/31/2017 |
| | 3301 OSBORNE DRIVE # 101 THRU 104 | | | Fax: (928)505-5342 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9215H | FLOWER'S ASSISTED LIVING HOME | | | Tele (928)505-1631 | 06/01/2016 to 05/31/2017 |
| | 3301 OSBORN DRIVE #105 THRU #108 | | | Fax: (928)505-5342 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9651H | GEMS ASSISTED LIVING | | | Tele (928)486-6945 | 04/01/2016 to 03/31/2017 |
| | 2136 SENITA DRIVE | | | Fax: (928)855-2255 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8971H | GEMS ASSISTED LIVING | | | Tele (928)855-2255 | 02/01/2016 to 01/31/2017 |
| | 2255 SENITA DRIVE | | | Fax: (928)855-2255 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9063H | GLOBAL CARE | | | Tele (928)706-3803 | 06/01/2016 to 05/31/2017 |
| | 157 WAYFARER LANE | | | Fax: (928)854-7211 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4377H | HELEN'S PLACE ASSISTED LIVING HOME | | | Tele (928)718-2021 | 07/01/2016 to 06/30/2017 |
| | 1025 SUNRISE AVENUE | | | Fax: (928)718-3524 | |
| | KINGMAN | AZ | 86401 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6758H | HERITAGE HOUSE CARE HOME | | | Tele (928)453-4530 | 07/01/2016 to 06/30/2017 |
| | 3570 TAHITIAN DRIVE | | | Fax: (928)453-4530 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8413H | HOME IS WHERE THE HEART IS | | | Tele (928)412-2364 | 07/01/2016 to 06/30/2017 |
| | 3708 HIAWATHA DRIVE | | | Fax: (928)302-1017 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8084H | HOUSE ON THE RIVIERA | | | Tele (928)855-1133 | 04/01/2016 to 03/31/2017 |
| | 190 RIVIERA DRIVE | | | Fax: (928)505-5342 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10147H | KINGMAN CHRISTIAN CARE | | | Tele (928)379-0839 | 09/21/2016 to 08/31/2017 |
| | 2255 EAST BUTLER | | | Fax: (928)681-4700 | |
| | KINGMAN | AZ | 86409 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6204H | LA BELLA ASSISTED LIVING | | | Tele (928)757-2736 | 11/01/2016 to 10/31/2017 |
| | 1721 PALO VERDE DRIVE | | | Fax: (928)565-7472 | |
| | KINGMAN | AZ | 86409 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5209H | SERENITY ASSISTED LIVING | | | Tele (928)505-3908 | 04/01/2016 to 03/31/2017 |
| | 3677 BLUE COLT | | | Fax: (928)505-3908 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9335H | STEVENS FAMILY ASSISTED LIVING HOME | | | Tele (928)453-2282 | 07/01/2016 to 06/30/2017 |
| | 871 THUNDERBOLT AVENUE | | | Fax: (928)453-2282 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9336H | UTOPIA ASSISTED LIVING, LLC | | | Tele (928)230-3710 | 07/01/2016 to 06/30/2017 |
| | 132 WAYFARER LANE | | | Fax: (928)855-6559 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6611 | MOHAVE MENTAL HEALTH CLINIC, INC<br>1741 SYCAMORE AVENUE<br>KINGMAN AZ 86409 | Tele (928)757-8111<br>Fax: (928)757-3256<br>Capacity : 16 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4985 | EXCLUSIVE CERTIFIED RESIDENTIAL CARE<br>3744 MARTINGALE DRIVE<br>KINGMAN AZ 86409 | Tele (928)529-3567<br>Fax: (928)255-1741<br>Capacity : 5 | 09/20/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH647 | MOHAVE MENTAL HEALTH CLINIC, INC- HOMES HOUSE I & II<br>1080 SHELDON AVENUE AND 1091 CALUMET AVENUE<br>KINGMAN AZ 86409 | Tele (928)757-8111<br>Fax: (928)757-3256<br>Capacity : 18 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3903 | SEQUELCARE OF ARIZONA<br>3240 HAULAPAI MOUNTAIN ROAD<br>KINGMAN AZ 86401 | Tele (928)777-3280<br>Fax: (928)717-1660<br>Capacity : 14 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4510 | SOUTHWEST BEHAVIORAL HEALTH SERVICES-MARINA POINTE<br>401 EMERY STREET<br>BULLHEAD CITY AZ 86442 | Tele (602)285-4330<br>Fax: (602)265-8533<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : CHILD CARE CENTER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16141 | BUILDING BLOCKS PRESCHOOL | | | Tele (928)753-2370 | 03/01/2015 to 02/28/2018 |
| | 2040 GOLDEN GATE AVENUE | | | Fax: (928)753-3306 | |
| | KINGMAN | AZ | 86401 | Capacity : 74 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10906 | CALVARY CHRISTIAN ACADEMY | | | Tele (928)854-5465 | 10/01/2015 to 09/30/2018 |
| | 1605 SOUTH MCCULLOCH BLVD | | | Fax: (928)864-4007 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17588 | DESERT STAR ACADEMY | | | Tele (928)788-3987 | 08/17/2016 to 07/31/2019 |
| | 5635 HWY 95 STE E F G | | | Fax: ( ) - | |
| | FORT MOHAVE | AZ | 86426 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17668 | DISCOVERY LEARNING CENTER AND CHILD CARE | | | Tele (928)763-3290 | 07/16/2016 to 06/30/2019 |
| | 1895 LAKESIDE DRIVE | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1668 | GRACE LUTHERAN CHURCH CHILD DEVELOPMENT CENTER | | | Tele (928)753-3242 | 04/01/2014 to 03/31/2017 |
| | 2101 HARRISON STREET | | | Fax: (928)753-9353 | |
| | KINGMAN | AZ | 86401 | Capacity : 127 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5171 | GRACE NEAL PRESCHOOL & LEARNING CENTER<br>1730 KINO AVENUE<br>KINGMAN AZ 86409 | Tele (928)692-8830<br>Fax: (928)692-8799<br>Capacity : 153 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1485 | GUIDING LIGHT CHRISTIAN EDUCATIONAL CENTER<br>2365 NORTH SMOKETREE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)855-1022<br>Fax: (928)855-3291<br>Capacity : 66 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15411 | HAPPY TRAILS EDUCATIONAL DAY CARE CENTER<br>1685 TRANE ROAD<br>BULLHEAD CITY AZ 86442 | Tele (928)758-2244<br>Fax: (928)758-2244<br>Capacity : 68 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1073 | HAVASU CHRISTIAN PRESCHOOL<br>341 MULBERRY AVENUE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)855-2590<br>Fax: (928)854-8838<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17118 | HAVASU PREPARATORY ACADEMY<br>3155 MARICOPA AVENUE<br>LAKE HAVASU CITY AZ 86406 | Tele (928)854-4011<br>Fax: ( ) -<br>Capacity : 38 | 11/13/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8407 | HILLTOP LEARNING CENTER | | | Tele | (928)855-3085 | 09/01/2014 | to | 08/31/2017 |
| | 3180 MCCULLOCH BOULEVARD | | | Fax: | (928)855-2416 | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-13300 | KINGMAN ACADEMY OF LEARNING PRIMARY SCHOOL | | | Tele | (928)681-2400 | 08/01/2016 | to | 07/31/2019 |
| | 3400 NORTH BURBANK STREET | | | Fax: | (928)681-2424 | | | |
| | KINGMAN | AZ | 86409 | Capacity : | 34 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16897 | LITTLE BRICK SCHOOL HOUSE | | | Tele | (928)897-8115 | 07/10/2014 | to | 06/30/2017 |
| | 2302 LILLIE AVENUE | | | Fax: | ( ) - | | | |
| | KINGMAN | AZ | 86401 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-14021 | LITTLE EAGLE PRESCHOOL & CHILDCARE | | | Tele | (928)757-7888 | 04/01/2014 | to | 03/31/2017 |
| | 1475 GORDON DRIVE | | | Fax: | (928)757-1760 | | | |
| | KINGMAN | AZ | 86401 | Capacity : | 145 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12847 | LITTLE MINNOWS LEARNING CENTER | | | Tele | (928)757-3144 | 09/01/2015 | to | 08/31/2018 |
| | 3348 WESTERN AVENUE | | | Fax: | ( ) - | | | |
| | KINGMAN | AZ | 86409 | Capacity : | 84 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7861 | LITTLE PEOPLES DAY CARE | | | Tele (928)453-6348 | 08/01/2016 to 07/31/2019 |
| | 2419 NORTH SMOKETREE | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15776 | LITTLE SCOOTERS PRESCHOOL LLC | | | Tele (928)758-2282 | 04/01/2014 to 03/31/2017 |
| | 2750 MIRACLE MILE | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17632 | LITTLE TREASURES CHILD CARE | | | Tele (928)444-7391 | 07/05/2016 to 06/30/2019 |
| | 1373 BASELINE ROAD | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12859 | LONDON BRIDGE DAYCARE INC | | | Tele (928)453-8032 | 01/01/2016 to 12/31/2018 |
| | 3598 JAMAICA BLVD S | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17073 | MONTESSORI PREPARATORY ACADEMY | | | Tele (928)758-7242 | 08/27/2014 to 07/31/2017 |
| | 2020 SILVER CREEK ROAD, D 101 | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4808 | NEW DAY SCHOOL | | | Tele (928)768-6465 | 01/01/2015 to 12/31/2017 |
| | 1837 EAST JOY LANE | | | Fax: (928)768-6465 | |
| | BULLHEAD CITY | AZ | 86426 | Capacity : 108 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3267 | NEW DAY SCHOOL | | | Tele (928)680-1002 | 03/01/2015 to 02/28/2018 |
| | 3438 ORO GRANDE BOULEVARD | | | Fax: (928)763-1115 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3441 | NEW DAY SCHOOL | | | Tele (928)763-1115 | 02/01/2016 to 01/31/2019 |
| | 1380 RIVERVIEW DRIVE | | | Fax: (928)763-1115 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 113 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0495 | NEW DAY SCHOOL | | | Tele (928)855-9660 | 09/01/2016 to 08/31/2019 |
| | 2200 SOTOL LANE | | | Fax: (928)855-9660 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7612 | NEW DAY SCHOOL (NORTH) | | | Tele (928)855-2227 | 05/01/2016 to 04/30/2019 |
| | 2915 HAVASUPAI BOULEVARD | | | Fax: (928)855-2227 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14642 | OUR LADY OF THE LAKE ROMAN CATHOLIC PARISH LAKE HAVASU CITY<br>1975 DAYTONA DRIVE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)855-2685<br>Fax: (928)855-7172<br>Capacity : 20 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16251 | STEPPING STONES CHILDCARE LLC<br>863 AIRPARK DRIVE<br>BULLHEAD CITY AZ 86429 | Tele (928)754-2221<br>Fax: ( ) -<br>Capacity : 172 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16681 | THE KINGMAN GINGERBREAD HOUSE, L.L.C.<br>4145 NORTH BANK A<br>KINGMAN AZ 86409 | Tele (928)757-7977<br>Fax: (928)757-7944<br>Capacity : 99 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10416 | THE LILY PAD DAY CARE CENTER<br>1099 SUNRISE AVENUE<br>KINGMAN AZ 86401 | Tele (928)718-4852<br>Fax: (928)718-4856<br>Capacity : 45 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14508 | TOPOCK ELEMENTARY SCHOOL PRESCHOOL<br>5083 TULE DRIVE<br>TOPOCK AZ 86436 | Tele (928)768-3344<br>Fax: (928)768-9253<br>Capacity : 36 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17274 | W.A.C.O.G. - BRIAN MEYER DAVIS HEAD START<br>601 VAN BUREN<br>KINGMAN AZ 86401 | Tele (928)753-8730<br>Fax: (928)753-8733<br>Capacity : 35 | 05/19/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3662 | W.A.C.O.G. - BULLHEAD CITY HEAD START<br>1055 MARINA BOULEVARD<br>BULLHEAD CITY AZ 86442 | Tele (928)758-6616<br>Fax: (928)785-7214<br>Capacity : 100 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5352 | W.A.C.O.G. - CERBAT HEAD START CENTER<br>2689 JAGERSON AVENUE<br>KINGMAN AZ 86401 | Tele (928)757-7574<br>Fax: ( ) -<br>Capacity : 25 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-3859 | W.A.C.O.G. - GOLDEN VALLEY HEAD START<br>3404 SANTA MARIA ROAD<br>GOLDEN VALLEY AZ 86413 | Tele (928)565-4507<br>Fax: ( ) -<br>Capacity : 25 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17070 | W.A.C.O.G. - HUBBS HOUSE HEAD START<br>421 GOLCONDA STREET<br>KINGMAN AZ 86401 | Tele (928)753-1066<br>Fax: (928)753-1848<br>Capacity : 23 | 08/19/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5351 | W.A.C.O.G. - KINGMAN NORTH HEAD START | | | Tele (928)692-7481 | 12/01/2015 to 11/30/2018 |
| | 1971 JAGERSON AVENUE | | | Fax: (928)692-9648 | |
| | KINGMAN | AZ | 86401 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4672 | W.A.C.O.G. - MOHAVE VALLEY HEAD START | | | Tele (928)768-1090 | 04/01/2015 to 03/31/2018 |
| | 1425 EAST WILLOW DRIVE | | | Fax: (928)768-8369 | |
| | MOHAVE VALLEY | AZ | 86440 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15533 | W.A.C.O.G. - NAUTILIS HEAD START | | | Tele (928)680-3355 | 08/01/2016 to 07/31/2019 |
| | 1425 PATRICIAN DRIVE | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17123 | W.A.C.O.G. - ORO GRANDE HEAD START | | | Tele (928)505-6080 | 01/08/2015 to 12/31/2017 |
| | 1250 PAWNEE DRIVE | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 26 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8000 | YOUNG SCHOLAR'S ACADEMY | | | Tele (928)704-1100 | 12/01/2016 to 11/30/2019 |
| | 1501 EAST VALENCIA | | | Fax: (928)704-1177 | |
| | BULLHEAD CITY | AZ | 86426 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15954 | B.C.U.S.D.#20 - BULLHEAD ELEMENTARY PRESCHOOL<br>1820 LAKESIDE DRIVE<br>BULLHEAD CITY AZ 86442 | Tele (928)758-4909<br>Fax: (928)758-8670<br>Capacity : 85 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17364 | BULLHEAD CITY ELEMENTARY PRESCHOOL - DESERT VALLEY<br>1066 MARINA BLVD<br>BULLHEAD CITY AZ 86442 | Tele (928)758-6606<br>Fax: (928)758-5726<br>Capacity : 20 | 08/03/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17365 | BULLHEAD CITY ELEMENTARY PRESCHOOL - SUNRISE<br>2645 LANDON DRIVE<br>BULLHEAD CITY AZ 86429 | Tele (928)754-1815<br>Fax: (928)754-1820<br>Capacity : 20 | 08/03/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16784 | BULLHEAD CITY ELEMENTARY PRESCHOOL-DIAMONDBACK<br>2550 TESOTA WAY<br>BULLHEAD CITY AZ 86442 | Tele (928)758-6858<br>Fax: (928)758-5202<br>Capacity : 23 | 10/17/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6226 | C.R.U.H.S.D.#2 - TINY-T-BIRDS ( MOHAVE HIGH SCHOOL)<br>2251 HIGHWAY 95<br>BULLHEAD CITY AZ 86442 | Tele (928)788-1314<br>Fax: (928)758-7145<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17360 | FORT MOJAVE ELEMENTARY | | | Tele | (928)768-3986 | 07/23/2015 | to | 06/30/2018 |
| | 1760 JOY LANE | | | Fax: | (928)768-8075 | | | |
| | FORT MOHAVE | AZ | 86426 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16678 | K.U.S.D.#20 - LITTLE EXPLORERS EARLY LEARNING CENTER | | | Tele | (928)753-6413 | 07/22/2016 | to | 06/30/2019 |
| | 3175 GORDON DRIVE | | | Fax: | (928)753-6412 | | | |
| | KINGMAN | AZ | 86409 | Capacity : | 300 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-14513 | K.U.S.D.#20 - LITTLE EXPLORERS PRESCHOOL AT MT. TIPTON | | | Tele | (928)767-3350 | 09/01/2014 | to | 08/31/2017 |
| | 16500 PIERCE FERRY ROAD | | | Fax: | (928)767-4330 | | | |
| | DOLAN SPRINGS | AZ | 86441 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8885 | L.H.U.S.D. #1 - DEVELOPMENTAL PRESCHOOL | | | Tele | (928)505-6033 | 11/01/2015 | to | 10/31/2018 |
| | 2395 SMOKETREE AVENUE | | | Fax: | (928)505-6036 | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | 72 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6637 | L.H.U.S.D.#1 - LITTLE KNIGHTS PRESCHOOL | | | Tele | (928)854-5347 | 10/01/2015 | to | 09/30/2018 |
| | 2675 SOUTH PALO VERDE BLV | | | Fax: | ( ) - | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16105 | L.U.S.D. #9 BEAVER DAM ELEMENTARY SCHOOL | | | Tele | (928)347-5796 | 02/01/2015 | to | 01/31/2018 |
| | 3436 EAST RIO VIRGIN ROAD | | | Fax: | (928)347-5795 | | | |
| | BEAVER DAM | AZ | 86432 | Capacity : | 40 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17542 | BABYSTEPS DAYCARE | | | Tele | (928)758-7388 | 04/12/2016 | to | 03/31/2019 |
| | 679 SEA SPRAY PLACE | | | Fax: | ( ) - | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17335 | BAK GROUP HOME | | | Tele | (928)268-6572 | 07/22/2015 | to | 06/30/2018 |
| | 1286 EAST VACATION DRIVE | | | Fax: | ( ) - | | | |
| | MOHAVE VALLEY | AZ | 86440 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-15633 | IZZY'S PRESCHOOL AND CHILD CARE | | | Tele | (928)219-4720 | 03/01/2014 | to | 02/28/2017 |
| | 1569 ARCADIA BOULEVARD | | | Fax: | ( ) - | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17476 | LIL ANGELS DAYCARE | | | Tele | (928)692-7306 | 01/04/2016 | to | 12/31/2018 |
| | 640 SHADOW MOUNTAIN DRIVE | | | Fax: | ( ) - | | | |
| | KINGMAN | AZ | 86409 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17263 | MISS ANGELA'S EDUCATIONAL CHILD CARE | | | Tele (928)279-1242 | | 05/19/2015 | to | 04/30/2018 |
| | 3765 RUSH STREET | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-14036 | NELLY'S NURSERY & DAY CARE LLC | | | Tele (928)706-8070 | | 02/01/2014 | to | 01/31/2017 |
| | 256 CYPRESS DRIVE | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-9343 | PLAYTIME CHILDCARE | | | Tele (928)505-6251 | | 04/01/2016 | to | 03/31/2019 |
| | 2625 CLIFFWOOD PLAZA | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-14737 | SHELSPLAY PEN 2 | | | Tele (928)542-7307 | | 01/01/2015 | to | 12/31/2017 |
| | 2612 CALLE DE MERCADO | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1021 | ARISE DBA RISE INC. / DEL RIO | | | Tele (928)763-7779 | | 01/31/2015 | to | 01/31/2017 |
| | 2282 ACOMA PLACE | | | Fax: (928)753-1583 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1132 | ARISE DBA RISE, INC / POTTER PLACE | | | Tele (928)692-6629 | 07/01/2016 to 06/30/2018 |
| | 3996 LINDSEY AVENUE | | | Fax: (928)692-6909 | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1585 | ARISE DBA RISE, INC / TUMBLEWEED | | | Tele (928)757-8496 | 07/01/2016 to 06/30/2018 |
| | 3982 LINDSEY AVE | | | Fax: (928)757-8726 | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2254 | ARIZONA MENTOR | | | Tele (992)875-3956 | 05/01/2015 to 04/30/2017 |
| | 1953 GATES AVENUE | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2252 | ARIZONA MENTOR / KINGMAN | | | Tele (602)200-9494 | 04/01/2016 to 03/31/2018 |
| | 2115 KINGMAN AVENUE | | | Fax: (602)200-9444 | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2283 | ARIZONA MENTOR / MOHAVE GROUP HOME | | | Tele (928)444-1026 | 01/31/2015 to 01/31/2017 |
| | 3650 TERRA LOMA DRIVE | | | Fax: (602)497-4989 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1899 | ARIZONA MENTOR / RIO VISTA | | | Tele (928)758-3131 | 04/30/2015 to 04/30/2017 |
| | 2462 TOPANGA DRIVE | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0890 | NEW HORIZONS / BUCCANEER | | | Tele (928)505-3810 | 07/01/2015 to 06/30/2017 |
| | 375 BUCCANEER LN | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0988 | NEW HORIZONS / MIMOSA | | | Tele (928)453-2960 | 07/01/2015 to 06/30/2017 |
| | 2173 MIMOSA | | | Fax: (928)855-2366 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0886 | NEW HORIZONS / PIMA 1 | | | Tele (928)855-6428 | 07/01/2015 to 06/30/2017 |
| | 2050 PIMA DR N | | | Fax: (928)855-2366 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0957 | NEW HORIZONS / PIMA 2 | | | Tele (928)680-4557 | 08/01/2015 to 07/31/2017 |
| | 2040 PIMA DR N | | | Fax: (928)855-2366 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1099 | NEW HORIZONS / PIMA 3 | | | Tele (928)854-3011 | 07/01/2015 to 06/30/2017 |
| | 2030 PIMA DR N | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2126 | NEW HORIZONS / PIMA 4 | | | Tele (928)453-7891 | 08/01/2015 to 07/31/2017 |
| | 2419 PIMA DR N | | | Fax: (928)855-2366 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1671 | NEW HORIZONS / SMOKE TREE #1 | | | Tele (928)727-7010 | 07/01/2015 to 06/30/2017 |
| | 2105 SMOKETREE AVE #1 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1672 | NEW HORIZONS / SMOKETREE #2 | | | Tele (928)727-7010 | 07/01/2015 to 06/30/2017 |
| | 2105 SMOKETREE AVE #2 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1673 | NEW HORIZONS / SMOKETREE #3 | | | Tele (928)727-7010 | 07/01/2015 to 06/30/2017 |
| | 2105 SMOKETREE AVE #3 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1728 | NEW HORIZONS / SMOKETREE #4<br>2105 SMOKETREE AVE #4<br>LAKE HAVASU CITY AZ 86403 | Tele (928)727-7010<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2424 | RESCARE ARIZONA INC / KINGMAN HOUSE<br>2315 WEST MCVICKAR<br>KINGMAN AZ 86409 | Tele (928)529-5061<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2637 | RESCARE ARIZONA, INC / BULLHEAD HOME<br>2569 COUNTRY CLUB DR<br>BULLHEAD CITY AZ 86442 | Tele (480)201-9936<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/02/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2621 | RESCARE ARIZONA, INC / COLORADO GROUP HOME<br>2730 COLORADO<br>KINGMAN AZ 86401 | Tele (928)910-2389<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/31/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA6835 | BROWN, KATHERINE M.<br>3269 STOCKTON HILL RD<br>KINGMAN AZ 86409 | Tele (928)681-8717<br>Fax: (928)681-8713<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA0075 | GIBBS, LISA J. | | | Tele (928)854-5368 | | 03/01/2016 | to | 02/28/2018 |
| | 1760 MCCULLOCH BLVD N #100 | | | Fax: (928)854-5368 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA4586 | WATERS, LARRY D. | | | Tele (928)758-3337 | | 10/01/2015 | to | 09/30/2017 |
| | 1370 RAMAR ROAD STE A | | | Fax: (928)758-4404 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4808 | BMA BULLHEAD CITY DIALYSIS | | | Tele (928)763-5550 | | 03/01/2016 | to | 02/28/2017 |
| | 2650 MIRACLE MILE | | | Fax: (928)763-5588 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6796 | FMC KINGMAN DIALYSIS | | | Tele (928)681-2342 | | 03/01/2016 | to | 02/28/2017 |
| | 1721 AIRWAY AVENUE | | | Fax: (928)757-8314 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | 25 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6518 | FMC LAKE HAVASU DIALYSIS | | | Tele (928)302-5145 | | 04/01/2016 | to | 03/31/2017 |
| | 2145 MESQUITE AVENUE | | | Fax: (928)680-4150 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4981 | NORTH COUNTRY HEALTHCARE - BULLHEAD CITY<br>2585 MIRACLE MILE, SUITES 114, 115 & 116<br>BULLHEAD CITY AZ 86442 | Tele (928)522-9400<br>Fax: (928)522-9805<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4413 | NORTH COUNTRY HEALTHCARE - KINGMAN<br>1510 NORTH STOCKTON HILL ROAD<br>KINGMAN AZ 86401 | Tele (928)522-9804<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4587 | NORTH COUNTRY HEALTHCARE, INC. - LAKE HAVASU CITY<br>2090 NORTH SMOKE TREE AVENUE<br>HAVASU CITY AZ 86403 | Tele (928)522-9804<br>Fax: (928)854-1847<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CLOSED | RIVER CITIES COMMUNITY CLINIC<br>813 HANCOCK ROAD, SUITE 1-2<br>BULLHEAD CITY AZ 86442 | Tele (928)704-9700<br>Fax: (928)704-9774<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD4989 | AFFORDABLE HEARING CARE<br>701 N STOCKTON HILL RD STE P<br>KINGMAN AZ 86401 | Tele (928)753-7060<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD4989 | AFFORDABLE HEARING CARE | | | Tele (928)788-9412 | 03/01/2016 to 02/28/2018 |
| | 5221 HWY 95 STE 12 | | | Fax: ( ) - | |
| | FORT MOHAVE | AZ | 86427 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD4989 | AFFORDABLE HEARING CARE | | | Tele (928)733-6032 | 03/01/2016 to 02/28/2018 |
| | 1947 MCCULLOCH BLVD N STE 103 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5916 | BARLOW, BETH D | | | Tele (435)616-3686 | 10/01/2015 to 09/30/2017 |
| | 20 SOUTH COLVIN ST | | | Fax: ( ) - | |
| | COLORADO CITY | AZ | 86021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1192 | BORLAND , DAVID J. | | | Tele (928)763-1973 | 07/01/2016 to 06/30/2018 |
| | 2400 HWY 95 STE 50 | | | Fax: (928)763-9758 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1193 | BORLAND, JOANN A. | | | Tele (928)763-1973 | 03/01/2016 to 02/28/2018 |
| | 2400 HIGHWAY 95 SUITE 50 | | | Fax: (928)758-3301 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD6448 | BOSEANT, ALEXANDRA L. | | | Tele (928)453-0300 | | 10/01/2016 | to | 09/30/2018 |
| | 1979 MCCULLOCH BLVD #102 | | | Fax: (928)453-0304 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD6181 | FAIN, CELINA H | | | Tele (928)855-9770 | | 04/01/2016 | to | 03/31/2018 |
| | 55 SOUTH LAKE HAVASU AVE, STE L | | | Fax: (928)855-9774 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD1605 | FAMILY HEARING, INC. | | | Tele (928)763-1973 | | 03/01/2016 | to | 02/28/2018 |
| | 2400 HIGHWAY 95 STE 50 | | | Fax: (928)758-3301 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5673 | GUERRA, VIVIAN | | | Tele (928)854-5368 | | 04/01/2016 | to | 03/31/2018 |
| | 1760 MCCULLOCH BLVD N STE 100 | | | Fax: (928)854-4462 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4659 | HAYES, BENJAMIN L | | | Tele (928)407-7000 | | 04/01/2016 | to | 03/31/2018 |
| | 600 HWY 95 STE 200 | | | Fax: (928)753-9691 | | | | |
| | BULLHEAD CITY | AZ | 86429 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9597 | HEARING LAB TECHNOLOGY | | | Tele (928)754-3900 | 06/22/2015 to 06/30/2017 |
| | 600 HIGHWAY 95 | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86429 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7169 | KINGMAN HOSPITAL INC | | | Tele (928)681-8717 | 03/01/2016 to 02/28/2018 |
| | 1740 SYCAMORE, SUITE A | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD2020 | NASH, MELODY E. | | | Tele (928)855-3777 | 09/01/2016 to 08/31/2018 |
| | 1731 MESQUITE AVE STE #1 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD948 | NASH, THOMAS H. | | | Tele (928)855-3777 | 09/01/2016 to 08/31/2018 |
| | 1731 MESQUITE AVE | | | Fax: (928)855-4118 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8063 | NORTHLAND HEARING CENTERS INC | | | Tele (952)947-4816 | 10/31/2016 to 10/30/2018 |
| | 3750 HWY 95 STE 102 | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD6707 | NORTHLAND HEARING CENTERS, INC. | | | Tele (928)453-0300 | | 04/01/2016 | to | 03/31/2018 |
| | 1979 MCCULLOCH BLVD STE 102 | | | Fax: ( ) - | | | | |
| | LAKE HAVASU | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5326 | SHIRAVAND, JAHAN | | | Tele (928)855-5252 | | 12/01/2015 | to | 11/30/2017 |
| | 1930 MESQUITE AVE #5 | | | Fax: (928)855-5283 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD9676 | SIMPLY HH&K, LLC | | | Tele (928)855-9770 | | 08/24/2015 | to | 08/31/2017 |
| | 55 S LAKE HAVASU AVE STE L | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4449 | STUCKI, LUND L. | | | Tele (928)753-7060 | | 03/01/2016 | to | 02/28/2018 |
| | 701 N STOCKTON HILL RD STE P | | | Fax: (928)753-7078 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADE5575 | STUCKI, MICHAEL L. | | | Tele (928)753-7060 | | 03/07/2016 | to | 03/06/2018 |
| | 701 N STOCKTON HILL RD STE P | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : HOME HEALTH AGENCY - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4952 | DESERT TRAILS HOME HEALTH<br>2771 SILVER CREEK ROAD, SUITE 107<br>BULLHEAD CITY AZ 86442 | Tele (928)444-1010<br>Fax: (928)444-1011<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA0063 | HAVASU REGIONAL MEDICAL CENTER HOME HEALTH<br>1851 MESQUITE BOULEVARD, SUITE 206<br>LAKE HAVASU CITY AZ 86403 | Tele (928)680-1209<br>Fax: (928)680-7914<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| HHA4555 | HUALAPAI HOME HEALTH CARE, INC<br>2535 HUALAPAI MOUNTAIN ROAD, SUITE B<br>KINGMAN AZ 86401 | Tele (928)753-9015<br>Fax: (928)753-8946<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| HHA0059 | KINGMAN REGIONAL MEDICAL CENTER HOME HEALTH<br>2202 STOCKTON HILL ROAD, SUITE 200<br>KINGMAN AZ 86401 | Tele (928)757-0630<br>Fax: (928)692-2733<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA3820 | MOHAVE HOME HEALTH<br>2020 SILVER CREEK ROAD, BUILDING A, SUITE 114<br>BULLHEAD CITY AZ 86442 | Tele (928)763-3184<br>Fax: (928)763-4122<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6631 | PREMIER HOME HEALTH AGENCY, LLC<br>3555 WESTERN AVENUE<br>KINGMAN AZ 86409 | Tele (928)377-1004<br>Fax: (928)757-8448<br>Capacity : Not Applicable Medcaid_Cert: Certified | 06/01/2016 to 05/31/2017 |
| HHA7444 | RIVER VALLEY HOME HEALTH<br>500 NORTH LAKE HAVASU AVENUE, SUITE D102<br>LAKE HAVASU CITY AZ 86403 | Tele (928)505-6473<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Certified | 08/01/2016 to 07/31/2017 |
| HHA6832 | VA HOME HEALTH 2<br>5287 HIGHWAY 95, SUITE G<br>FORT MOHAVE AZ 86426 | Tele (844)824-3577<br>Fax: (623)374-6269<br>Capacity : Not Applicable Medcaid_Cert: Certified | 09/01/2016 to 08/31/2017 |
| HHA5328 | VALLEY VIEW HOME HEALTH<br>1520 HAMMER LANE, SUITE 102<br>FORT MOHAVE AZ 86426 | Tele (928)788-4140<br>Fax: (928)788-4148<br>Capacity : Not Applicable Medcaid_Cert: Certified | 02/01/2016 to 01/31/2017 |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4800 | BEACON OF HOPE HOSPICE<br>500 NORTH LAKE HAVASU ROAD, SUITE B104 & B106<br>LAKE HAVASU AZ 86403 | Tele (928)854-4200<br>Fax: (928)854-4201<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 02/01/2016 to 01/31/2017 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5120 | BEACON OF HOPE HOSPICE<br>3550 NORTH LANE, SUITES 102,104,106 &108<br>BULLHEAD CITY AZ 86442 | Tele (928)444-8122<br>Fax: (928)444-8155<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC4397 | HOSPICE COMPASSUS-BULLHEAD CITY<br>1225 HANCOCK ROAD, SUITE 200<br>BULLHEAD CITY AZ 86442 | Tele (928)763-6433<br>Fax: (928)763-6437<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC0011 | HOSPICE OF HAVASU, INC<br>365 SOUTH LAKE HAVASU AVENUE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)453-2111<br>Fax: (928)453-3003<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC4872 | JOAN AND DIANA HOSPICE HOME<br>812 AIRWAY AVENUE<br>KINGMAN AZ 86409 | Tele (928)757-0602<br>Fax: (928)692-4659<br>Capacity : 12 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC3040 | KINGMAN REGIONAL MEDICAL CENTER HOSPICE<br>2202 STOCKTON HILL ROAD, SUITE 200<br>KINGMAN AZ 86401 | Tele (928)757-0602<br>Fax: (928)692-4659<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC5422 | LIVING WATERS HOSPICE, LLC | | | Tele (928)565-9000 | | 06/01/2016 | to | 05/31/2017 |
| | 3711 WEST HIGHWAY 68 | | | Fax: (928)565-9001 | | | | |
| | GOLDEN VALLEY | AZ | 86413 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7364 | MOHAVE HEALTHCARE, INC | | | Tele (928)683-4041 | | 10/01/2015 | to | 09/30/2016 |
| | 3003 HIGHWAY 95, SUITE 27 | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC4682 | POLIDORI HOUSE | | | Tele (928)854-6232 | | 08/01/2016 | to | 07/31/2017 |
| | 1970 BAHAMA AVENUE | | | Fax: (928)854-6233 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | 6 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC6831 | V A HOSPICE 2, INC. | | | Tele (844)824-3577 | | 09/01/2016 | to | 08/31/2017 |
| | 5287 HIGHWAY 95, SUITE H | | | Fax: (623)374-6269 | | | | |
| | FORT MOHAVE | AZ | 86426 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC5170 | MESA VIEW HOSPICE, LLC | | | Tele (928)347-4567 | | 09/01/2016 | to | 08/31/2017 |
| | 4072 EAST FARM ROAD | | | Fax: (702)346-3086 | | | | |
| | LITTLEFIELD | AZ | 86432 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - REHABILITATION

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH5739 | KINGMAN REGIONAL MEDICAL CENTER - HUALAPAI MOUNTAIN CAMPUS<br>3801 SANTA ROSA<br>KINGMAN AZ 86409 | Tele (928)757-0602<br>Fax: (928)757-0603<br>Capacity : 18 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H4027 | HAVASU REGIONAL MEDICAL CENTER<br>101 CIVIC CENTER LANE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)855-8185<br>Fax: (928)505-5768<br>Capacity : 152 | 01/01/2015 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| H0010 | KINGMAN REGIONAL MEDICAL CENTER<br>3269 STOCKTON HILL ROAD<br>KINGMAN AZ 86409 | Tele (928)757-2101<br>Fax: (928)757-0604<br>Capacity : 235 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| H3864 | VALLEY VIEW MEDICAL CENTER<br>5330 SOUTH HIGHWAY 95<br>FORT MOHAVE AZ 86426 | Tele (928)788-7252<br>Fax: (928)788-7828<br>Capacity : 84 | 09/07/2016 to 06/30/2019<br>Medcaid_Cert: Certified |
| H0156 | WESTERN ARIZONA REGIONAL MEDICAL CENTER<br>2735 SILVER CREEK ROAD<br>BULLHEAD CITY AZ 86442 | Tele (928)763-2273<br>Fax: (928)704-6785<br>Capacity : 139 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | FOX CREEK ADVANCED WOUND CARE<br>2500 CANYON ROAD BUILDING C SUITE 3<br>BULLHEAD CITY AZ 86442 | Tele (928)444-1454<br>Fax: (928)444-1481<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | HAVASU REGIONAL MEDICAL CENTER- WOUND CARE CENTER<br>1851 MESQUITE AVE SUITE 102<br>LAKE HAVASU CITY AZ 86403 | Tele (928)854-1250<br>Fax: (928)505-5768<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC | HAVASU SURGERY CENTER<br>1775 MCCULLOCH BOULEVARD<br>LAKE HAVASU CITY AZ 86403 | Tele (928)453-4200<br>Fax: (928)453-8271<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | HRMC URGENT CARE CENTER<br>1799 NORTH KIOWA BOULEVARD, SUITE 104<br>LAKE HAVASU CITY AZ 86403 | Tele (928)505-1030<br>Fax: (928)505-5744<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | KRMC IMAGING AND LABORATORY<br>4995 HIGHWAY 68, SUITE 1<br>GOLDEN VALLEY AZ 86413 | Tele (928)681-8502<br>Fax: (928)757-0604<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | KRMC IMAGING CENTER | | | Tele (928)681-8600 | | | to |
| | 1330 SYCAMORE | | | Fax: (928)757-0604 | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | KRMC PAIN MANAGEMENT AND REHABILITATION | | | Tele (928)692-4630 | | | to |
| | 3801 SANTA ROSA DRIVE, SUITE 100 | | | Fax: (928)692-4633 | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | OUTPATIENT DIAGNOSTIC CENTER, THE A DEPT OF HAVASU | | | Tele (928)453-1003 | | | to |
| | 1840 MESQUITE AVENUE, SUITE F | | | Fax: (928)505-5768 | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | OUTPATIENT DIAGNOSTIC CENTERTHE, A DEPT OF HAVASU REGIONAL MEDICAL CENTER | | | Tele (928)453-1003 | | | to |
| | 1840 MESQUITE AVENUE, SUITE D | | | Fax: (928)505-5768 | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | VALLEY VIEW MEDICAL COMPLEX | | | Tele (928)788-7252 | | | to |
| | 5300 SOUTH HIGHWAY 95, SUITE J | | | Fax: (760)788-7828 | | | |
| | FORT MOHAVE | AZ | 86426 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | VALLEY VIEW WOUND CARE & HYPERBARIC CENTER<br>1520 HAMMER LANE, SUITE #5<br>FORT MOHAVE AZ 86426 | Tele (928)788-4944<br>Fax: (928)788-4949<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | W.A.R.M.C. OUTPATIENT REHABILITATION CENTER<br>2020 SILVER CREEK ROAD, SUITE A101<br>BULLHEAD CITY AZ 86442 | Tele (928)763-0252<br>Fax: (928)704-6785<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | WARMC IMAGING CENTER<br>1245 EAST HANCOCK ROAD<br>BULLHEAD CITY AZ 86442 | Tele (928)763-2585<br>Fax: (928)763-2735<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | WARMC OUTPATIENT REHABILITATION CENTER<br>2020 SILVER CREEK ROAD, SUITE A120<br>BULLHEAD CITY AZ 86442 | Tele (928)763-2273<br>Fax: (928)704-6785<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | WESTERN ARIZONA REGIONAL MEDICAL CENTER AMBULATORY SURGERY CENTER<br>1225 EAST HANCOCK ROAD<br>BULLHEAD CITY AZ 86429 | Tele (928)763-9555<br>Fax: (928)763-6169<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | WIDE OPEN MRI OF BULLHEAD CITY BY VALLEY VIEW MEDICAL CENTER<br>2000 HIGHWAY 95, SUITE #222<br>BULLHEAD CITY AZ 86442 | Tele (928)704-0080<br>Fax: (928)704-1654<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM183 | BARLOW, HELEN D.<br>220 SOUTH RICHARD STREET<br>COLORADO CITY AZ 86021 | Tele (928)323-2260<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| LM196 | JUNEAU-BUTLER, BONNIE ALLYSON<br>3880 STOCKTON HILL STE 103-522<br>KINGMAN AZ 86409 | Tele (702)281-8482<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/05/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| LM201 | KELLIE ANNE SPARKMAN<br>210 RIVERWOOD DR<br>BULLHEAD CITY AZ 86442 | Tele (702)399-8380<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 09/01/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6304 | A B C THERAPY, L L C<br>1748 HIGHWAY 95, SUITE 14<br>BULLHEAD CITY AZ 86442 | Tele (928)763-0250<br>Fax: (928)763-0271<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6448 | ABC THERAPY, LLC | | | Tele (928)753-0409 | | 07/01/2016 | to | 06/30/2017 |
| | 2401 STOCKTON HILL ROAD, SUITE 4 | | | Fax: (928)763-0271 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0660 | AIMS URGENT CARE CENTER | | | Tele (928)757-3680 | | 10/01/2016 | to | 09/30/2017 |
| | 3636 STOCKTON HILL ROAD | | | Fax: (928)757-3614 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7549 | ARIZONA HAND CENTER | | | Tele (928)763-0201 | | 01/25/2016 | to | 12/31/2016 |
| | 2020 SILVER CREEK ROAD, SUITE A220 | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6055 | ARIZONA'S CHILDREN ASSOCIATION | | | Tele (602)234-3733 | | 04/01/2016 | to | 03/31/2017 |
| | 228 LONDON BRIDGE ROAD, SUITE 202 | | | Fax: (602)234-1252 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6252 | BULLHEAD CITY ENT | | | Tele (928)763-1020 | | 02/01/2016 | to | 01/31/2017 |
| | 3750 HIGWAY 95, SUITE 101 | | | Fax: (928)704-6785 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3489 | BULLHEAD URGENT CARE CENTER | | | Tele (928)704-9202 | | 04/01/2016 | to | 03/31/2017 |
| | 1355 RAMAR ROAD, SUITE 11 | | | Fax: (928)704-9207 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5109 | CANYONLANDS HEALTHCARE - BEAVER DAM | | | Tele (928)347-5971 | | 05/01/2016 | to | 04/30/2017 |
| | 3272 EAST RIO VIRGIN ROAD | | | Fax: (928)347-5793 | | | | |
| | BEAVER DAM | AZ | 86432 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7090 | CROSSROADS URGENT CARE | | | Tele (928)758-2273 | | 04/01/2016 | to | 03/31/2017 |
| | 3641 HIGHWAY 95 | | | Fax: (928)758-2168 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7106 | DESERT BLOOM WOMEN'S HEALTH | | | Tele (928)704-4327 | | 01/01/2016 | to | 02/28/2017 |
| | 2020 SILVER CREEK ROAD | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7094 | DESERT VIEW HEALTH CARE | | | Tele (928)753-3332 | | 03/01/2016 | to | 02/28/2017 |
| | 1871 GATES AVENUE | | | Fax: (928)681-8721 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7761 | DIABETES & ENDOCRINE CENTER | | | Tele (928)854-0094 | | 07/25/2016 | to | 06/30/2017 |
| | 1851 MESQUITE AVENUE, SUITE 202 | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7760 | DIGNITY HEALTH MEDICAL GROUP KINGMAN CENTER FOR LIVER DISEASE AND TRANSPLANTATIO | | | Tele (602)406-5516 | | 07/22/2016 | to | 06/30/2017 |
| | 1739 BEVERLY AVENUE, SUITE 221 | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6048 | ENCOMPASS HEALTH SERVICES, INC. | | | Tele (928)645-5113 | | 03/01/2016 | to | 02/28/2017 |
| | 4103 EAST FLEET SUITE 100 | | | Fax: (928)347-5174 | | | | |
| | LITTLEFIELD | AZ | 86432 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4324 | EXPRESS MEDICAL CARE | | | Tele (928)718-4375 | | 12/01/2015 | to | 11/30/2016 |
| | 2002 STOCKTON HILL ROAD, SUITE 102 | | | Fax: (928)718-0348 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7093 | GOLDEN VALLEY MEDICAL CENTER | | | Tele (928)681-8500 | | 03/01/2016 | to | 02/28/2017 |
| | 4995 WEST HIGHWAY 68, SUITE 1 | | | Fax: (928)565-4104 | | | | |
| | GOLDEN VALLEY | AZ | 86413 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7632 | HIGH DESERT GASTROENTEROLOGY | | | Tele (928)681-8715 | | 03/23/2016 | to | 02/28/2017 |
| | 1739 BEVERLY AVENUE, SUITE 101 | | | Fax: (928)681-8715 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7092 | HILLCREST SURGICAL | | | Tele (928)681-3535 | | 03/01/2016 | to | 02/28/2017 |
| | 3939 STOCKTON HILL ROAD | | | Fax: (928)681-2000 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7097 | JOSHUA TREE PEDIATRICS | | | Tele (928)681-8706 | | 03/01/2016 | to | 02/28/2017 |
| | 1739 BEVERLY AVENUE, SUITE 204 | | | Fax: (928)681-8707 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7098 | KINGMAN CARDIOVASCULAR ASSOCIATES | | | Tele (928)681-8724 | | 03/01/2016 | to | 02/28/2017 |
| | 1739 BEVERLY AVENUE, SUITE 217 | | | Fax: (928)681-8725 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7110 | KINGMAN EAR, NOSE AND THROAT CENTER | | | Tele (928)753-3443 | | 03/01/2016 | to | 02/28/2017 |
| | 1739 BEVERLY AVENUE, SUITE 108 | | | Fax: (928)753-4395 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7099 | KINGMAN OB/GYN ASSOCIATES<br>1739 BEVERLY AVENUE, SUITE 200<br>KINGMAN AZ 86409 | Tele (928)681-8705<br>Fax: (928)692-4698<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7100 | KINGMAN ORTHOPEDICS AND SPORTS MEDICINE<br>1739 BEVERLY AVENUE, SUITE 102<br>KINGMAN AZ 86409 | Tele (928)681-8693<br>Fax: (928)681-8694<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7101 | KINGMAN PULMONARY ASSOCIATES<br>1739 BEVERLY AVENUE, SUITE 203<br>KINGMAN AZ 86409 | Tele (928)757-3133<br>Fax: (928)757-3136<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7636 | KINGMAN RHEUMATOLOGY<br>1739 BEVERLY AVENUE, SUITE 209<br>KINGMAN AZ 86409 | Tele (928)681-8730<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/23/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7635 | KINGMAN UROLOGY<br>1739 BEVERLY AVENUE, SUITE 106<br>KINGMAN AZ 86409 | Tele (928)681-8686<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/23/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7061 | KRMC CARDIOTHRACIC SURGERY<br>1739 BEVERLY AVENUE, SUITE 218<br>KINGMAN AZ 86409 | Tele (928)681-8520<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7102 | KRMC FAMILY PRACTICE RESIDENT CLINIC<br>2202 STOCKTON HILL ROAD, SUITE 101<br>KINGMAN AZ 86401 | Tele (928)681-8701<br>Fax: (928)681-8702<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7697 | KRMC OCCUPATIONAL HEALTH<br>1739 BEVERLY AVENUE, SUITE 118<br>KINGMAN AZ 86409 | Tele (928)757-0602<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/19/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7103 | KRMC PRIMARY CARE<br>2226 HUALAPAI MOUNTAIN ROAD, STE 101<br>KINGMAN AZ 86401 | Tele (928)681-8703<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7232 | KRMC URGENT CARE<br>1726 BEVERLY AVENUE, SUITE A<br>KINGMAN AZ 86401 | Tele (928)753-3303<br>Fax: (928)753-3603<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6043 | LAKE HAVASU CITY OUTPATIENT | | | Tele (928)453-2661 | | 09/01/2016 | to | 08/31/2017 |
| | 1845 MCCULLOCH BOULEVARD, SUITE B-1 | | | Fax: (602)265-8533 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3231 | LAKE HILLS INN | | | Tele (928)505-5552 | | 11/01/2015 | to | 10/31/2016 |
| | 2781 OSBORN DRIVE, THERAPY ROOM | | | Fax: (928)505-2660 | | | | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6409 | MARK FINEMAN, M.A., L.I.S.A.C | | | Tele (928)486-2496 | | 03/01/2016 | to | 02/28/2017 |
| | 212 5TH STREET | | | Fax: (801)780-5532 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7107 | MEADVIEW MEDICAL SERVICES | | | Tele (928)564-2632 | | 03/01/2016 | to | 02/28/2017 |
| | 330 EAST MEADVIEW BOULEVARD, SUITE F | | | Fax: (928)757-0604 | | | | |
| | MEADVIEW | AZ | 86444 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7588 | MENTALLY ILL KIDS IN DISTRESS ( M I K I D ) | | | Tele (602)253-1240 | | 03/01/2016 | to | 02/28/2017 |
| | 606 EAST BEALE STREET | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3465 | MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH | | | Tele (928)453-0703 | | 03/01/2016 | to | 02/28/2017 |
| | 2001 COLLEGE DRIVE, SUITE 115 | | | Fax: (928)753-0775 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3464 | MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH BULLHEAD CITY | | | Tele (928)758-0703 | | 03/01/2016 | to | 02/28/2017 |
| | 1222 HANCOCK ROAD | | | Fax: (928)753-0775 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3466 | MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH-COLORADO CITY | | | Tele (928)875-8960 | | 06/01/2016 | to | 05/31/2017 |
| | 20 SOUTH COLVIN STREET, ROOM 1 | | | Fax: (928)875-8961 | | | | |
| | COLORADO CITY | AZ | 86021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3853 | MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH-KINGMAN | | | Tele (928)753-0714 | | 12/01/2015 | to | 11/30/2016 |
| | 700 WEST BEALE STREET | | | Fax: (928)753-0775 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7272 | MOHAVE MENTAL HEALTH CLINIC, INC | | | Tele (928)757-8111 | | 08/01/2016 | to | 07/31/2017 |
| | 915 AIRWAY AVENUE | | | Fax: (928)757-3256 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7827 | MOHAVE MENTAL HEALTH CLINIC, INC | | | Tele (602)757-8111 | | 08/26/2016 | to | 07/31/2017 |
| | 151 RIVIERA DRIVE, SUITE B | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5983 | MOHAVE MENTAL HEALTH CLINIC, INC. | | | Tele (928)757-8111 | | 04/01/2016 | to | 03/31/2017 |
| | 2580 HIGHWAY 95, SUITE # 209 | | | Fax: (928)757-3256 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6117 | MOHAVE MENTAL HEALTH CLINIC, INC. | | | Tele (928)757-8111 | | 12/01/2016 | to | 11/30/2017 |
| | 1145 MARINA BOULEVARD | | | Fax: (928)757-3256 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5896 | MOHAVE MENTAL HEALTH CLINIC, INC. | | | Tele (928)757-8111 | | 02/01/2016 | to | 01/31/2017 |
| | 3505-A WESTERN AVENUE | | | Fax: (928)757-3256 | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5973 | MOHAVE MENTAL HEALTH CLINIC, INC. | | | Tele (928)757-8111 | | 12/01/2016 | to | 11/30/2017 |
| | 2187 SWANSON AVENUE | | | Fax: (928)757-3256 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7108 | MOHAVE SURGICAL SPECIALISTS | | | Tele (928)753-3332 | | 03/01/2016 | to | 02/28/2017 |
| | 3104 STOCKTON HILL ROAD | | | Fax: (928)681-8721 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC5543 | MOHAVE WALK-IN CARE | | | Tele (928)444-1444 | | 10/01/2015 | to | 09/30/2016 |
| | 3735 HIGHWAY 95 | | | Fax: (928)704-6785 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC5542 | NEW HORIZONS SURGICAL SERVICES | | | Tele (928)704-7163 | | 10/01/2015 | to | 09/30/2016 |
| | 2500 CANYON ROAD, BUILDING C, UNIT 2 | | | Fax: (928)704-6785 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC7193 | NEXTCARE URGENT CARE - HAVASU CITY | | | Tele (928)453-4600 | | 05/01/2016 | to | 04/30/2017 |
| | 1810 MESQUITE AVENUE, SUITE B | | | Fax: (928)453-4606 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| OTC6266 | NORTH COUNTRY HEALTH CARE, INC. - KINGMAN INTEGRATION | | | Tele (928)522-9826 | | 02/01/2016 | to | 01/31/2017 |
| | 3505 WESTERN AVENUE, SUITE B | | | Fax: (928)522-9805 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7261 | NORTHERN ARIZONA MEDICAL GROUP URGENT CARE | | | Tele (928)757-8440 | | 08/05/2015 | to | 07/31/2016 |
| | 3555 WESTERN AVENUE | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7572 | OXFORD HEALTH NETWORK | | | Tele (602)428-0002 | | 02/04/2016 | to | 01/31/2017 |
| | 1945 MESQUITE AVENUE, SUITE FG | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6636 | RIVERVIEW WELLNESS CENTER | | | Tele (928)444-1823 | | 06/01/2016 | to | 05/31/2017 |
| | 2020 SILVER CREEK ROAD, SUITE A210 | | | Fax: (928)444-1824 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5525 | SILVER CREEK FAMILY PRACTICE | | | Tele (928)763-9290 | | 10/01/2016 | to | 09/30/2017 |
| | 2500 CANYON ROAD, BUILDING B, UNIT 2 | | | Fax: (928)704-6785 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3000 | SILVER CREEK MRI, LLC | | | Tele (928)704-4674 | | 11/01/2015 | to | 10/31/2016 |
| | 2735 SILVER CREEK ROAD | | | Fax: (928)704-8867 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5776 | SLEEP-WAKE DISORDERS CENTER OF HAVASU<br>1695 MESQUITE AVENUE, SUITE 110<br>LAKE HAVASU CITY AZ 86403 | Tele (928)246-0500<br>Fax: (928)855-7574<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5971 | SOUTHWEST BEHAVIORAL HEALTH - BHC OP<br>2580 HIGHWAY 95, SUITES 119-125<br>BULLHEAD CITY AZ 86442 | Tele (602)257-9339<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6052 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - BULLHEAD CITY ORS<br>809 HANCOCK RD, STE 1 / 817 HANCOCK RD, STE 2<br>BULLHEAD CITY AZ 86442 | Tele (602)257-9339<br>Fax: (928)763-7172<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC5967 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC - KINGMAN OUTPATIENT<br>2215 HUALAPAI MOUNTAIN ROAD, SUITES E, H & I<br>KINGMAN AZ 86401 | Tele (602)257-9339<br>Fax: (602)265-8377<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7764 | SPECIALTY ASSOCIATES<br>1851 MESQUITE AVENUE, SUITE 210<br>LAKE HAVASU CITY AZ 86403 | Tele (928)854-7540<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/25/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7109 | SUNSHINE CANYON FAMILY HEALTHCARE<br>2202 STOCKTON HILL ROAD, SUITE 100<br>KINGMAN AZ 86401 | Tele (928)681-8708<br>Fax: (928)681-8709<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6961 | TASC ( TREATMENT ASSESSMENT SCREENING CENTER, INC)<br>1041 HANCOCK ROAD, SUITE 3<br>BULLHEAD CITY AZ 86442 | Tele (928)758-4743<br>Fax: (928)753-5764<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5949 | TASC, INC ( TREATMENT ASSESSMENT SCREENING CENTER)<br>2364 KINGMAN AVENUE<br>KINGMAN AZ 86401 | Tele (928)753-9678<br>Fax: (928)753-5764<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC4868 | TRUEREHAB OF ARIZONA, LLC<br>297 SOUTH LAKE HAVASU AVENUE, SUITE #102<br>LAKE HAVASU CITY AZ 86403 | Tele (928)453-0501<br>Fax: (928)453-0502<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6150 | WESTCARE ARIZONA I, INC<br>821 HANCOCK ROAD, SUITE 2<br>BULLHEAD CITY AZ 86442 | Tele (928)763-1945<br>Fax: (928)763-8809<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6436 | WESTCARE ARIZONA I, INC.<br>220 FIRST STREET<br>KINGMAN AZ 86401 | Tele (928)763-1945<br>Fax: (928)763-8809<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC5544 | WESTERN ARIZONA LUNG SPECIALIST AND GASTROENTEROLOGY SERVICES<br>1225 EAST HANCOCK ROAD, SUITES #204 & #205<br>BULLHEAD CITY AZ 86442 | Tele (928)704-7112<br>Fax: (928)704-6785<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7560 | WESTERN ARIZONA MEDICAL SPECIALISTS<br>1225 EAST HANCOCK ROAD, SUITE 105<br>BULLHEAD CITY AZ 86442 | Tele (928)763-0201<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/25/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7752 | WESTERN ARIZONA VASCULAR ASSOCIATES<br>2744 SILVER CREEK ROAD<br>BULLHEAD CITY AZ 86442 | Tele (928)704-7166<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/20/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2716 | HAVASU REGIONAL MEDICAL CENTER<br>1811 MESQUITE AVE<br>LAKE HAVASU CITY AZ 86403 | Tele (928)505-5793<br>Fax: (928)505-5799<br>Capacity : 19 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-306 | DESERT HIGHLANDS CARE CENTER | | | Tele (928)753-5580 | 11/01/2016 to 10/31/2017 |
| | 1081 KATHLEEN AVE | | | Fax: (928)753-3880 | |
| | KINGMAN | AZ | 86401 | Capacity : 120 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-355 | HAVASU NURSING CENTER | | | Tele (928)453-1500 | 02/01/2017 to 01/31/2018 |
| | 3576 KEARSAGE DRIVE | | | Fax: (928)453-6675 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 118 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-1209 | LAKE HILLS INN | | | Tele (928)505-5552 | 04/01/2016 to 03/31/2017 |
| | 2781 OSBORN DRIVE | | | Fax: (928)505-2660 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : 104 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-1979 | THE GARDENS REHAB & CARE CENTER | | | Tele (928)718-0718 | 05/01/2016 to 04/30/2017 |
| | 3131 WESTERN AVENUE | | | Fax: (928)718-1177 | |
| | KINGMAN | AZ | 86401 | Capacity : 128 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2664 | THE LEGACY REHAB & CARE CENTER | | | Tele (928)763-1404 | 09/01/2016 to 08/31/2017 |
| | 2812 SILVER CREEK ROAD | | | Fax: (928)763-9795 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 120 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2635 | THE LINGENFELTER CENTER | | | Tele (928)718-4852 | 10/01/2016 to 09/30/2017 |
| | 1099 SUNRISE AVENUE | | | Fax: (928)718-1729 | |
| | KINGMAN | AZ | 86401 | Capacity : 88 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2660 | THE RIVER GARDENS REHAB AND CARE CENTER | | | Tele (928)763-8700 | 02/01/2017 to 01/31/2018 |
| | 2150 SILVER CREEK ROAD | | | Fax: (928)763-9795 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : 90 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9594 | BOSS, BRITANNIE A. | | | Tele (928)000-0000 | 08/27/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6546 | BROWN, RICHARD L. | | | Tele (928)753-5678 | 12/01/2015 to 11/30/2017 |
| | 2312 PUEBLO DRIVE | | | Fax: (928)753-6910 | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8446 | BUTH, NICOLE B | | | Tele (928)854-5439 | 07/01/2016 to 06/30/2018 |
| | 1515 N LAKE HAVASU AVE | | | Fax: (928)854-5440 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7020 | DELL, CHRISTINE M. | | | Tele (928)758-8858 | | 03/01/2016 | to | 02/28/2018 |
| | 1004 HANCOCK RD | | | Fax: (928)758-6834 | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10191 | ERIN KATHLEEN RIGGERT | | | Tele (530)000-0000 | | 09/02/2016 | to | 09/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6344 | FALZON, SUSAN L. | | | Tele (928)505-6060 | | 09/01/2015 | to | 08/31/2017 |
| | 1425 PATRICIAN | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10105 | FARRINGTON, CARISSA DANELLE | | | Tele (928)505-6900 | | 06/21/2016 | to | 06/20/2018 |
| | 2200 HAVASUPAI BLVD | | | Fax: ( ) - | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9736 | FREI, LINDSAY J. | | | Tele (928)758-8858 | | 11/02/2015 | to | 11/30/2017 |
| | 1004 HANCOCK ROAD | | | Fax: ( ) - | | | | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9202 | JEANNA LOUISE ZITTING | | | Tele (928)875-9060 | 12/01/2016 to 11/30/2018 |
| | 55 N CARLING ST | | | Fax: ( ) - | |
| | COLORADO CITY | AZ | 86021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7424 | LAZZARA, ANN | | | Tele (928)768-2507 | 09/01/2016 to 08/31/2018 |
| | 8450 S OLIVE AVE | | | Fax: (928)768-2510 | |
| | MOHAVE VALLEY | AZ | 86440 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9748 | MARTINEZ, LINDSAY K. | | | Tele (928)854-5439 | 11/16/2015 to 11/30/2017 |
| | 1515 N LAKE HAVASU AVE #100 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9614 | MOORE, BROOKE N. | | | Tele (928)753-6392 | 08/17/2015 to 08/31/2017 |
| | 2601 DETROIT AVE | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6487 | PERKINS, CAROL T. | | | Tele (928)505-6900 | 12/01/2015 to 11/30/2017 |
| | 2200 HAVASUPAI BLVD LAKE HAVAS | | | Fax: (928)505-6980 | |
| | LAKE HAVASU | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10092 | PERRINE, AIME MAREE | | | Tele (928)753-6392 | 06/15/2016 to 06/14/2018 |
| | 2601 DETRIOT AVENUE | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7516 | RADLER, HILARY G. | | | Tele (928)753-5678 | 10/01/2015 to 09/30/2017 |
| | 3033 MACDONALD AVE | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7425 | RAY, TASHA K | | | Tele (928)768-2507 | 08/01/2016 to 07/31/2018 |
| | 168450 S OLIVE AVE | | | Fax: ( ) - | |
| | MOHAVE VALLEY | AZ | 86440 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7198 | ROANE DARLAND, DIANNA M | | | Tele (928)704-9345 | 08/01/2016 to 07/31/2018 |
| | 625 MARINA BLVD | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6438 | SCHMITZ, BARBARA J. | | | Tele (928)718-6322 | 10/01/2015 to 09/30/2017 |
| | 3033 MACDONALD AVE | | | Fax: (928)753-6910 | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8305 | STELLO, JESSICA A | | | Tele (928)505-6900 | | 06/01/2016 | to | 05/31/2018 |
| | 2200 HAVASUPAI BLVD | | | Fax: (928)505-6999 | | | | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10212 | TAYLOR BROOKE CAMPBELL | | | Tele (928)757-2101 | | 09/12/2016 | to | 09/11/2018 |
| | 3269 STOCKTON HILL ROAD | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8815 | WERBISKIS, LINDSEY H | | | Tele (928)505-6900 | | 05/01/2016 | to | 04/30/2018 |
| | 2200 HAVASUPAI BLVD | | | Fax: (413)210-1255 | | | | |
| | HAVASU CITY | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8341 | WRIGHT, HEATHER N | | | Tele (928)753-5678 | | 06/01/2016 | to | 05/31/2018 |
| | 3033 MACDONALD AVE | | | Fax: (928)753-6910 | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10308 | ANTONIA GREGORIA BURKHARD | | | Tele (831)000-0000 | | 10/06/2016 | to | 10/05/2018 |
| | 3269 STOCKTON ROAD | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86409 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1715 | BONTJE QUINN, ELAINE | | | Tele (928)505-6938 | 01/01/2016 to 12/31/2017 |
| | 2200 HAVASUPAI BLVD | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5038 | BRADLE, MELANIE E. | | | Tele (928)263-4632 | 02/01/2016 to 01/31/2018 |
| | 3269 STOCKTON HILL ROAD | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9191 | BRYANT, ANTOINETTE | | | Tele (928)757-2101 | 11/10/2014 to 11/30/2016 |
| | 3269 STOCKTON HILL ROAD | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0832 | DEFRANCISCO, CYNTHIA A. | | | Tele (928)704-1100 | 03/01/2016 to 02/28/2018 |
| | 1501 E VALENCIA | | | Fax: (928)704-1177 | |
| | FORT MOHAVE | AZ | 86426 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9120 | DONAHUE, JENNIFER L. | | | Tele (918)718-0718 | 01/07/2016 to 01/06/2018 |
| | 3131 WESTERN AVE | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4054 | GRAMM-ROHM, SIVA S. | | | Tele (928)753-5580 | 05/01/2016 to 04/30/2018 |
| | 1081 KATHLEEN AVE | | | Fax: (928)692-2737 | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0778 | HAMMOND, KATHRYN AVILA | | | Tele (928)505-5798 | 03/01/2016 to 02/28/2018 |
| | 101 CIVIC CENTER DRIVE | | | Fax: (928)453-0418 | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8417 | HOWE, JENNIFER J. | | | Tele (928)681-2400 | 04/06/2015 to 04/30/2017 |
| | 3410 N BURBANK ST | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5255 | KATHRYN ALYN GOODRICH SNYDER | | | Tele (928)000-0000 | 01/01/2017 to 12/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6026 | MARGARET ANN MURRAY | | | Tele (928)453-1500 | 11/01/2016 to 10/31/2018 |
| | 3576 KEARSAGE DR | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8859 | MARSH, KARIE M. | | | Tele (928)757-2101 | 06/01/2016 to 05/31/2018 |
| | 3269 STOCKTON HILL RD | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86409 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4317 | MCSHEA, COLLEEN L. | | | Tele (928)854-5439 | 08/01/2016 to 07/31/2018 |
| | 1515 N LAKE HAVASU AVE SUITE 100 | | | Fax: (928)854-5440 | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7867 | MUECKE, CAROLYN A. | | | Tele (928)854-5439 | 12/01/2015 to 11/30/2017 |
| | 1515 N LAKE HAVASU AVE #100 | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86404 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4094 | ZERVAS, PERRY P. | | | Tele (928)763-2273 | 06/01/2016 to 05/31/2018 |
| | 2735 SILVER CREEK ROAD | | | Fax: (760)326-7217 | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1366 | ZEYOUMA, KAREN S. | | | Tele (928)897-9495 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9904 | BUTALID, OLIVIA O. | | | Tele (928)758-8858 | 04/05/2016 to 04/04/2018 |
| | 1004 HANCOCK ROAD | | | Fax: ( ) - | |
| | BULLHEAD CITY | AZ | 86442 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0947 | HATCH, STEPHANIE M. | | | Tele (928)854-4011 | 04/01/2016 to 03/31/2018 |
| | 3155 MARICOPA AVENUE | | | Fax: (928)855-5908 | |
| | LAKE HAVASU CITY | AZ | 86406 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5455 | MANROSS, CHRISTINE E. | | | Tele (928)753-5678 | 07/01/2016 to 06/30/2018 |
| | 3033 MACDONALD | | | Fax: ( ) - | |
| | KINGMAN | AZ | 86401 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4986 | MCCUMBER, LILLIAN M. | | | Tele (928)768-2507 | 11/01/2015 to 10/31/2017 |
| | 1419 E WILLOW | | | Fax: (928)768-2510 | |
| | MOHAVE VALLEY | AZ | 86440 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0945 | READ, SUSAN L. | | | Tele (928)505-6900 | 08/16/2016 to 08/15/2018 |
| | 2200 HAVASUPA BLVD | | | Fax: ( ) - | |
| | LAKE HAVASU CITY | AZ | 86403 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPL8601 | TOLEDO, ELIZA A.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>BULLHEAD CITY AZ 86442 | Tele (928)758-8858<br>Fax: (928)758-6834<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| THAD9721 | HEISER, MARK A.<br>2400 HWY 95 SUITE 50<br>BULLHEAD CITY AZ 86442 | Tele (928)763-1973<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| THAD10111 | TONI EILEEN ST AUBIN<br>1760 MCCULLOCH BLVD N STE 100<br>LAKE HAVASU AZ 86403 | Tele (928)854-5368<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/23/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| TSLP10169 | BRANCH, BREE ALAN<br>3269 STOCKTON HILL ROAD<br>KINGMAN AZ 86409 | Tele (928)757-2101<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/26/2016 to 07/25/2017<br>Medcaid_Cert: Not Ceritified |
| TSLP10264 | COURTNEY LYN STAUDACHER<br>1515 N LAKE HAVASU AVENUE #100<br>LAKE HAVASU CITY AZ 86404 | Tele (928)854-5439<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/20/2016 to 09/19/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - MOHAVE Total = 329

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| TSLP10311 | LAUREN NICOLE LITVAK | | | Tele (928)718-0718 | | 10/12/2016 | to | 10/11/2017 |
| | 3131 WESTERN AVENUE | | | Fax: ( ) - | | | | |
| | KINGMAN | AZ | 86401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| TSLP10158 | ROSTAN, BONNIE MARIE | | | Tele (928)505-5798 | | 07/22/2016 | to | 07/21/2017 |
| | 101 CIVIC CENTER LANE | | | Fax: ( ) - | | | | |
| | LAKE HAVASU | AZ | 86403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| UNC7742 | CENTENNIAL PARK CLINIC | | | Tele (928)875-8750 | | 07/11/2016 | to | 06/30/2017 |
| | 1675 SOUTH BERRY KNOLL BOULEVARD | | | Fax: ( ) - | | | | |
| | COLORADO CITY | AZ | 86021 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County AZ - NAVAJO Total = 161

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC6883 | BDPEC ASC SHOW LOW | | | Tele (928)955-1000 | | 09/01/2016 | to | 08/31/2017 |
| | 1610 SOUTH WHITE MOUNTAIN ROAD | | | Fax: ( ) - | | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC5588 | SUNRISE AMBULATORY SURGICAL CENTER<br>5448 SOUTH WHITE MOUNTAIN ROAD, SUITE 100<br>LAKESIDE AZ 85929 | Tele (615)240-3820<br>Fax: (615)234-1720<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 10/01/2016 to 09/30/2017 |
| OSC0061 | WHITE MOUNTAIN AMBULATORY SURGERY CENTER<br>2650 EAST SHOW LOW LAKE ROAD, SUITE 2<br>SHOW LOW AZ 85901 | Tele (928)537-4240<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/01/2016 to 06/30/2017 |

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5674 | FOUR CORNERS HEALTHCARE<br>205 KAYENTA BUSINESS CENTER MESA VIEW ROAD #216<br>KAYENTA AZ 86033 | Tele (928)697-3400<br>Fax: (928)697-8186<br>Capacity : Not Applicable Medcaid_Cert: Certified | 03/01/2016 to 02/28/2017 |
| HHA5735 | GIVING HOME HEALTH CARE<br>KAYENTA CHAPTER HOUSE, ONE MILE NORTH OF HWY 163<br>KAYENTA AZ 86033 | Tele (505)598-5000<br>Fax: (505)214-5920<br>Capacity : Not Applicable Medcaid_Cert: Certified | 05/01/2016 to 04/30/2017 |
| HHA6567 | SPECIAL CARE AT HOME, INC.<br>15 MILES EAST KAYENTA HIGHWAY 160, MILEPOST 408<br>KAYENTA AZ 86033 | Tele (505)726-2890<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/29/2016 to 06/30/2017 |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL1054C | CARRIAGE HOUSE ON WEST GARDEN LANE<br>395 WEST GARDEN LANE<br>SNOWFLAKE AZ 85937 | Tele (928)536-7935<br>Fax: (928)536-5444<br>Capacity : 32 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| AL0505C | FREELAND MANOR QUALITY CARE CENTER, INC<br>48 EAST 1ST STREET SOUTH<br>SNOWFLAKE AZ 85937 | Tele (928)536-2726<br>Fax: (928)536-5075<br>Capacity : 20 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| AL10110C | SOLTERRA AT WHITE MOUNTAINS TWO OPS, LLC<br>5408 AZ HWY 260 (BLDG 2)<br>LAKESIDE AZ 85929 | Tele (928)532-4600<br>Fax: (928)537-0765<br>Capacity : 78 | 10/06/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL0054C | HOLBROOK SENIOR CENTER EXTENDED CARE<br>216 JOY NEVIN<br>HOLBROOK AZ 86025 | Tele (928)524-2344<br>Fax: (928)297-0281<br>Capacity : 16 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7716C | SOLTERRA AT WHITE MOUNTAINS ONE<br>5408 AZ HWY 260 (BLDG 1)<br>LAKESIDE AZ 85929 | Tele (928)532-4600<br>Fax: (928)537-0765<br>Capacity : 30 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD4203 | BREMER, LYNNE M. | | | Tele | (928)521-9208 | 01/01/2016 | to | 12/31/2017 |
| | 153 W VISTA | | | Fax: | (928)524-1325 | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4570 | COMMUNITY BRIDGES, INC-ALBERT LONG RESIDENTIAL PROGRAM | | | Tele | (480)831-7566 | 05/01/2016 | to | 04/30/2017 |
| | 993 HERMOSA DRIVE, AREA B | | | Fax: | (480)831-7563 | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4759 | WOODLAND HOME | | | Tele | (928)537-2951 | 02/01/2017 | to | 01/31/2018 |
| | 447 SOUTH WOODLAND LANE | | | Fax: | ( ) - | | | |
| | PINETOP | AZ | 85935 | Capacity : | 6 | Medcaid_Cert: | | Certified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12301 | EHMKES CHILDHAVEN PRESCHOOL | | | Tele | (928)537-2365 | 09/01/2014 | to | 08/31/2017 |
| | 841 EAST MC NEIL STREET | | | Fax: | (928)537-2365 | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | 115 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8675 | HOLBROOK EDUCATIONAL DAY CARE | | | Tele | (928)524-6014 | 02/01/2015 | to | 01/31/2018 |
| | 115 WEST ERIE | | | Fax: | (928)524-1482 | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | 46 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16973 | HOPI DAY SCHOOL | | | Tele (928)734-2467 | 07/24/2014 to 06/30/2017 |
| | 1/4 MILE EAST OF MAIN STREET | | | Fax: ( ) - | |
| | KYKOTSMOVI | AZ | 86039 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16716 | IMMANUEL EVANGELICAL LUTHERAN CHURCH | | | Tele (928)536-2210 | 01/23/2014 to 12/31/2016 |
| | 110 SOUTH MAIN STREET | | | Fax: ( ) - | |
| | TAYLOR | AZ | 85939 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15025 | KIDZ TOWN PRESCHOOL AND DAYCARE | | | Tele (928)537-2224 | 08/01/2015 to 07/31/2018 |
| | 1233 FAWN BROOK DRIVE | | | Fax: (928)537-2222 | |
| | SHOW LOW | AZ | 85901 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10968 | MARY'S LITTLE LAMBS | | | Tele (928)289-2987 | 11/01/2015 to 10/31/2018 |
| | 100 NORTH WARREN AVENUE | | | Fax: (928)289-1052 | |
| | WINSLOW | AZ | 86047 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6923 | MISS DINAH'S PLACE | | | Tele (928)537-5488 | 02/01/2015 to 01/31/2018 |
| | 561 NORTH 18TH PLACE | | | Fax: (928)537-5499 | |
| | SHOW LOW | AZ | 85902 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1360 | N.A.C.O.G. - HOLBROOK HEAD START | | | Tele (928)524-6831 | 10/01/2016 to 09/30/2019 |
| | 165 WEST ARIZONA | | | Fax: (928)524-1657 | |
| | HOLBROOK | AZ | 86025 | Capacity : 80 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-4859 | N.A.C.O.G. - PINETOP HEAD START | | | Tele (928)367-2121 | 02/01/2015 to 01/31/2018 |
| | 1721 SOUTH PENROD AVENUE | | | Fax: (928)367-2122 | |
| | PINETOP | AZ | 85935 | Capacity : 25 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-10892 | N.A.C.O.G. - SHOW LOW HEAD START | | | Tele (928)537-7716 | 09/01/2015 to 08/31/2018 |
| | 760 MCNEIL STREET | | | Fax: (928)537-4926 | |
| | SHOW LOW | AZ | 85901 | Capacity : 52 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-1629 | N.A.C.O.G. - SNOWFLAKE HEAD START | | | Tele (928)536-7330 | 11/01/2016 to 10/31/2019 |
| | 680 WEST 4TH SOUTH | | | Fax: (928)536-2406 | |
| | SNOWFLAKE | AZ | 85937 | Capacity : 25 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-15449 | N.A.C.O.G. - WINSLOW EARLY HEAD START | | | Tele (928)774-9504 | 06/01/2016 to 05/31/2019 |
| | 800 NORTH APACHE AVENUE | | | Fax: (928)779-0514 | |
| | WINSLOW | AZ | 86047 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0125 | N.A.C.O.G. - WINSLOW HEAD START | | | Tele (928)289-2651 | 06/01/2016 to 05/31/2019 |
| | AIRPORT RD/OLD COUNTRY CL | | | Fax: (928)289-5401 | |
| | WINSLOW | AZ | 86047 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6127 | POOH'S PLAYHOUSE | | | Tele (928)289-4159 | 05/01/2014 to 04/30/2017 |
| | 1017 APACHE | | | Fax: ( ) - | |
| | WINSLOW | AZ | 86047 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8385 | SPROUTS PRESCHOOL | | | Tele (928)537-4827 | 09/01/2014 to 08/31/2017 |
| | 261 NORTH 5TH STREET | | | Fax: ( ) - | |
| | SHOW LOW | AZ | 85901 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15213 | ST. ANTHONY SCHOOL-PREKINDERGARTEN | | | Tele (928)537-4497 | 12/01/2015 to 11/30/2018 |
| | 1400 EAST OWENS | | | Fax: (928)537-4507 | |
| | SHOW LOW | AZ | 85901 | Capacity : 21 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1773 | THE DISCOVERY ZONE LEARNING CENTER | | | Tele (928)367-0463 | 03/01/2015 to 02/28/2018 |
| | 184 W WHITE MOUNTAIN BLVD | | | Fax: (928)367-5727 | |
| | LAKESIDE | AZ | 85929 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9981 | WHITE MOUNTAIN MONTESSORI SCHOOLS<br>421 WOODLAND ROAD<br>LAKESIDE AZ 85929 | Tele (928)367-1201<br>Fax: ( ) -<br>Capacity : 59 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9335 | B.R.U.S.D.#32 - TINY TOTS PRESCHOOL<br>1200 WEST WHITE MTN. BLVD<br>LAKESIDE AZ 85929 | Tele (928)368-6328<br>Fax: (928)368-5570<br>Capacity : 56 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14500 | H.U.S.D.#3 - INDIAN WELLS PRE-SCHOOL<br>JUNCTION OF STATE ROUTE 77/15<br>HOLBROOK AZ 86031 | Tele (928)654-3622<br>Fax: (928)654-3162<br>Capacity : 29 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11292 | H.U.S.D.#3 - SCHOOL HOUSE P A L S<br>600 WEST BUFFALO<br>HOLBROOK AZ 86025 | Tele (928)524-6992<br>Fax: (928)524-2490<br>Capacity : 59 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17457 | J.C.U.S.D. - JOSEPH CITY PRESCHOOL<br>8176 WESTOVER AVENUE<br>JOSEPH CITY AZ 86032 | Tele (928)288-3329<br>Fax: (928)288-3317<br>Capacity : 23 | 11/30/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16318 | K.U.S.D.#27 - A B C PRESCHOOL | | | Tele (928)697-2461 | 08/23/2015 to 07/31/2018 |
| | 400 MESA VIEW DRIVE | | | Fax: (928)697-2945 | |
| | KAYENTA | AZ | 86033 | Capacity : 148 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7481 | K.U.S.D.#27 - C.O.P.E. | | | Tele (928)697-2205 | 05/01/2016 to 04/30/2019 |
| | NORTH HIGHWAY 163 | | | Fax: (928)697-2246 | |
| | KAYENTA | AZ | 86033 | Capacity : 21 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16238 | P.U.S.D.#4 - PINON ELEMENTARY SCHOOL | | | Tele (928)725-2202 | 10/01/2015 to 09/30/2018 |
| | 1 MILE NORTH ROUTE BIA-41 | | | Fax: (928)725-2216 | |
| | PINON | AZ | 86510 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17417 | S.L.U.S.D. - SHOW LOW HIGH SCHOOL - THE CUBBIE HOLE | | | Tele (928)537-6240 | 08/31/2015 to 07/31/2018 |
| | 500 WEST OLD LINDEN ROAD | | | Fax: ( ) - | |
| | SHOW LOW | AZ | 85901 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16216 | W.U.S.D.#1 - BONNIE BRENNAN ELEMENTARY SCHOOL | | | Tele (928)288-8400 | 05/29/2015 to 04/30/2018 |
| | 100 COCHISE DRIVE | | | Fax: (928)288-8492 | |
| | WINSLOW | AZ | 86047 | Capacity : 34 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7036 | W.U.S.D.#1 - DISABILITY PRESCHOOL<br>100 COCHISE DRIVE<br>WINSLOW AZ 86047 | Tele (928)288-8400<br>Fax: (928)288-8292<br>Capacity : 25 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13738 | W.U.S.D.#20 - ALCHESAY BEGINNINGS CHILD DEVELOPMENT CENTER<br>422 SOUTH 2ND AVENUE<br>WHITERIVER AZ 85941 | Tele (928)338-2016<br>Fax: (928)338-5124<br>Capacity : 102 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-15632 | MELISSA'S FAMILY DAYCARE<br>2124 DESERT VIEW DRIVE<br>WINSLOW AZ 86047 | Tele (928)289-3077<br>Fax: ( ) -<br>Capacity : 10 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| SGH-15786 | PARKSIDE QUALITY DAY CARE, LLC<br>629 EAST TUMBLEWEED LANE<br>TAYLOR AZ 85939 | Tele (928)243-5052<br>Fax: ( ) -<br>Capacity : 10 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| SGH-14696 | TRACY'S CHILD CARE<br>1025 CHAPARRAL ROAD<br>SHOW LOW AZ 85901 | Tele (928)532-2984<br>Fax: (928)537-3838<br>Capacity : 10 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2344 | AIRES, LLC / CAMPBELL | | | Tele (928)537-5119 | | 11/01/2015 | to | 10/31/2017 |
| | 1930 W NIKOLAUS | | | Fax: ( ) - | | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDHT1711 | ALPINE RESOURCES, INC. | | | Tele (827)634-2222 | | 10/01/2015 | to | 09/30/2017 |
| | PO BOX 127 KYKOTSMOVI AZ HOPI MISSION SCHOOL HWY64 | | | Fax: (928)734-2283 | | | | |
| | KYKOTSMOVI | AZ | 86039 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2270 | MEADOWS CATALINA LLC / WALNUT | | | Tele (928)367-5858 | | 12/31/2014 | to | 12/31/2016 |
| | 1554 WALNUT LANE | | | Fax: (928)367-5862 | | | | |
| | LAKESIDE | AZ | 85929 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2494 | MEADOWS CATALINA LLC / APACHE | | | Tele (520)760-5761 | | 02/10/2015 | to | 02/28/2017 |
| | 1249 WEST APACHE LANE | | | Fax: ( ) - | | | | |
| | LAKESIDE | AZ | 85929 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2657 | TLC SUPPORTED LIVING SERVICES OF AZ, INC / 306 | | | Tele (928)537-9744 | | 08/04/2016 | to | 07/31/2018 |
| | 1120 W KIAYA LANE | | | Fax: (928)241-1915 | | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2576 | TLC SUPPORTED LIVING SERVICES OF AZ, INC / 309<br>220 W CRYSTAL CIR<br>SHOW LOW AZ 85901 | Tele (928)532-1769<br>Fax: (928)532-1769<br>Capacity : Not Applicable | 12/14/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH119 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 301<br>40 N 4TH AVE<br>SHOW LOW AZ 85901 | Tele (928)537-0779<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0838 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 302<br>1686 FRONTIER LANE<br>LAKESIDE AZ 85929 | Tele (928)368-5742<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2101 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 303<br>761 NORTH 6TH AVENUE<br>SHOW LOW AZ 85901 | Tele (928)532-3191<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/31/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2002 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 304<br>852 HUNTER'S RUN<br>SHOW LOW AZ 85901 | Tele (928)532-0517<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2030 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 305<br>1000 33RD DR<br>SHOW LOW AZ 85901 | Tele (928)532-0587<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1908 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 307<br>1620 W MERRILL<br>SHOW LOW AZ 85901 | Tele (928)532-1769<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1909 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 308<br>1541 WEST HALL<br>SHOW LOW AZ 85901 | Tele (928)532-5944<br>Fax: (928)537-5188<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9516 | KARIN WHITNEY KEENEY<br>AZ PRACTICE ADDR NOT REGISTERED<br>SHOW LOW AZ 85901 | Tele (512)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/17/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DA898 | MARTIN, BOBETTE S.<br>5658 HIGHWAY 260 STE 4<br>LAKESIDE AZ 85929 | Tele (928)537-7373<br>Fax: (928)537-7377<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1918 | MOORE, JEFFREY R.<br>2600 S WHITE MOUNTAIN RD<br>SHOW LOW AZ 85901 | Tele (928)537-3456<br>Fax: (928)537-3469<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA8924 | ROBERTS, DANIEL J<br>2600 S WHITE MOUNTAIN RD<br>SHOW LOW AZ 85901 | Tele (928)537-3456<br>Fax: (928)537-3469<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | KAYENTA DIALYSIS FACILITY<br>HIGHWAY 163<br>KAYENTA AZ 86033 | Tele (928)697-8193<br>Fax: (928)697-8195<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC4045 | RENAL CARE GROUP - SHOW LOW<br>1500 SOUTH WHITE MOUNTAIN ROAD, SUITE 204<br>SHOW LOW AZ 85901 | Tele (928)532-8430<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | RENAL CARE GROUP ARIZONA, LLC<br>102 WEST HOSPITAL DRIVE<br>WHITERIVER AZ 85941 | Tele (928)338-1498<br>Fax: (928)338-4299<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | TRC-FOUR CORNERS DIALYSIS CENTER<br>HIGHWAY 264, MILE POST 388<br>POLACCA AZ 86042 | Tele (928)737-5490<br>Fax: (928)737-5497<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| OTC6537 | WINSLOW DIALYSIS<br>721 MIKE'S PIKE STREET<br>WINSLOW AZ 86047 | Tele (928)289-1003<br>Fax: (928)289-3420<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | LAKE POWELL MED CENTER CHILCHINBETO CLINIC<br>PO BOX 1496, ROUTE 59<br>BABY ROCK AZ 86033 | Tele (520)697-8154<br>Fax: (928)645-2626<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| OTC3455 | NORTH COUNTRY HEALTHCARE - WINSLOW<br>620 WEST LEE STREET<br>WINSLOW AZ 86047 | Tele (928)522-9804<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| OTC5677 | NORTH COUNTRY HEALTHCARE SHOW LOW<br>2500 SHOW LOW LAKE ROAD, BUILDING B<br>SHOW LOW AZ 85901 | Tele (928)213-6300<br>Fax: (928)774-6687<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5144 | NORTH COUNTRY HEALTHCARE, INC - HOLBROOK<br>2109 NAVAJO BOULEVARD<br>HOLBROOK AZ 86025 | Tele (928)522-9879<br>Fax: (928)524-2171<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4653 | NORTH COUNTRY HEALTHCARE, INC - SHOWLOW<br>2650 EAST SHOW LOW LAKE ROAD, SUITE 1<br>SHOW LOW AZ 85901 | Tele (928)522-9879<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD7386 | SPENCER, CHARLES W.<br>5401 S WHITE MOUNTAIN RD STE B<br>SHOW LOW AZ 85901 | Tele (928)537-8479<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD4271 | WHITE MOUNTAIN HEARING SERVICES, LLC<br>5658 HIGHWAY 260, SUITE 4 PO BOX 826<br>LAKESIDE AZ 85929 | Tele (928)537-7373<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0032 | SUMMIT HEALTHCARE HOME HEALTH<br>3401 SOUTH WHITE MOUNTAIN BOULEVARD<br>SHOW LOW AZ 85901 | Tele (928)537-6900<br>Fax: (928)537-1336<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5741 | ACCORD HOSPICE OF THE WHITE MOUNTAINS<br>5658 HIGHWAY 260, SUITE 9<br>LAKESIDE AZ 85929 | Tele (928)271-8013<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HSPC2047 | HOSPICE COMPASSUS-WHITE MOUNTAIN<br>1789 WEST COMMERCE DRIVE, SUITE A<br>LAKESIDE AZ 85929 | Tele (928)368-4400<br>Fax: (928)368-4424<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | DHHS IHS PHOENIX AREA<br>HIGHWAY 264, MILEPOST 388<br>POLACCA AZ 86042 | Tele (928)737-6000<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| RGH0076 | LITTLE COLORADO MEDICAL CENTER<br>1501 NORTH WILLIAMSON AVENUE<br>WINSLOW AZ 86047 | Tele (928)289-4691<br>Fax: (928)289-3855<br>Capacity : 25 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | FORT APACHE PHS INDIAN HOSPITAL<br>UNKNOWN ADDRESS<br>WHITERIVER AZ 85941 | Tele (602)444-4444<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | US PHS WINSLOW INDIAN HOSPITAL<br>*<br>WINSLOW AZ 86047 | Tele (602)444-4444<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH4758 | CHANGEPOINT PSYCHIATRIC HOSPITAL<br>1920 WEST COMMERCE DRIVE<br>LAKESIDE AZ 85929 | Tele (928)368-4110<br>Fax: (928)368-4112<br>Capacity : 16 | 06/09/2016 to 11/30/2017<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | DHEW IND HLTH SV, HLTH SV & MNTH HLTH ADM<br>200 WEST HOSPITAL DRIVE (PO BOX 860)<br>WHITERIVER AZ 85941 | Tele (928)338-4911<br>Fax: (928)338-3530<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |
| H0132 | SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER<br>2200 EAST SHOW LOW LAKE ROAD<br>SHOW LOW AZ 85901 | Tele (928)537-6399<br>Fax: (928)537-8839<br>Capacity : 89 | 09/01/2016 to 08/31/2017<br><br>Medcaid_Cert: Certified |

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SABH6349 | WINSLOW STABILIZATION & RECOVERY UNIT<br>105 NORTH COTTONWOOD<br>WINSLOW AZ 86047 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 16 | 03/01/2016 to 02/28/2017<br><br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | LITTLE COLORADO PHYSICIANS OFFICE | | | Tele (928)289-3396 | | | to |
| | 200 EAST LEE STREET | | | Fax: (928)289-2801 | | | |
| | WINSLOW | AZ | 86047 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUMMIT HEALTHCARE CARDIOPULMONARY REHAB AND SLEEP LAB SERVICES | | | Tele (928)537-4375 | | | to |
| | 5300 SUTTER DRIVE, BUILDING C/D | | | Fax: ( ) - | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUMMIT HEALTHCARE OUTPATIENT REHABILITATION THERAPY SERVICES - EAGLE PLAZA | | | Tele (928)367-5777 | | | to |
| | 218 WEST WHITE MOUNTAIN BOULEVARD, SUITES A & B | | | Fax: ( ) - | | | |
| | LAKESIDE | AZ | 85929 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUMMIT HEALTHCARE OUTPATIENT REHABILITATION THERAPY SERVICES-CUB LAKE | | | Tele (928)537-0248 | | | to |
| | 5171 EAST CUB LAKE ROAD, SUITE C310 | | | Fax: ( ) - | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUMMIT HEALTHCARE OUTPATIENT REHABILITATION THERAPY SERVICES-HOLBROOK | | | Tele (928)524-3751 | | | to |
| | 1401 WEST FLORIDA | | | Fax: ( ) - | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7145 | BLUE VASE RECOVERY CENTER, LLC<br>1201 EAST COOLEY STREET, SUITE B&C<br>SHOW LOW AZ 85901 | Tele (480)216-5420<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/07/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6968 | CHANGEPOINT INTEGRATED HEALTH - HOLBROOK<br>103 NORTH FIRST AVENUE<br>HOLBROOK AZ 86025 | Tele (928)524-6126<br>Fax: (928)524-6090<br>Capacity : Not Applicable | 06/09/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC6054 | CHANGEPOINT INTEGRATED HEALTH - SHOW LOW<br>2500 SHOW LOW LAKE ROAD, BUILDINGS A & B<br>SHOW LOW AZ 85901 | Tele (928)537-2951<br>Fax: (928)537-4841<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6040 | CHANGEPOINT INTEGRATED HEALTH - SNOWFLAKE<br>423 SOUTH MAIN STREET<br>SNOWFLAKE AZ 85937 | Tele (928)537-2951<br>Fax: (928)536-4788<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6042 | CHANGEPOINT INTEGRATED HEALTH - WINSLOW<br>1015 EAST SECOND STREET<br>WINSLOW AZ 86047 | Tele (928)289-4658<br>Fax: (928)289-3375<br>Capacity : Not Applicable | 06/09/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7166 | HOLBROOK OUTPATIENT SERVICES CENTER | | | Tele | (480)831-7566 | 05/01/2016 | to | 04/30/2017 |
| | 993 HERMOSA DRIVE, SUITE A | | | Fax: | (480)831-7563 | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4908 | NAVAJO COUNTY PUBLIC HEALTH | | | Tele | (928)532-6050 | 08/01/2016 | to | 07/31/2017 |
| | 600 NORTH 9TH PLACE | | | Fax: | (928)532-6054 | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3357 | NAVAJO COUNTY PUBLIC HEALTH DISTRICT - HOLBROOK | | | Tele | (928)524-4750 | 12/01/2015 | to | 11/30/2016 |
| | 117 EAST BUFFALO STREET | | | Fax: | (928)524-4754 | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4051 | NURSES OFFICE, THE | | | Tele | (928)368-0461 | 09/01/2016 | to | 08/31/2017 |
| | 1757 JACKSON LANE | | | Fax: | (928)368-4333 | | | |
| | LAKESIDE | AZ | 85929 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3916 | STATCLINIX-SHOW LOW | | | Tele | (928)537-2777 | 07/01/2016 | to | 06/30/2017 |
| | 680 EAST DEUCE OF CLUBS | | | Fax: | (928)537-2715 | | | |
| | SHOW LOW | AZ | 85901 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3376 | SUMMIT HEALTHCARE CANCER CENTER<br>2500 EAST HUNT DRIVE, SUITE H-J<br>SHOW LOW AZ 85901 | Tele (928)537-6937<br>Fax: (928)537-3977<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4342 | SUMMIT HEALTHCARE CUB LAKE OUTPATIENT CENTER<br>5171 CUB LAKE ROAD, SUITE 330<br>SHOW LOW AZ 85901 | Tele (928)537-6903<br>Fax: (928)537-0033<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7793 | SUMMIT HEALTHCARE FAMILY MEDICINE<br>2963 WEST WHITE MOUNTAIN BOULEVARD<br>LAKESIDE AZ 85929 | Tele (928)537-5437<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/18/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7540 | SUMMIT HEALTHCARE FAMILY MEDICINE - LAKESIDE<br>218 WEST WHITE MOUNTAIN BOULEVARD, SUITE D<br>LAKESIDE AZ 85929 | Tele (928)367-9995<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/27/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7542 | SUMMIT HEALTHCARE FAMILY MEDICINE - SNOWFLAKE / TAYLOR<br>1121 SOUTH MAIN STREET<br>SNOWFLAKE AZ 85937 | Tele (928)536-5858<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/27/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7263 | SUMMIT HEALTHCARE HEART, LUNG AND VASCULAR<br>5300 SOUTH SUTTER DRIVE, SUITE 1<br>SHOW LOW AZ 85901 | Tele (928)537-9944<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7257 | SUMMIT HEALTHCARE HIGH DESERT HEALTH CARE<br>100 EAST CODE TALKER DRIVE<br>HOLBROOK AZ 86025 | Tele (928)524-4495<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7256 | SUMMIT HEALTHCARE INTERNAL MEDICINE<br>2450 EAST SHOW LOW LAKE ROAD, BUILDING 1<br>SHOW LOW AZ 85901 | Tele (928)532-5577<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7252 | SUMMIT HEALTHCARE OBSTETRICS AND GYNECOLOGY<br>5171 CUB LAKE ROAD, SUITE 210<br>SHOW LOW AZ 85901 | Tele (928)537-0635<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7652 | SUMMIT HEALTHCARE PAIN CLINIC ASSOCIATES<br>1500 SOUTH WHITE MOUNTAIN BOULEVARD, SUITE 300<br>SHOW LOW AZ 85901 | Tele (928)537-6977<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/20/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7255 | SUMMIT HEALTHCARE PLASTIC / RECONSTRUCTIVE SURGERY AND DERMATOLOGY<br>2450 EAST SHOW LOW LAKE ROAD, SUITE 2A<br>SHOW LOW AZ 85901 | Tele (928)537-6767<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7253 | SUMMIT HEALTHCARE SNOWFLAKE MEDICAL CENTER<br>590 SOUTH MAIN<br>SNOWFLAKE AZ 85937 | Tele (928)536-7519<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4343 | SUMMIT HEALTHCARE SNOWFLAKE OUTPATIENT CENTER<br>1121 NORTH MAIN STREET<br>SNOWFLAKE AZ 85937 | Tele (928)536-5000<br>Fax: (928)536-5011<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7651 | SUMMIT HEALTHCARE UROLOGY<br>2051 EAST EVERGREEN LANE, SUITE B<br>SHOW LOW AZ 85901 | Tele (928)532-8663<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/20/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7260 | SUMMIT HEALTHCARE VASCULAR AND GENERAL SURGERY<br>5171 CUB LAKE ROAD, SUITE C350<br>SHOW LOW AZ 85901 | Tele (928)537-8285<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4970 | WINSLOW INDIAN HEALTH CARE CENTER, INC.<br>1527 NORTH PARK DRIVE<br>WINSLOW AZ 86047 | Tele (928)289-6239<br>Fax: (928)289-3826<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6949 | WINSLOW OUTPATIENT SERVICES CENTER<br>110 EAST 2ND STREET<br>WINSLOW AZ 86047 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4341 | SUMMIT HEALTHCARE ASSOCIATION<br>2931 STATE HIGHWAY 260<br>OVERGAARD AZ 85933 | Tele (928)535-3616<br>Fax: (928)535-3615<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2723 | HAVEN OF LAKESIDE, LLC<br>3401 NORTH LOCKWOOD DRIVE<br>LAKESIDE AZ 85929 | Tele (928)368-2060<br>Fax: (928)368-2061<br>Capacity : 112 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2704 | HAVEN OF SHOW LOW, LLC<br>2401 EAST HUNT STREET<br>SHOW LOW AZ 85901 | Tele (928)537-5333<br>Fax: (928)537-1762<br>Capacity : 71 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-2284 | WINSLOW CAMPUS OF CARE | | | Tele (928)289-4678 | 08/01/2016 to 07/31/2017 |
| | 826 WEST DESMOND STREET | | | Fax: (928)289-2893 | |
| | WINSLOW | AZ | 86047 | Capacity : 119 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8530 | ALLEN, ALISA E | | | Tele (928)537-6001 | 09/01/2016 to 08/31/2018 |
| | 500 W OLD LINDEN RD | | | Fax: ( ) - | |
| | SHOW LOW | AZ | 85902 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7379 | BEGAY, LENORA | | | Tele (928)697-2051 | 07/01/2016 to 06/30/2018 |
| | PO BOX 337 | | | Fax: ( ) - | |
| | KAYENTA | AZ | 86033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10100 | HERNANDEZ, KAREN CRYSTAL | | | Tele (928)000-0000 | 06/30/2016 to 06/29/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7699 | KEE, CHARLENE NELSON | | | Tele (928)697-2435 | 04/01/2016 to 03/31/2018 |
| | NORTH HWY 163 MUSTANG BLVD | | | Fax: (928)697-2095 | |
| | KAYENTA | AZ | 86033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10247 | NATALIE ANN HANCOCK | | | Tele (602)000-0000 | | 10/11/2016 | to | 10/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | WINSLOW | AZ | 86047 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7743 | STEPHENS, JESSICA L.N. | | | Tele (928)535-4622 | | 04/01/2016 | to | 03/31/2018 |
| | PO BOX 547 | | | Fax: (928)535-5146 | | | | |
| | HEBER | AZ | 85928 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9060 | WILLIAMS, APRIL M. | | | Tele (928)358-5671 | | 09/01/2016 | to | 08/31/2018 |
| | PO BOX 190 | | | Fax: ( ) - | | | | |
| | WHITERIVER | AZ | 85941 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8321 | AMITY WEHRMAN CRAIG | | | Tele (928)524-2123 | | 10/01/2016 | to | 09/30/2018 |
| | 294 W CARLOS AVE | | | Fax: ( ) - | | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0159 | BENNETT, SHARON Y. | | | Tele (928)524-2123 | | 12/01/2015 | to | 11/30/2017 |
| | PO BOX 668 | | | Fax: ( ) - | | | | |
| | HOLBROOK | AZ | 86025 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8547 | BYCROFT, AMBER E.<br>NAVAJO COUNTY SPECIAL SERVICES CONSORTIUM<br>HOLBROOK AZ 86025 | Tele (928)524-2123<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9696 | CHRISTINE FRANCIS HENRY<br>2200 E SHOW LOW LAKE ROAD<br>SHOW LOW AZ 85901 | Tele (928)537-4375<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/19/2016 to 09/18/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1279 | CURTRIGHT, ANGELA K<br>PO BOX 668<br>HOLBROOK AZ 86025 | Tele (928)524-2123<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1221 | HONANIE, ARLENE M<br>1/4 MILE STATE ROUTE 264<br>KYKOTSMOVI AZ 86039 | Tele (928)734-9358<br>Fax: (928)734-9362<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1079 | JOHNSON, ELLEN BETH<br>P.O. BOX 1286<br>SHOW LOW AZ 85902 | Tele (928)205-1231<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1235 | JULIAN, DAWNA S. | | | Tele (928)537-6150 | 08/01/2016 to 07/31/2018 |
| | 500 W OLD LINDEN RD | | | Fax: (928)537-6199 | |
| | SHOW LOW | AZ | 85901 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5766 | KAYQUAPTEWA, DORCAS M. | | | Tele (928)524-2123 | 08/01/2016 to 07/31/2018 |
| | P O BOX 668 | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0078 | KENNEDY, DARLENE A. | | | Tele (928)657-3208 | 01/01/2016 to 12/31/2017 |
| | HC 63 BOX H | | | Fax: (928)657-3224 | |
| | WINSLOW | AZ | 86047 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5759 | KIMBERLY BRENNAN | | | Tele (928)524-2123 | 09/01/2016 to 08/31/2018 |
| | P O BOX 668 / 294 W CARLOS | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4815 | MANZANO, MARY T. | | | Tele (928)243-3245 | 09/01/2016 to 08/31/2018 |
| | PO BOX 1678 | | | Fax: ( ) - | |
| | SNOWFLAKE | AZ | 85937 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4164 | MEEKS, JEFFREY C. | | | Tele (928)524-2818 | 11/01/2015 to 10/31/2017 |
| | PO BOX 640 | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5245 | MELANIE RENAE NEFF | | | Tele (928)542-2123 | 10/01/2016 to 09/30/2018 |
| | 294 W CARLOS PO BOX 668 | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7028 | MELISSA BETH BRIMHALL | | | Tele (928)242-1578 | 11/01/2015 to 10/31/2017 |
| | 1080 N 47TH DR | | | Fax: ( ) - | |
| | CARRIZO | AZ | 85901 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1182 | MENLOVE, SUE P. | | | Tele (928)537-6056 | 07/01/2016 to 06/30/2018 |
| | 500 WEST OLD LINDEN RD | | | Fax: ( ) - | |
| | LAKESIDE | AZ | 85929 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5315 | REIDHEAD, KARALYN | | | Tele (928)524-6181 | 09/01/2016 to 08/31/2018 |
| | PO BOX 640 | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0469 | ROANHORSE, VALERIE A. | | | Tele (928)524-2123 | 11/01/2015 to 10/31/2017 |
| | 294 W CARLOS | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4776 | ROWLES, DANIEL R. | | | Tele (928)536-4156 | 08/01/2016 to 07/31/2018 |
| | 682 BUS LANE | | | Fax: ( ) - | |
| | SNOWFLAKE | AZ | 85937 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4162 | SCHERMERHORN, MARK C. | | | Tele (928)537-6537 | 08/05/2016 to 07/31/2018 |
| | 2200 E SHOW LOW LAKE RD | | | Fax: ( ) - | |
| | SHOW LOW | AZ | 85901 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6210 | SCORSE-HUISH, DENISE | | | Tele (928)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7180 | SMITH, BETHANN | | | Tele (928)536-4156 | 05/19/2015 to 05/31/2017 |
| | 682 SCHOOL BUS LANE | | | Fax: ( ) - | |
| | SNOWFLAKE | AZ | 85937 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5975 | SMITH, LYNETTE | | | Tele (480)528-9435 | 08/01/2016 to 07/31/2018 |
| | 3375 BUCKSKIN CANYON RD | | | Fax: ( ) - | |
| | HEBER | AZ | 85928 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7091 | SWEENEY, ROBIN A. | | | Tele (928)000-0000 | 07/22/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | LAKESIDE | AZ | 85929 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2136 | VALENTINE, MICHAEL L. | | | Tele (928)200-2300 | 07/01/2016 to 06/30/2018 |
| | PO BOX 4842 | | | Fax: ( ) - | |
| | KAYENTA | AZ | 86033 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4671 | WATKINS, SHERICE | | | Tele (928)288-8108 | 05/01/2016 to 04/30/2018 |
| | P O BOX 580 | | | Fax: ( ) - | |
| | WINSLOW | AZ | 86047 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0969 | BALLARD, JUDITH W. | | | Tele (928)536-4156 | 01/01/2016 to 12/31/2017 |
| | 682 SCHOOL BUS LANE | | | Fax: ( ) - | |
| | SNOWFLAKE | AZ | 85937 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - NAVAJO Total = 161

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0520 | BENNETT, DEBRA ANN | | | Tele (928)536-4156 | 01/01/2016 to 12/31/2017 |
| | 682 SCHOOL BUS LANE | | | Fax: (928)536-4246 | |
| | SNOWFLAKE | AZ | 85937 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5347 | DIMALIWAT, MARITESS E. | | | Tele (928)358-5650 | 03/01/2016 to 02/28/2018 |
| | PO BOX 190 | | | Fax: (928)358-5651 | |
| | WHITERIVER | AZ | 85941 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4426 | FRIGARD, KIMBERLY M. | | | Tele (928)358-5660 | 04/01/2016 to 03/31/2018 |
| | PO BOX 190 | | | Fax: ( ) - | |
| | WHITERIVER | AZ | 85941 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5286 | REMOS, AMANDA A | | | Tele (928)524-6138 | 02/01/2016 to 01/31/2018 |
| | P O BOX 640 | | | Fax: (928)524-6998 | |
| | HOLBROOK | AZ | 86025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10096 | FUNKHOUSER, ERIN RENE | | | Tele (928)537-5333 | 06/21/2016 to 06/20/2017 |
| | 2401 E HUNT STREET | | | Fax: ( ) - | |
| | SHOW LOW | AZ | 85901 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County AZ - PIMA Total = 2298

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8551D | CASA COMMUNITY SERVICES | | | Tele | (520)625-2273 | 10/01/2016 | to | 09/30/2017 |
| | 780 SOUTH PARK CENTRE AVENUE | | | Fax: | (520)625-1598 | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | 30 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9994D | REGENCY SENIOR CLUB, L L C, THE | | | Tele | (520)488-9790 | 08/29/2016 | to | 07/31/2017 |
| | 2972 NORTH CAMPBELL AVENUE | | | Fax: | (520)579-9954 | | | |
| | TUCSON | AZ | 85719 | Capacity : | 80 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9919D | SANDRUBY COMMUNITY PROGRAMS | | | Tele | (520)881-2323 | 05/10/2016 | to | 04/30/2017 |
| | 5101 EAST FARNESS DRIVE | | | Fax: | (520)322-3620 | | | |
| | TUCSON | AZ | 85712 | Capacity : | 96 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8737D | SENIOR MOMENTS ADULT DAYCARE, LLC | | | Tele | (520)561-0448 | 07/01/2016 | to | 06/30/2017 |
| | 9705 SOUTH SAN ESTEBAN DRIVE | | | Fax: | (520)721-4014 | | | |
| | VAIL | AZ | 85641 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7919F | ARACELI CORNIDEZ ADULT FOSTER CARE | | | Tele | (520)790-5816 | 02/01/2017 | to | 01/31/2018 |
| | 5972 EAST 28TH STREET | | | Fax: | (520)207-1739 | | | |
| | TUCSON | AZ | 85711 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7931F | BEATRICE C. TORRES ADULT FOSTER CARE HOME<br>2709 EAST PINAL VISTA<br>TUCSON AZ 85713 | Tele (520)332-2109<br>Fax: (520)332-2110<br>Capacity : 4 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8870F | BETTY SEE'S ADULT FOSTER CARE HOME<br>9771 NORTH EL UNO MINOR<br>TUCSON AZ 85743 | Tele (520)272-5499<br>Fax: (520)395-2203<br>Capacity : 4 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7939F | EDNNA LEYVA AFC SPONSOR<br>410 EAST 34TH STREET<br>TUCSON AZ 85713 | Tele (520)903-1455<br>Fax: (520)882-2858<br>Capacity : 4 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| AL9966F | FAMILY LOVING KARE CENTRAL<br>2711 NORTH HASKELL DRIVE<br>TUCSON AZ 85716 | Tele (520)730-7575<br>Fax: (520)407-6214<br>Capacity : 4 | 03/14/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| AL9399F | FAMILY LOVING KARE FOOTHILLS<br>4505 NORTH FLECHA DRIVE<br>TUCSON AZ 85718 | Tele (520)730-7575<br>Fax: (520)407-6214<br>Capacity : 4 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7926F | GUTANG'S ADULT FOSTER CARE HOME<br>3233 SOUTH SUN SPLASH DRIVE<br>TUCSON AZ 85713 | Tele (520)881-6553<br>Fax: (520)908-0844<br>Capacity : 4 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7922F | JANET COLEMAN ADULT FOSTER CARE<br>8430 EAST MALVERN PLACE<br>TUCSON AZ 85710 | Tele (520)546-5728<br>Fax: (520)546-5728<br>Capacity : 4 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7930F | JOCELYN TURNER ADULT FOSTER CARE HOME<br>9249 EAST BENT CREEK WAY<br>TUCSON AZ 85747 | Tele (520)663-0163<br>Fax: (520)663-0163<br>Capacity : 4 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9135F | MADRE TERESA AFCH<br>5890 SOUTH SPRINGBROOK DRIVE<br>TUCSON AZ 85746 | Tele (520)207-5258<br>Fax: (520)207-5258<br>Capacity : 4 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7918F | MARIA APALATEGUI AFC<br>3272 WEST AVENIDA LUNA<br>TUCSON AZ 85746 | Tele (520)578-9740<br>Fax: (520)578-0851<br>Capacity : 4 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULT FOSTER CARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7928F | MARY HERRON FOSTER CARE HOME | | | Tele (520)298-5946 | 08/01/2016 to 07/31/2017 |
| | 8032 EAST PRESIDIO ROAD | | | Fax: (520)639-8256 | |
| | TUCSON | AZ | 85750 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7938F | PATSY ARANDIA AFC HOME | | | Tele (520)721-7030 | 10/01/2016 to 09/30/2017 |
| | 955 NORTH LARRY PLACE | | | Fax: (520)300-6186 | |
| | TUCSON | AZ | 85710 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7914F | PRINCESS ADULT FOSTER CARE HOME | | | Tele (520)546-4871 | 01/01/2017 to 12/31/2017 |
| | 9542 EAST MYRA DRIVE | | | Fax: (520)296-0805 | |
| | TUCSON | AZ | 85730 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7915F | RAMONA LUNA ADULT FOSTER CARE | | | Tele (520)889-7189 | 04/01/2016 to 03/31/2017 |
| | 5532 SOUTH MORRIS CIRCLE | | | Fax: (520)889-3948 | |
| | TUCSON | AZ | 85706 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8877F | VALLEY VISTA | | | Tele (520)234-4858 | 11/01/2016 to 10/31/2017 |
| | 1302 EAST THUNDERHEAD CIRCLE | | | Fax: (520)989-3933 | |
| | TUCSON | AZ | 85718 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL7929F | VIRGINIA SWANGO ADULT FOSTER CARE HOME<br>7331 EAST VICTORIA DRIVE<br>TUCSON AZ 85730 | Tele (520)514-9052<br>Fax: (520)514-9052<br>Capacity : 4 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2358 | AMALIA URIAS<br>7343 NORTH PILGRIM PLACE<br>TUCSON AZ 85741 | Tele (520)638-5080<br>Fax: ( ) -<br>Capacity : 3 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4865 | ANNA GANAGO<br>4035 EAST STONY MEADOW DRIVE<br>TUCSON AZ 85756 | Tele (520)551-0643<br>Fax: ( ) -<br>Capacity : 3 | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4758 | BLAISE LOLIKA<br>3130 SOUTH PORTIA AVENUE<br>TUCSON AZ 85730 | Tele (520)971-6607<br>Fax: ( ) -<br>Capacity : 3 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4788 | CARMEN'S HOME<br>7466 EAST 18TH STREET<br>TUCSON AZ 85710 | Tele (520)302-3657<br>Fax: (520)721-0069<br>Capacity : 3 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4795 | EAGLE HOME | | | Tele (520)406-2978 | 02/01/2016 to 01/31/2017 |
| | 808 SOUTH JERRIE AVENUE | | | Fax: (520)344-8892 | |
| | TUCSON | AZ | 85711 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3916 | ESTHER'S HOUSE | | | Tele (520)327-0317 | 08/01/2016 to 07/31/2017 |
| | 2752 WEST CALLE ARANDAS | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4761 | HELEN SIMMONS | | | Tele (520)704-1520 | 02/11/2016 to 01/31/2017 |
| | 1731 WEST NEWHALL DRIVE | | | Fax: (520)207-5722 | |
| | TUCSON | AZ | 85746 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4901 | HOPE CARE | | | Tele (520)312-0747 | 04/21/2016 to 03/31/2017 |
| | 3589 EAST DREXEL MANOR STRAVENUE | | | Fax: (520)344-8892 | |
| | TUCSON | AZ | 85706 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3784 | IBRAHIM & MUNIRA KRESO | | | Tele (520)742-5913 | 02/01/2016 to 01/31/2017 |
| | 121 EAST FOUR HORSES PLACE | | | Fax: (520)742-5913 | |
| | TUCSON | AZ | 85704 | Capacity : 3 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3327 | JUANITA HAMMONS - VICTORIA HOUSE | | | Tele (520)790-5258 | 06/01/2016 to 05/31/2017 |
| | 8125 EAST VICTORIA DRIVE | | | Fax: (520)407-5397 | |
| | TUCSON | AZ | 85730 | Capacity : 2 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4888 | JUNIPER HOME | | | Tele (520)254-2296 | 04/18/2016 to 03/31/2017 |
| | 10221 EAST JUNIPER BASIN LANE | | | Fax: (520)721-0069 | |
| | TUCSON | AZ | 85748 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2086 | KAYE HASPEL-HUNT | | | Tele (520)578-8629 | 10/01/2016 to 09/30/2017 |
| | 8770 WEST BOPP ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85735 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3831 | KOMAKO HOUSE | | | Tele (520)272-7911 | 01/01/2016 to 12/31/2016 |
| | 3560 WEST FENTON WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 3 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4915 | LUIS APODACA | | | Tele (520)481-9441 | 06/10/2016 to 05/31/2017 |
| | 6251 EAST 25TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 3 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4720 | MINKA RUSTEMPASIC | | | Tele (520)307-9841 | 11/01/2016 to 10/31/2017 |
| | 1301 EAST DEER CANYON | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : 3 | Medcaid_Cert: Certified |
| BH4977 | PAPA'S HOME | | | Tele (480)267-6914 | 09/06/2016 to 08/31/2017 |
| | 8784 EAST DESERT LUPINE PLACE | | | Fax: (520)344-8892 | |
| | TUCSON | AZ | 85715 | Capacity : 3 | Medcaid_Cert: Certified |
| BH4643 | PROVIDENCE CARE | | | Tele (520)351-9952 | 05/01/2016 to 04/30/2017 |
| | 201 SOUTH PORTER AVENUE | | | Fax: (520)721-0069 | |
| | TUCSON | AZ | 85710 | Capacity : 3 | Medcaid_Cert: Not Ceritified |
| BH4445 | SHANTI HOUSE | | | Tele (520)551-7305 | 03/01/2016 to 02/28/2017 |
| | 7420 EAST LAKESIDE DRIVE | | | Fax: (520)344-8892 | |
| | TUCSON | AZ | 85730 | Capacity : 3 | Medcaid_Cert: Certified |
| BH4932 | THE JACKSON HOUSE | | | Tele (520)240-3729 | 06/27/2016 to 05/31/2017 |
| | 1866 NORTH MARBLE RIDGE PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : 3 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ADULTH BH THERAPEUTIC HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4917 | TOATE GANAGO<br>6781 SOUTH AQUILINE DRIVE<br>TUCSON AZ 85756 | Tele (520)319-0778<br>Fax: ( ) -<br>Capacity : 3 | 06/23/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3020 | ADOBE SURGERY CENTER<br>2585 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)721-2728<br>Fax: (520)721-0179<br>Capacity : Not Applicable | 07/15/2016 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OSC3432 | AMBULATORY SURGERY CENTER OF TUCSON<br>1502 NORTH TUCSON BOULEVARD<br>TUCSON AZ 85716 | Tele (520)326-4321<br>Fax: (520)326-4736<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC3340 | ARIZONA DIGESTIVE INSTITUTE<br>7566 NORTH LA CHOLLA BOULEVARD, SUITE B<br>TUCSON AZ 85741 | Tele (520)547-5847<br>Fax: (520)547-5848<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC3599 | ARIZONA SKIN CANCER SURGERY CENTER P. C.<br>5980 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)887-3333<br>Fax: (520)887-3344<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC0054 | ARIZONA SURGICAL ARTS, INC.<br>1245 NORTH WILMOT ROAD<br>TUCSON AZ 85712 | Tele (520)296-7550<br>Fax: (520)722-6937<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6476 | AZ PAIN CENTERS OF TUCSON<br>1925 W ORANGE GROVE ROAD, SUITE 111<br>TUCSON AZ 85741 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OSC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS SURGERY CENTER<br>750 NORTH ALVERNON WAY<br>TUCSON AZ 85711 | Tele (520)694-6501<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC5419 | BDPEC ASC TUCSON<br>698 EAST WETMORE, SUITE 120<br>TUCSON AZ 85705 | Tele (602)955-1000<br>Fax: (602)508-4830<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC7089 | CAMP LOWELL SURGERY CENTER, LLC<br>4620 EAST CAMP LOWELL DRIVE<br>TUCSON AZ 85712 | Tele (520)618-6058<br>Fax: (520)618-5891<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC7735 | CARONDELET FOOTHILLS SURGERY CENTER | | | Tele | (520)877-5660 | 06/01/2016 | to | 05/31/2017 |
| | 2220 WEST ORANGE GROVE ROAD | | | Fax: | (520)877-5669 | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC3940 | CATALINA SURGERY CENTER | | | Tele | (520)547-7450 | 12/01/2015 | to | 11/30/2016 |
| | 7508 NORTH LA CHOLLA BOULEVARD | | | Fax: | (520)547-7455 | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5585 | CENTER FOR PAIN MANAGEMENT | | | Tele | (520)731-5540 | 12/01/2016 | to | 11/30/2017 |
| | 4745 EAST CAMP LOWELL DRIVE | | | Fax: | (520)731-5541 | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC3677 | DESERT SUN SURGERY CENTER | | | Tele | (520)547-4600 | 10/01/2016 | to | 09/30/2017 |
| | 7140 EAST ROSEWOOD STREET, SUITE A | | | Fax: | (520)547-4605 | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC4905 | MESQUITE SURGERY CENTER, LLC | | | Tele | (520)722-0929 | 08/01/2016 | to | 07/31/2017 |
| | 7445 EAST TANQUE VERDE ROAD | | | Fax: | (520)722-0930 | | | |
| | TUCSON | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC0045 | NORTHWEST EYE SPECIALISTS THE CENTER FOR EYE SURGERY<br>5599 NORTH ORACLE ROAD<br>TUCSON AZ 85704 | Tele (520)293-6740<br>Fax: (520)293-6771<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OSC | NORTHWEST TUCSON SURGERY CENTER<br>6320 NORTH LA CHOLLA BOULEVARD, SUITE 100<br>TUCSON AZ 85741 | Tele (520)877-6700<br>Fax: (520)544-0195<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC6817 | SURGCENTER TUCSON, LLC<br>3935 EAST FORT LOWELL ROAD<br>TUCSON AZ 85712 | Tele (520)396-4420<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OSC6684 | SURGERY CENTER AT RIVER ROAD<br>2490 EAST RIVER ROAD, SUITE 150<br>TUCSON AZ 85718 | Tele (520)382-1084<br>Fax: (520)615-4572<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC2781 | TUCSON GASTROENTEROLOGY INSTITUTE, LLC<br>3040 NORTH SWAN ROAD, SUITE A<br>TUCSON AZ 85712 | Tele (520)382-1150<br>Fax: (520)327-3431<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | TUCSON MEDICAL CENTER OUTPATIENT SURGERY CENTER<br>2424 NORTH WYATT DRIVE, SUITE 160<br>TUCSON AZ 85712 | Tele (520)327-5461<br>Fax: (520)784-6462<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC2831 | TUCSON SURGERY CENTER<br>1398 NORTH WILMOT ROAD<br>TUCSON AZ 85712 | Tele (520)731-5500<br>Fax: (520)731-5555<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0018 | VITAL SIGHT, PC<br>5632 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (480)892-8400<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5125 | ADVISACARE HEALTHCARE SOLUTIONS<br>698 EAST WETMORE ROAD, SUITE 330<br>TUCSON AZ 85705 | Tele (520)323-2559<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/25/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA5139 | ARIZONA PRN, LLC<br>6103 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)731-8000<br>Fax: (520)731-8001<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5059 | A-Z HOME CARE OPTIONS<br>3906 WEST INA ROAD, SUITE 200<br>TUCSON AZ 85741 | Tele (520)495-0257<br>Fax: (520)495-0304<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HHA7739 | EMERALD HOME HEALTH CARE<br>2424 EAST BROADWAY BOULEVARD, SUITE 200<br>TUCSON AZ 85719 | Tele (520)232-3011<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/05/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HHA2347 | POSADA LIFE AT HOME<br>501 SOUTH LA POSADA CIRCLE<br>GREEN VALLEY AZ 85614 | Tele (520)648-8106<br>Fax: (520)648-7888<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA7562 | TOTAL CARE CONNECTIONS INC.<br>17 WEST WETMORE ROAD, SUITE 302<br>TUCSON AZ 85705 | Tele (520)546-1554<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/27/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9378C | AMBER LIGHTS<br>6231 NORTH MONTEBELLA ROAD<br>TUCSON AZ 85704 | Tele (520)498-0668<br>Fax: (520)498-0428<br>Capacity : 120 | 03/01/2017 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10016C | ARROYO GARDENS INDEPENDENT & ASSISTED LIVING | | | Tele (520)625-7737 | 06/16/2016 to 05/31/2017 |
| | 160 NORTH LA CANADA DRIVE | | | Fax: (520)393-1044 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 164 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8344C | ATRIA CAMPANA DEL RIO | | | Tele (520)299-1941 | 05/01/2016 to 04/30/2017 |
| | 1550 AND 1580 EAST RIVER ROAD | | | Fax: (520)529-2572 | |
| | TUCSON | AZ | 85718 | Capacity : 100 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8740C | BEE HIVE HOMES OF GREEN VALLEY | | | Tele (520)393-7233 | 08/01/2016 to 07/31/2017 |
| | 3161 SOUTH PROSPEROUS PLACE | | | Fax: (520)393-7234 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9819C | BEEHIVE HOMES OF MARANA | | | Tele (520)579-6788 | 11/01/2016 to 10/31/2017 |
| | 6180 WEST MAMIE KAI DRIVE | | | Fax: (520)579-6790 | |
| | TUCSON | AZ | 85743 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2150C | BROOKDALE EAST TUCSON | | | Tele (520)722-8841 | 07/01/2016 to 06/30/2017 |
| | 8468 EAST SPEEDWAY BOULEVARD | | | Fax: (520)722-0689 | |
| | TUCSON | AZ | 85710 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7866C | BROOKDALE NORTH TUCSON | | | Tele (520)229-0232 | 01/01/2017 to 12/31/2017 |
| | 2650 WEST INA ROAD | | | Fax: (520)229-0259 | |
| | TUCSON | AZ | 85741 | Capacity : 60 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1795C | BROOKDALE ORO VALLEY | | | Tele (520)544-4300 | 01/01/2017 to 12/31/2017 |
| | 10175 NORTH ORACLE ROAD | | | Fax: (520)544-7300 | |
| | ORO VALLEY | AZ | 85737 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1742C | BROOKDALE SANTA CATALINA | | | Tele (520)742-6242 | 06/01/2016 to 05/31/2017 |
| | 7500 NORTH CALLE SIN ENVIDIA | | | Fax: (520)742-4105 | |
| | TUCSON | AZ | 85718 | Capacity : 155 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7860C | BROOKDALE TANQUE VERDE | | | Tele (520)749-9200 | 01/01/2017 to 12/31/2017 |
| | 9050 EAST TANQUE VERDE ROAD | | | Fax: (520)749-9600 | |
| | TUCSON | AZ | 85749 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8899C | BROOKDALE VENTANA CANYON | | | Tele (520)577-6940 | 12/01/2016 to 11/30/2017 |
| | 5660 NORTH KOLB ROAD | | | Fax: (520)615-8941 | |
| | TUCSON | AZ | 85750 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8226C | CANYON VALLEY MEMORY CARE RESIDENCE | | | Tele | (520)393-0077 | 04/01/2016 | to | 03/31/2017 |
| | 2985 SOUTH CAMINO DEL SOL | | | Fax: | (520)393-3376 | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | 64 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1362C | CASCADES OF TUCSON | | | Tele | (520)886-3171 | 09/01/2016 | to | 08/31/2017 |
| | 201 NORTH JESSICA AVENUE | | | Fax: | (520)886-7396 | | | |
| | TUCSON | AZ | 85710 | Capacity : | 217 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9499C | CATALINA SPRINGS MEMORY CARE | | | Tele | (520)297-2500 | 12/01/2016 | to | 11/30/2017 |
| | 9685 NORTH ORACLE ROAD | | | Fax: | (520)297-2552 | | | |
| | ORO VALLEY | AZ | 85704 | Capacity : | 56 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL1937C | CATALINA VILLAGE ASSISTED LIVING | | | Tele | (520)327-4010 | 01/01/2017 | to | 12/31/2017 |
| | 5324 EAST 1ST STREET | | | Fax: | (520)327-9954 | | | |
| | TUCSON | AZ | 85711 | Capacity : | 107 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8894C | COPPER CANYON ALZHEIMER'S SPECIAL CARE CENTER | | | Tele | (520)293-3114 | 03/01/2016 | to | 02/28/2017 |
| | 5901 NORTH LA CHOLLA BOULEVARD | | | Fax: | (520)293-3121 | | | |
| | TUCSON | AZ | 85741 | Capacity : | 66 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3198C | DESERT VILLA HOME, INC. | | | Tele (520)721-4588 | 10/01/2016 to 09/30/2017 |
| | 250 SOUTH VOZACK LANE | | | Fax: (520)731-3092 | |
| | TUCSON | AZ | 85748 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8529C | ELMCROFT OF RIVER CENTRE | | | Tele (520)529-7100 | 08/01/2016 to 07/31/2017 |
| | 5665 EAST RIVER ROAD | | | Fax: (520)529-4910 | |
| | TUCSON | AZ | 85750 | Capacity : 112 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8893C | FAIRMOUNT ASSISTED LIVING, LLC | | | Tele (520)344-8890 | 11/01/2016 to 10/31/2017 |
| | 6161 EAST FAIRMOUNT STREET | | | Fax: (520)396-3526 | |
| | TUCSON | AZ | 85712 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10132C | FOOTHILLS PLACE | | | Tele (520)299-7755 | 09/29/2016 to 08/31/2017 |
| | 3701 NORTH SWAN ROAD | | | Fax: (520)299-7827 | |
| | TUCSON | AZ | 85718 | Capacity : 96 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3216C | FORUM AT TUCSON, THE | | | Tele (520)325-4800 | 01/01/2017 to 12/31/2017 |
| | 2500 NORTH ROSEMONT BOULEVARD | | | Fax: (520)319-4076 | |
| | TUCSON | AZ | 85712 | Capacity : 130 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9714C | GARDENS AT LA CHOLLA, THE<br>5830 NORTH FOUNTAINS AVENUE<br>TUCSON AZ 85704 | Tele (520)797-2002<br>Fax: (520)219-4605<br>Capacity : 17 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL0962C | HOLMLUND ASSISTED LIVING SUITES AT LA POSADA<br>700, 730 AND 750 SOUTH LA POSADA CIRCLE<br>GREEN VALLEY AZ 85614 | Tele (520)648-8400<br>Fax: (520)648-8469<br>Capacity : 176 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9715C | INN AT THE FOUNTAINS, THE<br>5830 NORTH FOUNTAINS AVENUE<br>TUCSON AZ 85704 | Tele (520)797-2002<br>Fax: (520)219-4605<br>Capacity : 91 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL5276C | OASIS AT EL CORRAL ASSISTED LIVING CENTER<br>2721 NORTH ORACLE ROAD<br>TUCSON AZ 85705 | Tele (520)624-1771<br>Fax: (520)629-1902<br>Capacity : 59 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6987C | PACIFICA SENIOR LIVING TUCSON<br>2675 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)320-7505<br>Fax: (520)320-0688<br>Capacity : 70 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2267C | PRESTIGE ASSISTED LIVING AT GREEN VALLEY<br>1175 SOUTH ABREGO DRIVE<br>GREEN VALLEY AZ 85614 | Tele (520)648-5583<br>Fax: (520)399-0589<br>Capacity : 75 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL3061C | RUBIN COMMUNITY FOR SENIOR LIVING, THE<br>2221 NORTH ROSEMONT BOULEVARD<br>TUCSON AZ 85712 | Tele (520)881-2323<br>Fax: (520)322-3620<br>Capacity : 96 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9495C | SHERWOOD VILLAGE ASSISTED LIVING AND MEMORY CARE<br>102 SOUTH SHERWOOD VILLAGE DRIVE<br>TUCSON AZ 85710 | Tele (520)298-9442<br>Fax: (520)886-8437<br>Capacity : 140 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9830C | SIERRA DEL SOL<br>8151 EAST SPEEDWAY BOULEVARD<br>TUCSON AZ 85710 | Tele (520)280-0067<br>Fax: (520)722-8480<br>Capacity : 140 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9379C | SILVER SPRINGS<br>500 WEST CAMINO ENCANTO<br>GREEN VALLEY AZ 85614 | Tele (520)399-3620<br>Fax: (520)399-3622<br>Capacity : 107 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL10151C | SOLTERRA LA CHOLLA OPERATIONS, LP | | | | Tele | (602)544-3195 | 11/04/2016 | to | 10/31/2017 |
| | 6505 NORTH LA CHOLLA BOULEVARD | | | | Fax: | (602)553-7574 | | | |
| | TUCSON | AZ | 85741 | | Capacity : | 127 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL6963C | SPLENDIDO AT RANCHO VISTOSO | | | | Tele | (520)878-2651 | 06/01/2016 | to | 05/31/2017 |
| | 13500 NORTH RANCHO VISTOSO BOULEVARD | | | | Fax: | (520)878-2750 | | | |
| | TUCSON | AZ | 85755 | | Capacity : | 42 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL8741C | SUNRISE AT RIVER ROAD | | | | Tele | (520)888-8400 | 05/01/2016 | to | 04/30/2017 |
| | 4975 NORTH 1ST AVENUE | | | | Fax: | (520)888-8401 | | | |
| | TUCSON | AZ | 85718 | | Capacity : | 110 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL1573C | VILLA MARIA CARE CENTER | | | | Tele | (520)323-9351 | 03/01/2016 | to | 02/28/2017 |
| | 4310 EAST GRANT ROAD | | | | Fax: | (520)323-6857 | | | |
| | TUCSON | AZ | 85712 | | Capacity : | 65 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|---|
| AL8020C | VILLAS AT ACADEMY VILLAGE, THE | | | | Tele | (520)647-7500 | 04/01/2016 | to | 03/31/2017 |
| | 13775 EAST LANGTRY LANE | | | | Fax: | (520)647-7018 | | | |
| | TUCSON | AZ | 85747 | | Capacity : | 14 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL10023C | WOODLAND PALMS<br>1020 NORTH WOODLAND AVENUE<br>TUCSON AZ 85711 | Tele (520)777-3198<br>Fax: (520)777-4723<br>Capacity : 60 | 03/31/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL1277C | BROADWAY PROPER RETIREMENT COMMUNITY<br>400 SOUTH BROADWAY PLACE<br>TUCSON AZ 85710 | Tele (520)296-3238<br>Fax: (520)296-3277<br>Capacity : 90 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9960C | COUNTRY CLUB OF LA CHOLLA<br>8700 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85742 | Tele (520)797-8700<br>Fax: (520)797-9550<br>Capacity : 97 | 05/11/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8724C | DEVON GABLES REHABILITATION CENTER, LLC<br>6150 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)296-6181<br>Fax: (520)298-0997<br>Capacity : 25 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL4698C | FAIRWINDS - DESERT POINT<br>10701 NORTH LA RESERVE DRIVE<br>ORO VALLEY AZ 85737 | Tele (520)498-1111<br>Fax: (520)498-2308<br>Capacity : 75 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL0057C | MARSHALL HOME FOR MEN<br>3314 SOUTH 16TH AVENUE<br>TUCSON AZ 85713 | Tele (520)624-5193<br>Fax: (520)882-2812<br>Capacity : 52 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9760C | MOUNTAIN VIEW RETIREMENT VILLAGE<br>7900 NORTH LA CANADA DRIVE<br>TUCSON AZ 85704 | Tele (520)229-3350<br>Fax: (520)229-3348<br>Capacity : 99 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL7747C | OASIS AT FELLOWSHIP SQUARE TUCSON, THE<br>250 NORTH MAGUIRE AVENUE<br>TUCSON AZ 85710 | Tele (520)886-5537<br>Fax: (520)733-9416<br>Capacity : 60 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL0059C | ST. LUKE'S HOME<br>615 EAST ADAMS STREET<br>TUCSON AZ 85705 | Tele (520)628-1512<br>Fax: (520)624-9723<br>Capacity : 80 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9380C | VILLA HERMOSA<br>6300 EAST SPEEDWAY BOULEVARD<br>TUCSON AZ 85710 | Tele (520)298-6400<br>Fax: (520)298-6401<br>Capacity : 135 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : ASSISTED LIVING HOME-DIRECTED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6375H | A DESERT VILLITA | | | Tele (520)795-8975 | 11/01/2016 to 10/31/2017 |
| | 4232 EAST 5TH STREET | | | Fax: (520)326-6510 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7971H | AAA ADULT CARE HOME | | | Tele (520)745-3843 | 03/01/2016 to 02/28/2017 |
| | 5720 EAST 26TH STREET | | | Fax: (520)300-7004 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9828H | AALII'S ADULT CARE HOME | | | Tele (520)323-8920 | 08/01/2016 to 07/31/2017 |
| | 5453 EAST 4TH STREET | | | Fax: (520)721-5756 | |
| | TUCSON | AZ | 85711 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9280H | ABBA FOOTHILLS ASSISTED LIVING | | | Tele (520)299-1283 | 02/01/2017 to 01/31/2018 |
| | 4416 NORTH CAMINO REAL | | | Fax: (520)577-5674 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9735H | ABELLA MANOR SENIOR CARE, LLC | | | Tele (520)647-9419 | 04/01/2016 to 03/31/2017 |
| | 8925 EAST 5TH STREET | | | Fax: (520)838-0334 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8415H | ABELLA MANOR SENIOR CARE, LLC | | | Tele (520)207-2536 | 05/01/2016 to 04/30/2017 |
| | 8162 EAST SLATE RIDGE DRIVE | | | Fax: (520)207-3364 | |
| | TUCSON | AZ | 85715 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10149H | ABUELOS AT EDGEWOOD PLACE | | | Tele (520)989-0725 | 09/08/2016 to 08/31/2017 |
| | 7141 NORTH EDGEWOOD PLACE | | | Fax: (520)989-0117 | |
| | TUCSON | AZ | 85704 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9584H | ACACIA HOUSE AT WILMOT | | | Tele (520)396-4615 | 10/01/2016 to 09/30/2017 |
| | 632 SOUTH WILMOT ROAD | | | Fax: (520)829-3424 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8045H | ACL ADULT CARE HOMES, LLC | | | Tele (520)240-9483 | 05/01/2016 to 04/30/2017 |
| | 7622 EAST CALLE CABO | | | Fax: (520)369-3552 | |
| | TUCSON | AZ | 85750 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8361H | ADOBE ADULT CARE HOME | | | Tele (520)579-2433 | 03/01/2016 to 02/28/2017 |
| | 8028 NORTH FIRETHORN AVENUE | | | Fax: (520)744-4411 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0438H | AFFIRMATIVE CARE HOME | | | Tele (520)298-2347 | 06/01/2016 to 05/31/2017 |
| | 8074 EAST 8TH STREET | | | Fax: (520)300-8387 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8668H | AGING GRACE, LLC | | | Tele (520)338-2415 | 02/01/2016 to 01/31/2017 |
| | 6701 EAST OPATAS STREET | | | Fax: (480)448-9827 | |
| | TUCSON | AZ | 85715 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8316H | AGUILERA ASSISTED LIVING HOME | | | Tele (520)743-1865 | 02/01/2016 to 01/31/2017 |
| | 4740 WEST VIA AGUILERA | | | Fax: (520)743-2017 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8776H | AKRES DEL CIELO ASSISTED LIVING FACILITY, LLC | | | Tele (520)578-3957 | 04/01/2016 to 03/31/2017 |
| | 5450 WEST AJO HIGHWAY | | | Fax: (520)578-3891 | |
| | TUCSON | AZ | 85735 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3182H | ALL COMFORTS OF HOME | | | Tele (520)326-1791 | 02/01/2016 to 01/31/2017 |
| | 4106 EAST 5TH STREET | | | Fax: (520)326-4124 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8272H | ALMA'S HOME CARE ASSISTED LIVING, LLC<br>4322 EAST 6TH STREET<br>TUCSON AZ 85711 | Tele (520)406-1790<br>Fax: (520)577-2039<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL7099H | ALOHA ASSISTED LIVING HOME, LLC<br>8260 EAST VICKSBURG STREET<br>TUCSON AZ 85710 | Tele (520)207-0306<br>Fax: (520)207-6958<br>Capacity : 5 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9241H | AMOR DE MADRE ADULT CARE HOME, LLC<br>7515 SOUTH GILA AVENUE<br>TUCSON AZ 85746 | Tele (520)883-2248<br>Fax: (520)812-7248<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL8360H | ANGELA'S ASSISTED LIVING II, LLC<br>1701 NORTH RIDGEWAY ROAD<br>TUCSON AZ 85712 | Tele (520)867-6161<br>Fax: (520)867-6171<br>Capacity : 10 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| AL6785H | ANGELA'S ASSISTED LIVING II, LLC<br>5721 EAST WAVERLY STREET<br>TUCSON AZ 85712 | Tele (520)822-8249<br>Fax: (520)822-8265<br>Capacity : 9 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8261H | ANGELIQUE'S ADULT CARE HOMES | | | Tele (520)240-9483 | 12/01/2016 to 11/30/2017 |
| | 5101 EAST 8TH STREET | | | Fax: (520)721-5756 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10095H | ANGELS ABOVE ADULT CARE HOME | | | Tele (520)290-6278 | 06/17/2016 to 05/31/2017 |
| | 1961 NORTH SARNOFF DRIVE | | | Fax: (520)721-5756 | |
| | TUCSON | AZ | 85715 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9575H | ANGEL'S KISS | | | Tele (520)270-7113 | 10/01/2016 to 09/30/2017 |
| | 7475 EAST RIO VISTA CIRCLE | | | Fax: (520)886-1599 | |
| | TUCSON | AZ | 85715 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6343H | ANGELS R US | | | Tele (520)721-2161 | 11/01/2016 to 10/31/2017 |
| | 1339 SOUTH AVENIDA SIRIO | | | Fax: (520)300-4638 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9290H | APPLE TREE CARE HOME | | | Tele (520)881-8251 | 12/01/2016 to 11/30/2017 |
| | 4034 EAST PIMA STREET | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9016H | ARIZONA ASSISTED LIVING HOME | | | Tele (520)373-5370 | 04/01/2016 to 03/31/2017 |
| | 5512 EAST 8TH STREET | | | Fax: (520)777-4181 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8033H | ARIZONA DESERT DREAM WEAVERS | | | Tele (520)207-9387 | 04/01/2016 to 03/31/2017 |
| | 8850 EAST CALLE BOLIVAR | | | Fax: (520)207-9912 | |
| | TUCSON | AZ | 85715 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9829H | ARIZONA NEW ERA ELDERCARE, L.L.C. | | | Tele (520)358-1740 | 09/01/2016 to 08/31/2017 |
| | 3624 EAST CALLE DEL PRADO | | | Fax: (520)207-9294 | |
| | TUCSON | AZ | 85716 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0367H | ASLAN ADULT CARE HOME | | | Tele (520)750-9510 | 05/01/2016 to 04/30/2017 |
| | 7511 EAST 39TH STREET | | | Fax: (520)750-0045 | |
| | TUCSON | AZ | 85730 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0523H | ASLAN'S HOME | | | Tele (520)790-6882 | 06/01/2016 to 05/31/2017 |
| | 7642 EAST 38TH STREET | | | Fax: (520)495-4343 | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9962H | ASPEN CARE ASSISTED LIVING HOME II LLC | | | Tele (520)293-1079 | 02/01/2017 to 01/31/2018 |
| | 1455 WEST ROLLER COASTER ROAD | | | Fax: (520)844-6690 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL8335H | ASPEN CARE ASSISTED LIVING HOME, LLC | | | Tele (520)638-5399 | 02/01/2017 to 01/31/2018 |
| | 1445 WEST ROLLER COASTER ROAD, #2 | | | Fax: (520)638-5578 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6869H | ASTERION ACRES, LLC | | | Tele (520)219-4787 | 10/01/2016 to 09/30/2017 |
| | 7012 NORTH ASTERION LANE | | | Fax: (520)908-6370 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6868H | ASTERION ACRES, LLC | | | Tele (520)219-4787 | 10/01/2016 to 09/30/2017 |
| | 7008 NORTH ASTERION LANE | | | Fax: (520)908-6370 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL5963H | AUTUMN HOUSE | | | Tele (520)747-0116 | 06/01/2016 to 05/31/2017 |
| | 2002 SOUTH CATHY AVENUE | | | Fax: (520)393-8404 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9456H | AVRA VALLEY ASSISTED LIVING HOME, LLC | | | Tele (520)622-0488 | 06/01/2016 to 05/31/2017 |
| | 1621 NORTH SILVERBELL ROAD | | | Fax: (520)622-0487 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10104H | AZURE CARE HOME, LLC | | | Tele (520)989-3901 | 07/19/2016 to 06/30/2017 |
| | 1955 NORTH ONEIDA DRIVE | | | Fax: (520)989-3901 | |
| | TUCSON | AZ | 85715 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8573H | BETANIA CARE HOME | | | Tele (520)647-2813 | 10/01/2016 to 09/30/2017 |
| | 5001 SOUTH CASSIA WAY | | | Fax: (520)777-4763 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1434H | BONNIE'S CARE HOME | | | Tele (520)722-6755 | 08/01/2016 to 07/31/2017 |
| | 3485 SOUTH MARISSA | | | Fax: (520)722-5150 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8713H | BRADFORD HOME, LLC, THE | | | Tele (520)822-8416 | 04/01/2016 to 03/31/2017 |
| | 710 NORTH MANN AVENUE | | | Fax: (520)822-8755 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0542H | CAMINO DE PAZ ASSISTED LIVING | | | Tele (520)320-9258 | 06/01/2016 to 05/31/2017 |
| | 3730 EAST CALLE BARCELONA | | | Fax: (520)323-5555 | |
| | TUCSON | AZ | 85716 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9392H | CANYON CARE HOMES OF ARIZONA | | | Tele (520)400-6715 | 05/01/2016 to 04/30/2017 |
| | 5522 EAST BURNS STREET | | | Fax: (520)638-6161 | |
| | TUCSON | AZ | 85711 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4278H | CANYON VIEW ADULT CARE HOME | | | Tele (520)232-1107 | 05/01/2016 to 04/30/2017 |
| | 1331 EAST SOBRE LOMAS | | | Fax: (520)232-1116 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8620H | CARE HAVEN #1 TREJO, LLC | | | Tele (520)741-8161 | 12/01/2016 to 11/30/2017 |
| | 4445 SOUTH 15TH AVENUE | | | Fax: (520)807-7674 | |
| | TUCSON | AZ | 85714 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8467H | CARE HAVEN TREJO, LLC | | | Tele (520)791-7599 | 07/01/2016 to 06/30/2017 |
| | 1625 SOUTH SAN JOAQUIN AVENUE | | | Fax: (520)207-4371 | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL10017H | CARING HANDS COMFORT ASSISTED LIVING HOME LLC<br>612 SOUTH WILMOT ROAD<br>TUCSON AZ 85711 | Tele (520)838-0018<br>Fax: (520)300-4169<br>Capacity : 10 | 03/31/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| AL6837H | CARING HANDS CORNER LUXURY ADULT CARE HOME, INC.<br>4644 EAST SAN CARLOS PLACE<br>TUCSON AZ 85712 | Tele (520)393-8034<br>Fax: (520)319-5957<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9134H | CARING HEARTS ASSISTED LIVING HOME<br>411 EAST 34TH STREET<br>TUCSON AZ 85713 | Tele (520)628-4233<br>Fax: (520)903-1487<br>Capacity : 8 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| AL9804H | CARRINGTON ASSISTED LIVING, LLC<br>4329 EAST 14TH STREET<br>TUCSON AZ 85711 | Tele (520)349-3036<br>Fax: (520)447-7800<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9591H | CASA BENEDETTA<br>10740 EAST TANQUE VERDE ROAD<br>TUCSON AZ 85749 | Tele (520)300-5037<br>Fax: (520)305-4546<br>Capacity : 5 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0823H | CASA DE BUENA VIDA | | | Tele (520)575-6591 | 06/01/2016 to 05/31/2017 |
| | 1010 WEST ORANGE GROVE ROAD | | | Fax: (520)797-8479 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8777H | CASA DE DIOS, INC. | | | Tele (520)722-5693 | 07/01/2016 to 06/30/2017 |
| | 8732 EAST APPOMATTOX STREET | | | Fax: (520)722-5693 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7239H | CASA DE LOS ABUELOS DOS, LLC | | | Tele (520)575-1677 | 09/01/2016 to 08/31/2017 |
| | 2015 WEST INA ROAD | | | Fax: (520)575-1683 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9562H | CASA DE SONSHINE ASSISTED LIVING, LLC | | | Tele (520)393-1752 | 10/01/2016 to 09/30/2017 |
| | 18292 SOUTH CAMINO DE PAEZ | | | Fax: (520)393-1445 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6317H | CASA JORGE | | | Tele (520)624-5914 | 11/01/2016 to 10/31/2017 |
| | 2302 NORTH CAMINO MATEO | | | Fax: (520)624-5914 | |
| | TUCSON | AZ | 85745 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4607H | CASA THERESITA II | | | Tele (520)743-2936 | 01/01/2017 to 12/31/2017 |
| | 4540 WEST CAMINO DE CIELO | | | Fax: (520)743-2932 | |
| | TUCSON | AZ | 85745 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5877H | CASA THERESITA III | | | Tele (520)294-4708 | 03/01/2016 to 02/28/2017 |
| | 5209 SOUTH 11TH AVENUE | | | Fax: (520)889-2021 | |
| | TUCSON | AZ | 85706 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8714H | CASA THERESITA V | | | Tele (520)623-1703 | 04/01/2016 to 03/31/2017 |
| | 1304 WEST SONORA | | | Fax: (520)624-4433 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9612H | CASA TUCSON SENIOR LIVING, LLC | | | Tele (877)677-5991 | 04/01/2016 to 03/31/2017 |
| | 4762 EAST ADAMS STREET | | | Fax: (520)682-9766 | |
| | TUCSON | AZ | 85712 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7304H | CASAS ADOBES ASSISTED LIVING | | | Tele (520)797-2714 | 09/01/2016 to 08/31/2017 |
| | 1551 WEST SAN ANNETTA DRIVE | | | Fax: (520)544-7691 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9886H | CASAS CHAPALA | | | Tele (520)328-8820 | 11/01/2016 to 10/31/2017 |
| | 1521 WEST CHAPALA DRIVE | | | Fax: (520)812-7086 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9788H | CASITA LINDA ADULT CARE HOME | | | Tele (520)294-2194 | 07/01/2016 to 06/30/2017 |
| | 718 WEST CALLE DE CASAS LINDAS | | | Fax: (520)244-2194 | |
| | TUCSON | AZ | 85756 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2098H | CATALINA FOOTHILLS ADULT CARE, INC. | | | Tele (520)390-6908 | 03/01/2016 to 02/28/2017 |
| | 4405 NORTH COUNTRY CLUB ROAD | | | Fax: (520)615-1462 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4218H | CATALINA FOOTHILLS ADULT CARE, INC. | | | Tele (520)390-6908 | 03/01/2016 to 02/28/2017 |
| | 4250 EAST HAVASU | | | Fax: (520)615-1462 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7391H | CHERRY'S ASSISTED LIVING | | | Tele (520)721-6641 | 01/01/2017 to 12/31/2017 |
| | 10363 EAST CAMINO LA JOYA PANTANO | | | Fax: (520)296-0519 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10134H | CHESTER'S HOUSE, LLC | | | Tele (520)400-6942 | 10/07/2016 to 09/30/2017 |
| | 5105 EAST BURNS PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8988H | CHRIST & CANDLES ASSISTED LIVING HOME | | | Tele (520)332-2358 | 03/01/2016 to 02/28/2017 |
| | 930 WEST PLACITA CANALITO | | | Fax: (520)269-6886 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9311H | CLADDAGH HOUSE ASSISTED LIVING | | | Tele (520)749-2452 | 02/01/2016 to 01/31/2017 |
| | 8440 EAST TANQUE VERDE ROAD | | | Fax: (520)749-2452 | |
| | TUCSON | AZ | 85749 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7690H | COMFORT HOME ADULT CARE | | | Tele (520)207-7895 | 06/01/2016 to 05/31/2017 |
| | 4120 EAST 4TH STREET | | | Fax: (520)207-7895 | |
| | TUCSON | AZ | 85711 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5302H | COMFORTABLE CARE HOME | | | Tele (520)290-9352 | 06/01/2016 to 05/31/2017 |
| | 7276 EAST BEVERLY DRIVE | | | Fax: (520)207-6664 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7479H | CONNIE'S MANOR HOME | | | Tele (520)742-6495 | 01/01/2017 to 12/31/2017 |
| | 7161 NORTH MONA LISA ROAD | | | Fax: (520)844-8149 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL0988H | CROSSROADS ADULT CARE HOMES | | | Tele (520)292-6340 | 06/01/2016 to 05/31/2017 |
| | 5242 NORTH GENEMATAS DRIVE | | | Fax: (520)531-8442 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5044H | CROSSROADS ADULT CARE HOMES | | | Tele (520)293-4434 | 11/01/2016 to 10/31/2017 |
| | 5825 NORTH ESCONDIDO LANE | | | Fax: (520)531-8442 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7250H | CROSSROADS ADULT CARE HOMES | | | Tele (520)742-1850 | 09/01/2016 to 08/31/2017 |
| | 5821 NORTH ESCONDIDO LANE | | | Fax: (520)531-8442 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7251H | CROSSROADS ADULT CARE HOMES | | | Tele (520)293-6788 | 09/01/2016 to 08/31/2017 |
| | 5833 NORTH ESCONDIDO LANE | | | Fax: (520)531-8442 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8079H | DANILO PLACE, LLC | | | Tele (520)797-6623 | 06/01/2016 to 05/31/2017 |
| | 7163 NORTH POMONA ROAD | | | Fax: (520)308-4704 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL10109H | DE VALLE ASSISTED LIVING | | | Tele (520)392-8063 | 09/02/2016 to 08/31/2017 |
| | 5938 EAST 21ST STREET | | | Fax: (520)392-8063 | |
| | TUCSON | AZ | 85711 | Capacity : 7 | Medcaid_Cert: Not Ceritified |
| AL5156H | DEMPSEY'S ADULT CARE HOME | | | Tele (520)981-1663 | 03/01/2016 to 02/28/2017 |
| | 10561 EAST ROGER ROAD | | | Fax: (520)829-6047 | |
| | TUCSON | AZ | 85749 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| AL5416H | DEMPSEY'S ADULT CARE HOME II | | | Tele (520)981-1663 | 09/01/2016 to 08/31/2017 |
| | 8561 EAST DESERT SPRING STREET | | | Fax: (520)829-6047 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL8418H | DESERT DREAMS ADULT CARE HOME, LLC | | | Tele (520)546-5107 | 05/01/2016 to 04/30/2017 |
| | 2621 NORTH BAHANA DRIVE | | | Fax: (520)546-5107 | |
| | TUCSON | AZ | 85715 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8238H | DESERT HAVEN ADULT CARE HOME II | | | Tele (520)306-6931 | 12/01/2016 to 11/30/2017 |
| | 562 NORTH EVELYN AVENUE | | | Fax: (520)885-4976 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9457H | DESERT HAVEN ADULT CARE HOME LLC | | | Tele (520)306-6931 | 06/01/2016 to 05/31/2017 |
| | 8811 EAST HOLMES STREET | | | Fax: (520)885-4976 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10037H | DESERT HOME ASSISTED LIVING LLC | | | Tele (520)777-4989 | 04/07/2016 to 03/31/2017 |
| | 5940 EAST 5TH STREET | | | Fax: (520)445-6443 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9304H | DESERT OASIS ADULT CARE HOME | | | Tele (520)579-8895 | 01/01/2016 to 12/31/2016 |
| | 5260 WEST GREENOCK DRIVE | | | Fax: (520)579-9327 | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1260H | DESERT PALMS RESIDENCE | | | Tele (520)349-8889 | 09/01/2016 to 08/31/2017 |
| | 6402 NORTH TREASURE DRIVE | | | Fax: (520)797-0669 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10082H | DESERT SKY II SENIOR LIVING | | | Tele (520)207-0046 | 07/18/2016 to 06/30/2017 |
| | 5530 EAST 2ND STREET | | | Fax: (520)495-5649 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10133H | DESERT SKY III SENIOR LIVING | | | Tele (520)777-6587 | 08/11/2016 to 07/31/2017 |
| | 5536 EAST 2ND STREET | | | Fax: (520)777-6928 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9946H | DESERT SKY SENIOR LIVING | | | Tele (520)777-6587 | 01/01/2017 to 12/31/2017 |
| | 5527 EAST HAWTHORNE STREET | | | Fax: (520)777-6928 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5336H | DESERT STEPPES I | | | Tele (520)885-7346 | 06/01/2016 to 05/31/2017 |
| | 617 SOUTH DESERT STEPPES DRIVE | | | Fax: (520)219-4179 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5335H | DESERT STEPPES II | | | Tele (520)885-7346 | 06/01/2016 to 05/31/2017 |
| | 113 NORTH AVENIDA DE SAN RAMON | | | Fax: (520)219-4179 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8328H | DESERT SUN RESIDENCE | | | Tele (520)544-4644 | 02/01/2017 to 01/31/2018 |
| | 6452 NORTH TREASURE DRIVE | | | Fax: (520)797-0669 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL0835H | DESERT TREASURE RESIDENCE | | | Tele (520)797-8889 | 01/01/2017 to 12/31/2017 |
| | 6432 NORTH TREASURE DRIVE | | | Fax: (520)797-0669 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL5432H | DESERT VIEW RESIDENCE | | | Tele (520)742-2273 | 08/01/2016 to 07/31/2017 |
| | 6442 NORTH TREASURE DRIVE | | | Fax: (520)742-3066 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9680H | DESERT WILLOW HOUSE AT INFINITY WILMOT | | | Tele (520)790-5520 | 03/01/2016 to 02/28/2017 |
| | 622 SOUTH WILMOT ROAD | | | Fax: (520)829-3424 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL4695H | DEVORS CARE HOME | | | Tele (520)272-5947 | 03/01/2016 to 02/28/2017 |
| | 8359 EAST BALFOUR PLACE | | | Fax: (520)722-7716 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL4781H | EDGEMONT GARDEN, INC.<br>6922 EAST EDGEMONT STREET<br>TUCSON AZ 85710 | Tele (520)885-6946<br>Fax: (520)722-1404<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6675H | EDISON HOUSE, THE<br>7641 EAST EDISON STREET<br>TUCSON AZ 85715 | Tele (520)886-6961<br>Fax: (520)886-6961<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL5395H | EL RANCHO ENCANTO ASSISTED LIVING #2<br>5705 EAST FT LOWELL<br>TUCSON AZ 85712 | Tele (520)722-0004<br>Fax: (520)885-7077<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL4755H | EL RANCHO ENCANTO ASSISTED LIVING AT THE FORT<br>5803 EAST FT LOWELL<br>TUCSON AZ 85712 | Tele (520)885-0004<br>Fax: (520)885-7077<br>Capacity : 8 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL3062H | ELDER CARE & MORE<br>7421 EAST LAKESIDE DRIVE<br>TUCSON AZ 85730 | Tele (520)750-8303<br>Fax: (520)748-2568<br>Capacity : 9 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4951H | ELDER CARE & MORE II | | | Tele (520)750-8303 | 09/01/2016 to 08/31/2017 |
| | 7431 EAST LAKESIDE DRIVE | | | Fax: (520)748-2568 | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10129H | ELDERHAVEN ASSISTED LIVING, LLC | | | Tele (520)870-9606 | 07/18/2016 to 06/30/2017 |
| | 2501 NORTH SOLDIER TRAIL | | | Fax: (520)760-8865 | |
| | TUCSON | AZ | 85749 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8572H | ELSA'S ADULT CARE HOME II | | | Tele (520)886-8283 | 11/01/2016 to 10/31/2017 |
| | 6313 EAST CALLE DE SAN ALBERTO | | | Fax: (520)886-2848 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6219H | ELSA'S ADULT CARE HOME, LLC | | | Tele (520)886-8283 | 07/01/2016 to 06/30/2017 |
| | 6301 EAST CALLE DE SAN ALBERTO | | | Fax: (520)886-2848 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0453H | EMMANUEL CARE HOME | | | Tele (520)748-8131 | 03/01/2016 to 02/28/2017 |
| | 6414 EAST CALLE CAPPELA | | | Fax: (520)829-6381 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2492H | EMMANUEL CARE HOME II | | | Tele (520)790-1920 | 01/01/2016 to 12/31/2016 |
| | 6942 EAST CALLE JUPITER | | | Fax: (520)790-1920 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2936H | EMMANUEL CARE HOME III | | | Tele (520)514-5344 | 12/01/2016 to 11/30/2017 |
| | 6938 EAST CALLE JUPITER | | | Fax: (520)790-1920 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10018H | ETERNAL LIFE CARE CENTER LLC | | | Tele (520)917-7052 | 04/06/2016 to 03/31/2017 |
| | 2250 NORTH SWAN ROAD | | | Fax: (520)917-7052 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9910H | EVERLASTING SERVICES AT TUCSON | | | Tele (520)207-4036 | 12/01/2016 to 11/30/2017 |
| | 2116 WEST OCELOT DRIVE | | | Fax: (602)340-1777 | |
| | TUCSON | AZ | 85713 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7167H | FAITHFUL HEART ASSISTED LIVING HOME | | | Tele (520)572-6592 | 06/01/2016 to 05/31/2017 |
| | 6631 NORTH SILVERBELL ROAD | | | Fax: (520)572-6779 | |
| | TUCSON | AZ | 85743 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9975H | FAMIGLIA AMORE, LLC | | | Tele (412)735-1944 | 04/14/2016 to 03/31/2017 |
| | 5962 EAST EASTLAND | | | Fax: (520)618-0418 | |
| | TUCSON | AZ | 85711 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8558H | FAMILY FIRST ASSISTED LIVING HOME, LLC | | | Tele (520)791-7455 | 09/01/2016 to 08/31/2017 |
| | 1500 NORTH YAVAPAI STREET | | | Fax: (520)791-7455 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8688H | FAMILY LOVING KARE GREEN VALLEY | | | Tele (520)730-7575 | 03/01/2016 to 02/28/2017 |
| | 17420 SOUTH LA CANADA DRIVE | | | Fax: (520)407-6214 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9690H | FAMILY LOVING KARE S1 | | | Tele (520)730-7575 | 03/01/2016 to 02/28/2017 |
| | 1681 WEST PLACITA ABREOJOS | | | Fax: (520)407-6214 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9691H | FAMILY LOVING KARE S2 | | | Tele (520)730-7575 | 03/01/2016 to 02/28/2017 |
| | 1675 WEST PLACITA ABREOJOS | | | Fax: (520)407-6214 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9692H | FAMILY LOVING KARE S3 | | | Tele (520)730-7575 | 03/01/2016 to 02/28/2017 |
| | 1680 WEST PLACITA ABREOJOS | | | Fax: (520)407-6214 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9029H | FEEL AT HOME 2 ASSISTED LIVING | | | Tele (520)989-3422 | 04/01/2016 to 03/31/2017 |
| | 3530 WEST SAHUARO DIVIDE | | | Fax: (520)989-0323 | |
| | TUCSON | AZ | 85742 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7446H | FEEL AT HOME ASSISTED LIVING | | | Tele (520)579-7287 | 04/01/2016 to 03/31/2017 |
| | 4671 WEST CAMINO DE MANANA | | | Fax: (520)579-7566 | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7796H | FIDELITY CARE CORNER, INC. | | | Tele (520)742-1376 | 10/01/2016 to 09/30/2017 |
| | 7548 NORTH CASA BLANCA | | | Fax: (520)572-3868 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL3259H | FIDELITY CARE HOME, INC. | | | Tele (520)297-7434 | 06/01/2016 to 05/31/2017 |
| | 8131 NORTH BOREAL DRIVE | | | Fax: (520)498-2269 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL6657H | FOOTHILLS VISTA ADULT CARE HOME, LLC | | | | Tele (520)797-2726 | 04/01/2016 to 03/31/2017 |
| | 7357 NORTH PASEO RONCEVAL | | | | Fax: (520)219-1642 | |
| | TUCSON | AZ | 85704 | | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | | Contact Information | License/Approval Dates |
| AL10101H | FOUNTAIN COURT LLC | | | | Tele (520)441-9498 | 07/13/2016 to 06/30/2017 |
| | 3731 NORTH BEAR CREEK CIRCLE | | | | Fax: (520)395-2713 | |
| | TUCSON | AZ | 85749 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | | Contact Information | License/Approval Dates |
| AL8796H | FOUNTAIN HILLS ASSISTED LIVING, LLC | | | | Tele (520)975-4660 | 08/01/2016 to 07/31/2017 |
| | 5962 EAST SENECA STREET | | | | Fax: (520)577-0327 | |
| | TUCSON | AZ | 85712 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | | Contact Information | License/Approval Dates |
| AL4943H | FOUNTAIN OF YOUTH, LLC | | | | Tele (520)579-6650 | 09/01/2016 to 08/31/2017 |
| | 4021 WEST HARDY ROAD | | | | Fax: (520)579-6651 | |
| | TUCSON | AZ | 85742 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | | Contact Information | License/Approval Dates |
| AL9832H | FRANCES RESIDENTIAL CARE #1 | | | | Tele (520)730-7364 | 09/01/2016 to 08/31/2017 |
| | 502 SOUTH MAGNOLIA AVENUE | | | | Fax: (520)269-7743 | |
| | TUCSON | AZ | 85711 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9778H | FRANCES RESIDENTIAL CARE HOME #2 | | | Tele (520)519-1236 | 06/01/2016 to 05/31/2017 |
| | 5180 EAST 16TH STREET | | | Fax: (520)269-7743 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6559H | FROM-R-HEARTS, LLC | | | Tele (520)578-3525 | 03/01/2017 to 02/28/2018 |
| | 6666 WEST CAMINO PIZARRO | | | Fax: (520)578-2624 | |
| | TUCSON | AZ | 85757 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8512H | GARDENIA ADULT CARE HOME, LLC | | | Tele (520)886-0373 | 09/01/2016 to 08/31/2017 |
| | 1601 SOUTH CAMINO SECO | | | Fax: (520)886-0373 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9247H | GENERAL ADULT CARE HOME | | | Tele (520)867-8767 | 01/01/2017 to 12/31/2017 |
| | 2422 SOUTH PERILLO DRIVE | | | Fax: (520)300-4994 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6560H | GENTLEMEN'S INN I | | | Tele (520)885-3600 | 04/01/2016 to 03/31/2017 |
| | 8110 EAST 8TH STREET | | | Fax: (520)885-3600 | |
| | TUCSON | AZ | 85710 | Capacity : 3 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6415H | GENTLEMEN'S INN III | | | Tele (520)885-2461 | 02/01/2016 to 01/31/2017 |
| | 8561 EAST DESERT PALM STREET | | | Fax: (520)885-2461 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10117H | GLORIA'S ASSISTED LIVING LLC | | | Tele (520)298-1195 | 07/15/2016 to 06/30/2017 |
| | 3340 SOUTH WATSON DRIVE | | | Fax: (520)298-2115 | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6619H | GOLDEN GIRLS ADULT CARE HOME, LLC THE | | | Tele (520)296-9064 | 04/01/2016 to 03/31/2017 |
| | 9674 EAST 3RD STREET | | | Fax: (520)207-4413 | |
| | TUCSON | AZ | 85748 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5085H | GOLDEN HOPE ADULT CARE HOME II | | | Tele (520)615-9296 | 11/01/2016 to 10/31/2017 |
| | 6121 NORTH PLACITA ARCO | | | Fax: (520)529-7021 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7834H | GOLDEN HOPE ADULT CARE HOME, INC. | | | Tele (520)615-6373 | 01/01/2017 to 12/31/2017 |
| | 5565 EAST CAMINO DEL CELADOR | | | Fax: (520)615-6373 | |
| | TUCSON | AZ | 85750 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6571H | GRACE HOME ASSISTED LIVING | | | Tele (520)312-0225 | 04/01/2016 to 03/31/2017 |
| | 2261 SOUTH QUAIL HOLLOW DRIVE | | | Fax: (520)207-2223 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9298H | GRACIOUS HAVEN HEALTHCARE, LLC | | | Tele (520)326-0421 | 11/01/2016 to 10/31/2017 |
| | 3841 EAST PRESIDIO ROAD | | | Fax: (520)844-1522 | |
| | TUCSON | AZ | 85716 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8986H | GRAMA'S HOME, LLC | | | Tele (520)349-2248 | 03/01/2016 to 02/28/2017 |
| | 9950 NORTH WILD CREEK DRIVE | | | Fax: (520)306-5004 | |
| | TUCSON | AZ | 85742 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9546H | GRANDMA'S ANGEL | | | Tele (520)393-9389 | 09/01/2016 to 08/31/2017 |
| | 1521 SOUTH PERLMAN AVENUE | | | Fax: (250)741-1465 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10039H | GRANDMA'S ANGEL #2 | | | Tele (520)393-9389 | 04/19/2016 to 03/31/2017 |
| | 1532 SOUTH PERLMAN AVENUE | | | Fax: (520)741-1465 | |
| | TUCSON | AZ | 85710 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9816H | GRANNY'S QUALITY CARE HOME | | | Tele (520)248-9002 | 08/01/2016 to 07/31/2017 |
| | 9400 EAST VALLARTA TRAIL | | | Fax: (520)789-7073 | |
| | TUCSON | AZ | 85749 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8661H | GREEN GABLES HOME CARE | | | Tele (520)514-0928 | 03/01/2016 to 02/28/2017 |
| | 6417 EAST BAYLOR DRIVE | | | Fax: (520)514-0938 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6579H | HEARTHSTONE MANOR, LLC | | | Tele (520)396-4779 | 05/01/2016 to 04/30/2017 |
| | 9221 EAST DOLORES STREET | | | Fax: (520)777-6636 | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL3330H | HEATHERWOOD | | | Tele (520)529-1570 | 06/01/2016 to 05/31/2017 |
| | 4520 NORTH HEATHERWOOD PLACE | | | Fax: (520)529-7472 | |
| | TUCSON | AZ | 85718 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL7065H | HEAVEN CAN WAIT, LLC | | | Tele (520)395-1572 | 04/01/2016 to 03/31/2017 |
| | 7651 EAST EDISON STREET | | | Fax: (520)395-1578 | |
| | TUCSON | AZ | 85715 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8775H | HEAVENLY ACRES ASSISTED LIVING FACILITY, LLC<br>5420 WEST AJO HIGHWAY<br>TUCSON AZ 85735 | Tele (520)883-6227<br>Fax: (855)883-6279<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL8398H | HELPING HANDS 2<br>2157 WEST JACKALOPE PLACE<br>TUCSON AZ 85713 | Tele (520)838-0713<br>Fax: (520)838-0714<br>Capacity : 5 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7638H | HELPING HANDS OF TUCSON<br>2146 WEST OCELOT DRIVE<br>TUCSON AZ 85713 | Tele (520)305-4876<br>Fax: (520)838-0714<br>Capacity : 5 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL8021H | HERITAGE MANOR AT LAGO DEL ORO, LLC<br>16325 NORTH LAGO DEL ORO PKWY<br>TUCSON AZ 85739 | Tele (520)818-2488<br>Fax: (520)818-2242<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6363H | HIGHLAND HILLS ADULT CARE HOME, LLC<br>2828 WEST GOLDFIELD DRIVE<br>TUCSON AZ 85745 | Tele (520)743-7455<br>Fax: (520)743-0641<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9198H | HOLY TRINITY ASSISTED LIVING, LLC | | | Tele (520)329-8889 | 10/01/2016 to 09/30/2017 |
| | 3965 WEST MASSINGALE ROAD | | | Fax: (520)329-8879 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL2529H | HOME AWAY FROM HOME | | | Tele (520)443-0663 | 02/01/2016 to 01/31/2017 |
| | 8742 EAST APPOMATTOX | | | Fax: (520)296-4354 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL5742H | HOMESTEAD ON 18TH, THE | | | Tele (520)495-4431 | 11/01/2016 to 10/31/2017 |
| | 5238 EAST 18TH STREET | | | Fax: (520)495-4430 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL4957H | HORIZON ACRES ASSISTED LIVING HOME, INC. | | | Tele (520)744-8222 | 09/01/2016 to 08/31/2017 |
| | 6481 NORTH SILVERBELL ROAD | | | Fax: (520)744-9566 | |
| | TUCSON | AZ | 85743 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL10084H | HOUSE OF HOPE ASSISTED LIVING LLC | | | Tele (520)770-1766 | 06/17/2016 to 05/31/2017 |
| | 1938 WEST RIVERVIEW | | | Fax: (520)743-0881 | |
| | TUCSON | AZ | 85745 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9363H | HOUSE OF PRAYER II | | | Tele (520)792-3462 | 05/01/2016 to 04/30/2017 |
| | 920 EAST 30TH STREET | | | Fax: (520)624-7955 | |
| | TUCSON | AZ | 85713 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6429H | HOUSE OF PRAYER, INC. | | | Tele (520)792-3462 | 02/01/2016 to 01/31/2017 |
| | 919 EAST 30TH STREET | | | Fax: (520)624-7955 | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7075H | HUMMINGBIRD ASSISTED LIVING HOME | | | Tele (520)269-6927 | 03/01/2016 to 02/28/2017 |
| | 1828 WEST SAUVIGNON DRIVE | | | Fax: (520)269-6927 | |
| | TUCSON | AZ | 85746 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7125H | HUMMINGBIRD MANOR #1 | | | Tele (520)747-2801 | 06/01/2016 to 05/31/2017 |
| | 5602 EAST HOLMES STREET | | | Fax: (520)300-4958 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7286H | HUMMINGBIRD MANOR #2 | | | Tele (520)514-2831 | 06/01/2016 to 05/31/2017 |
| | 602 NORTH ALAMO AVENUE | | | Fax: (520)300-4958 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9634H | IMMACULATE ADULT CARE HOME, LLC | | | Tele (520)232-3300 | 12/01/2016 to 11/30/2017 |
| | 9241 EAST 26TH STREET | | | Fax: (520)207-5361 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9734H | INDEPENDENT LIVING ADULT CARE HOME | | | Tele (520)207-8844 | 05/01/2016 to 04/30/2017 |
| | 2632 WEST CALLE PARAISO | | | Fax: (520)207-7137 | |
| | TUCSON | AZ | 85745 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL3243H | JAZMINE'S ADULT CARE HOME | | | Tele (520)751-1972 | 04/01/2016 to 03/31/2017 |
| | 7311 EAST ELI DRIVE | | | Fax: (520)300-4638 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9265H | JEANWOOD ASSISTED LIVING HOME, LLC | | | Tele (520)327-2757 | 12/01/2016 to 11/30/2017 |
| | 4734 EAST EDISON STREET | | | Fax: (520)326-1705 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4366H | KENYON CARE ADULT LIVING, LLC | | | Tele (520)721-4144 | 06/01/2016 to 05/31/2017 |
| | 8509 EAST KENYON DRIVE | | | Fax: (520)546-0059 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0338H | KLEIN'S HOME CARE | | | Tele (520)885-3289 | 08/01/2016 to 07/31/2017 |
| | 8846 EAST CALLE PLAYA | | | Fax: (520)505-4228 | |
| | TUCSON | AZ | 85715 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9635H | KOZZY KARE ASSISTED LIVING | | | Tele (520)327-0234 | 01/01/2017 to 12/31/2017 |
| | 3925 EAST 1ST STREET | | | Fax: (520)207-7338 | |
| | TUCSON | AZ | 85711 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7226H | LA CASA DE STELLA | | | Tele (520)742-0633 | 08/01/2016 to 07/31/2017 |
| | 6021 NORTH LA CANADA DRIVE | | | Fax: (520)742-0633 | |
| | TUCSON | AZ | 85704 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7183H | LA HACIENDA ASSISTED LIVING HOME | | | Tele (520)886-6798 | 06/01/2016 to 05/31/2017 |
| | 10949 EAST BROADWAY BOULEVARD | | | Fax: (520)886-6798 | |
| | TUCSON | AZ | 85748 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9606H | LAMBA CARE HOME | | | Tele (520)546-1134 | 11/01/2016 to 10/31/2017 |
| | 9532 EAST 42ND STREET | | | Fax: (520)546-1134 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9341H | LAS PALMAS ASSISTED LIVING 2, LLC | | | Tele (520)300-6217 | 03/01/2016 to 02/28/2017 |
| | 9443 EAST 3RD STREET | | | Fax: (520)624-3440 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8767H | LAS PALMAS ASSISTED LIVING HOME, LLC | | | Tele (520)789-7290 | 07/01/2016 to 06/30/2017 |
| | 5332 NORTH FLINT AVENUE | | | Fax: (520)624-3440 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7329H | LEAN ON ME ADULT CARE HOME | | | Tele (520)979-7605 | 11/01/2016 to 10/31/2017 |
| | 1500 SOUTH TURQUOISE VISTA | | | Fax: (520)300-5650 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9288H | LEMON TREE CARE HOME | | | Tele (520)881-8385 | 12/01/2016 to 11/30/2017 |
| | 4110 EAST SPRING STREET, UNIT 2 | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8299H | LISA'S LOFT, LLC | | | Tele (520)207-9643 | 01/01/2017 to 12/31/2017 |
| | 2152 SOUTH HARRISON ROAD | | | Fax: (520)733-7159 | |
| | TUCSON | AZ | 85748 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0852H | LOPEZ ADULT HOME CARE | | | Tele (520)571-8038 | 06/01/2016 to 05/31/2017 |
| | 6010 EAST WENDREW LANE | | | Fax: (520)571-0285 | |
| | TUCSON | AZ | 85711 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0617H | LOPEZ HOME CARE | | | Tele (520)325-0723 | 03/01/2016 to 02/28/2017 |
| | 4620 EAST 9TH STREET | | | Fax: (520)325-0723 | |
| | TUCSON | AZ | 85711 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0323H | LOVECARE CO. | | | Tele (520)296-6522 | 05/01/2016 to 04/30/2017 |
| | 7022 EAST EDGEMONT STREET | | | Fax: (520)296-8284 | |
| | TUCSON | AZ | 85710 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7387H | MANANTIAL DE VIDA, LLC | | | Tele (520)806-8025 | 11/01/2016 to 10/31/2017 |
| | 424 EAST PRESIDENT | | | Fax: (520)806-8035 | |
| | TUCSON | AZ | 85714 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9775H | MARY'S PEACE OF MIND | | | Tele (520)888-9173 | 10/01/2016 to 09/30/2017 |
| | 3310 NORTH EL BURRITO AVENUE | | | Fax: (520)888-9173 | |
| | TUCSON | AZ | 85705 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9393H | MESQUITE HOUSE AT INFINITY WILMOT | | | Tele (520)777-3518 | 05/01/2016 to 04/30/2017 |
| | 642 SOUTH WILMOT STREET | | | Fax: (520)829-3424 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5033H | MESQUITE HOUSE, THE | | | Tele (520)760-4841 | 11/01/2016 to 10/31/2017 |
| | 2441 NORTH PLACITA LYDIA | | | Fax: (520)207-7559 | |
| | TUCSON | AZ | 85749 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9695H | MOM AND DAD PLACE, LLC | | | Tele (520)818-6343 | 03/01/2016 to 02/28/2017 |
| | 3430 EAST GRAHAM STREET | | | Fax: (520)818-6321 | |
| | TUCSON | AZ | 85739 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9042H | MOM AND DAD PLACE, LLC | | | Tele (520)612-7190 | 05/01/2016 to 04/30/2017 |
| | 9980 NORTH SHANNON ROAD | | | Fax: (520)612-7241 | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10160H | MORENO'S ASSISTED LIVING LLC | | | Tele (520)207-9237 | 09/23/2016 to 08/31/2017 |
| | 10761 EAST AVENIDA DEL CAMPO | | | Fax: (520)207-9237 | |
| | TUCSON | AZ | 85748 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9455H | MORNING GLORY ADULT CARE HOME 1 | | | Tele (520)638-5580 | 08/01/2016 to 07/31/2017 |
| | 6725 NORTH AMAHL DRIVE | | | Fax: (520)989-9927 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4661H | MSM & P ENTERPRISES, INC. | | | Tele (520)531-2364 | 02/01/2016 to 01/31/2017 |
| | 7131 NORTH VIA ASSISI | | | Fax: (520)575-9794 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6748H | MY FAMILY ASSISTED LIVING HOME, LLC | | | Tele (520)572-5674 | 07/01/2016 to 06/30/2017 |
| | 3708 WEST GAILEY DRIVE | | | Fax: (520)744-0326 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0437H | NAN'S HACIENDA | | | Tele (520)648-3077 | 12/01/2016 to 11/30/2017 |
| | 17240 CAMINO CARTEGENA | | | Fax: (520)648-6003 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7373H | NORMANDEL PLACE, LLC | | | Tele (520)544-0651 | 12/01/2016 to 11/30/2017 |
| | 7572 NORTH CASA BLANCA DRIVE | | | Fax: (520)572-3868 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9853H | NORTH HILLS ADULT CARE HOME | | | Tele (520)449-7752 | 10/01/2016 to 09/30/2017 |
| | 7005 NORTH ANTONIETTA DRIVE | | | Fax: (520)989-3336 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5047H | NORTHWEST ASSISTED LIVING I | | | Tele (520)297-6354 | 11/01/2016 to 10/31/2017 |
| | 2001 WEST CASSIM LANE | | | Fax: (520)797-8093 | |
| | TUCSON | AZ | 85704 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6550H | NORTHWEST ASSISTED LIVING II | | | Tele (520)297-6354 | 04/01/2016 to 03/31/2017 |
| | 6840 NORTH CASSIM PLACE | | | Fax: (520)797-8093 | |
| | TUCSON | AZ | 85704 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5547H | NUESTRA CASA CARE HOME, INC. | | | Tele (520)572-8784 | 08/01/2016 to 07/31/2017 |
| | 4124 WEST ORLEANS STREET | | | Fax: (520)407-6143 | |
| | TUCSON | AZ | 85741 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9285H | OAK TREE CARE HOME | | | Tele (520)319-8681 | 12/01/2016 to 11/30/2017 |
| | 4110 EAST SPRING STREET, UNIT 1 | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9441H | OCOTILLO HOUSE AT INFINITY WILMOT | | | Tele (520)638-5624 | 06/01/2016 to 05/31/2017 |
| | 662 SOUTH WILMOT ROAD | | | Fax: (520)829-3424 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL7317H | OCOTILLO HOUSE, THE | | | Tele (520)777-7248 | 10/01/2016 to 09/30/2017 |
| | 5232 EAST 18TH STREET | | | Fax: (520)777-7296 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9689H | OHANA SENIOR CARE, LLC | | | Tele (520)323-1512 | 02/01/2017 to 01/31/2018 |
| | 4713 EAST CECELIA STREET | | | Fax: (520)323-1512 | |
| | TUCSON | AZ | 85711 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| AL10049H | OMEGA ASSISTED LIVING | | | Tele (520)722-7060 | 05/09/2016 to 04/30/2017 |
| | 2945 SOUTH HARRISON ROAD | | | Fax: (520)345-5967 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL10002H | OPEN ARMS AT LA CANADA | | | Tele (520)293-6952 | 03/08/2016 to 02/28/2017 |
| | 1415 WEST PLACITA PINGO | | | Fax: (520)888-1481 | |
| | TUCSON | AZ | 85704 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9685H | OUR FAMILY HOME, LLC | | | Tele (520)298-1950 | 03/01/2017 to 02/28/2018 |
| | 12651 EAST SPEEDWAY BOULEVARD | | | Fax: (520)885-7527 | |
| | TUCSON | AZ | 85748 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9941H | PAPY MCGUIRE | | | Tele (520)887-5402 | 01/01/2017 to 12/31/2017 |
| | 202 WEST FORT LOWELL ROAD | | | Fax: (520)887-0182 | |
| | TUCSON | AZ | 85705 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4689H | PARKER'S ADULT CARE, LLC | | | Tele (520)975-4660 | 02/01/2016 to 01/31/2017 |
| | 5201 EAST 3RD STREET | | | Fax: (520)577-0327 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9289H | PEACH TREE CARE HOME | | | Tele (520)326-6430 | 12/01/2016 to 11/30/2017 |
| | 4024 EAST PIMA STREET | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9287H | PEPPER TREE CARE HOME | | | Tele (520)795-0205 | 12/01/2016 to 11/30/2017 |
| | 4110 EAST SPRING STREET, UNIT 3 | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4139H | PICTURE ROCKS ADULT CARE HOME | | | Tele (520)682-0607 | 02/01/2016 to 01/31/2017 |
| | 12390 WEST MANVILLE ROAD | | | Fax: (267)645-6898 | |
| | TUCSON | AZ | 85743 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9286H | PLUM TREE CARE HOME | | | Tele (520)325-7327 | 12/01/2016 to 11/30/2017 |
| | 4014 EAST PIMA STREET | | | Fax: (520)325-9596 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9520H | PROVENCIO HOPE ASSISTED LIVING, LLC | | | Tele (520)812-0492 | 12/01/2016 to 11/30/2017 |
| | 6072 EAST 28TH STREET | | | Fax: (520)812-0492 | |
| | TUCSON | AZ | 85711 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4734H | RAINBOW ADULT CARE HOME | | | Tele (520)745-5554 | 11/01/2016 to 10/31/2017 |
| | 2202 NORTH RAINBOW VISTA DRIVE | | | Fax: (520)495-5306 | |
| | TUCSON | AZ | 85712 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9535H | RANCHO VERDE CARE HOME | | | Tele (520)399-2175 | 08/01/2016 to 07/31/2017 |
| | 18002 SOUTH PLACITA OCTUBRE | | | Fax: (520)399-2550 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10154H | RANCHO VERDE CARE HOME - MONTROSE | | | Tele (520)827-7357 | 09/08/2016 to 08/31/2017 |
| | 6431 NORTH MONTROSE DRIVE | | | Fax: (520)844-8502 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9863H | RANCHO VERDE CARE HOME HACIENDA | | | Tele (520)546-2111 | 09/01/2016 to 08/31/2017 |
| | 10742 EAST AVENIDA HACIENDA | | | Fax: (520)844-8502 | |
| | TUCSON | AZ | 85748 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0128H | RIDGECREST I | | | Tele (520)293-3404 | 10/01/2016 to 09/30/2017 |
| | 685 WEST ROLLER COASTER ROAD | | | Fax: (520)887-2729 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9396H | RIDGECREST II | | | Tele (520)575-5567 | 05/01/2016 to 04/30/2017 |
| | 5323 NORTH ORACLE JAYNE STATION ROAD | | | Fax: (520)887-2729 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6393H | ROSA DE SARON CARE HOME | | | Tele (520)325-7813 | 11/01/2016 to 10/31/2017 |
| | 4102 EAST LINDEN STREET | | | Fax: (520)325-7813 | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL5415H | ROSA'S CHANTE ASSISTED LIVING HOME<br>2631 SOUTH BLACKMOON DRIVE<br>TUCSON AZ 85730 | Tele (520)751-1998<br>Fax: (520)751-3767<br>Capacity : 9 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL6392H | ROSA'S LITTLE HOUSE II ASSISTED LIVING HOME<br>3141 WEST PAINTED HILLS RANCH COURT<br>TUCSON AZ 85745 | Tele (520)906-7822<br>Fax: (520)325-7813<br>Capacity : 5 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7066H | ROSE OF SHARON FAMILY HOME<br>3410 WEST RUTHANN ROAD<br>TUCSON AZ 85745 | Tele (520)743-8777<br>Fax: (520)743-8777<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL8164H | SAGUARO HORIZONS ADULT CARE<br>6330 SOUTH KOLB ROAD<br>TUCSON AZ 85756 | Tele (520)237-5955<br>Fax: (520)574-9532<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9362H | SAGUARO HOUSE AT INFINITY WILMOT<br>652 SOUTH WILMOT STREET<br>TUCSON AZ 85711 | Tele (520)514-9040<br>Fax: (520)829-3424<br>Capacity : 10 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9180H | SAGUARO RANCH LUXURY ASSISTED LIVING, LLC<br>12301 NORTH CAMINO DEL PLATA<br>TUCSON AZ 85755 | Tele (520)219-2720<br>Fax: (520)505-5661<br>Capacity : 10 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL5017H | SAKUTA'S LOVING HEART ASSISTED LIVING HOME<br>6445 NORTH DESERT FOOTHILLS DRIVE<br>TUCSON AZ 85743 | Tele (520)572-1057<br>Fax: (520)579-6439<br>Capacity : 10 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL4577H | SAKUTA'S YOUNG AT HEART ASSISTED LIVING HOME<br>6521 NORTH SILVERBELL ROAD<br>TUCSON AZ 85743 | Tele (520)744-7962<br>Fax: (520)744-8195<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9048H | SAM HUGHES ASSISTED LIVING<br>2914 EAST 4TH STREET<br>TUCSON AZ 85716 | Tele (520)400-8796<br>Fax: (520)881-9465<br>Capacity : 9 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL6201H | SAN JUDAS ADULT CARE HOME, LLC<br>17380 SOUTH CAMINO CARTAGENA<br>SAHUARITA AZ 85629 | Tele (520)399-2118<br>Fax: (520)625-2060<br>Capacity : 10 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL1943H | SAN NICOLAS ASSISTED LIVING HOME NW, INC.<br>1362 WEST SAN NICOLAS DRIVE<br>TUCSON AZ 85704 | Tele (520)742-4581<br>Fax: (520)531-9897<br>Capacity : 10 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL5179H | SAN NICOLAS II<br>6767 NORTH LEONARDO DA VINCI WAY<br>TUCSON AZ 85704 | Tele (520)742-4581<br>Fax: (520)531-9897<br>Capacity : 10 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| AL6243H | SAN PAULO VILLAGE ASSISTED LIVING HOME<br>6012 EAST 25TH STREET<br>TUCSON AZ 85711 | Tele (520)747-3851<br>Fax: (520)514-9676<br>Capacity : 8 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6153H | SANTO NINO ADULT CARE HOME, LLC<br>2290 SOUTH QUAIL HOLLOW DRIVE<br>TUCSON AZ 85710 | Tele (520)751-9109<br>Fax: (520)751-0455<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6621H | SEARLES CARE HOME<br>11109 EAST TANQUE VERDE ROAD<br>TUCSON AZ 85749 | Tele (520)749-3772<br>Fax: (520)749-1472<br>Capacity : 9 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9359H | SEDONA GARDEN ASSISTED LIVING | | | Tele (520)971-2539 | 04/01/2016 to 03/31/2017 |
| | 5931 NORTH JAYNES CIRCLE | | | Fax: (520)884-7342 | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7852H | SERENITY ADULT LIVING, LLC | | | Tele (520)514-9377 | 12/01/2016 to 11/30/2017 |
| | 5601 EAST 10TH STREET | | | Fax: (520)514-9394 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8846H | SHADY LANE LIVING, INC. | | | Tele (520)749-4846 | 10/01/2016 to 09/30/2017 |
| | 11240 EAST SHADY LANE | | | Fax: (520)749-1319 | |
| | TUCSON | AZ | 85749 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5391H | SIERRA ADULT CARE, LLC | | | Tele (520)573-0365 | 05/01/2016 to 04/30/2017 |
| | 4933 SOUTH CASSIA WAY | | | Fax: (520)573-0365 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL1140H | SIERRA MADRE ADULT CARE HOME, INC. | | | Tele (520)825-9172 | 03/01/2016 to 02/28/2017 |
| | 15525 NORTH LAGO DEL ORO PKWY | | | Fax: (520)825-4482 | |
| | TUCSON | AZ | 85739 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL7360H | SILVER MOON ASSISTED LIVING HOME | | | | Tele (520)531-1366 | 10/01/2016 to 09/30/2017 |
| | 3690 WEST ARROWWOOD PLACE | | | | Fax: (520)413-3464 | |
| | TUCSON | AZ | 85741 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL4895H | SILVERBELL MANOR ASSISTED LIVING HOME, LLC | | | | Tele (520)579-3710 | 08/01/2016 to 07/31/2017 |
| | 6493 NORTH SILVERBELL ROAD | | | | Fax: (520)579-3223 | |
| | TUCSON | AZ | 85743 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL6570H | SIMANCAS ASSISTED LIVING HOME | | | | Tele (520)207-0442 | 05/01/2016 to 04/30/2017 |
| | 550 SOUTH COUNTRY CLUB ROAD | | | | Fax: (520)207-1883 | |
| | TUCSON | AZ | 85716 | | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL5998H | SKYLINE ESTATE ASSISTED LIVING, LLC | | | | Tele (520)360-5410 | 06/01/2016 to 05/31/2017 |
| | 1730 EAST SKYLINE DRIVE | | | | Fax: (520)577-0327 | |
| | TUCSON | AZ | 85718 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|---|
| AL0863H | SONLIGHT HOME CARE | | | | Tele (520)579-3246 | 07/01/2016 to 06/30/2017 |
| | 3250 WEST SUMTER DRIVE | | | | Fax: (520)579-5925 | |
| | TUCSON | AZ | 85742 | | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7569H | SPRING DAYS ADULT CARE HOME, LLC | | | Tele (520)797-3588 | 03/01/2016 to 02/28/2017 |
| | 6710 NORTH LEONARDO DA VINCI | | | Fax: (520)797-3159 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9674H | ST JACOB ASSISTED LIVING, LLC | | | Tele (520)882-2042 | 02/01/2016 to 01/31/2017 |
| | 2010 WEST GRANT ROAD | | | Fax: (520)623-2338 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6156H | ST. ANTHONY'S ADULT CARE HOME, LLC | | | Tele (520)906-0277 | 08/01/2016 to 07/31/2017 |
| | 2302 SOUTH QUAIL HOLLOW DRIVE | | | Fax: (520)300-8387 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9897H | STARFISH CARE HOMES, LLC | | | Tele (520)721-4150 | 11/01/2016 to 10/31/2017 |
| | 2641 NORTH BAHANA DRIVE | | | Fax: (520)389-8952 | |
| | TUCSON | AZ | 85715 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9461H | STARFISH CARE HOMES, LLC | | | Tele (520)207-7266 | 06/01/2016 to 05/31/2017 |
| | 9251 EAST OLD SPANISH TRAIL | | | Fax: (520)207-6268 | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8789H | STARFISH CARE HOMES, LLC | | | Tele (520)721-6321 | 09/01/2016 to 08/31/2017 |
| | 6611 EAST RIVER HILLS PLACE | | | Fax: (520)298-9846 | |
| | TUCSON | AZ | 85750 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4721H | SUGAR'S II ASSISTED LIVING HOME, INC. | | | Tele (520)399-1534 | 05/01/2016 to 04/30/2017 |
| | 17802 SOUTH PLACITA OCTUBRE | | | Fax: (520)648-0805 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8462H | SUMMERSETT ACRES, LLC | | | Tele (520)572-8707 | 06/01/2015 to 05/31/2017 |
| | 10298 NORTH BLUE BONNET ROAD | | | Fax: (520)579-0115 | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9870H | SUMMERSETT HAVEN | | | Tele (520)989-3966 | 10/01/2016 to 09/30/2017 |
| | 1030 WEST ORANGE GROVE ROAD | | | Fax: (520)389-8585 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10241H | SUNFLOWER GARDENS SENIOR CARE | | | Tele (520)343-5244 | 11/17/2016 to 10/31/2017 |
| | 8261 EAST KENYON DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5221H | SUNRIVER ASSISTED LIVING, INC. | | | Tele (520)514-0236 | 03/01/2016 to 02/28/2017 |
| | 7333 EAST FAYETTE STREET | | | Fax: (520)747-3344 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6828H | SUNSET ADULT CARE HOME, LLC | | | Tele (520)807-7584 | 09/01/2016 to 08/31/2017 |
| | 4765 WEST CALLE DON TOMAS | | | Fax: (520)883-8995 | |
| | TUCSON | AZ | 85757 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL10006H | SYCAMORE HOUSE AT INFINITY WILMOT | | | Tele (520)762-4323 | 06/07/2016 to 05/31/2017 |
| | 602 SOUTH WILMOT | | | Fax: (520)829-3424 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL6838H | TANQUE VERDE ASSISTED LIVING HOME III, LLC | | | Tele (520)529-7370 | 10/01/2016 to 09/30/2017 |
| | 4040 NORTH CAMINO ARCO | | | Fax: (520)529-7305 | |
| | TUCSON | AZ | 85718 | Capacity : 8 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8876H | TENDER CARE II | | | Tele (520)207-5444 | 03/01/2016 to 02/28/2017 |
| | 751 NORTH CREST DRIVE | | | Fax: (520)207-5444 | |
| | TUCSON | AZ | 85716 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8043H | TITA'S HAPPY ASSISTED LIVING HOME, LLC<br>8240 EAST KEUKA COURT<br>TUCSON AZ 85715 | Tele (520)885-2730<br>Fax: (520)885-2730<br>Capacity : 5 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL7750H | TLC AT SAN LUCAS, LLC<br>1438 WEST SAN LUCAS DRIVE<br>TUCSON AZ 85704 | Tele (520)870-1924<br>Fax: (520)229-0442<br>Capacity : 5 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9174H | TRUVAL ASSISTED LIVING HOME<br>4445 NORTH PONTATOC ROAD<br>TUCSON AZ 85718 | Tele (520)338-2261<br>Fax: (520)338-2263<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9051H | TUCSON GOLDEN LIFE ASSISTED LIVING, LLC<br>8586 NORTH HOLLY BROOK AVENUE<br>TUCSON AZ 85742 | Tele (520)744-5086<br>Fax: (520)744-6753<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9025H | TUCSON MOUNTAIN ASSISTED LIVING HOME<br>3429 SOUTH THUNDER CHORUS ROAD<br>TUCSON AZ 85713 | Tele (520)425-0295<br>Fax: (520)989-9250<br>Capacity : 9 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8309H | VENEZIA PLACE, LLC | | | Tele (520)797-6933 | 01/01/2017 to 12/31/2017 |
| | 7141 NORTH VIA VENEZIA | | | Fax: (520)797-6933 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8128H | VIA ELEGANTE, GALLERIA | | | Tele (520)408-7940 | 06/01/2016 to 05/31/2017 |
| | 5643 NORTH VIA LATIGO | | | Fax: (520)293-3412 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8126H | VIA ELEGANTE, MEDITERRANEAN | | | Tele (520)293-8900 | 06/01/2016 to 05/31/2017 |
| | 5644 NORTH VIA LATIGO | | | Fax: (520)293-3412 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8129H | VIA ELEGANTE, VINEYARD | | | Tele (520)408-3210 | 06/01/2016 to 05/31/2017 |
| | 5651 NORTH VIA LATIGO | | | Fax: (520)293-3412 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9749H | VILLA DE HOPE | | | Tele (520)297-9286 | 05/01/2016 to 04/30/2017 |
| | 920 WEST INA ROAD | | | Fax: (520)297-9267 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9552H | VILLA LIDDELL, LLC | | | Tele (520)742-7358 | 09/01/2016 to 08/31/2017 |
| | 1436 WEST LIDDELL DRIVE | | | Fax: (520)742-7358 | |
| | TUCSON | AZ | 85704 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8295H | VILLA ROSA, THE | | | Tele (520)625-0525 | 02/01/2016 to 01/31/2017 |
| | 1001 WEST CALLE SAN JOSE | | | Fax: (520)625-2285 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7668H | VILLA TAMPICO | | | Tele (520)790-6254 | 05/01/2016 to 04/30/2017 |
| | 601 SOUTH TAMPICO AVENUE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9831H | VILLAS AT GREEN VALLEY, VILLA A | | | Tele (520)448-0480 | 09/01/2016 to 08/31/2017 |
| | 865 NORTH DESERT BELL DRIVE, BUILDING 1 | | | Fax: (520)838-0180 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9864H | VILLAS AT GREEN VALLEY, VILLA B | | | Tele (520)448-0480 | 10/01/2016 to 09/30/2017 |
| | 865 NORTH DESERT BELL DRIVE, BUILDING 2 | | | Fax: (520)838-0180 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9961H | VILLAS AT GREEN VALLEY, VILLA C<br>865 NORTH DESERT BELL DRIVE, BUILDING 3<br>GREEN VALLEY AZ 85614 | Tele (520)448-0480<br>Fax: (520)838-0180<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL10050H | VILLAS AT GREEN VALLEY, VILLA D<br>865 NORTH DESERT BELL DRIVE, BUILDING 4<br>GREEN VALLEY AZ 85614 | Tele (520)448-4583<br>Fax: (520)838-0180<br>Capacity : 10 | 05/06/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL10159H | VILLAS AT GREEN VALLEY, VILLA E<br>865 NORTH DESERT BELL DRIVE, BUILDING 5<br>GREEN VALLEY AZ 85614 | Tele (520)448-4584<br>Fax: (520)305-4324<br>Capacity : 10 | 09/07/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9945H | VILLAS AT HOUGHTON, VILLA AA<br>861 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)546-2268<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9950H | VILLAS AT HOUGHTON, VILLA BB<br>881 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)722-7534<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9951H | VILLAS AT HOUGHTON, VILLA CC<br>901 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)298-8553<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9952H | VILLAS AT HOUGHTON, VILLA DD<br>921 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)298-7410<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9953H | VILLAS AT HOUGHTON, VILLA EE<br>941 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)886-2220<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9954H | VILLAS AT HOUGHTON, VILLA FF<br>920 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)296-1490<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9955H | VILLAS AT HOUGHTON, VILLA GG<br>900 NORTH WHISPERING RABBIT PLACE<br>TUCSON AZ 85748 | Tele (520)298-7650<br>Fax: (520)546-2124<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9956H | VILLAS AT HOUGHTON, VILLA HH | | | Tele (520)298-9016 | 01/01/2017 to 12/31/2017 |
| | 880 NORTH WHISPERING RABBIT PLACE | | | Fax: (520)546-2124 | |
| | TUCSON | AZ | 85748 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9957H | VILLAS AT HOUGHTON, VILLA II | | | Tele (520)298-9235 | 01/01/2017 to 12/31/2017 |
| | 860 NORTH WHISPERING RABBIT PLACE | | | Fax: (520)546-2124 | |
| | TUCSON | AZ | 85748 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8252H | VILLAS AT KING ROAD, THE, VILLA A | | | Tele (520)690-2281 | 12/01/2016 to 11/30/2017 |
| | 215 WEST KING ROAD | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8319H | VILLAS AT KING ROAD, THE, VILLA B | | | Tele (520)293-6192 | 03/01/2016 to 02/28/2017 |
| | 211 WEST KING ROAD | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85705 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6714H | VILLAS AT LA CANADA, THE - VILLA A | | | Tele (520)531-1341 | 05/01/2016 to 04/30/2017 |
| | 6901 WEST DESERT HARBOR PLACE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6715H | VILLAS AT LA CANADA, THE - VILLA B | | | Tele (520)742-1082 | 05/01/2016 to 04/30/2017 |
| | 1460 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6716H | VILLAS AT LA CANADA, THE - VILLA C | | | Tele (520)529-4481 | 05/01/2016 to 04/30/2017 |
| | 1577 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6717H | VILLAS AT LA CANADA, THE - VILLA D | | | Tele (520)829-3382 | 05/01/2016 to 04/30/2017 |
| | 1519 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6718H | VILLAS AT LA CANADA, THE - VILLA E | | | Tele (520)762-4422 | 05/01/2016 to 04/30/2017 |
| | 1563 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6719H | VILLAS AT LA CANADA, THE - VILLA F | | | Tele (520)829-3111 | 05/01/2016 to 04/30/2017 |
| | 1555 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7316H | VILLAS AT LA CANADA, THE, VILLA G | | | Tele (520)544-7513 | 09/01/2015 to 08/31/2016 |
| | 1505 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7309H | VILLAS AT LA CANADA, THE, VILLA H | | | Tele (520)575-7287 | 09/01/2016 to 08/31/2017 |
| | 1495 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7426H | VILLAS AT LA CANADA, THE, VILLA I | | | Tele (520)297-2888 | 12/01/2016 to 11/30/2017 |
| | 1487 WEST DESERT HARBOR CIRCLE | | | Fax: (520)797-6512 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9993H | VILLAS AT LA CANADA, VILLA K | | | Tele (520)447-5217 | 03/02/2016 to 02/28/2017 |
| | 1464 WEST DESERT HARBOR CIRCLE | | | Fax: (520)447-5248 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9992H | VILLAS AT LA CANADA, VILLA L | | | Tele (520)447-5473 | 03/02/2016 to 02/28/2017 |
| | 1468 WEST DESERT HARBOR CIRCLE | | | Fax: (520)447-5248 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9963H | VILLAS AT LA CANADA, VILLA M<br>6876 NORTH DESERT HARBOR PLACE<br>TUCSON AZ 85704 | Tele (520)531-0086<br>Fax: (520)792-6512<br>Capacity : 10 | 02/12/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9977H | VILLAS AT LA CANADA, VILLA N<br>6870 NORTH DESERT HARBOR PLACE<br>TUCSON AZ 85704 | Tele (520)612-7021<br>Fax: (520)612-7029<br>Capacity : 10 | 02/18/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL7427H | VILLAS AT LA CANDA, THE, VILLA J<br>1479 WEST DESERT HARBOR CIRCLE<br>TUCSON AZ 85704 | Tele (520)297-5430<br>Fax: (520)797-6512<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9759H | VILLAS DE BELLA ASSISTED LIVING NO 1, LLC<br>6008 NORTH PANORAMA DRIVE<br>TUCSON AZ 85743 | Tele (520)743-0889<br>Fax: (520)743-0886<br>Capacity : 10 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL1647H | WAVERLY HOUSE ADULT CARE HOME<br>2330 EAST WAVERLY STREET<br>TUCSON AZ 85719 | Tele (520)393-8981<br>Fax: ( ) -<br>Capacity : 10 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9618H | WELLCARE ASSISTED LIVING FACILITY<br>7614 EAST PIMA STREET<br>TUCSON AZ 85715 | Tele (520)303-7585<br>Fax: (520)751-3953<br>Capacity : 5 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL4917H | WHISPERING HILLS CARE HOMES, LLC<br>1200 WEST CHAPALA DRIVE<br>TUCSON AZ 85704 | Tele (520)544-2267<br>Fax: (520)908-6370<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL4918H | WHISPERING HILLS CARE HOMES, LLC<br>1302 WEST WHISPERING HILLS<br>TUCSON AZ 85704 | Tele (520)888-4400<br>Fax: (520)908-6370<br>Capacity : 9 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AUD0010 | GLATTKE, THEODORE J.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>TUCSON AZ 85711 | Tele (600)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AUD0014 | GLOSE, DIANA M.<br>3601 S 6TH AVE 5-126<br>TUCSON AZ 85723 | Tele (520)629-1846<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC/SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7808 | PLAZA DETOXIFICATION CENTER | Tele (480)831-7566 | 09/01/2016 to 08/31/2017 |
| | 2502 NORTH DODGE BOULEVARD, SUITE 190 | Fax: ( ) - | |
| | TUCSON AZ 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7339 | BANNER- UNIVERSITY MEDICINE CRISIS RESPONSE | Tele (602)253-5100 | 10/01/2015 to 09/30/2016 |
| | 2802 EAST DISTRICT STREET, SECOND FLOOR | Fax: ( ) - | |
| | TUCSON AZ 85714 | Capacity : 16 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | CONNECTIONS SOUTHERNAZ, LLC | Tele (602)253-5100 | to |
| | 2802 EAST DISTRICT STREET, 2ND FLOOR | Fax: ( ) - | |
| | TUCSON AZ 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6377 | COTTONWOOD DE TUCSON | Tele (520)743-0411 | 06/01/2016 to 05/31/2017 |
| | 4110 WEST SWEETWATER DRIVE, BUILDING 1400 | Fax: (520)743-2133 | |
| | TUCSON AZ 85745 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH7806 | DESERT HOPE INPATIENT PROGRAM | Tele (480)831-7566 | 09/01/2016 to 08/31/2017 |
| | 2499 EAST AJO WAY, ROOMS 1-9 | Fax: ( ) - | |
| | TUCSON AZ 85713 | Capacity : 12 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| IFBH6469 | PSYCHIATRIC HEALTH FACILITY | | | Tele (520)746-0260 | 05/01/2016 to 04/30/2017 |
| | 1601 EAST APACHE PARK PLACE | | | Fax: (520)295-0834 | |
| | TUCSON | AZ | 85714 | Capacity : 16 | Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4567 | ANDREW STREET | | | Tele (520)327-4505 | 07/01/2016 to 06/30/2017 |
| | 4758 EAST ANDREW STREET | | | Fax: (520)622-2525 | |
| | TUCSON | AZ | 85711 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4678 | AZI HOUSE LLC | | | Tele (520)398-5907 | 11/01/2016 to 10/31/2017 |
| | 5734 EAST CAMINO DEL APADRINAR | | | Fax: (520)396-4658 | |
| | TUCSON | AZ | 85756 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3966 | AZI HOUSE, LLC | | | Tele (520)398-5907 | 10/01/2016 to 09/30/2017 |
| | 6914 SOUTH BITTERCRESS ROAD | | | Fax: (520)396-4658 | |
| | TUCSON | AZ | 85756 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3100 | CHALET HOUSE NORTH | | | Tele (520)395-1796 | 05/01/2016 to 04/30/2017 |
| | 6633 NORTH AMAHL CIRCLE | | | Fax: (520)300-8002 | |
| | TUCSON | AZ | 85704 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4999 | COMMUNITY PARTNERSHIP CARE COORDINATION, LLC<br>2502 NORTH DODGE BOULEVARD, SUITE 190 WEST WING<br>TUCSON AZ 85716 | Tele (520)901-4800<br>Fax: (520)901-4700<br>Capacity : 16 | 09/09/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH3946 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC.<br>2002 WEST CALLE PACIFICA<br>TUCSON AZ 85745 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 4 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| BH1031 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC.-GRANDE<br>5548 NORTH GRANDE AVENUE<br>TUCSON AZ 85704 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 6 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH1528 | COPE COMMUNITY SERVICES, INC.<br>7020 NORTH ANTONIETTA DRIVE<br>TUCSON AZ 85704 | Tele (520)792-3293<br>Fax: (520)624-8358<br>Capacity : 8 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH1006 | COPE COMMUNITY SERVICES, INC.<br>1331 WEST GIACONDA WAY<br>TUCSON AZ 85705 | Tele (520)792-3293<br>Fax: (520)624-8358<br>Capacity : 7 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH1469 | COPE COMMUNITY SERVICES, INC. | | | Tele | (520)792-3293 | 09/01/2016 | to | 08/31/2017 |
| | 535 EAST DRACHMAN | | | Fax: | (520)624-8358 | | | |
| | TUCSON | AZ | 85705 | Capacity : | 15 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4997 | DODGE CENTER | | | Tele | (480)831-7566 | 09/01/2016 | to | 08/31/2017 |
| | 2950 NORTH DODGE BOULEVARD | | | Fax: | (480)831-7563 | | | |
| | TUCSON | AZ | 85716 | Capacity : | 40 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4429 | EASTER SEALS BLAKE FOUNDATION - AGAPE HOUSE | | | Tele | (520)327-1529 | 11/01/2016 | to | 10/31/2017 |
| | 4454 EAST 3RD STREET | | | Fax: | (520)327-1836 | | | |
| | TUCSON | AZ | 85711 | Capacity : | 5 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4426 | EASTER SEALS BLAKE FOUNDATION - SAGUARO HOUSE | | | Tele | (520)327-1529 | 11/01/2016 | to | 10/31/2017 |
| | 5120 EAST ALBERTA DRIVE | | | Fax: | (520)327-1836 | | | |
| | TUCSON | AZ | 85711 | Capacity : | 6 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4427 | EASTER SEALS BLAKE FOUNDATION - SIERRA HOUSE | | | Tele | (520)327-1529 | 11/01/2016 | to | 10/31/2017 |
| | 5752 EAST WAVERLY STREET | | | Fax: | (520)327-1836 | | | |
| | TUCSON | AZ | 85712 | Capacity : | 6 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2023 | EPIDAURUS DBA AMITY FOUNDATION<br>10500 EAST TANQUE VERDE ROAD<br>TUCSON AZ 85749 | Tele (520)749-5980<br>Fax: (520)749-4852<br>Capacity : 139 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH1012 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>3626 EAST LEE STREET, BUILDING 1<br>TUCSON AZ 85716 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : 8 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4537 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>2200 SOUTH AVENIDA LOS REYES<br>TUCSON AZ 85748 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : 9 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH1520 | LA FRONTERA CENTER, INC. / CASA ALEGRE<br>1441 SOUTH NO LE HACE<br>TUCSON AZ 85713 | Tele (520)622-5805<br>Fax: (520)622-5981<br>Capacity : 6 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH015 | LA FRONTERA CENTER, INC. / CASA DE VIDA<br>1900 WEST SPEEDWAY BOULEVARD<br>TUCSON AZ 85745 | Tele (520)838-3910<br>Fax: (520)792-0654<br>Capacity : 53 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2642 | LA FRONTERA CENTER, INC. / MOUNTAIN ROSE RANCH<br>10841 NORTH THORNYDALE ROAD<br>TUCSON AZ 85742 | Tele (520)572-9320<br>Fax: (520)572-8978<br>Capacity : 8 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| BH2168 | LA FRONTERA CENTER, INC. / THORNYDALE RANCH<br>10845 NORTH THORNYDALE ROAD<br>TUCSON AZ 85742 | Tele (520)579-8786<br>Fax: (520)579-8794<br>Capacity : 6 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4560 | LA FRONTERA CENTER, INC.- MENNINGER HOUSE<br>240 WEST NAVAJO ROAD<br>TUCSON AZ 85705 | Tele (520)408-5475<br>Fax: (520)887-3476<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH4529 | MIRASOL, INC.<br>10490 EAST ESCALANTE<br>TUCSON AZ 85730 | Tele (520)546-3200<br>Fax: (520)546-3205<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4518 | MIRASOL, INC.<br>1515 EAST KLEINDALE<br>TUCSON AZ 85719 | Tele (520)546-3200<br>Fax: (520)546-3205<br>Capacity : 10 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4900 | MWANGAZA RESIDENTIAL CARE LLC | | | Tele (520)398-5674 | 04/22/2016 to 03/31/2017 |
| | 8421 EAST COLETTE STREET | | | Fax: (520)305-8837 | |
| | TUCSON | AZ | 85710 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3996 | MWANGAZA RESIDENTIAL CARE, LLC | | | Tele (520)777-8767 | 01/01/2017 to 12/31/2017 |
| | 4449 EAST ELMWOOD STREET | | | Fax: (520)305-4377 | |
| | TUCSON | AZ | 85711 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4730 | MWANGAZA RESIDENTIAL CARE, LLC | | | Tele (520)248-1295 | 10/01/2016 to 09/30/2017 |
| | 2226 NORTH AVENIDA EL CAPITAN | | | Fax: (520)305-4377 | |
| | TUCSON | AZ | 85705 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3425 | MWANGAZA RESIDENTIAL CARE, LLC | | | Tele (520)207-9283 | 09/01/2016 to 08/31/2017 |
| | 2234 EAST CALLE SIERRA DEL MANANTIAL | | | Fax: (520)305-4377 | |
| | TUCSON | AZ | 85706 | Capacity : 4 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4178 | NEEMA, LLC | | | Tele (520)248-1919 | 05/01/2016 to 04/30/2017 |
| | 6607 EAST HAWK DRIVE | | | Fax: (520)745-5361 | |
| | TUCSON | AZ | 85730 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4890 | NEW HORIZONS BEHAVIORAL HEALTH SERVICES INC.<br>5849 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (520)747-9443<br>Fax: (520)745-2925<br>Capacity : 10 | 04/06/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| BH2151 | NEW HORIZONS BEHAVIORAL HEALTH SERVICES, INC.<br>6871 EAST NELSON DRIVE<br>TUCSON AZ 85730 | Tele (520)747-9443<br>Fax: (520)745-2925<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH4641 | SABINO RECOVERY<br>8505 EAST OCOTILLO DRIVE<br>TUCSON AZ 85750 | Tele (520)749-0020<br>Fax: (520)749-0020<br>Capacity : 30 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| BH3923 | SIERRA TUCSON, INC.<br>39580 SOUTH LAGO DEL ORO PARKWAY<br>TUCSON AZ 85739 | Tele (520)624-4000<br>Fax: (520)825-3523<br>Capacity : 124 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH4550 | TENDER LOVING CARE HOME, LLC<br>7232 EAST MONTECITO DRIVE<br>TUCSON AZ 85710 | Tele (520)546-1724<br>Fax: (520)886-1413<br>Capacity : 6 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH053 | THE HAVEN | | | Tele (520)623-4590 | 02/01/2016 to 01/31/2017 |
| | 1017, 1025 AND 1107 EAST ADELAIDE DRIVE | | | Fax: (520)207-3531 | |
| | TUCSON | AZ | 85719 | Capacity : 54 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4044 | THE OASIS HOME LLC | | | Tele (520)777-5215 | 06/01/2016 to 05/31/2017 |
| | 845 WEST CALLE BARBITAS | | | Fax: (520)777-6391 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2831 | THE OASIS HOME, LLC | | | Tele (520)777-4547 | 01/01/2017 to 12/31/2017 |
| | 78 EAST VIA TERESITA | | | Fax: (520)207-2138 | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4484 | THE VILLAS | | | Tele (520)398-4506 | 06/01/2016 to 05/31/2017 |
| | 6849 SOUTH TACKWEED WAY | | | Fax: (520)300-8002 | |
| | TUCSON | AZ | 85756 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH939 | WOMEN'S RECOVERY SERVICES.- LAS AMIGAS | | | Tele (520)327-4505 | 06/01/2016 to 05/31/2017 |
| | 502 NORTH SILVERBELL | | | Fax: (520)622-2525 | |
| | TUCSON | AZ | 85745 | Capacity : 21 | Medcaid_Cert: Certified |

Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4927 | ASCENDING ROOTS<br>132-136 EAST AJO WAY<br>TUCSON AZ 85713 | Tele (480)779-8016<br>Fax: (602)341-6962<br>Capacity : 10 | 10/25/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| BH4473 | COTTONWOOD DE TUCSON<br>4110 WEST SWEETWATER DRIVE<br>TUCSON AZ 85745 | Tele (520)743-0411<br>Fax: (520)743-2133<br>Capacity : 56 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4395 | ANIMALS FACILITATING ADOLESCENTS AND CHILDREN THERAPEUTICALLY, INC ( A F A C T )<br>39213 SOUTH WILD HARDT WAY, SUITE A<br>MARANA AZ 85658 | Tele (520)400-9444<br>Fax: (520)203-0295<br>Capacity : 7 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH4069 | ARIVACA BOYS RANCH<br>38000 SOUTH ARIVACA RANCH ROAD<br>ARIVACA AZ 85601 | Tele (480)216-8982<br>Fax: (866)458-4492<br>Capacity : 30 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| BH1941 | CASA DE TUCSON, LLC<br>3700 WEST GAILEY DRIVE<br>TUCSON AZ 85741 | Tele (520)572-0404<br>Fax: (520)572-0776<br>Capacity : 10 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2757 | COMMUNITY PROVIDER OF ENRICHMENT SERVICE, INC./MANZANITA<br>355 WEST 24TH STREET<br>TUCSON AZ 85713 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 3 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| BH4521 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC.<br>3727 EAST LEE STREET<br>TUCSON AZ 85712 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 4 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| BH2806 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES/COOL HOUSE<br>4873 EAST 12TH STREET<br>TUCSON AZ 85711 | Tele (520)326-0197<br>Fax: (520)326-0197<br>Capacity : 3 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| BH4756 | CPES CHILD AND FAMILY DEVELOPMENT CENTER<br>1501 EAST SENECA STREET<br>TUCSON AZ 85719 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 5 | 02/18/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH4810 | DEVEREUX ARIZONA - AIC<br>2502 NORTH DODGE BOULEVARD, SUITE #160<br>TUCSON AZ 85716 | Tele (480)998-2920<br>Fax: (480)443-5587<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4707 | DEVEREUX ARIZONA - ASSESSMENT AND INTERVENTION CENTER<br>2502 NORTH DODGE BOULEVARD, SUITE 120<br>TUCSON AZ 85716 | Tele (480)998-2920<br>Fax: (480)443-5587<br>Capacity : 8 | 01/08/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| BH4400 | DEVEREUX ARIZONA - CASA ENSUENO<br>100 NORTH CAMINO SECO<br>TUCSON AZ 85710 | Tele (480)889-0562<br>Fax: (480)378-2378<br>Capacity : 7 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4704 | DEVEREUX ARIZONA - CASA VALOR<br>961 NORTH CAMINO MIRA MONTE<br>TUCSON AZ 85716 | Tele (480)889-0562<br>Fax: (480)443-5587<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH4295 | DEVEREUX ARIZONA - PIMA RESPITE #1<br>1202 NORTH DODGE BOULEVARD<br>TUCSON AZ 85716 | Tele (480)998-2920<br>Fax: (480)443-5587<br>Capacity : 8 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| BH4425 | EASTER SEALS BLAKE FOUNDATION - KACHINA HOUSE<br>5626 EAST 2ND STREET<br>TUCSON AZ 85711 | Tele (520)327-1529<br>Fax: (520)327-1836<br>Capacity : 6 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4428 | EASTER SEALS BLAKE FOUNDATION - PIMA HOUSE<br>3327 EAST BROADWAY BOULEVARD<br>TUCSON AZ 85716 | Tele (520)327-1529<br>Fax: (520)327-1836<br>Capacity : 6 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| BH1618 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>8571 EAST TANQUE VERDE ROAD<br>TUCSON AZ 85749 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : 8 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH2914 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>1310 NORTH SPEEDWAY PLACE<br>TUCSON AZ 85715 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : 8 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4545 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>8551 EAST TANQUE VERDE<br>TUCSON AZ 85749 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : 4 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Certified |
| BH4884 | LA PALOMA FAMILY SERVICES INC/FAIRVIEW HOUSE<br>870 WEST MIRACLE MILE, BUILDING B<br>TUCSON AZ 85705 | Tele (520)750-9667<br>Fax: (520)750-0058<br>Capacity : 10 | 03/22/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2114 | PASCUA YAQUI TRIBE YOEME KARI GROUP HOME | | | Tele (520)297-6414 | 07/01/2016 to 06/30/2017 |
| | 2861 WEST VIA HACIENDA | | | Fax: (520)297-6419 | |
| | TUCSON | AZ | 85741 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4582 | RMBHS MEADOW SPRINGS HOUSE | | | Tele (480)641-9552 | 04/01/2016 to 03/31/2017 |
| | 8848 EAST MEADOW SPRING PLACE | | | Fax: (480)981-0893 | |
| | TUCSON | AZ | 85747 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4486 | SOUTHWEST KEY PROGRAMS | | | Tele (520)230-4100 | 06/01/2016 to 05/31/2017 |
| | 1601 NORTH ORACLE ROAD | | | Fax: (520)844-8130 | |
| | TUCSON | AZ | 85704 | Capacity : 300 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4675 | STARKS HOMES LLC | | | Tele (520)304-6681 | 11/01/2016 to 10/31/2017 |
| | 2873 EAST LUCCA LANE | | | Fax: (520)437-0387 | |
| | VAIL | AZ | 85641 | Capacity : 9 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3618 | ZAREPHATH, INC. | | | Tele (480)518-6826 | 07/01/2016 to 06/30/2017 |
| | 2194 WEST PAINTED SUNSET CIRCLE | | | Fax: (480)361-9144 | |
| | TUCSON | AZ | 85745 | Capacity : 8 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4117 | ZAREPHATH, INC.<br>3035 WEST MONTAGE VISTA DRIVE<br>TUCSON AZ 85745 | Tele (480)518-6826<br>Fax: (480)361-9144<br>Capacity : 8 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESPITE HOME - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4812 | KARI AND THOMAS MILLER<br>48415 EAST EAGLENEST TRAIL<br>TUCSON AZ 85739 | Tele (520)818-9610<br>Fax: (520)886-0489<br>Capacity : 3 | 02/26/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH4935 | ROSEANNA GONZALEZ<br>5545 SOUTH CASSIA WAY<br>TUCSON AZ 85706 | Tele (520)286-1774<br>Fax: (520)886-0489<br>Capacity : 1 | 07/13/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12527 | A DREAM COME TRUE PRESCHOOL AND LEARNING CENTER<br>6163 SOUTH MIDVALE PARK<br>TUCSON AZ 85746 | Tele (520)294-3738<br>Fax: (520)294-3723<br>Capacity : 46 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14662 | A NEIGHBORHOOD EARLY LEARNING CENTER<br>150 SOUTH WESTMORELAND<br>TUCSON AZ 85745 | Tele (520)203-8931<br>Fax: ( ) -<br>Capacity : 50 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10940 | ACADEMY ADVENTURES - FLOWING WELLS | | | Tele (520)407-1200 | 09/01/2015 to 08/31/2018 |
| | 3902 NORTH FLOWING WELLS | | | Fax: (520)407-1201 | |
| | TUCSON | AZ | 85705 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9509 | ACCELERATED LEARNING LABORATORY | | | Tele (520)743-2256 | 02/01/2014 to 01/31/2017 |
| | 5245 NORTH CAMINO DE OESTE | | | Fax: (520)743-2417 | |
| | TUCSON | AZ | 85745 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9146 | ADVENTURE SCHOOL | | | Tele (520)296-0656 | 10/01/2015 to 09/30/2018 |
| | 5757 EAST PIMA ROAD | | | Fax: (520)721-4472 | |
| | TUCSON | AZ | 85712 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13640 | ADVENTURE SCHOOL 2 | | | Tele (520)296-9775 | 10/01/2016 to 09/30/2019 |
| | 5801 E PIMA STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10284 | AJO HEAD START | | | Tele (520)387-3086 | 03/01/2015 to 02/28/2018 |
| | 111 WELL ROAD | | | Fax: (520)622-1927 | |
| | AJO | AZ | 85321 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16525 | AL HUDA ISLAMIC SCHOOL | | | Tele (520)624-8182 | 08/01/2016 to 07/31/2019 |
| | 2800 EAST RIVER ROAD | | | Fax: (520)395-2694 | |
| | TUCSON | AZ | 85718 | Capacity : 36 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17225 | ALMITA MONTESSORI SCHOOL, INC | | | Tele (520)886-6859 | 04/01/2015 to 03/31/2018 |
| | 6207 EAST BELLEVUE STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17547 | AMANI ACADEMY INC | | | Tele (520)777-3864 | 05/01/2016 to 04/30/2019 |
| | 131 EAST MOHAVE ROAD | | | Fax: (520)232-2537 | |
| | TUCSON | AZ | 85705 | Capacity : 54 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3656 | AMPHI HEAD START | | | Tele (520)292-9416 | 10/01/2015 to 09/30/2018 |
| | 1075 WEST ROGER ROAD | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17346 | ANGEL FAMILY CENTER | | | Tele (520)884-1602 | 09/01/2015 to 08/31/2018 |
| | 100 WEST 37TH STREET | | | Fax: (520)294-6025 | |
| | TUCSON | AZ | 85713 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16179 | ARIVACA ACTION CENTERR | | | Tele (520)591-0852 | 11/01/2015 to 10/31/2018 |
| | 15925 W UNIVERSAL RANCH RD | | | Fax: ( ) - | |
| | ARIVACA | AZ | 85601 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9821 | ARTS FOR ALL, INC | | | Tele (520)622-4100 | 08/01/2014 to 07/31/2017 |
| | 2520 NORTH ORACLE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1414 | ASCENSION LUTHERAN PRESCHOOL | | | Tele (520)742-6229 | 08/01/2014 to 07/31/2017 |
| | 1220 WEST MAGEE ROAD | | | Fax: (520)742-4781 | |
| | TUCSON | AZ | 85704 | Capacity : 193 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4248 | BEAUTIFUL SAVIOR ACADEMY | | | Tele (520)579-1453 | 10/01/2016 to 09/30/2019 |
| | 7570 NORTH THORNYDALE | | | Fax: (520)572-2068 | |
| | TUCSON | AZ | 85741 | Capacity : 88 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10741 | BRIGHT STAR PRESCHOOL | | | Tele (520)325-7005 | 08/01/2015 to 07/31/2018 |
| | 1750 EAST PRINCE ROAD | | | Fax: (520)325-7233 | |
| | TUCSON | AZ | 85719 | Capacity : 98 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4280 | C.E.P. INC. COPPER CREEK SCHOOL-AGE PROGRAMS<br>11620 NORTH COPPER SPRINGS TRAIL<br>TUCSON AZ 85737 | Tele (520)696-6861<br>Fax: (520)888-2256<br>Capacity : 59 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4289 | C.E.P. INC. CORONADO EARLY LEARNING CENTER<br>3401 EAST WILDS ROAD<br>TUCSON AZ 85737 | Tele (520)696-6650<br>Fax: (520)888-2256<br>Capacity : 48 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-4189 | C.E.P. INC. DONALDSON SCHOOL-AGE PROGRAMS<br>2040 WEST OMAR DRIVE<br>TUCSON AZ 85705 | Tele (520)696-6173<br>Fax: (520)888-2256<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4286 | C.E.P. INC. HARELSON SCHOOL-AGE PROGRAMS<br>826 WEST CHAPALA DRIVE<br>TUCSON AZ 85704 | Tele (520)696-6020<br>Fax: (520)888-2256<br>Capacity : 59 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4281 | C.E.P. INC. HOLAWAY SCHOOL-AGE PROGRAMS<br>3500 NORTH CHERRY AVENUE<br>TUCSON AZ 85719 | Tele (520)696-6880<br>Fax: (520)888-2256<br>Capacity : 59 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4288 | C.E.P. INC. MESA VERDE SCHOOL-AGE PROGRAMS<br>1661 WEST SAGE STREET<br>TUCSON AZ 85704 | Tele (520)696-6114<br>Fax: (520)888-2256<br>Capacity : 59 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8973 | C.E.P. INC. PAINTED SKY SCHOOL-AGE PROGRAMS<br>12620 NORTH WOODBURNE AVE<br>TUCSON AZ 85737 | Tele (520)696-3854<br>Fax: (602)449-2219<br>Capacity : 125 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8917 | C.E.P. INC. PRESCHOOL AT COPPER CREEK<br>11620 NORTH COPPER SPRING<br>TUCSON AZ 85737 | Tele (520)696-6822<br>Fax: (520)888-2256<br>Capacity : 48 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7771 | C.E.P. INC. PRESCHOOL AT LULU W<br>1750 WEST ROLLER COASTER<br>TUCSON AZ 85704 | Tele (520)696-6573<br>Fax: (520)888-2256<br>Capacity : 59 | 01/01/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| CDC-4283 | C.E.P. INC. WALKER SCHOOL-AGE PROGRAMS<br>1750 WEST ROLLER COASTER<br>TUCSON AZ 85704 | Tele (520)696-6510<br>Fax: (520)888-2256<br>Capacity : 59 | 01/01/2017 to 12/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6270 | C.E.P. INC. WILSON SCHOOL-AGE PROGRAMS<br>2330 WEST GLOVER ROAD<br>TUCSON AZ 85737 | Tele (520)696-5838<br>Fax: (520)888-2256<br>Capacity : 104 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17293 | CAPSTONE QUEST ACADEMY<br>1150 NORTH COUNTRY CLUB RD<br>TUCSON AZ 85716 | Tele (520)620-1100<br>Fax: (520)624-4376<br>Capacity : 102 | 07/22/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8409 | CARDEN CHRISTIAN ACADEMY CENTRAL<br>2727 NORTH SWAN ROAD<br>TUCSON AZ 85712 | Tele (520)327-8991<br>Fax: (520)318-0071<br>Capacity : 45 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4228 | CASA NINOS SCHOOL OF MONTESSORI<br>8655 EAST BROADWAY<br>TUCSON AZ 85710 | Tele (520)751-1454<br>Fax: (520)751-1479<br>Capacity : 125 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17316 | CASITA JOSE<br>6575 EAST CARONDELET DRIVE<br>TUCSON AZ 85711 | Tele (520)873-3987<br>Fax: ( ) -<br>Capacity : 85 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17315 | CASITA MARIA | | | Tele (520)770-6570 | 09/01/2015 to 08/31/2018 |
| | 1820 WEST ST MARY'S ROAD | | | Fax: (520)620-0128 | |
| | TUCSON | AZ | 85745 | Capacity : 116 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1930 | CASTLEHILL COUNTRY DAY SCHOOL | | | Tele (520)795-0008 | 10/01/2015 to 09/30/2018 |
| | 3225 NORTH CRAYCROFT | | | Fax: (520)795-0697 | |
| | TUCSON | AZ | 85712 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15004 | CATALINA CHRISTIAN LEARNING CENTER | | | Tele (520)818-9360 | 12/01/2015 to 11/30/2018 |
| | 3505 EAST WILDS ROAD | | | Fax: (520)818-2874 | |
| | TUCSON | AZ | 85739 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0278 | CATALINA METHODIST DAY SCHOOL | | | Tele (520)327-4791 | 04/01/2015 to 03/31/2018 |
| | 2700 EAST SPEEDWAY BLVD. | | | Fax: (520)326-7454 | |
| | TUCSON | AZ | 85716 | Capacity : 147 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10823 | CAVETT HEAD START | | | Tele (520)382-1501 | 10/01/2015 to 09/30/2018 |
| | 2125 EAST POQUITA VISTA | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8494 | CHILDREN'S ACHIEVEMENT CENTER<br>330 NORTH COMMERCE PARK LOOP<br>TUCSON AZ 85745 | Tele (520)325-6495<br>Fax: ( ) -<br>Capacity : 86 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14945 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>3690 EAST HEMISPHERE LOOP<br>TUCSON AZ 85706 | Tele (520)573-7760<br>Fax: (520)573-7759<br>Capacity : 593 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14288 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER<br>2190 W RIVER ROAD<br>TUCSON AZ 85741 | Tele (520)888-2377<br>Fax: ( ) -<br>Capacity : 419 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1627 | CHILDTIME CHILDCARE<br>7090 NORTH THORNYDALE<br>TUCSON AZ 85741 | Tele (520)744-9500<br>Fax: (520)744-1952<br>Capacity : 123 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7014 | CHILDTIME CHILDREN'S CENTER #1<br>5675 EAST RIVER<br>TUCSON AZ 85750 | Tele (520)615-3300<br>Fax: (520)615-3365<br>Capacity : 164 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1720 | CHILDTIME LEARNING CENTERS<br>1120 SOUTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-2224<br>Fax: (520)722-2470<br>Capacity : 128 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16751 | CHRIST LUTHERAN VAIL CHURCH EARLY CARE AND EDUCATION<br>14600 EAST COLOSSAL CAVE ROAD<br>VAIL AZ 85641 | Tele (520)468-7075<br>Fax: (520)844-1092<br>Capacity : 42 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-1284 | COMMUNITY CHRISTIAN PRESCHOOL OF MARANA<br>13610 NORTH SANDARIO ROAD<br>MARANA AZ 85653 | Tele (520)682-3170<br>Fax: (520)682-3170<br>Capacity : 45 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1705 | CONGREGATION ANSHEI ISRAEL ESTHER B FELDMAN PRESCHOOL/KINDERGARTEN<br>5550 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (520)745-5550<br>Fax: (520)745-9058<br>Capacity : 220 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9714 | CORONADO HEAD START<br>3401 EAST WILD ROAD<br>TUCSON AZ 85739 | Tele (520)825-1669<br>Fax: (520)622-1927<br>Capacity : 59 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5460 | COZY CASA DAY CARE | | | Tele (520)293-7663 | 12/01/2015 to 11/30/2018 |
| | 4535 NORTH JAY AVENUE | | | Fax: (520)749-0119 | |
| | TUCSON | AZ | 85705 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8379 | CREATIVE BEGINNINGS | | | Tele (520)620-1284 | 08/01/2014 to 07/31/2017 |
| | 2690 NORTH 1ST AVENUE | | | Fax: (520)749-0119 | |
| | TUCSON | AZ | 85705 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7784 | CREATIVE KIDS PRESCHOOL | | | Tele (520)575-6565 | 09/01/2016 to 08/31/2019 |
| | 1310 WEST INA ROAD | | | Fax: (520)575-1455 | |
| | TUCSON | AZ | 85704 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13970 | DAISY EARLY LEARNING ACADEMY | | | Tele (520)665-3450 | 04/01/2014 to 03/31/2017 |
| | 2325 WEST SUNSET RD | | | Fax: (520)665-3455 | |
| | TUCSON | AZ | 85741 | Capacity : 256 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17347 | DARKAYNU - TUCSON JEWISH MONTESSORI | | | Tele (520)747-7780 | 03/21/2016 to 02/28/2019 |
| | 5150 EAST 5TH STREET | | | Fax: (520)745-6325 | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16800 | DECOLORES LEARNING CENTER & CHILDCARE | | | Tele (520)883-3927 | 01/01/2017 to 12/31/2019 |
| | 7370 SOUTH SORREL LANE | | | Fax: (520)883-3927 | |
| | TUCSON | AZ | 85746 | Capacity : 65 | Medcaid_Cert: Not Ceritified |
| CDC-16101 | DESERT CHRISTIAN PRE-SCHOOL | | | Tele (520)795-7161 | 08/01/2015 to 07/31/2018 |
| | 9415 E WRIGHTSTOWN ROAD | | | Fax: (520)885-4265 | |
| | TUCSON | AZ | 85715 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-9483 | DESERT SKIES | | | Tele (520)297-6121 | 08/01/2016 to 07/31/2019 |
| | 7730 NORTH ORACLE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : 102 | Medcaid_Cert: Not Ceritified |
| CDC-16173 | DESERT SON SHINE PRESCHOOL | | | Tele (520)505-1536 | 08/01/2015 to 07/31/2018 |
| | 5250 WEST CORTARO FARMS RD | | | Fax: (520)505-4823 | |
| | TUCSON | AZ | 85742 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-1687 | DESERT SPRING CHILDREN'S CENTER | | | Tele (520)620-1575 | 08/01/2014 to 07/31/2017 |
| | 740 EAST SPEEDWAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : 68 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7465 | DESERT WINDS HEAD START | | | Tele (520)616-7050 | 01/01/2016 to 12/31/2018 |
| | 12655 WEST RUDASILL | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85743 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0238 | DISCOVERY LEARNING CENTER | | | Tele (520)298-0317 | 10/01/2015 to 09/30/2018 |
| | 6601 EAST BROADWAY BLVD | | | Fax: (520)298-0317 | |
| | TUCSON | AZ | 85710 | Capacity : 119 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16290 | DOWNTOWN COMMUNITY SCHOOL | | | Tele (520)867-6920 | 09/01/2015 to 08/31/2018 |
| | 614 S MEYER AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : 34 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1877 | DR NELBA CHAVEZ CHILD/ FAMILY CENTER | | | Tele (520)884-9920 | 09/01/2015 to 08/31/2018 |
| | 502 WEST 29TH STREET | | | Fax: (520)670-1886 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17634 | EL PRESIDIO DAY SCHOOL | | | Tele (520)884-1211 | 06/01/2016 to 05/31/2019 |
| | 430 NORTH MAIN STREET | | | Fax: (520)790-5233 | |
| | TUCSON | AZ | 85711 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11133 | ELVIRA HEAD START<br>250 WEST ELVIRA RD<br>TUCSON AZ 85756 | Tele (520)382-1503<br>Fax: (520)622-1927<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5587 | ERICKSON HEAD START<br>3333 SOUTH MANN AVENUE<br>TUCSON AZ 85730 | Tele (520)745-1388<br>Fax: (520)622-1927<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15743 | ERIK HITE FOUNDATION CHILD CARE CENTER<br>7225 E BROADWAY BLVD STE 160<br>TUCSON AZ 85710 | Tele (520)445-6840<br>Fax: ( ) -<br>Capacity : 44 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-4102 | FAITH COMMUNITY ACADEMY<br>2551 WEST ORANGE GROVE RD<br>TUCSON AZ 85741 | Tele (520)742-4189<br>Fax: (520)297-2073<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-3144 | FAITH LUTHERAN CHURCH & SCHOOL & PRESCHOOL<br>3925 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (520)881-0670<br>Fax: (520)325-5625<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4074 | FAMILY LIFE ACADEMY | | | Tele (520)296-8989 | 08/01/2016 to 07/31/2019 |
| | 7801 EAST KENYON DRIVE | | | Fax: (520)298-8916 | |
| | TUCSON | AZ | 85710 | Capacity : 290 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15578 | FIRST IMPRESSIONS PRESCHOOL/ DAYCARE CENTER | | | Tele (520)745-6354 | 10/01/2016 to 09/30/2019 |
| | 655 S CRAYCROFT | | | Fax: (520)838-0814 | |
| | TUCSON | AZ | 85711 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2093 | FIRST SOUTHERN CHRISTIAN SCHOOL | | | Tele (520)624-9797 | 12/01/2016 to 11/30/2019 |
| | 445 EAST SPEEDWAY | | | Fax: (550)624-7770 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17757 | FUN PLACE CHILDCARE & PRESCHOOL | | | Tele (520)304-4116 | 11/07/2016 to 10/31/2019 |
| | 2450 NORTH HUACHUCA DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8521 | GENTLE HANDS CENTER FOR CHILDREN | | | Tele (520)320-0846 | 06/01/2015 to 05/31/2018 |
| | 1410 EAST ADELAIDE | | | Fax: (520)881-1633 | |
| | TUCSON | AZ | 85719 | Capacity : 31 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17475 | GRACEPOINTE CHRISTIAN ACADEMY<br>5455 SOUTH WESTOVER AVENUE<br>TUCSON AZ 85746 | Tele (520)883-3281<br>Fax: (520)883-3289<br>Capacity : 59 | 01/04/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9760 | GRIFFIN FOUNDATION, INC DBA KIDS WITH A SMILE<br>1844 SOUTH ALVERNON WAY<br>TUCSON AZ 85711 | Tele (520)790-8400<br>Fax: (520)620-6570<br>Capacity : 59 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17223 | GROWING STEPS CHILDCARE & LEARNING CENTER<br>132 EAST PRINCE ROAD<br>TUCSON AZ 85705 | Tele (520)887-2121<br>Fax: ( ) -<br>Capacity : 59 | 04/28/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11526 | HAPPY HOURS - ROBINS ELEMENTARY<br>3939 NORTH MAGNETITE<br>TUCSON AZ 85745 | Tele (520)881-8940<br>Fax: (520)325-8780<br>Capacity : 85 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5269 | HAPPY HOURS - SAM HUGHES<br>700 NORTH WILSON<br>TUCSON AZ 85719 | Tele (520)318-2250<br>Fax: (520)325-8780<br>Capacity : 185 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8508 | HAPPY HOURS - WHITMORE | | | Tele (520)291-3730 | 08/01/2014 to 07/31/2017 |
| | 5330 EAST GLENN | | | Fax: (520)325-8780 | |
| | TUCSON | AZ | 85712 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0152 | HAPPY TRAILS SCHOOL | | | Tele (520)325-7556 | 02/01/2016 to 01/31/2019 |
| | 3255 NORTH CAMPBELL AVE | | | Fax: (520)325-7556 | |
| | TUCSON | AZ | 85719 | Capacity : 141 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17007 | HERENCIA GUADALUPANA LAB SCHOOLS | | | Tele (520)982-7748 | 07/21/2014 to 06/30/2017 |
| | 6855 SOUTH MARK ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85757 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3179 | HERMOSA MONTESSORI SCHOOL | | | Tele (520)749-5518 | 09/01/2016 to 08/31/2019 |
| | 12051 EAST FORT LOWELL | | | Fax: (520)749-6087 | |
| | TUCSON | AZ | 85749 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0582 | HIGHLAND FREE SCHOOL | | | Tele (520)623-0104 | 04/01/2016 to 03/31/2019 |
| | 510 SOUTH HIGHLAND AVE | | | Fax: (520)903-1318 | |
| | TUCSON | AZ | 85719 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3301 | HOLSCLAW FAMILY CHILD CARE CENTER<br>222 NORTH CHURCH AVENUE<br>TUCSON AZ 85701 | Tele (520)623-9211<br>Fax: ( ) -<br>Capacity : 116 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5896 | HOMER DAVIS HEAD START<br>4258 NORTH ROMERO ROAD<br>TUCSON AZ 85705 | Tele (520)696-0303<br>Fax: (520)622-1927<br>Capacity : 59 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15906 | IMAGINE NATION PRESCHOOL & CHILD CARE<br>3738 E GRANT RD<br>TUCSON AZ 85716 | Tele (520)406-0303<br>Fax: ( ) -<br>Capacity : 85 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3248 | IMMACULATE HEART ACADEMY<br>410 EAST MAGEE ROAD<br>TUCSON AZ 85704 | Tele (520)297-6672<br>Fax: (520)297-9152<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3813 | INTERNATIONAL SCHOOL FOR PEACE<br>4625 EAST RIVER ROAD<br>TUCSON AZ 85718 | Tele (520)299-8908<br>Fax: (520)299-9099<br>Capacity : 125 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16147 | INTERNATIONAL SCHOOL OF TUCSON | | | Tele (520)406-0552 | 02/01/2015 to 01/31/2018 |
| | 1701 EAST SENECA STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : 401 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16098 | IT'S A FUN WORLD CENTER | | | Tele (520)514-9080 | 04/01/2015 to 03/31/2018 |
| | 5922 EAST 22ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 58 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4222 | JACINTO PARK HEAD START | | | Tele (520)624-7843 | 11/01/2016 to 10/31/2019 |
| | 701 WEST TIPTON | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15659 | JARDIN DE NINOS CHILDCARE INC | | | Tele (520)790-2183 | 01/01/2017 to 12/31/2019 |
| | 1001 N WILMOT ROAD | | | Fax: (520)790-2184 | |
| | TUCSON | AZ | 85711 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6850 | KEELING HEAD START | | | Tele (520)696-6947 | 04/01/2015 to 03/31/2018 |
| | 435 EAST GLENN ROAD | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15812 | KELLNER LEARNING CENTER | | | Tele (520)624-3799 | 06/01/2014 to 05/31/2017 |
| | 2501 W ANKLAM RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 25 | Medcaid_Cert: Not Ceritified |
| CDC-9814 | KHALSA MONTESSORI SCHOOL | | | Tele (520)529-3611 | 01/01/2017 to 12/31/2019 |
| | 3701 EAST RIVER ROAD | | | Fax: (520)615-0625 | |
| | TUCSON | AZ | 85718 | Capacity : 151 | Medcaid_Cert: Not Ceritified |
| CDC-9323 | KIDDIE KORNER PRESCHOOL | | | Tele (520)622-5080 | 05/01/2016 to 04/30/2019 |
| | 242 WEST LESTER | | | Fax: (520)622-0833 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-7236 | KIDS CITY CHRISTIAN PRESCHOOL | | | Tele (520)297-0393 | 08/01/2016 to 07/31/2019 |
| | 10801 NORTH LA CHOLLA BLV | | | Fax: (520)878-1212 | |
| | TUCSON | AZ | 85742 | Capacity : 945 | Medcaid_Cert: Not Ceritified |
| CDC-10285 | KIDS FIRST PRESCHOOL & CHILDCARE | | | Tele (520)795-0990 | 01/01/2015 to 12/31/2017 |
| | 5316 EAST PIMA STREET | | | Fax: (520)795-5099 | |
| | TUCSON | AZ | 85712 | Capacity : 177 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16750 | KIDS FIRST PRESCHOOL & CHILDCARE CENTER<br>8185 EAST 22ND ST<br>TUCSON AZ 85710 | Tele (520)885-7711<br>Fax: (520)885-1615<br>Capacity : 190 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17758 | KIDS FOREVER PRINCE CENTER<br>216 EAST PRINCE ROAD<br>TUCSON AZ 85705 | Tele (520)888-1415<br>Fax: ( ) -<br>Capacity : 113 | 10/03/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14992 | KIDS PALACE PRESCHOOL / DAYCARE<br>5522 E GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)546-8888<br>Fax: (520)574-0250<br>Capacity : 137 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1928 | KIDS VILLAGE PRE-SCHOOL AND CHILD CARE<br>1321 NORTH 6TH AVENUE<br>TUCSON AZ 85705 | Tele (520)882-7951<br>Fax: (520)794-0119<br>Capacity : 104 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3828 | KIDS VILLE<br>4055 NORTH 1ST AVENUE<br>TUCSON AZ 85719 | Tele (520)888-4070<br>Fax: (520)888-3853<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0213 | KIDS WORLD PRESCHOOL<br>321 EAST YAVAPAI<br>TUCSON AZ 85705 | Tele (520)888-1465<br>Fax: (520)327-7305<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12970 | KIDS WORLD PRESCHOOL EAST<br>4761 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (520)323-2546<br>Fax: (520)327-7305<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16044 | KIDZ R US CHILDCARE LEARNING CENTER L.L.C.<br>7034 E GOLF LINKS ROAD<br>TUCSON AZ 85730 | Tele (520)514-5439<br>Fax: ( ) -<br>Capacity : 82 | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15217 | KIDZCO EARLY LEARNING CENTER/ GOLF LINKS<br>7845 EAST GOLFLINKS RD<br>TUCSON AZ 85730 | Tele (520)886-5437<br>Fax: (520)886-1363<br>Capacity : 138 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-13405 | KIDZCO EARLY LEARNING CENTER/ STONE<br>1609 NORTH STONE AVE<br>TUCSON AZ 85705 | Tele (520)623-9010<br>Fax: ( ) -<br>Capacity : 59 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16446 | KIDZCO EARLY LEARNING CENTER/ SUN VAN | | | Tele (520)623-8392 | 12/01/2015 to 11/30/2018 |
| | 3401 E AJO WAY | | | Fax: (520)623-8348 | |
| | TUCSON | AZ | 85713 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8555 | KINDERCARE LEARNING CENTER | | | Tele (520)795-4768 | 12/01/2014 to 11/30/2017 |
| | 1621 EAST 1ST STREET SUITE# 3 | | | Fax: (520)795-6315 | |
| | TUCSON | AZ | 85719 | Capacity : 115 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12424 | KINDERCARE LEARNING CENTER | | | Tele (520)742-6298 | 08/01/2015 to 07/31/2018 |
| | 10455 NORTH LA CANADA DRIVE | | | Fax: (303)526-3410 | |
| | TUCSON | AZ | 85737 | Capacity : 167 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13015 | KINDERCARE LEARNING CENTER | | | Tele (520)744-3084 | 09/01/2015 to 08/31/2018 |
| | 7277 NORTH OLD FATHER | | | Fax: (520)579-5881 | |
| | TUCSON | AZ | 85741 | Capacity : 168 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8575 | KINDERCARE LEARNING CENTER | | | Tele (520)722-8190 | 12/01/2014 to 11/30/2017 |
| | 8425 EAST OLD SPANISH TR. | | | Fax: (520)722-8178 | |
| | TUCSON | AZ | 85710 | Capacity : 101 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1093 | KINDERCARE LEARNING CENTER #491 | | | Tele (520)296-9087 | 05/01/2016 to 04/30/2019 |
| | 8277 EAST GOLFLINKS ROAD | | | Fax: (303)526-3410 | |
| | TUCSON | AZ | 85730 | Capacity : 109 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14035 | KRYSTAL CLEAR DAYCARE | | | Tele (520)622-0608 | 03/01/2014 to 02/28/2017 |
| | 108 WEST 27TH STREET | | | Fax: (520)232-3985 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8884 | LA CASITA DAY CARE EAST | | | Tele (520)747-3841 | 08/01/2014 to 07/31/2017 |
| | 1902 S JEFFERSON AVE | | | Fax: (520)747-0659 | |
| | TUCSON | AZ | 85711 | Capacity : 50 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13075 | LA CASITA DAYCARE AND PRESCHOOL | | | Tele (520)807-1770 | 10/01/2016 to 09/30/2019 |
| | 1440 WEST AJO WAY | | | Fax: (520)807-9656 | |
| | TUCSON | AZ | 85713 | Capacity : 248 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16558 | LA PALOMA ACADEMY - LAKESIDE | | | Tele (520)733-7373 | 05/01/2016 to 04/30/2019 |
| | 8140 E GOLF LINKS ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16557 | LA PALOMA ACADEMY- CENTRAL | | | Tele (520)721-4205 | 05/01/2016 to 04/30/2019 |
| | 2050 N WILMOT ROAD | | | Fax: (520)721-4263 | |
| | TUCSON | AZ | 85712 | Capacity : 244 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16936 | LA PALOMA ACADEMY-SOUTH | | | Tele (520)807-9668 | 05/28/2014 to 04/30/2017 |
| | 5660 SOUTH 12TH STREET | | | Fax: (520)807-9575 | |
| | TUCSON | AZ | 85706 | Capacity : 295 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1781 | LA PETITE ACADEMY | | | Tele (520)722-0857 | 03/01/2015 to 02/28/2018 |
| | 8885 EAST GOLF LINKS | | | Fax: (520)722-7410 | |
| | TUCSON | AZ | 85730 | Capacity : 172 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1870 | LA PETITE ACADEMY | | | Tele (520)744-4992 | 08/01/2015 to 07/31/2018 |
| | 7930 NORTH THORNYDALE RD | | | Fax: (520)744-7008 | |
| | TUCSON | AZ | 85741 | Capacity : 184 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1956 | LA PETITE ACADEMY | | | Tele (520)795-6781 | 12/01/2015 to 11/30/2018 |
| | 1935 EAST FORT LOWELL | | | Fax: (520)323-0471 | |
| | TUCSON | AZ | 85719 | Capacity : 156 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1988 | LA PETITE ACADEMY | | | Tele (520)573-0567 | 02/01/2016 to 01/31/2019 |
| | 6570 SOUTH MIDVALE PARK | | | Fax: (520)573-0877 | |
| | TUCSON | AZ | 85746 | Capacity : 142 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1997 | LA PETITE ACADEMY | | | Tele (520)298-9203 | 03/01/2016 to 02/28/2019 |
| | 1155 NORTH SARNOFF DRIVE | | | Fax: (520)733-9182 | |
| | TUCSON | AZ | 85715 | Capacity : 186 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1929 | LA PETITE ACADEMY | | | Tele (520)749-1178 | 10/01/2015 to 09/30/2018 |
| | 8940 EAST TANQUE VERDE RD | | | Fax: (520)749-9123 | |
| | TUCSON | AZ | 85749 | Capacity : 178 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4757 | LAGUNA HEAD START | | | Tele (520)887-5698 | 01/01/2015 to 12/31/2017 |
| | 5001 NORTH SHANNON ROAD | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0875 | LAMB'S GATE PRESCHOOL & KINDERGARTEN | | | Tele (520)299-2151 | 03/01/2016 to 02/28/2019 |
| | 4700 NORTH SWAN ROAD | | | Fax: (520)299-0469 | |
| | TUCSON | AZ | 85718 | Capacity : 176 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13511 | LEARN -N- GROW CHILD CARE CENTER<br>5235 EAST PIMA ST<br>TUCSON AZ 85712 | Tele (520)326-5589<br>Fax: (520)327-2119<br>Capacity : 40 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9675 | LEARNING BEE PRESCHOOL & DAY CARE CENTER<br>3975 E 22ND<br>TUCSON AZ 85711 | Tele (520)319-2273<br>Fax: (520)319-2273<br>Capacity : 46 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17321 | LEMAN ACADEMY OF EXCELLENCE<br>7720 N. SILVERBELL RD.<br>TUCSON AZ 85742 | Tele (520)222-8253<br>Fax: ( ) -<br>Capacity : 276 | 11/10/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-4755 | LIBERTY HEAD START<br>5495 SOUTH LIBERTY<br>TUCSON AZ 85706 | Tele (520)573-5824<br>Fax: (520)622-1927<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16003 | LIGHT THE WAY PRESCHOOL<br>8611 NORTH SILVERBELL RD<br>TUCSON AZ 85743 | Tele (520)243-3838<br>Fax: ( ) -<br>Capacity : 74 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13896 | LIL BEAR CHRISTIAN PRESCHOOL | | | Tele (520)250-4881 | 03/01/2014 to 02/28/2017 |
| | 7500 EAST GOLF LINKS | | | Fax: (520)790-7667 | |
| | TUCSON | AZ | 85730 | Capacity : 86 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14109 | LITTLE ANGELS BROWN WAY | | | Tele (520)795-4413 | 04/01/2014 to 03/31/2017 |
| | 4114 EAST BROWN WAY | | | Fax: (520)795-3217 | |
| | TUCSON | AZ | 85711 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13538 | LITTLE ANGELS COLUMBUS | | | Tele (520)322-0607 | 07/01/2016 to 06/30/2019 |
| | 1631 NORTH COLUMBUS | | | Fax: (520)795-3217 | |
| | TUCSON | AZ | 85712 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13894 | LITTLE ANGELS PIMA | | | Tele (520)795-8829 | 01/01/2014 to 12/31/2016 |
| | 4826 EAST PIMA | | | Fax: (520)795-3217 | |
| | TUCSON | AZ | 85712 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16859 | LITTLE CASTLE CHILDCARE & PRESCHOOL | | | Tele (520)591-7951 | 05/01/2014 to 04/30/2017 |
| | 6425 S PACHECO AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14072 | LITTLE CASTLE CHILDCARE & PRESCHOOL<br>6042 SOUTH EUCLID AVE<br>TUCSON AZ 85706 | Tele (520)294-1648<br>Fax: ( ) -<br>Capacity : 81 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17216 | LITTLE FRIENDS LEARNING CENTER<br>2846 WEST DREXEL ROAD, SUITE 100<br>TUCSON AZ 85746 | Tele (520)471-4411<br>Fax: ( ) -<br>Capacity : 151 | 03/25/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15277 | LITTLE LIONS PRESCHOOL<br>3901 WEST LINDA VISTA<br>TUCSON AZ 85742 | Tele (520)352-5833<br>Fax: (520)352-5842<br>Capacity : 24 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14984 | LITTLE RANCH SCHOOL<br>1125 EAST GLENN STREET<br>TUCSON AZ 85719 | Tele (520)884-9893<br>Fax: ( ) -<br>Capacity : 182 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5341 | LITTLE TOWN CHILD CARE<br>4521 EAST BENSON HIGHWAY<br>TUCSON AZ 85706 | Tele (520)574-0626<br>Fax: (520)524-0626<br>Capacity : 41 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12116 | LORD OF GRACE LUTHERAN CHURCH<br>7250 NORTH CORTARO ROAD<br>TUCSON AZ 85743 | Tele (520)744-7400<br>Fax: (520)744-5346<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15412 | LOS AMIGOS CHILD CARE AND ACTIVITY CENTER<br>1300 WEST ST MARYS RD<br>TUCSON AZ 85745 | Tele (520)202-2286<br>Fax: (520)624-9132<br>Capacity : 25 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13983 | LOS NINOS DAY CARE OF CATALINA<br>16090 NORTH VERNON DR<br>TUCSON AZ 85739 | Tele (520)818-2305<br>Fax: ( ) -<br>Capacity : 53 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16022 | LOS NINOS DEL VALLE PRESCHOOL & CHILD CARE CENTER<br>780 S PARK CENTRE AVE<br>GREEN VALLEY AZ 85614 | Tele (520)393-6823<br>Fax: (520)625-1598<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3655 | LOS NINOS SUNNYSIDE HEAD START<br>5445 SOUTH ALVERNON WAY<br>TUCSON AZ 85706 | Tele (520)574-9515<br>Fax: (520)622-1927<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17635 | LOVE THIS DAY SCHOOL | | | Tele (520)748-1605 | 06/01/2016 to 05/31/2019 |
| | 4517 EAST 29TH STREET | | | Fax: (520)790-5233 | |
| | TUCSON | AZ | 85711 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14783 | MAGIC MOMENTS LERNING CENTER | | | Tele (520)881-1520 | 05/01/2015 to 04/30/2018 |
| | 4050 E GRANT ROAD | | | Fax: (520)881-0147 | |
| | TUCSON | AZ | 85711 | Capacity : 110 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5547 | MARANA HEAD START | | | Tele (520)682-4415 | 09/01/2016 to 08/31/2019 |
| | 13660 NORTH MCDUFF ROAD | | | Fax: (520)622-1927 | |
| | MARANA | AZ | 85653 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16014 | MATH SCIENCE EXPLORATORIUM PRESCHOOL-SAHUARITA | | | Tele (520)399-4700 | 10/01/2014 to 09/30/2017 |
| | 730 W CALLE ARROYO SUR | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5679 | MINI-SKOOL EARLY LEARNING CENTERS #201 | | | Tele (520)790-2511 | 06/01/2016 to 05/31/2019 |
| | 1702 SOUTH CRAYCROFT | | | Fax: (520)790-5233 | |
| | TUCSON | AZ | 85711 | Capacity : 101 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17636 | MIRAMONTE DAY SCHOOL | | | Tele (520)795-2231 | 06/13/2016 to 05/31/2019 |
| | 2837 EAST 22ND STREET | | | Fax: (520)790-5233 | |
| | TUCSON | AZ | 85716 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16675 | MIS MANOS MONTESSORI SCHOOL | | | Tele (520)498-1700 | 07/01/2016 to 06/30/2019 |
| | 100 WEST MAGEE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : 80 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3639 | MISSION MANOR HEAD START | | | Tele (520)573-3745 | 11/01/2016 to 10/31/2019 |
| | 6009 SOUTH SANTA CLARA | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85706 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16815 | MONTESSORI LEARNING SCHOOL | | | Tele (520)222-5981 | 02/20/2014 to 01/31/2017 |
| | 7251 N MEREDITH BOULEVARD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5902 | MORNING STAR HEAD START | | | Tele (520)623-4840 | 01/01/2017 to 12/31/2019 |
| | 1201 EAST 25TH STREET | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3120 | MULCAHY CITY/ Y M C A | | | Tele (520)294-1449 | 05/01/2014 to 04/30/2017 |
| | 5085 SOUTH NOGALES HWY | | | Fax: (520)294-1586 | |
| | TUCSON | AZ | 85706 | Capacity : 279 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17508 | MUSLIM COMMUNITY CENTER OF TUCSON | | | Tele (520)241-9299 | 10/07/2016 to 09/30/2019 |
| | 5100 NORTH KEVY PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14108 | MY LITTLE ANGELS DAYCARE | | | Tele (520)624-4081 | 07/01/2014 to 06/30/2017 |
| | 1960 SOUTH PARK AVE | | | Fax: (520)624-4081 | |
| | TUCSON | AZ | 85713 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15752 | MY LITTLE ANGELS DAYCARE CENTER INC | | | Tele (520)624-1880 | 04/01/2014 to 03/31/2017 |
| | 1415 W ST MARY'S RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 79 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11816 | NEW DISCOVERIES PRESCHOOL | | | Tele (520)293-5756 | 03/01/2014 to 02/28/2017 |
| | 1109 WEST PRINCE ROAD | | | Fax: (520)293-6984 | |
| | TUCSON | AZ | 85705 | Capacity : 117 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11603 | NEW LIFE DAY CARE | | | Tele (520)889-1536 | 10/01/2013 to 09/30/2016 |
| | 330 WEST NEBRASKA STREET | | | Fax: (520)889-2640 | |
| | TUCSON | AZ | 85706 | Capacity : 90 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7510 | NORTHMINSTER CHRISTIAN SCHOOL | | | Tele (520)327-7121 | 08/01/2016 to 07/31/2019 |
| | 2450 EAST FORT LOWELL RD | | | Fax: (520)327-1839 | |
| | TUCSON | AZ | 85719 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1080 | NORTHWEST HEAD START CENTER | | | Tele (520)884-8180 | 02/01/2016 to 01/31/2019 |
| | 2160 NORTH 6TH AVENUE | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0636 | NOSOTROS - EL RIO DAY CARE CENTER | | | Tele (520)623-5912 | 11/01/2014 to 10/31/2017 |
| | 1390 WEST SPEEDWAY | | | Fax: (520)624-7999 | |
| | TUCSON | AZ | 85745 | Capacity : 106 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14985 | OLD SPANISH TRAIL SCHOOL #71401 | | | Tele (520)885-8531 | 09/01/2015 to 08/31/2018 |
| | 9395 EAST OLD SPANISH TRAIL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8388 | OLGA & BOB STRAUSS CENTER FOR EARLY CHILDHOOD EDUCCATION<br>225 NORTH COUNTRY CLUB RD<br>TUCSON AZ 85716 | Tele (520)325-0390<br>Fax: (520)327-4504<br>Capacity : 191 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17633 | OPEN ARMS PRESCHOOL & KINDERGARTEN DBA POET'S SQUARE DAY SCHOOL<br>31 EAST LIMBERLOST<br>TUCSON AZ 85705 | Tele (520)888-8150<br>Fax: (520)790-5233<br>Capacity : 78 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13283 | OPEN ARMS PRESCHOOL & KINDERGARTEN L L C<br>9095 NORTH BALD EAGLE AVE<br>TUCSON AZ 85742 | Tele (520)744-8505<br>Fax: (520)744-2445<br>Capacity : 173 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17205 | OPEN DOORS PRESCHOOL<br>13644 NORTH SANDARIO ROAD<br>MARANA AZ 85653 | Tele (520)744-9595<br>Fax: (520)744-2127<br>Capacity : 18 | 08/03/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12677 | OUR MOTHER OF SORROWS EXTEND DAYCARE<br>1800 SOUTH KOLB ROAD<br>TUCSON AZ 85710 | Tele (520)747-1321<br>Fax: ( ) -<br>Capacity : 59 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11368 | OUTER LIMITS SCHOOL | | | Tele (520)327-0844 | 04/01/2016 to 03/31/2019 |
| | 3472 EAST FT LOWELL | | | Fax: (520)323-2984 | |
| | TUCSON | AZ | 85716 | Capacity : 195 | Medcaid_Cert: Not Ceritified |
| CDC-16491 | P B AND J EARLY LEARNING CENTER | | | Tele (520)298-7225 | 12/01/2015 to 11/30/2018 |
| | 7831 E WRIGHTSTOWN RD SUITE 105 & 106 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-16757 | PAINTED HILLS PRESCHOOL, LLC | | | Tele (520)301-7216 | 10/01/2016 to 09/30/2019 |
| | 3295 WEST SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 25 | Medcaid_Cert: Not Ceritified |
| CDC-16180 | PEQUENOS GIGANTES | | | Tele (520)784-9530 | 06/01/2015 to 05/31/2018 |
| | 1818 S COUNTRY CLUB RD | | | Fax: (520)300-5014 | |
| | TUCSON | AZ | 85713 | Capacity : 44 | Medcaid_Cert: Not Ceritified |
| CDC-17117 | PIMA COUNTRY DAY SCHOOL | | | Tele (520)323-8375 | 12/08/2014 to 11/30/2017 |
| | 3107 EAST PIMA STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0007 | PIO DECIMO CENTER | | | Tele (520)622-2801 | 01/01/2014 to 12/31/2016 |
| | 848 SOUTH 7TH AVENUE | | | Fax: (520)622-4704 | |
| | TUCSON | AZ | 85701 | Capacity : 212 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12442 | PRECIOUS MOMENTS DAYCARE | | | Tele (520)293-3456 | 02/01/2015 to 01/31/2018 |
| | 3655 NORTH FLOWING WELLS RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : 53 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17307 | PRESIDIO SCHOOL PRE-KINDERGARTEN | | | Tele (520)881-5222 | 07/23/2015 to 06/30/2018 |
| | 1615 EAST FORT LOWELL ROAD | | | Fax: (520)881-5522 | |
| | TUCSON | AZ | 85719 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14896 | PRIMAVERA PLAY AND LEARN PRESCHOOL & DAYCARE | | | Tele (520)461-1141 | 06/01/2015 to 05/31/2018 |
| | 345 W DRACHMAN STREET | | | Fax: (520)461-1139 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7462 | PRINCE HEAD START | | | Tele (520)408-9129 | 03/01/2016 to 02/28/2019 |
| | 90 EAST KING ROAD | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12100 | PUSCH RIDGE PRESCHOOL<br>10361 NORTH ORACLE ROAD<br>TUCSON AZ 85737 | Tele (520)797-7527<br>Fax: (520)797-9837<br>Capacity : 187 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13516 | REAL KIDS PRESCHOOL<br>3353 NORTH HOUGHTON ROAD<br>TUCSON AZ 85749 | Tele (520)749-3693<br>Fax: (520)760-5533<br>Capacity : 32 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7895 | REDEEMER LUTHERAN PRESCHOOL<br>8845 NORTH SILVERBELL<br>TUCSON AZ 85743 | Tele (520)572-8136<br>Fax: (520)572-8141<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-5085 | RESURRECTION LUTHERAN CHILD DEVELOPMENT CENTER<br>11575 NORTH FIRST AVENUE<br>TUCSON AZ 85737 | Tele (520)575-1521<br>Fax: (520)575-0572<br>Capacity : 110 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12138 | ROBERTS HEAD START<br>1945 SOUTH COLUMBUS BLVD<br>TUCSON AZ 85711 | Tele (520)382-1505<br>Fax: (520)622-1927<br>Capacity : 59 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1588 | SAGUARO INFANT CARE & PRESCHOOL<br>8302 EAST BROADWAY<br>TUCSON AZ 85710 | Tele (520)298-4765<br>Fax: (520)298-0168<br>Capacity : 101 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12657 | SAINTS PETER & PAUL CATHOLIC SCHOOL<br>1436 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85719 | Tele (520)325-2431<br>Fax: (520)881-4690<br>Capacity : 99 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5897 | SANTA CLARA HEAD START<br>6970 SOUTH SANTA CLARA<br>TUCSON AZ 85706 | Tele (520)889-7478<br>Fax: (520)622-1927<br>Capacity : 40 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12834 | SANTA CRUZ CATHOLIC SCHOOL<br>29 WEST 22ND STREET<br>TUCSON AZ 85713 | Tele (520)624-2093<br>Fax: (520)624-2833<br>Capacity : 30 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9212 | SANTA ROSA CHILD DEVELOPMENT CENTER<br>1065 SOUTH 10TH AVENUE<br>TUCSON AZ 85701 | Tele (520)623-2512<br>Fax: (520)622-1927<br>Capacity : 99 | 01/01/2017 to 12/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5195 | SATORI | | | Tele (520)887-4003 | 08/01/2015 to 07/31/2018 |
| | 3801 NORTH 1ST AVENUE | | | Fax: (520)887-5510 | |
| | TUCSON | AZ | 85719 | Capacity : 125 | Medcaid_Cert: Not Ceritified |
| CDC-7973 | SATORI ELEMENTARY SCHOOL | | | Tele (520)293-7555 | 10/01/2016 to 09/30/2019 |
| | 3727 NORTH FIRST AVENUE | | | Fax: (520)293-7020 | |
| | TUCSON | AZ | 85719 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-8868 | SCOTTISH RITE U OF A WINGS ON WORDS | | | Tele (520)628-1659 | 09/01/2015 to 08/31/2018 |
| | 202 EAST SPEEDWAY BLVD | | | Fax: (520)577-3009 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-11668 | SECOND STREET CHILDREN'S SCHOOL | | | Tele (520)327-2124 | 09/01/2016 to 08/31/2019 |
| | 2430 EAST 2ND STREET | | | Fax: (520)327-2124 | |
| | TUCSON | AZ | 85719 | Capacity : 84 | Medcaid_Cert: Not Ceritified |
| CDC-9500 | SHEPHERD'S FOLD DAYCARE | | | Tele (520)625-6820 | 09/01/2014 to 08/31/2017 |
| | 1111 NORTH LA CANADA DRIVE | | | Fax: (520)648-5796 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3164 | SMALL WORLD PRESCHOOL | | | Tele (520)326-1035 | 09/01/2014 to 08/31/2017 |
| | 3637 EAST 3RD STREET | | | Fax: (520)749-0119 | |
| | TUCSON | AZ | 85716 | Capacity : 95 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8140 | SMALL WORLD PRESCHOOL | | | Tele (520)296-0020 | 01/01/2014 to 12/31/2016 |
| | 8720 EAST SPEEDWAY BLVD. | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 87 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1054 | SONSHINE PRESCHOOL AND CHILDCARE | | | Tele (520)885-1045 | 09/01/2015 to 08/31/2018 |
| | 551 NORTH CAMINO SECO | | | Fax: (520)885-3054 | |
| | TUCSON | AZ | 85710 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15415 | SOUTHSIDE COMMUNITY SCHOOL | | | Tele (520)623-7102 | 08/01/2016 to 07/31/2019 |
| | 2701 S CAMPBELL AVENUE | | | Fax: (520)623-7125 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0279 | SOUTHSIDE HEAD START | | | Tele (520)622-4552 | 04/01/2016 to 03/31/2019 |
| | 317 WEST 23RD STREET | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85713 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16456 | SSA- BROADWAY BEFORE AND AFTER CARE<br>6880 EAST BROADWAY BLVD<br>TUCSON AZ 85710 | Tele (520)751-2401<br>Fax: (520)751-2451<br>Capacity : 106 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3173 | ST. ALBAN'S PRESCHOOL & KINDERGARTEN<br>3738 N OLD SABINO CANYON<br>TUCSON AZ 85750 | Tele (520)296-2043<br>Fax: (520)296-0755<br>Capacity : 85 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1656 | ST. ANDREW'S PRESCHOOL & KINDERGARTEN<br>7650 NORTH PASEO DEL NORTE<br>TUCSON AZ 85704 | Tele (520)742-2969<br>Fax: (520)797-6505<br>Capacity : 192 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12667 | ST. CYRIL OF ALEXANDRIA SCHOOL<br>4725 EAST PIMA ST<br>TUCSON AZ 85712 | Tele (520)881-4240<br>Fax: ( ) -<br>Capacity : 59 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12391 | ST. ELIZABETH ANN SETON SCHOOL<br>8650 NORTH SHANNON ROAD<br>TUCSON AZ 85742 | Tele (520)797-7327<br>Fax: (520)297-1033<br>Capacity : 305 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12444 | ST. JOHN THE EVANGELIST PRESCHOOL AND FAMILY CENTER<br>602 WEST AJO WAY<br>TUCSON AZ 85713 | Tele (520)624-3865<br>Fax: (520)740-1145<br>Capacity : 59 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12903 | ST. JOSEPH CATHOLIC SCHOOL PRE-K AND ESD PROGRAMS<br>215 SOUTH CRAYCROFT ROAD<br>TUCSON AZ 85711 | Tele (520)747-3060<br>Fax: (520)747-2024<br>Capacity : 178 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17658 | ST. MARK LITTLE TOTS CHILDREN CENTER<br>2727 WEST TANGERINE ROAD<br>TUCSON AZ 85742 | Tele (520)469-7835<br>Fax: (520)219-6003<br>Capacity : 40 | 09/06/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-0320 | ST. MARK'S EARLY CHILDHOOD CENTER<br>1431 WEST MAGEE ROAD<br>TUCSON AZ 85704 | Tele (520)797-2925<br>Fax: ( ) -<br>Capacity : 142 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-0228 | ST. MARK'S PRESBYTERIAN PRESCHOOL<br>3809 EAST THIRD STREET<br>TUCSON AZ 85716 | Tele (520)325-1510<br>Fax: (520)327-4599<br>Capacity : 143 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3249 | ST. MICHAEL'S PARISH DAY SCHOOL | | | Tele (520)722-8478 | 01/01/2015 to 12/31/2017 |
| | 602 NORTH WILMOT ROAD | | | Fax: (520)886-0851 | |
| | TUCSON | AZ | 85711 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-16339 | ST. PAUL'S ACADEMY | | | Tele (520)404-8684 | 08/01/2015 to 07/31/2018 |
| | 5910 E 5TH ST | | | Fax: (520)792-2197 | |
| | TUCSON | AZ | 85711 | Capacity : 19 | Medcaid_Cert: Not Ceritified |
| CDC-0256 | ST. PAUL'S UNITED METHODIST PRESCHOOL | | | Tele (520)260-1350 | 04/01/2016 to 03/31/2019 |
| | 8051 EAST BROADWAY | | | Fax: (520)751-9314 | |
| | TUCSON | AZ | 85710 | Capacity : 56 | Medcaid_Cert: Not Ceritified |
| CDC-12595 | ST. THOMAS PRESCHOOL | | | Tele (520)577-0503 | 07/01/2015 to 06/30/2018 |
| | 5150 NORTH VALLEY VIEW ROAD | | | Fax: (520)577-0441 | |
| | TUCSON | AZ | 85718 | Capacity : 123 | Medcaid_Cert: Not Ceritified |
| CDC-17015 | STORYBOOK COTTAGE | | | Tele (520)850-7733 | 08/03/2015 to 07/31/2018 |
| | 8323 EAST 22ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 83 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9329 | SUMMIT VIEW HEAD START | | | Tele (520)573-7780 | 09/01/2016 to 08/31/2019 |
| | 10170 SOUTH EPPERSON LANE | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85706 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1569 | SUNNYSIDE HEADSTART | | | Tele (520)382-1555 | 03/01/2016 to 02/28/2019 |
| | 1105 EAST DREXEL ROAD | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85706 | Capacity : 92 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1409 | SUNSHINE SCHOOL IN ORO VALLEY | | | Tele (520)742-6874 | 08/01/2014 to 07/31/2017 |
| | 9000 NORTH ORACLE ROAD | | | Fax: (520)877-9553 | |
| | TUCSON | AZ | 85704 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6316 | TANQUE VERDE EXTENDED CARE PROGRAM | | | Tele (520)749-3224 | 09/01/2014 to 08/31/2017 |
| | 2600 NORTH FENNIMORE | | | Fax: (520)225-6719 | |
| | TUCSON | AZ | 85749 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1011 | TANQUE VERDE LUTHERAN PRESCHOOL | | | Tele (520)749-1738 | 03/01/2015 to 02/28/2018 |
| | 8625 EAST TANQUE VERDE | | | Fax: (520)749-9814 | |
| | TUCSON | AZ | 85749 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2036 | TANQUE VERDE PARENT PARTICIPATION PRESCHOOL | | | Tele (520)749-0444 | 09/01/2016 to 08/31/2019 |
| | 11420 EAST LIMBERLOST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16726 | THE APPLE TREE LEARNING CENTERS | | | Tele (520)882-3816 | 09/01/2016 to 08/31/2019 |
| | 1010 EAST BROADWAY BLVD | | | Fax: (520)882-3819 | |
| | TUCSON | AZ | 85719 | Capacity : 202 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1917 | THE BEGINNING SCHOOL | | | Tele (520)299-6066 | 09/01/2015 to 08/31/2018 |
| | 4440 NORTH CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : 120 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9945 | THE CHILDREN'S CENTER | | | Tele (520)790-0117 | 08/01/2014 to 07/31/2017 |
| | 4831 EAST 22ND STREET | | | Fax: (520)748-0178 | |
| | TUCSON | AZ | 85711 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9860 | THE CLUBHOUSE | | | Tele (520)795-9595 | 08/01/2014 to 07/31/2017 |
| | 2719 NORTH SWAN ROAD | | | Fax: (520)319-9977 | |
| | TUCSON | AZ | 85712 | Capacity : 65 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0815 | THE MONTESSORI SCHOOLHOUSE OF TUCSON<br>1127 NORTH 6TH AVENUE<br>TUCSON AZ 85705 | Tele (520)622-8668<br>Fax: (520)622-2067<br>Capacity : 56 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5046 | THE SANDBOX 2<br>2701 NORTH SWAN<br>TUCSON AZ 85712 | Tele (520)795-9595<br>Fax: (520)319-9977<br>Capacity : 172 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15273 | THREE POINTS CHILD CARE CENTER<br>15530 W AJO<br>TUCSON AZ 85713 | Tele (520)822-1745<br>Fax: (520)822-9504<br>Capacity : 96 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14676 | TRICIA'S LEARNING CENTER<br>1520 W CAMINO ANTIGUA<br>SAHUARITA AZ 85629 | Tele (520)399-3536<br>Fax: ( ) -<br>Capacity : 85 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16344 | TUCSON BAPTIST TEMPLE CHILD DEVELOPMENT CENTER<br>1525 S COLUMBUS BLVD<br>TUCSON AZ 85711 | Tele (520)512-5157<br>Fax: (520)748-0421<br>Capacity : 59 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0156 | TUCSON COMMUNITY SCHOOL, INC<br>2109 EAST HEDRICK DRIVE<br>TUCSON AZ 85719 | Tele (520)326-9212<br>Fax: (520)326-6014<br>Capacity : 105 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3141 | TUCSON COUNTRY DAY SCHOOL<br>9239 EAST WRIGHTSTOWN RD<br>TUCSON AZ 85715 | Tele (520)296-0883<br>Fax: (520)290-1521<br>Capacity : 585 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-2022 | TUCSON JEWISH COMMUNITY CENTER<br>3800 EAST RIVER ROAD<br>TUCSON AZ 85718 | Tele (520)615-5437<br>Fax: (520)529-0373<br>Capacity : 1101 | 06/01/2016 to 05/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16559 | TUCSON MUSEUM OF ART EDUCATION CENTER<br>166 W ALAMEDA<br>TUCSON AZ 85701 | Tele (520)624-2333<br>Fax: (520)624-7202<br>Capacity : 59 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-0215 | TUCSON NURSERY SCHOOLS & CHILD CARE CENTERS<br>2385 SOUTH PLUMER AVENUE<br>TUCSON AZ 85713 | Tele (520)792-0114<br>Fax: (520)798-1546<br>Capacity : 132 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16967 | TUCSON WALDORF SCHOOL | | | Tele (520)529-1032 | 06/01/2014 to 05/31/2017 |
| | 3605 EAST RIVER ROAD | | | Fax: (520)529-2770 | |
| | TUCSON | AZ | 85718 | Capacity : 205 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14841 | TUTY'S DAYCARE AND PRESCHOOL | | | Tele (520)620-9332 | 06/01/2015 to 05/31/2018 |
| | 251 W 38TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17490 | TWINKLE LITTLE ANGELS CHILD CARE | | | Tele (520)207-9388 | 03/22/2016 to 02/28/2019 |
| | 6203 EAST BEVERLY STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5468 | U OF A-SRC-" A " CAMP | | | Tele (520)621-4709 | 09/01/2016 to 08/31/2019 |
| | 1400 EAST 6TH STREET | | | Fax: (520)621-9973 | |
| | TUCSON | AZ | 85721 | Capacity : 705 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4162 | WALTER DOUGLAS HEAD START | | | Tele (520)292-6319 | 11/01/2016 to 10/31/2019 |
| | 3232 NORTH FLOWING WELLS | | | Fax: (520)622-1927 | |
| | TUCSON | AZ | 85705 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6951 | WRIGHT BROTHERS CHRISTIAN ACADEMY<br>8251 NORTH THORNYDALE<br>TUCSON AZ 85741 | Tele (520)744-3919<br>Fax: ( ) -<br>Capacity : 103 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-5586 | WRIGHT HEAD START<br>2080 NORTH COLUMBUS BLVD<br>TUCSON AZ 85712 | Tele (520)326-9047<br>Fax: (520)622-1927<br>Capacity : 99 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6282 | Y.E.S. - HENDRICKS<br>3400 WEST ORANGE GROVE RD<br>TUCSON AZ 85741 | Tele (520)531-0953<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3234 | Y.E.S. - CENTENNIAL<br>2200 WEST WETMORE ROAD<br>TUCSON AZ 85705 | Tele (520)293-8210<br>Fax: ( ) -<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-1708 | Y.E.S. - HOMER DAVIS - YOUTH ENRICHMENT SERVICES<br>4250 NORTH ROMERO ROAD<br>TUCSON AZ 85705 | Tele (520)293-0820<br>Fax: ( ) -<br>Capacity : 185 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1711 | Y.E.S. - RICHARDSON - YOUTH ENRICHMENT SERVICES<br>6901 NORTH CAMINO DE LA TIERRA<br>TUCSON AZ 85741 | Tele (520)742-0438<br>Fax: ( ) -<br>Capacity : 245 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3860 | Y.M.C.A. - OTT/ Y KIDS<br>401 SOUTH PRUDENCE<br>TUCSON AZ 85710 | Tele (520)885-2317<br>Fax: (602)252-4469<br>Capacity : 145 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-4705 | Y.M.C.A. - SACC - FRUCHTHENDLER<br>7470 EAST CLOUD ROAD<br>TUCSON AZ 85715 | Tele (520)795-9725<br>Fax: (602)252-4469<br>Capacity : 105 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-3956 | Y.M.C.A. - SACC - JACOBS CITY<br>1010 WEST LIND<br>TUCSON AZ 85705 | Tele (520)888-7716<br>Fax: (602)252-4469<br>Capacity : 165 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-3421 | Y.M.C.A. - SACC - LIGHTHOUSE<br>2900 NORTH COLUMBUS BLVD<br>TUCSON AZ 85712 | Tele (520)795-9725<br>Fax: (602)252-4469<br>Capacity : 194 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-1834 | Y.M.C.A. - WHEELER ELEMENTARY<br>1818 SOUTH AVE DEL SOL<br>TUCSON AZ 85710 | Tele (520)885-2317<br>Fax: (602)252-4469<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15558 | Y.M.C.A. ACADEMY OF TUCSON ELEMENTARY SCHOOL<br>9209 E WRIGHTSTOWN RD<br>TUCSON AZ 85715 | Tele (520)885-2317<br>Fax: (520)885-6667<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12626 | Y.M.C.A. AT CORONA / SYCAMORE SCHOOL<br>16701 S HOUGHTON<br>VAIL AZ 85641 | Tele (520)249-4796<br>Fax: (602)252-4469<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17555 | Y.M.C.A. AT DESERT CHRISTIAN ELEMENTARY<br>9415 EAST WRIGHTSTOWN ROAD<br>TUCSON AZ 85715 | Tele (520)885-4800<br>Fax: ( ) -<br>Capacity : 165 | 05/31/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13468 | Y.M.C.A. AT DESERT WILLOW SCHOOL<br>9400 E ESMOND LOOP<br>TUCSON AZ 85747 | Tele (520)419-1521<br>Fax: ( ) -<br>Capacity : 140 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14492 | Y.M.C.A. AT OCOTILLO RIDGE<br>10170 S WHITE LIGHTNING LANE<br>VAIL AZ 85641 | Tele (520)885-2317<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14265 | Y.M.C.A. OF METROPOLITAN TUCSON<br>9950 EAST REES LOOP<br>TUCSON AZ 85747 | Tele (520)885-2317<br>Fax: (520)885-6667<br>Capacity : 59 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0197 | YOUNG EXPLORERS SCHOOLS<br>1201 SOUTH AVENIDA SIRIO<br>TUCSON AZ 85710 | Tele (520)747-1816<br>Fax: ( ) -<br>Capacity : 84 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15694 | A.V.S.D.#51 - ROBLES ELEMENTARY PRESCHOOL<br>10105 SOUTH SASABE RD<br>TUCSON AZ 85736 | Tele (520)822-9418<br>Fax: ( ) -<br>Capacity : 105 | 04/01/2014 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6485 | ACACIA EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>12955 EAST COLOSSAL CAVE<br>VAIL AZ 85641 | Tele (520)879-2268<br>Fax: ( ) -<br>Capacity : 245 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15998 | AJO ELEMENTARY | | | Tele (520)387-5618 | 11/01/2014 to 10/31/2017 |
| | 111 NORTH WELL ROAD | | | Fax: (520)387-6545 | |
| | AJO | AZ | 85321 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6447 | C.F.S.D. - CANYON VIEW C.A.R.E. | | | Tele (520)209-7549 | 09/01/2015 to 08/31/2018 |
| | 5725 NORTH SABINO CANYON | | | Fax: (520)577-5337 | |
| | TUCSON | AZ | 85750 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14238 | C.F.S.D. - CATALINA FOOTHILLS VALLEY VIEW EARLY LEARNING CENTER | | | Tele (520)209-7650 | 05/01/2014 to 04/30/2017 |
| | 3435 EAST SUNRISE DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6448 | C.F.S.D. - MANZANITA C.A.R.E. | | | Tele (520)577-5320 | 09/01/2014 to 08/31/2017 |
| | 3000 EAST MANZANITA AVE | | | Fax: (520)577-5039 | |
| | TUCSON | AZ | 85718 | Capacity : 122 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6449 | C.F.S.D. - SUNRISE DRIVE C.A.R.E. | | | Tele (520)209-7944 | 09/01/2014 to 08/31/2017 |
| | 5301 EAST SUNRISE DRIVE | | | Fax: (520)209-7575 | |
| | TUCSON | AZ | 85718 | Capacity : 102 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6446 | C.F.S.D. - VENTANA VISTA C.A.R.E.<br>6085 NORTH KOLB ROAD<br>TUCSON AZ 85750 | Tele (520)577-5070<br>Fax: (520)577-5073<br>Capacity : 142 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8433 | C.S.D.#39 - CONTINENTAL SCHOOL DISTRICT #39<br>1991 WHITEHOUSE CANYON RD<br>GREEN VALLEY AZ 85614 | Tele (520)625-4581<br>Fax: ( ) -<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9983 | CANYON DEL ORO EARLY CHILDHOOD CENTER<br>25 WEST CALLE CONCORDIA<br>TUCSON AZ 85704 | Tele (520)696-5768<br>Fax: (520)696-5590<br>Capacity : 25 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15380 | F.W.S.D. - EMILY MESCHTER EARLY LEARNING CENTER<br>4605 NORTH LA CHOLLA<br>TUCSON AZ 85705 | Tele (520)696-8909<br>Fax: (520)888-1651<br>Capacity : 165 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17322 | IMAGINE PRESCHOOL AT HOLAWAY<br>3501 NORTH CHERRY AVE<br>TUCSON AZ 85719 | Tele (520)696-6927<br>Fax: (520)696-6924<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7862 | M.U.S.D.#6 - BUTTERFIELD - L.E.A.P.<br>3400 WEST MASSINGALE ROAD<br>TUCSON AZ 85741 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-10155 | M.U.S.D.#6 - COYOTE TRAIL L.E.A.P./ PRESCHOOL<br>8000 NORTH SILVERBELL ROAD<br>TUCSON AZ 85737 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 180 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7863 | M.U.S.D.#6 - DE GRAZIA L.E.A.P.<br>5051 WEST OVERTON ROAD<br>TUCSON AZ 85742 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-12922 | M.U.S.D.#6 - ESTES L.E.A.P.<br>11279 WEST GRIER ROAD #121<br>MARANA AZ 85653 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17706 | M.U.S.D.#6 - GLADDEN FARMS L.E.A.P./ PRESCHOOL<br>11745 WEST GLADDEN FARMS DRIVE<br>MARANA AZ 85653 | Tele (520)682-1180<br>Fax: ( ) -<br>Capacity : 59 | 08/08/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7869 | M.U.S.D.#6 - IRONWOOD L.E.A.P.<br>3300 WEST FREER DRIVE<br>TUCSON AZ 85741 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-11088 | M.U.S.D.#6 - P.A.L. PRESCHOOL AT ESTES ELEMENTARY<br>11279 WEST GRIER ROAD, SUITE 100<br>MARANA AZ 85653 | Tele (520)682-4815<br>Fax: (520)682-9247<br>Capacity : 160 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9538 | M.U.S.D.#6 - PICTURE ROCKS L.E.A.P./ PRESCHOOL<br>12675 WEST RUDASILL ROAD<br>TUCSON AZ 85743 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7864 | M.U.S.D.#6 - QUAIL RUN L.E.A.P./ PRESCHOOL<br>4600 WEST CORTARO FARMS RD<br>TUCSON AZ 85741 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 102 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13611 | M.U.S.D.#6 - RATTLESNAKE RIDGE L.E.A.P.<br>8500 CONTINENTAL RESERVE LOOP<br>TUCSON AZ 85743 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 116 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-7983 | M.U.S.D.#6 - ROADRUNNER L.E.A.P./ PRESCHOOL<br>16651 WEST CALLE CARMELA<br>MARANA AZ 85653 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7646 | M.U.S.D.#6 - THORNYDALE L.E.A.P./ PRESCHOOL<br>7751 NORTH OLDFATHER ROAD<br>TUCSON AZ 85741 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6486 | M.U.S.D.#6 - TIGER CUB LEARNING CENTER<br>12000 WEST EMIGH ROAD<br>TUCSON AZ 85743 | Tele (520)616-6400<br>Fax: ( ) -<br>Capacity : 48 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-9627 | M.U.S.D.#6 - TWIN PEAKS L.E.A.P./ PRESCHOOL<br>7995 WEST TWIN PEAKS ROAD<br>TUCSON AZ 85743 | Tele (520)352-2421<br>Fax: ( ) -<br>Capacity : 130 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6171 | S.U.S.D.#12 - OCOTILLO PRESCHOOL<br>5702 SOUTH CAMPBELL AVE<br>TUCSON AZ 85706 | Tele (520)545-3670<br>Fax: ( ) -<br>Capacity : 244 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6066 | S.U.S.D.#12 - SUNNYSIDE INFANT CENTER | | | Tele (520)545-5355 | 04/01/2015 to 03/31/2018 |
| | 1725 EAST BILBY ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13960 | S.U.S.D.#30 - ANZA LINK PROGRAM | | | Tele (520)625-3502 | 02/01/2014 to 01/31/2017 |
| | 15490 RANCHO SAHUARITA BLVD | | | Fax: (520)648-6181 | |
| | SAHUARITA | AZ | 85629 | Capacity : 105 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16343 | S.U.S.D.#30 - COPPER VIEW LINK | | | Tele (520)625-3502 | 08/01/2015 to 07/31/2018 |
| | 16200 S STARLIGHT VIEW LANE | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : 225 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16108 | S.U.S.D.#30 - EARLY CHILDHOOD CENTER | | | Tele (520)625-3502 | 02/01/2015 to 01/31/2018 |
| | 16170 S STARLIGHT VIEW LANE | | | Fax: (520)393-6219 | |
| | SAHUARITA | AZ | 85629 | Capacity : 145 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8694 | S.U.S.D.#30 - SAHUARITA L I N K | | | Tele (520)625-3502 | 03/01/2015 to 02/28/2018 |
| | 350 SAHUARITA ROAD | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17708 | T.U.S.D.#1 - BANKS PRESCHOOL PROGRAM<br>3200 SOUTH LEAD FLOWER AVENUE<br>TUCSON AZ 85735 | Tele (520)908-5700<br>Fax: (520)908-5701<br>Capacity : 42 | 08/19/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17723 | T.U.S.D.#1 - BLOOM PRESCHOOL PROGRAM<br>8310 EAST PIMA STREET<br>TUCSON AZ 85715 | Tele (520)731-3700<br>Fax: (520)731-3701<br>Capacity : 59 | 08/25/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16390 | T.U.S.D.#1 - BORMAN EXPLORERS PRESCHOOL PROGRAM<br>6630 LIGHTNING DRIVE<br>TUCSON AZ 85708 | Tele (520)584-4600<br>Fax: (520)584-4601<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17439 | T.U.S.D.#1 - BORTON PRESCHOOL PROGRAM<br>700 EAST 22ND STREET<br>TUCSON AZ 85713 | Tele (520)225-1000<br>Fax: (520)225-1001<br>Capacity : 25 | 12/15/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16948 | T.U.S.D.#1 - BRICHTA INFANT & EARLY LEARNING CENTER<br>2110 WEST BRICHTA DRIVE<br>TUCSON AZ 85745 | Tele (520)225-1100<br>Fax: (520)225-6162<br>Capacity : 227 | 06/23/2014 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6387 | T.U.S.D.#1 - C. E. ROSE PRESCHOOL PROGRAM<br>710 WEST MICHIGAN DRIVE<br>TUCSON AZ 85714 | Tele (520)578-4490<br>Fax: (520)225-6719<br>Capacity : 59 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6395 | T.U.S.D.#1 - CAVETT PRESCHOOL PROGRAM<br>2120 EAST NACO VISTA<br>TUCSON AZ 85713 | Tele (520)617-6380<br>Fax: (520)225-6719<br>Capacity : 40 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15460 | T.U.S.D.#1 - COLLIER ELEMENTARY SCHOOL<br>3900 N BEAR CANYON RD<br>TUCSON AZ 85749 | Tele (520)584-4821<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15429 | T.U.S.D.#1 - CRAGIN PRESCHOOL PROGRAM<br>2945 N TUCSON BLVD<br>TUCSON AZ 85716 | Tele (520)232-6700<br>Fax: (520)232-6701<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16391 | T.U.S.D.#1 - DAVIDSON PARTNERS PRESCHOOL PROGRAM<br>3950 E PARADISE FALLS<br>TUCSON AZ 85712 | Tele (520)232-6800<br>Fax: (520)232-6801<br>Capacity : 59 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6363 | T.U.S.D.#1 - ERICKSON PRESCHOOL PROGRAM<br>6750 EAST STELLA ROAD<br>TUCSON AZ 85730 | Tele (520)584-5071<br>Fax: (520)584-5001<br>Capacity : 37 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6452 | T.U.S.D.#1 - GALE AFTER SCHOOL PROGRAM AND EXPLORER PROGRAM<br>678 SOUTH GOLLOB ROAD<br>TUCSON AZ 85710 | Tele (520)731-4500<br>Fax: ( ) -<br>Capacity : 125 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13739 | T.U.S.D.#1 - GRIJALVA PRESCHOOL PROGRAM<br>1795 WEST DREXEL ROAD<br>TUCSON AZ 85746 | Tele (520)908-3600<br>Fax: ( ) -<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16694 | T.U.S.D.#1 - HENRY COMMUNITY SCHOOL<br>650 NORTH IGO WAY<br>TUCSON AZ 85710 | Tele (520)731-4700<br>Fax: ( ) -<br>Capacity : 185 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17709 | T.U.S.D.#1 - HOLLADAY PRESCHOOL PROGRAM<br>1110 EAST 33RD STREET<br>TUCSON AZ 85713 | Tele (580)225-1600<br>Fax: (520)225-1601<br>Capacity : 20 | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6393 | T.U.S.D.#1 - HOLLINGER PRESCHOOL PROGRAM<br>150 WEST AJO<br>TUCSON AZ 85713 | Tele (520)617-6750<br>Fax: (520)225-6719<br>Capacity : 17 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-11964 | T.U.S.D.#1 - HOWELL PRESCHOOL PROGRAM<br>401 N IRVING<br>TUCSON AZ 85711 | Tele (520)731-5205<br>Fax: ( ) -<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16373 | T.U.S.D.#1 - HUDLOW PRESCHOOL PROGRAM & COMMUNITY SCHOOL<br>502 N CARIBE AVE<br>TUCSON AZ 85710 | Tele (520)731-4800<br>Fax: (520)731-4801<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12451 | T.U.S.D.#1 - JOHNSON PRESCHOOL PROGRAM<br>6060 SOUTH JOSEPH AVE<br>TUCSON AZ 85746 | Tele (520)908-3800<br>Fax: ( ) -<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6396 | T.U.S.D.#1 - KELLOND COMMUNITY SCHOOL<br>6606 EAST LEHIGH<br>TUCSON AZ 85710 | Tele (520)512-3528<br>Fax: ( ) -<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8914 | T.U.S.D.#1 - LINEWEAVER ELEMENTARY<br>461 SOUTH BRYANT AVENUE<br>TUCSON AZ 85711 | Tele (520)232-7700<br>Fax: (520)232-7701<br>Capacity : 412 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16384 | T.U.S.D.#1 - LYNN/ URQUIDES PRESCHOOL PROGRAM<br>1573 WEST AJO WAY<br>TUCSON AZ 85713 | Tele (520)908-4000<br>Fax: (520)908-4001<br>Capacity : 20 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15041 | T.U.S.D.#1 - MALDONADO PRESCHOOL PROGRAM<br>3535 W MESSALA WAY<br>TUCSON AZ 85746 | Tele (520)908-4100<br>Fax: ( ) -<br>Capacity : 20 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6402 | T.U.S.D.#1 - MANZO PRESCHOOL PROGRAM<br>855 NORTH MELROSE<br>TUCSON AZ 85745 | Tele (520)617-6740<br>Fax: ( ) -<br>Capacity : 40 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-12848 | T.U.S.D.#1 - MARSHALL ELEMENTARY SCHOOL & PRESCHOOL PROGRAM<br>9066 E 29TH STREET<br>TUCSON AZ 85710 | Tele (520)731-4948<br>Fax: (520)225-6719<br>Capacity : 165 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15890 | T.U.S.D.#1 - MARY BELLE MCCORKLE PRESCHOOL PROGRAM & COMMUNITY PRESCHOOL<br>4455 SOUTH MISSION RD<br>TUCSON AZ 85746 | Tele (520)877-2105<br>Fax: (520)225-3266<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6409 | T.U.S.D.#1 - MILES EXPLORATORY PRESCHOOL<br>1400 EAST BROADWAY<br>TUCSON AZ 85719 | Tele (520)225-2273<br>Fax: (520)225-6719<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6406 | T.U.S.D.#1 - MISSION VIEW PRESCHOOL PROGRAM<br>2600 SOUTH 8TH AVENUE<br>TUCSON AZ 85713 | Tele (520)225-2356<br>Fax: (520)225-6719<br>Capacity : 25 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6366 | T.U.S.D.#1 - MYERS/ GANOUNG PRESCHOOL PROGRAM<br>5000 EAST ANDREW<br>TUCSON AZ 85711 | Tele (520)512-3400<br>Fax: (520)225-6719<br>Capacity : 31 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-7154 | T.U.S.D.#1 - OCHOA PRESCHOOL PROGRAM<br>101 WEST 25TH STREET<br>TUCSON AZ 85713 | Tele (520)617-6360<br>Fax: (520)225-6719<br>Capacity : 59 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17326 | T.U.S.D.#1 - OYAMA PRESCHOOL PROGRAM<br>2700 SOUTH LA CHOLLA BLVD<br>TUCSON AZ 85713 | Tele (520)225-5700<br>Fax: (520)225-5701<br>Capacity : 26 | 08/24/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6388 | T.U.S.D.#1 - PUEBLO GARDENS PRESCHOOL PROGRAM<br>2210 EAST 33RD STREET<br>TUCSON AZ 85713 | Tele (520)617-6300<br>Fax: (520)225-6719<br>Capacity : 20 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-7691 | T.U.S.D.#1 - SCHOLASTIC EXCELLENCE & ENRICHMENT<br>9850 EAST 29TH STREET<br>TUCSON AZ 85748 | Tele (520)731-4240<br>Fax: (520)731-4201<br>Capacity : 59 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16949 | T.U.S.D.#1 - SCHUMAKER INFANT & EARLY LEARNING CENTER<br>501 NORTH MAGUIRE AVENUE<br>TUCSON AZ 85710 | Tele (520)731-5200<br>Fax: (520)225-6304<br>Capacity : 437 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15474 | T.U.S.D.#1 - SEWELL ELEMENTARY<br>425 N SAHUARA AVE<br>TUCSON AZ 85711 | Tele (520)584-7200<br>Fax: (520)584-7201<br>Capacity : 59 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6540 | T.U.S.D.#1 - SOLENG TOM ENRICHMENT PROGRAM<br>10520 EAST CAMINO QUINCE<br>TUCSON AZ 85748 | Tele (520)731-5475<br>Fax: (520)225-6719<br>Capacity : 245 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16474 | T.U.S.D.#1 - STEELE COMMUNITY SCHOOL & PRESCHOOL PROGRAM<br>700 S SARNOFF DR<br>TUCSON AZ 85710 | Tele (520)731-6800<br>Fax: ( ) -<br>Capacity : 59 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6405 | T.U.S.D.#1 - TULLY PRESCHOOL PROGRAM<br>1701 WEST EL RIO DRIVE<br>TUCSON AZ 85745 | Tele (520)617-6640<br>Fax: (520)225-6719<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6392 | T.U.S.D.#1 - VAN BUSKIRK PRESCHOOL PROGRAM<br>725 EAST FAIR STREET<br>TUCSON AZ 85714 | Tele (520)225-3700<br>Fax: (520)225-3700<br>Capacity : 45 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15889 | T.U.S.D.#1 - WARREN ELEMENTARY SCHOOL<br>3505 W MILTON RD<br>TUCSON AZ 85746 | Tele (520)908-4700<br>Fax: (520)908-4701<br>Capacity : 20 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16392 | T.U.S.D.#1 - WHEELER PARTNERS PRESCHOOL PROGRAM<br>1818 AVENIDA DE SOL<br>TUCSON AZ 85710 | Tele (520)584-5576<br>Fax: (520)584-5501<br>Capacity : 59 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12580 | T.U.S.D.#1 - WHITE ELEMENTARY AFTER SCHOOL PROGRAM<br>2315 WEST CANADA ST<br>TUCSON AZ 85746 | Tele (520)908-5300<br>Fax: (520)225-6719<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17440 | T.U.S.D.#1 - WHITMORE PRESCHOOL PROGRAM<br>5330 EAST GLENN STREET<br>TUCSON AZ 85712 | Tele (520)232-8000<br>Fax: (520)232-8001<br>Capacity : 20 | 12/07/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-9663 | T.U.S.D.#1 - WRIGHT PRESCHOOL PROGRAM<br>4311 EAST LINDEN<br>TUCSON AZ 85712 | Tele (520)232-8100<br>Fax: ( ) -<br>Capacity : 59 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17625 | V.U.S.D.#20 - COPPER RIDGE ENRICHMENT PROGRAM<br>17650 SOUTH CANYON RIDGE TRAIL<br>VAIL AZ 85641 | Tele (520)879-3960<br>Fax: ( ) -<br>Capacity : 59 | 07/18/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9525 | V.U.S.D.#20 - COTTONWOOD EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>9950 REES LOOP<br>TUCSON AZ 85747 | Tele (520)762-2657<br>Fax: ( ) -<br>Capacity : 145 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6483 | V.U.S.D.#20 - DESERT WILLOW EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>9400 EAST ESMOND LOOP<br>TUCSON AZ 85747 | Tele (520)879-2313<br>Fax: (520)879-2395<br>Capacity : 120 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17011 | V.U.S.D.#20 - ESMOND STATIONS ENRICHMENT PROGRAM<br>9400 SOUTH ATTERBURY WASH WAY<br>TUCSON AZ 85747 | Tele (520)879-3405<br>Fax: ( ) -<br>Capacity : 59 | 07/10/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-8345 | V.U.S.D.#20 - MESQUITE EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>9455 EAST RITA ROAD<br>TUCSON AZ 85747 | Tele (520)879-2184<br>Fax: ( ) -<br>Capacity : 142 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-13184 | V.U.S.D.#20 - OCOTILLO RIDGE EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>10170 S WHITE LIGHTNING LANE<br>VAIL AZ 85641 | Tele (520)879-3660<br>Fax: ( ) -<br>Capacity : 74 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14236 | V.U.S.D.#20 - SENITA VALLEY EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>10750 E BILBY ROAD<br>TUCSON AZ 85747 | Tele (520)879-3185<br>Fax: ( ) -<br>Capacity : 140 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-10844 | V.U.S.D.#20 - SYCAMORE EARLY CHILDHOOD AND SCHOOL AGE ENRICHMENT PROGRAM<br>16701 SOUTH HOUGHTON ROAD<br>VAIL AZ 85641 | Tele (520)879-2579<br>Fax: ( ) -<br>Capacity : 253 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16424 | V.U.S.D.#20 - VAIL INCLUSIVE PRE-KINDERGARTEN<br>12775 E MARY ANN CLEVELAND ST B<br>VAIL AZ 85641 | Tele (520)879-1752<br>Fax: (520)879-1751<br>Capacity : 85 | 09/01/2015 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14546 | V.U.S.D.#20 - VAIL INCLUSIVE PRESCHOOL AT CIENEGA<br>12775 E MARY ANN CLEVELAND WAY<br>VAIL AZ 85641 | Tele (520)879-1753<br>Fax: (520)879-2088<br>Capacity : 185 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-12863 | ALDAMATY'S<br>782 W COVENTRY DR<br>TUCSON AZ 85706 | Tele (520)806-8052<br>Fax: ( ) -<br>Capacity : 10 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13396 | ALFAROS CHILD CARE | | | Tele (520)889-5331 | 06/01/2016 to 05/31/2019 |
| | 2401 E ALEPPO PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15442 | AMERICA H CASTELLON | | | Tele (520)741-8306 | 10/01/2016 to 09/30/2019 |
| | 3556 E NEBRASKA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16160 | ANDREA'S CHILDCARE | | | Tele (520)889-0778 | 05/01/2015 to 04/30/2018 |
| | 1940 EAST PINE ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17569 | ANGELES CHILDCARE L.L.C. | | | Tele (520)908-3132 | 05/04/2016 to 04/30/2019 |
| | 3680 WEST TETAKUSIM ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14289 | BABIES AND TOTS DAYCARE | | | Tele (520)295-1694 | 10/01/2014 to 09/30/2017 |
| | 1928 E HOLLADAY ST | | | Fax: (520)295-1694 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13890 | BELEN'S CHILD CARE II | | | Tele (520)730-9378 | 11/01/2016 to 10/31/2019 |
| | 1802 EAST 31ST STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9070 | BRIANA'S CHILD CARE | | | Tele (520)747-9620 | 11/01/2015 to 10/31/2018 |
| | 5234 EAST 25TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16477 | BUSY BEES CHILD CARE | | | Tele (520)850-8037 | 03/01/2016 to 02/28/2019 |
| | 3619 W SUNBONNET PL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14218 | CARE TIME L L C | | | Tele (520)572-4232 | 10/01/2014 to 09/30/2017 |
| | 5070 WEST WARBLER STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12223 | CARITAS FELIZES | | | Tele (520)294-3111 | 09/01/2014 to 08/31/2017 |
| | 3644 EAST DOVER STRAV | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15439 | CAROLINA LORETO | | | Tele (520)573-1686 | 06/01/2014 to 05/31/2017 |
| | 1104 E GARDEN LOOP | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10279 | CAROLINA'S DAY CARE | | | Tele (520)623-0319 | 12/01/2014 to 11/30/2017 |
| | 2141 EAST PINAL VISTA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10402 | CASITA FELIZ | | | Tele (520)806-9196 | 02/01/2015 to 01/31/2018 |
| | 5202 SOUTH PINE WAY | | | Fax: (520)741-7279 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16594 | CASTLE KIDS DAYCARE | | | Tele (520)777-3569 | 05/01/2016 to 04/30/2019 |
| | 2912 S 5TH AVE | | | Fax: (520)777-6231 | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13826 | CECY'S CHILD CARE | | | Tele (520)573-7329 | 05/01/2014 to 04/30/2017 |
| | 1480 W NEVINS DRIVE | | | Fax: (520)609-9558 | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17249 | CHAMPION START | | | Tele (520)860-0454 | 06/24/2015 to 05/31/2018 |
| | 11847 WEST BYRON WOLFE DRIVE | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16530 | CHILDREN'S GARDEN OASIS HOME CHILD CARE | | | Tele (520)749-4761 | 06/01/2016 to 05/31/2019 |
| | 4320 N WOLFORD RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-16915 | CHRISTINA'S CHILDCARE | | | Tele (520)519-8278 | 04/07/2014 to 03/31/2017 |
| | 351 SOUTH ESSEX LANE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-14763 | CRI-CRI CHILD CARE | | | Tele (520)745-2778 | 03/01/2015 to 02/28/2018 |
| | 4701 E ANDREW ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-14612 | CURIOUS ADVENTURES | | | Tele (520)722-9180 | 02/01/2015 to 01/31/2018 |
| | 8021 E 2ND ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15924 | DONNA'S CHILD CARE | | | Tele (520)269-6164 | 07/01/2014 to 06/30/2017 |
| | 702 WEST COVENTRY DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85756 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16881 | DREAM CATCHER LEARNING CENTER | | | Tele (520)979-4729 | 09/18/2014 to 08/31/2017 |
| | 10502 E TANQUE VERDE RD | | | Fax: (520)760-4933 | |
| | TUCSON | AZ | 85749 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11773 | EARLY STAGES | | | Tele (520)290-8813 | 01/01/2017 to 12/31/2019 |
| | 2731 S BLACKMOON DRIVE | | | Fax: (520)290-8813 | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10829 | ELSA'S GROUP HOME | | | Tele (520)573-9689 | 08/01/2015 to 07/31/2018 |
| | 5129 SOUTH CASSIA WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17573 | ESTRELLITA CHILD CARE | | | Tele (520)409-1621 | 05/03/2016 to 04/30/2019 |
| | 1861 WEST OAK VIEW LANE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16947 | FIRST FRIENDS PRESCHOOL | | | Tele (520)762-8893 | 07/09/2014 to 06/30/2017 |
| | 2930 EAST SHASTA LANE | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15983 | GABY'S CHILDCARE | | | Tele (520)395-0360 | 09/01/2014 to 08/31/2017 |
| | 2771 W DAKOTA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17043 | GARCIA'S CHILD CARE | | | Tele (520)309-5297 | 08/08/2014 to 07/31/2017 |
| | 5600 SOUTH COUNTRY CLUB ROAD #168 | | | Fax: (520)300-4823 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16885 | GENESIS CHILDCARE L.L.C. | | | Tele (520)668-3805 | 08/21/2014 to 07/31/2017 |
| | 6142 EAST 17TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13322 | GINGERBREAD HOUSE DAYCARE | | | Tele (520)623-9546 | 05/01/2016 to 04/30/2019 |
| | 229 WEST 22ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17169 | GIRASOLES PRESCHOOL | | | Tele (520)240-4333 | 03/06/2015 to 02/28/2018 |
| | 4420 WEST INA ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17304 | GRAND STAR CHILD CARE | | | Tele (520)623-7550 | 02/26/2016 to 01/31/2019 |
| | 5860 SOUTH HILLERMAN | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14839 | HOME SWEET HOME | | | Tele (520)300-6427 | 01/01/2014 to 12/31/2016 |
| | 3550 E MARCH PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14051 | HONEY LUZS | | | Tele (520)623-0716 | 11/01/2014 to 10/31/2017 |
| | 1912 N CHIRICAHUA AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14828 | IMELDA'S CHILD CARE | | | Tele (520)682-4339 | 05/01/2015 to 04/30/2018 |
| | 12635 NORTH WHITE AVE | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12716 | JACQUELINE'S CHILD CARE | | | Tele (520)748-7133 | 07/01/2015 to 06/30/2018 |
| | 2110 S MONTEZUMA AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16845 | JHIRE DAY CARE GROUP HOME | | | Tele (520)393-3628 | 01/22/2014 to 12/31/2016 |
| | 7101 E 31ST ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15301 | JOANNE'S CHILDCARE | | | Tele (520)884-3404 | 03/01/2016 to 02/28/2019 |
| | 3469 SOUTH CLARK AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9084 | JOVANKA'S CHILD CARE | | | Tele (520)294-5649 | 01/01/2016 to 12/31/2018 |
| | 2230 EAST NEVADA STREET | | | Fax: (520)573-2990 | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16892 | KIDDYLAND | | | Tele (520)269-7033 | 04/01/2014 to 03/31/2017 |
| | 10254 EAST CANYON MEADOW DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15414 | KIDDYLAND I I | | | Tele (520)663-0297 | 06/01/2016 to 05/31/2019 |
| | 9628 EAST PASEO JUAN TABO | | | Fax: (520)663-0297 | |
| | TUCSON | AZ | 85747 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14911 | KIDS CLUBHOUSE CHILD CARE AND PRESCHOOL LLC | | | Tele (520)342-7165 | 05/01/2015 to 04/30/2018 |
| | 3624 WEST BUTTERFLY LANE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17331 | KINDERET CHILDCARE | | | Tele (520)488-8964 | 07/13/2015 to 06/30/2018 |
| | 5833 EAST 19TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13833 | LEARNING THROUGH PLAY | | | Tele (520)268-2840 | 03/01/2015 to 02/28/2018 |
| | 122 W KENTUCKY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85714 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17751 | LEARNING TO GROW CHILD CARE | | | Tele (520)232-4426 | 11/01/2016 to 10/31/2019 |
| | 6401 EAST FORDHAM DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12739 | LETICIA CHILD CARE | | | Tele (520)573-0224 | 08/01/2015 to 07/31/2018 |
| | 881 WEST VIRGINIA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11831 | LIL RASCALS DAY CARE | | | Tele (520)578-9524 | 02/01/2014 to 01/31/2017 |
| | 7671 S COLEVILLE ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15766 | LIL'CRITTERS DAYCARE | | | Tele (520)204-5820 | 07/01/2014 to 06/30/2017 |
| | 9575 S CAMINO CABALGATA | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16985 | LITTLE EXPLORERS ACADEMY | | | Tele (520)869-4991 | 08/01/2014 to 07/31/2017 |
| | 496 EAST PLACITA AMULETO | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15630 | LITTLE FOOTPRINTS CHILDCARE LLC | | | Tele (520)360-9103 | 11/01/2016 to 10/31/2019 |
| | 820 SOUTH TUCSON BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17675 | LITTLE GIANTS DAYCARE | | | Tele (520)265-6033 | 07/18/2016 to 06/30/2019 |
| | 3663 EAST MARCH PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14829 | LITTLE JOYS LEARNING CENTER | | | Tele (520)884-0330 | 04/01/2015 to 03/31/2018 |
| | 1902 WEST CALLE DEL ARROYITO | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16382 | LITTLE MUNCHKINS CHILD CARE | | | Tele (520)807-2998 | 10/01/2015 to 09/30/2018 |
| | 2213 EAST CALLE SIERRA DEL MANANTIAL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16964 | LITTLE QUAIL SCHOOL, L L C | | | Tele (520)405-3888 | 11/10/2014 to 10/31/2017 |
| | 3950 NORTH VINE TREE PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16336 | LITTLE SUNSHINE DAY CARE | | | Tele (520)270-7563 | 10/01/2015 to 09/30/2018 |
| | 2931 W CALLE CANARIO | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17324 | LITTLE WRANGLERS DAYCARE | | | Tele (520)647-0032 | 09/03/2015 to 08/31/2018 |
| | 9445 SOUTH LEON RANCH ROAD | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15551 | LOIDAS CHILD CARE | | | Tele (520)250-8883 | 02/01/2017 to 01/31/2020 |
| | 1390 N LA CANOA | | | Fax: (520)648-2629 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9469 | LORETO CHILD CARE | | | Tele (520)623-8508 | 02/01/2017 to 01/31/2020 |
| | 75 NORTH GRANDE AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12271 | LOS BUKIS HOUSE | | | Tele (520)294-6401 | 11/01/2014 to 10/31/2017 |
| | 288 W PLACITA CASAS BONITAS | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16422 | LOS CARRITOS CHILDCARE | | | Tele (520)889-2976 | 10/01/2015 to 09/30/2018 |
| | 5119 SOUTH MALLARD AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17669 | LOS OJITOS | | | Tele (520)904-4314 | 10/12/2016 to 09/30/2019 |
| | 950 WEST CALLE ANTONIA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10280 | LUZ CHILD CARE | | | Tele (520)741-0954 | 01/01/2015 to 12/31/2017 |
| | 2217 EAST WALNUT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17139 | M & M CHILDCARE | | | Tele (520)303-1426 | 01/19/2015 to 12/31/2017 |
| | 5371 SOUTH BRUSH BERRY DRIVE | | | Fax: (520)303-1426 | |
| | TUCSON | AZ | 85757 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-3279 | MADENCI DAY CARE GROUP HOME | | | Tele (520)881-0791 | 01/01/2015 to 12/31/2017 |
| | 2845 EAST 2ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11843 | MARIA'S CHILD CARE GROUP HOME | | | Tele (520)746-0970 | 02/01/2014 to 01/31/2017 |
| | 6733 S 10TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10368 | MARIITA'S CHILD CARE | | | Tele (520)806-1787 | 03/01/2015 to 02/28/2018 |
| | 526 WEST CALLE GARCIA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16767 | MARMION CHILD CARE | | | Tele (520)272-2296 | 10/01/2016 to 09/30/2019 |
| | 7017 S 6TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85756 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-3306 | MCQ GROUP HOME | | | Tele (520)743-7363 | 02/01/2015 to 01/31/2018 |
| | 2800 WEST CLEARVIEW DRIVE | | | Fax: (520)743-1615 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10789 | MI CASITA CHILD CARE | | | Tele (520)883-1601 | 06/01/2015 to 05/31/2018 |
| | 3665 WEST FITZWATER COURT | | | Fax: (520)883-1601 | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16582 | MI REFUGIO CHILD CARE | | | Tele (520)300-4823 | 05/01/2016 to 04/30/2019 |
| | 2852 EAST PASEO LA TIERRA BUENA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17623 | MICHELLE'S HOME DAY CARE | | | Tele (678)887-9361 | 06/16/2016 to 05/31/2019 |
| | 7325 EAST ALDERBERRY STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85756 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13255 | MUNDO DIVERTIDO | | | Tele (520)308-5143 | 02/01/2016 to 01/31/2019 |
| | 2710 W AURORA DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15191 | MY SMALL WORLD GROUP HOME | | | Tele (520)207-3829 | 12/01/2015 to 11/30/2018 |
| | 1385 E STEWART PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16282 | NEW DAWN | | | Tele (520)437-6590 | 11/01/2015 to 10/31/2018 |
| | 4089 EAST BIRCHBROOK COURT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12019 | NIXON FAMILY DAY CARE | | | Tele (520)682-7221 | 11/01/2014 to 10/31/2017 |
| | 6757 NORTH SPRING WAGON | | | Fax: (520)616-7468 | |
| | TUCSON | AZ | 85743 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9875 | NUEVO AMANECER CHILD CARE | | | Tele (520)207-0243 | 03/01/2014 to 02/28/2017 |
| | 1409 NORTH HUALPAI | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12113 | OLGA CERVANTES | | | Tele (520)617-0835 | 07/01/2014 to 06/30/2017 |
| | 224 N WESTMORELAND | | | Fax: (520)617-0835 | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16830 | OSITO PANDA CHILDCARE | | | Tele (520)207-9762 | 02/06/2014 to 01/31/2017 |
| | 1013 EAST EMPIRE CANYON LANE | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15513 | OSITOS LEARNING CENTER | | | Tele (520)647-9409 | 09/01/2016 to 08/31/2019 |
| | 1732 EAST CAMINO CARRETA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85714 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16539 | PETRA'S | | | Tele (520)272-2062 | 05/01/2016 to 04/30/2019 |
| | 4945 NORTH SHANNON RD #29 | | | Fax: (520)505-4536 | |
| | TUCSON | AZ | 85705 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13031 | PRECIOUS SOULS CHILD CARE | | | Tele (520)296-3851 | 10/01/2015 to 09/30/2018 |
| | 8824 EAST PINE VALLEY DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-15574 | RAINBOW CHILD CARE | | | Tele (520)294-4436 | 12/01/2016 to 11/30/2019 |
| | 6863 SOUTH 6TH AVE | | | Fax: (520)806-4165 | |
| | TUCSON | AZ | 85756 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17530 | RISING STARS CHILDCARE L L C | | | Tele (520)484-8441 | 02/29/2016 to 01/31/2019 |
| | 10508 SOUTH MIRAMAR CANYON PASS | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-17207 | ROSA D TERAN | | | Tele (520)792-3607 | 03/11/2016 to 02/28/2019 |
| | 125 WEST LEE STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| SGH-15441 | ROSY'S CHILD CARE | | | Tele (520)808-9703 | 01/01/2014 to 12/31/2016 |
| | 2053 E MINORKA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11000 | SAU CHILD CARE | | | Tele (520)327-9575 | 10/01/2015 to 09/30/2018 |
| | 3534 EAST MARCH PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-9461 | SILVIA'S CHILD CARE | | | Tele (520)741-2872 | 10/01/2016 to 09/30/2019 |
| | 2362 EAST ALEPPO PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-8688 | SIMBA'S PLAYHOUSE | | | Tele (520)392-8384 | 02/01/2015 to 01/31/2018 |
| | 918 WEST MILTON | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17256 | SMALL HANDS BIG DREAMS | | | Tele (520)733-3074 | 11/13/2015 to 10/31/2018 |
| | 7426 EAST 20TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17527 | STARLAND DAYCARE | | | Tele (520)294-7019 | 04/01/2016 to 03/31/2019 |
| | 6522 WEST HARBIN RIDGE WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85757 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17349 | STEADY GROWTH, INC | | | Tele (520)207-4587 | 07/13/2015 to 06/30/2018 |
| | 9114 EAST ELDERBERRY STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17428 | SWEETIE'S DAY CARE L L C | | | Tele (520)790-2083 | 11/01/2015 to 10/31/2018 |
| | 3349 SOUTH ELSON AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15593 | TECCO FAMILY DAYCARE | | | Tele (520)661-9310 | 01/01/2014 to 12/31/2016 |
| | 5331 WEST CALLE MAVERICK | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15482 | THE ARK | | | Tele (520)574-7070 | 10/01/2016 to 09/30/2019 |
| | 5223 EAST BEARGRASS VISTA DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85756 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13765 | THE LITTLE PARADISE 1 | | | Tele (520)883-4911 | 11/01/2016 to 10/31/2019 |
| | 3021 WEST CANADA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17775 | TIA NERY'S DAYCARE AND PRESCHOOL, L.L.C. | | | Tele (520)624-3846 | 11/15/2016 to 10/31/2019 |
| | 1416 WEST ST CLAIR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15261 | TINY TOONE ADVENTURES CHILD CARE | | | Tele (520)490-9961 | 05/01/2016 to 04/30/2019 |
| | 225 WEST ILLINOIS | | | Fax: (520)807-1306 | |
| | TUCSON | AZ | 85714 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11541 | UNDER THE WING | | | Tele (520)294-0221 | 07/01/2016 to 06/30/2019 |
| | 4741 SOUTH CAMINO DE LA PLAZA | | | Fax: (520)294-0221 | |
| | TUCSON | AZ | 85714 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13390 | URIBE'S CHILD CARE | | | Tele (520)792-1185 | 06/01/2016 to 05/31/2019 |
| | 1700 NORTH DRAGOON ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17204 | VIVAN LOS NINOS DAY CARE | | | Tele (520)282-9806 | 08/20/2015 to 07/31/2018 |
| | 1001 EAST MOSSMAN ROAD, UNIT 20 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-10407 | YOLANDA'S CHILDCARE<br>734 WEST SANTA MARIA STREET<br>TUCSON AZ 85706 | Tele (520)294-0032<br>Fax: ( ) -<br>Capacity : 10 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2028 | AIRES, LLC / PADRES<br>10172 E LUCILLE<br>TUCSON AZ 85730 | Tele (520)903-2511<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2122 | RISE, INC / EDGEWOOD APARTMENT #9102<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1216 | AIRES, LLC / WATSON<br>10021 EAST WATSON DR<br>TUCSON AZ 85730 | Tele (520)903-2511<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1900 | AIRES, LLC / BASQUE HOME<br>3325 E PRESIDIO RD<br>TUCSON AZ 85716 | Tele (520)327-2473<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1251 | AIRES, LLC / BONANZA | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 323 N BONANZA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0900 | AIRES, LLC / COOPER | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 9051 E COOPER ST | | | Fax: (520)792-5820 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH39 | AIRES, LLC / HIGHLAND | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 9949 EAST EMILY DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1352 | AIRES, LLC / POMEGRANATE | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 7150 EAST POMEGRANATE | | | Fax: (520)792-5895 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2118 | AIRES, LLC / SARNOFF RIDGE | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 8153 E SNAKEROOT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH56 | AIRES, LLC / SILVERBEECH | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 7732 E SILVERBEECH | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH57 | AIRES, LLC / SOLANO | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 2622 WEST SOLANO CIRCLE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1527 | AIRES, LLC / SPADEFOOT | | | Tele (520)903-2511 | 06/01/2015 to 05/31/2017 |
| | 10990 EAST SPADEFOOT PLACE | | | Fax: (520)792-5820 | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1658 | AIRES, LLC / SPIRIT STEALTH | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 3709 SOUTH SPIRIT STEALTH | | | Fax: (520)792-5820 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0975 | AIRES, LLC / STEWART | | | Tele (520)903-2511 | 05/31/2015 to 05/31/2017 |
| | 3536 NORTH STEWART AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2273 | AIRES, LLC / TREAT<br>1701 E LIND<br>TUCSON AZ 85719 | Tele (520)903-2511<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH38 | AIRES, LLC /EMILY<br>10224 E EMILY PL<br>TUCSON AZ 85730 | Tele (520)903-2511<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2379 | ARIES, LLC / GOYETTE<br>2737 N GOYETTE<br>TUCSON AZ 85716 | Tele (520)903-2511<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/31/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2470 | ARISE DBA RISE, INC / EDGEWOOD APTS # 13204<br>550 NORTH HARRISON ROAD # 13204<br>TUCSON AZ 85748 | Tele (928)348-0060<br>Fax: (928)348-0063<br>Capacity : Not Applicable | 12/10/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2400 | ARISE SERVICES, INC / DESERT MESA<br>7981 EAST WAVERLY<br>TUCSON AZ 85715 | Tele (480)225-3933<br>Fax: (520)298-6468<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2670 | ARIZONA MENTOR / CASA BELLA | | | Tele (520)298-7017 | 10/04/2016 to 09/30/2018 |
| | 6070 WYCH ELM PL | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1601 | ARIZONA MENTOR / CONNECTIONS | | | Tele (520)908-1631 | 12/01/2015 to 11/30/2017 |
| | 5633 E 26TH ST | | | Fax: (520)298-7129 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2443 | ARIZONA MENTOR / COPPERHOUSE | | | Tele (520)495-5747 | 08/01/2016 to 07/31/2018 |
| | 9565 EAST CALLE CASCADA | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0776 | ARIZONA MENTOR / GECKO | | | Tele (520)207-1868 | 11/01/2015 to 10/31/2017 |
| | 640 N BEDFORD RD | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH342 | ARIZONA MENTOR / HAYNE PLACE | | | Tele (520)300-6493 | 03/31/2015 to 03/31/2017 |
| | 8428 E HAYNE PLACE | | | Fax: (602)200-9444 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2641 | ARIZONA MENTOR / JOSHUA TREE | | | Tele (520)298-7017 | 05/24/2016 to 04/30/2018 |
| | 4047 W FIRETHORN ST | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1235 | ARIZONA MENTOR / LITTLE BEAR | | | Tele (520)327-3173 | 09/01/2016 to 08/31/2018 |
| | 4455 EAST BURNS | | | Fax: (520)298-9179 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2676 | ARIZONA MENTOR / LUMINOSA | | | Tele (520)298-7017 | 09/27/2016 to 08/31/2018 |
| | 4881 W FERRET DR | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1634 | ARIZONA MENTOR / MERRIMAC | | | Tele (520)881-9068 | 03/31/2015 to 03/31/2017 |
| | 3109 NORTH CHERRY AVENUE | | | Fax: (602)277-0803 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0981 | ARIZONA MENTOR / OLD CANYON | | | Tele (520)886-6089 | 12/01/2015 to 11/30/2017 |
| | 8090 S OLD CANYON AVENUE | | | Fax: (520)298-3129 | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2256 | ARIZONA MENTOR / ORANGEWOOD | | | Tele (520)572-1059 | 12/01/2015 to 11/30/2017 |
| | 3800 W ORANGEWOOD DR | | | Fax: (520)298-7129 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2454 | ARIZONA MENTOR / PALM TREE | | | Tele (520)722-1190 | 10/01/2016 to 09/30/2018 |
| | 7312 EAST STELLA | | | Fax: (520)721-5296 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1645 | ARIZONA MENTOR / ROCKY MOUNTAIN | | | Tele (520)721-9369 | 03/31/2015 to 03/31/2017 |
| | 1575 SOUTH ROCKY MOUNTAIN DRIVE | | | Fax: (602)277-0803 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2646 | ARIZONA MENTOR / ROUSSEAU | | | Tele (520)742-8898 | 06/27/2016 to 05/31/2018 |
| | 3530 W RAINTREE DR | | | Fax: (520)298-7129 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2047 | ARIZONA MENTOR / SADDLEBACK | | | Tele (520)886-6763 | 09/01/2016 to 08/31/2018 |
| | 9238 EAST CALLE ARROYO RAPIDO | | | Fax: (520)398-6432 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH366 | ARIZONA MENTOR / SUNNYHILL | | | Tele (520)744-7065 | 03/31/2015 to 03/31/2017 |
| | 3900 WEST SUNNY HILL PLACE | | | Fax: (602)277-0803 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2456 | ARIZONA MENTOR / SUNRISE | | | Tele (520)499-3599 | 12/01/2016 to 11/30/2018 |
| | 8472 EAST SARNOFF RIDGE LOOP | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH369 | ARIZONA MENTOR / TORREY PINES | | | Tele (520)296-0753 | 03/31/2015 to 03/31/2017 |
| | 2254 TORREY PINES CIRCLE | | | Fax: (602)277-0803 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2486 | ARIZONA MENTOR / WILMOT NORTH | | | Tele (520)207-4427 | 02/06/2015 to 02/28/2017 |
| | 8840 EAST APPLE TREE DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH204 | CATHOLIC COMMUNITY / ARCADIA GARDENS #1401 | | | Tele (520)885-2013 | 08/01/2015 to 07/31/2017 |
| | 7887 E UHL APT #1401 | | | Fax: (520)885-0473 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2418 | CATHOLIC COMMUNITY SERVICES / ARCADIA GARDENS<br>7887 E UHL #505<br>TUCSON AZ 85710 | Tele (520)885-2013<br>Fax: (520)885-0473<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH202 | CATHOLIC COMMUNITY SERVICES / ARCADIA GARDENS #1001<br>7887 E UHL APT #1001<br>TUCSON AZ 85710 | Tele (520)885-2013<br>Fax: (520)885-0473<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| ddh2342 | CATHOLIC COMMUNITY SERVICES / ARCADIA GARDENS #1003<br>7887 E UHL ST APT 1003<br>TUCSON AZ 85710 | Tele (520)885-2013<br>Fax: (520)885-0473<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1892 | CATHOLIC COMMUNITY SERVICES / ARCADIA GARDENS #1403<br>7887 E UHL APT #1403<br>TUCSON AZ 85710 | Tele (520)885-2013<br>Fax: (520)885-0473<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH199 | CATHOLIC COMMUNITY SERVICES / CASA DAMAS<br>3544 E 5TH ST<br>TUCSON AZ 85716 | Tele (520)795-0513<br>Fax: (520)795-5131<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1297 | CATHOLIC COMMUNITY SERVICES / DEL RIO<br>6240 E RIVER RD<br>TUCSON AZ 85750 | Tele (520)721-0436<br>Fax: (520)721-7764<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2266 | CATHOLIC COMMUNITY SERVICES / FOUNTAIN PLAZA<br>2345 N CRAYCROFT #220<br>TUCSON AZ 85712 | Tele (520)881-8178<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1891 | CATHOLIC COMMUNITY SERVICES / FOUNTAIN PLAZA # 104<br>2345 N CRAYCROFT #104<br>TUCSON AZ 85712 | Tele (520)881-8178<br>Fax: (520)795-5434<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1130 | CATHOLIC COMMUNITY SERVICES / FOUNTAIN PLAZA # 108<br>2345 N CRAYCROFT #108<br>TUCSON AZ 85712 | Tele (520)881-8178<br>Fax: (520)795-5434<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1133 | CATHOLIC COMMUNITY SERVICES / FOUNTAIN PLAZA #109<br>2345 N CRAYCROFT #109<br>TUCSON AZ 85712 | Tele (520)881-8178<br>Fax: (520)795-5434<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2016 | CATHOLIC COMMUNITY SERVICES / FOX POINT #1026<br>3700 NORTH CAMPBELL AVE #1026<br>TUCSON AZ 85716 | Tele (520)795-3358<br>Fax: (520)326-0205<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2007 | CATHOLIC COMMUNITY SERVICES / FOX POINT #1217<br>3700 NORTH CAMPBELL #1217<br>TUCSON AZ 85716 | Tele (520)795-3358<br>Fax: (520)326-0205<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2322 | CATHOLIC COMMUNITY SERVICES / FOX POINT #401<br>3700 N CAMPBELL #401<br>TUCSON AZ 85705 | Tele (520)795-3358<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2008 | CATHOLIC COMMUNITY SERVICES / FOX POINT #409<br>3700 N CAMPBELL #409<br>TUCSON AZ 85716 | Tele (520)795-3358<br>Fax: (520)326-0205<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2395 | CATHOLIC COMMUNITY SERVICES / FOX POINT #520<br>3700 N CAMPBELL #520<br>TUCSON AZ 85716 | Tele (520)795-3358<br>Fax: (520)326-0205<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH209 | CATHOLIC COMMUNITY SERVICES / RIVER POINT # 3117<br>4175 E FT. LOWELL #3117<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH207 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #2109<br>4175 E FT LOWELL #2109<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2677 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #2111<br>4175 E RIVER RD #2111<br>TUCSON AZ 85712 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 10/11/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH208 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #2112<br>4175 E FT LOWELL #2112<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1727 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #2115<br>4175 E FT LOWELL #2115<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH210 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #3118<br>4175 E FT LOWELL #3118<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH211 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #3119<br>4175 E FT LOWELL #3119<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH212 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #3120<br>4175 E FT. LOWELL #3120<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2325 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #3123<br>4175 E FT LOWELL #3123<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: (520)881-6284<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2572 | CATHOLIC COMMUNITY SERVICES / RIVER POINT #3124<br>4175 E FORT LOWELL APT 3124<br>TUCSON AZ 85716 | Tele (520)881-3692<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/08/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH203 | CATHOLIC COMMUNITY SERVICES/ ARCADIA GARDENS #1303<br>7887 E UHL APT #1303<br>TUCSON AZ 85710 | Tele (520)885-2013<br>Fax: (520)885-0473<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1205 | CATHOLIC COMMUNITY SERVICES/ BANANA BEACH<br>7015 E REDBUD<br>TUCSON AZ 85749 | Tele (520)749-1876<br>Fax: (520)749-0834<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2690 | COBROS III, LLC / DESERT HORIZONS COMMUNITIES #6<br>5632 E SPRING ST<br>TUCSON AZ 85712 | Tele (520)885-3932<br>Fax: (520)615-2263<br>Capacity : Not Applicable | 10/28/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2492 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES / EL SOL NUEVO# 103<br>3700 NORTH FAIRVIEW<br>TUCSON AZ 85705 | Tele (520)269-7999<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/03/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2377 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES / LANDING<br>4225 EAST FRANKFORT STRAVENUE<br>TUCSON AZ 85706 | Tele (520)664-9903<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1599 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES INC / PIMA HOUSE | Tele (520)323-0181 | 11/30/2014 to 11/30/2016 |
| | 4134 EAST PIMA ST | Fax: (520)884-0383 | |
| | TUCSON AZ 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1600 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / KAMERUN | Tele (520)290-1047 | 11/30/2014 to 11/30/2016 |
| | 4132 EAST PIMA ST | Fax: (520)884-0383 | |
| | TUCSON AZ 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1350 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / 29TH STREET | Tele (520)579-2960 | 04/30/2015 to 04/30/2017 |
| | 4450 MEGGAN PLACE | Fax: (520)432-2105 | |
| | TUCSON AZ 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2383 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC / MILESTONE A | Tele (520)850-4940 | 03/01/2016 to 02/28/2018 |
| | 2431 N EDITH BLVD A | Fax: (520)884-0383 | |
| | TUCSON AZ 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1577 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC. / MARIPOSA<br>5034 EAST SCARLETT STREET<br>TUCSON AZ 85711 | Tele (520)624-1154<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1832 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC. / POSADA #213H<br>201 SOUTH KOLB ROAD<br>TUCSON AZ 85710 | Tele (520)546-5979<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1765 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC. / VENICE<br>5035 EAST CECELIA<br>TUCSON AZ 85711 | Tele (520)327-6319<br>Fax: (520)432-2105<br>Capacity : Not Applicable | 03/31/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1343 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC./ 45TH<br>7730 E DAVID DRIVE<br>TUCSON AZ 85730 | Tele (520)790-2204<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 03/31/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2085 | COMMUNITY PROVIDERS OF ENRICHMENT SERVICES, INC / NEW HEIGHTS<br>2845 NORTH DODGE<br>TUCSON AZ 85716 | Tele (520)795-3769<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1841 | COMMUNTIY PROVIDER OF ENRICHMENT SERVICES INC / WATERBRIDGE<br>4164 EAST BELLEVUE<br>TUCSON AZ 85712 | Tele (520)320-0495<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1387 | CPES / MONTROSE<br>1830 WEST MOUNTAIN OAK<br>TUCSON AZ 85746 | Tele (520)792-4241<br>Fax: (520)432-2105<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1321 | CPES, INC / VAQUERO<br>5612 EAST KELSO<br>TUCSON AZ 85712 | Tele (520)722-1890<br>Fax: (520)432-2105<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1566 | CPES, INC / 2ND STREET<br>2401 NORTH INDIAN RIDGE<br>TUCSON AZ 85715 | Tele (520)721-7256<br>Fax: (520)432-2105<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2189 | CPES, INC / ACACIA<br>7921 N CASIMIR PULASKI<br>TUCSON AZ 85741 | Tele (520)498-0902<br>Fax: (520)884-0383<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1481 | CPES, INC / CORAL | | | Tele (520)807-1176 | 01/01/2016 to 12/31/2017 |
| | 4513 S VALLEY ROAD | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1427 | CPES, INC / KATALINA | | | Tele (520)514-0821 | 06/01/2015 to 05/31/2017 |
| | 5254 E 5TH ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1385 | CPES, INC / LA COLINA | | | Tele (520)881-5204 | 05/01/2016 to 04/30/2018 |
| | 6550 EAST FORDHAM DRIVE | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2133 | CPES, INC / LA ENTRADA | | | Tele (520)885-4857 | 11/01/2016 to 10/31/2018 |
| | 7101 E 33RD ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2393 | CPES, INC / MAUNA LOA | | | Tele (520)850-4940 | 03/01/2016 to 02/28/2018 |
| | 2524 W CEZANNE CIRCLE | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1417 | CPES, INC / MICA | | | Tele (520)319-6763 | 05/01/2015 to 04/30/2017 |
| | 1500 WEST NEVINS | | | Fax: (520)432-2105 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2384 | CPES, INC / MILESTONE B | | | Tele (520)850-4940 | 03/01/2016 to 02/28/2018 |
| | 2431 N EDITH BLVD B | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2386 | CPES, INC / MILESTONE C | | | Tele (520)850-4940 | 03/01/2016 to 02/28/2018 |
| | 2431 NORTH EDITH BLVD #C | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1229 | CPES, INC / OLD PUEBLO | | | Tele (520)623-0031 | 04/30/2015 to 04/30/2017 |
| | 4394 SOUTH PASEO RIO BRAVO | | | Fax: (520)320-0658 | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2371 | CPES, INC / POSADA DEL RIO 221A | | | Tele (520)546-5979 | 02/01/2016 to 01/31/2018 |
| | 221 A SOUTH KOLB ROAD | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2630 | CPES, INC / QUADRANTE | | | Tele (520)546-1383 | 04/21/2016 to 03/31/2018 |
| | 7640 E 29TH STREET | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1681 | CPES, INC / SAPPHIRE | | | Tele (520)885-3991 | 07/01/2015 to 06/30/2017 |
| | 101 N AVENIDA DE SAN RAMON | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2631 | CPES, INC / SILVERADO 21 | | | Tele (520)327-3390 | 04/25/2016 to 03/31/2018 |
| | 1821 E SILVER ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2628 | CPES, INC / SILVERADO 23 | | | Tele (520)838-0202 | 04/25/2016 to 03/31/2018 |
| | 1823 E SILVER ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2629 | CPES, INC / SILVERADO 25 | | | Tele (520)495-5044 | 04/25/2016 to 03/31/2018 |
| | 1825 E SILVER ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2633 | CPES, INC / SILVERADO 27 | | | Tele (520)647-2200 | 04/25/2016 to 03/31/2018 |
| | 1827 E SILVER ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1616 | CPES, INC / SOJOURN | | | Tele (520)622-2029 | 03/31/2015 to 03/31/2017 |
| | 402 EAST JACINTO | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1517 | CPES, INC / VERDE A | | | Tele (520)514-9119 | 07/01/2016 to 06/30/2018 |
| | 5709 E 35TH ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1518 | CPES, INC / VERDE B | | | Tele (520)514-9533 | 07/01/2016 to 06/30/2018 |
| | 5709 E 35TH ST | | | Fax: (520)884-0383 | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2293 | DANVILLE SERVICE OF ARIZONA / MIDVALE | | | Tele (520)807-6275 | 01/31/2015 to 01/31/2017 |
| | 6025 E EDISON | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2398 | DANVILLE SERVICES OF ARIZONA / BURNS<br>5542 E BURNS<br>TUCSON AZ 85711 | Tele (520)790-1390<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2645 | DANVILLE SERVICES OF ARIZONA / KOKOPELLI<br>4883 E 12TH ST<br>TUCSON AZ 85711 | Tele (520)881-4885<br>Fax: (520)881-4886<br>Capacity : Not Applicable | 06/23/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2459 | DANVILLE SERVICES OF ARIZONA / SILVERLAKE<br>3117 EAST SILVERLAKE ROAD<br>TUCSON AZ 85713 | Tele (520)795-0609<br>Fax: (520)795-0253<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2406 | DANVILLE SERVICES OF ARIZONA / TURQUIOSE VISTA<br>1601 S TURQUOISE VISTA<br>TUCSON AZ 85710 | Tele (520)514-9452<br>Fax: (520)514-9457<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1191 | DANVILLE SERVICES OF ARIZONA, LLC / CASA CATALINA<br>4741 WEST CAMINO TIERRA<br>TUCSON AZ 85746 | Tele (520)578-6040<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1340 | DANVILLE SERVICES OF ARIZONA, LLC / CRAYCROFT<br>379 SOUTH CRAYCROFT<br>TUCSON AZ 85716 | Tele (520)790-0717<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1983 | DANVILLE SERVICES OF ARIZONA, LLC / CUERNAVACA<br>7437 EAST CUERNAVACA<br>TUCSON AZ 85710 | Tele (520)323-7881<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1659 | DANVILLE SERVICES OF ARIZONA, LLC / EASTLAND HOME<br>4348 EAST EASTLAND<br>TUCSON AZ 85711 | Tele (520)514-9139<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH506 | DANVILLE SERVICES OF ARIZONA, LLC / EMILIANO<br>2325 NORTH CAMINO EMILIANO<br>TUCSON AZ 85745 | Tele (520)884-1364<br>Fax: (520)432-2105<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1145 | DANVILLE SERVICES OF ARIZONA, LLC / HAMPTON HOUSE<br>7615 EAST HAMPTON<br>TUCSON AZ 85711 | Tele (520)298-9735<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1626 | DANVILLE SERVICES OF ARIZONA, LLC / LEHIGH<br>5812 EAST NORTH STREET<br>TUCSON AZ 85712 | Tele (529)747-8075<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2103 | DANVILLE SERVICES OF ARIZONA, LLC / MARION<br>5560 EAST HAWTHORNE<br>TUCSON AZ 85711 | Tele (520)325-5675<br>Fax: (520)320-0658<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2569 | DANVILLE SERVICES OF ARIZONA, LLC / MAYFIELD HOME<br>6250 E HAWTHORNE ST<br>TUCSON AZ 85711 | Tele (520)499-2251<br>Fax: (520)449-8655<br>Capacity : Not Applicable | 11/16/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2343 | DANVILLE SERVICES OF ARIZONA, LLC / SANDY DESERT<br>8835 E 21ST STREET<br>TUCSON AZ 85710 | Tele (520)744-7172<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2096 | DANVILLE SERVICES OF ARIZONA, LLC / SUNBURST<br>5121 EAST HOLMES<br>TUCSON AZ 85711 | Tele (520)745-9780<br>Fax: (520)745-3977<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2568 | DANVILLE SERVICES OF ARIZONA, LLC / WILDCAT HOUSE<br>801 S JANET AVE<br>TUCSON AZ 85711 | Tele (520)207-8152<br>Fax: (520)207-8492<br>Capacity : Not Applicable | 10/05/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1644 | DANVILLE SERVICES OF ARIZONA, LLC / WINSTEL<br>5841 EAST 5TH STREET<br>TUCSON AZ 85711 | Tele (520)323-0190<br>Fax: (520)300-6852<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1589 | DANVILLE SERVICES OF ARIZONA, LLC/ PRINCETON<br>2802 NORTH RALPH<br>TUCSON AZ 85710 | Tele (520)512-8151<br>Fax: (520)327-9889<br>Capacity : Not Applicable | 01/31/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2993 | DESERT HORIZONS COMMUNITIES #4<br>959 N VIA ZAHARA DEL SOL<br>TUCSON AZ 85748 | Tele (520)722-9575<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2552 | DESERT HORIZONS COMMUNITIES / CEZANNE<br>2639 W CEZANNE CIR<br>TUCSON AZ 85741 | Tele (520)544-3861<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/14/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

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ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2403 | DESERT HORIZONS COMMUNITIES / COOPER HOUSE<br>5772 EAST COOPER STREET<br>TUCSON AZ 85711 | Tele (520)488-5194<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1901 | DESERT HORIZONS COMMUNITIES / D H #2<br>9232 E CHIRCO PL<br>TUCSON AZ 85710 | Tele (520)722-0011<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2079 | DESERT HORIZONS COMMUNITIES / DESERT HORIZONS COMMUNITIES #1<br>665 NORTH BANFF<br>TUCSON AZ 85748 | Tele (520)290-1144<br>Fax: (520)615-2263<br>Capacity : Not Applicable | 12/31/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH2425 | DESERT HORIZONS COMMUNITIES / DESERT HORIZONS COMMUNITIES #5<br>7336 E 28TH PL<br>TUCSON AZ 85710 | Tele (520)886-1086<br>Fax: (520)615-2263<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2493 | DESERT HORIZONS COMMUNITIES / DESERT HORIZONS COMMUNITIES 3<br>984 NORTH AVENIDA JEANINE<br>TUCSON AZ 85748 | Tele (520)615-2255<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/26/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2688 | DESERT HORIZONS COMMUNITIES / GRAPEVINE<br>9415 E GRAPEVINE SPRING PL<br>TUCSON AZ 85710 | Tele (520)296-0468<br>Fax: (520)615-2255<br>Capacity : Not Applicable | 10/28/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2642 | EASTER SEALS BLAKE FOUNDATION / 17TH STREET HOME<br>6231 E 17TH ST<br>TUCSON AZ 85711 | Tele (520)885-3980<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 07/05/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2505 | EASTER SEALS BLAKE FOUNDATION / 29TH STREET<br>7210 EAST 29TH STREET<br>TUCSON AZ 85710 | Tele (520)731-1688<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/17/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1287 | EASTER SEALS BLAKE FOUNDATION / 4TH STREET<br>5655 E 4TH ST<br>TUCSON AZ 85711 | Tele (520)785-7972<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0947 | EASTER SEALS BLAKE FOUNDATION / AURORA<br>5843 EAST CALLE AURORA<br>TUCSON AZ 85711 | Tele (520)318-3564<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1819 | EASTER SEALS BLAKE FOUNDATION / BROOK PARK<br>363 NORTH BROOK PARK<br>TUCSON AZ 85710 | Tele (520)748-2960<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 10/31/2014 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH1320 | EASTER SEALS BLAKE FOUNDATION / DESERT<br>2701 NORTH DESERT AVENUE<br>TUCSON AZ 85712 | Tele (520)481-0042<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 04/01/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2335 | EASTER SEALS BLAKE FOUNDATION / HIDDEN FLOWER HOME<br>6698 S HIDDEN FLOWER<br>TUCSON AZ 85756 | Tele (520)319-8293<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2550 | EASTER SEALS BLAKE FOUNDATION / KELSO<br>5661 E KELSO<br>TUCSON AZ 85712 | Tele (520)327-1520<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 08/17/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2579 | EASTER SEALS BLAKE FOUNDATION / KELSO STUDIO<br>5661 E KELSO ST<br>TUCSON AZ 85712 | Tele (520)751-2240<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 11/16/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH186 | EASTER SEALS BLAKE FOUNDATION / LA CHOLLA<br>2059 WEST CHOLLA ESTATE DRIVE<br>TUCSON AZ 85704 | Tele (520)219-9775<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2450 | EASTER SEALS BLAKE FOUNDATION / LA CIENEGA<br>4242 EAST LA CIENEGA DRIVE<br>TUCSON AZ 85712 | Tele (520)327-0151<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/20/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2202 | EASTER SEALS BLAKE FOUNDATION / LEE ST<br>5255 E LEE ST<br>TUCSON AZ 85712 | Tele (520)888-9648<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1415 | EASTER SEALS BLAKE FOUNDATION / SHILOH STREET<br>9562 E SHILOH ST<br>TUCSON AZ 85748 | Tele (520)229-8961<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2331 | EASTER SEALS BLAKE FOUNDATION / THIMBLEBERRY HOME<br>6782 S THIMBLEBERRY ST<br>TUCSON AZ 85756 | Tele (520)751-0505<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1737 | EASTER SEALS BLAKE FOUNDATION / WYATT HOME<br>4950 EAST GLENN STREET<br>TUCSON AZ 85712 | Tele (520)325-3821<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 12/31/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| DDH2540 | EASTER SEALS BLAKE FUNDATION<br>10035 E ENGLISH WOODS<br>TUCSON AZ 85748 | Tele (520)325-3930<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2428 | MEADOWS CATALINA LLC / 32ND STREET<br>9502 EAST 32ND STREET<br>TUCSON AZ 85748 | Tele (520)298-7197<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2542 | MEADOWS CATALINA LLC / AVENIDA NATACHEE<br>59 N AVENIDA NATACHEE<br>TUCSON AZ 85749 | Tele (520)760-6040<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/11/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2447 | MEADOWS CATALINA LLC / VENDELA<br>9656 EAST VANDELA<br>TUCSON AZ 85748 | Tele (520)546-5194<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2164 | MEADOWS CATALINA, LLC / THE MEADOWS TONTO<br>3400 N TONTO PLACE<br>TUCSON AZ 85750 | Tele (520)751-6013<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0777 | PORTABLE PRACTICAL EDUCATION PREPARATION, INC / LLOYD RICH HOME<br>2575 WEST KERRY DRIVE<br>TUCSON AZ 85746 | Tele (520)883-2547<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1176 | PORTABLE PRACTICAL EDUCATION PREPARATION, INC / ROBIN<br>5567 SOUTH ROBIN AVENUE<br>TUCSON AZ 85746 | Tele (520)883-6481<br>Fax: (520)622-0605<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH470 | PORTABLE PRACTICAL EDUCATION PREPERATION, INC / LAS CASITAS<br>6841 SOUTH VEREDA DE LAS CASITAS<br>TUCSON AZ 85746 | Tele (520)578-2264<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1283 | PORTABLE PRACTICAL EDUCATION PREPERATION, INC / SERENITY<br>632 SOUTH CAMINO SECO<br>TUCSON AZ 85710 | Tele (520)546-7678<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1026 | PORTABLE PRACTICAL EDUCATIONAL PREPARATION, INC. / ELI<br>6112 EAST ELI STREET<br>TUCSON AZ 85710 | Tele (520)747-2893<br>Fax: (602)402-9011<br>Capacity : Not Applicable | 03/31/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH472 | PPEP, INC / OUR PLACE<br>7160 S CAMINO LIBERTAD<br>TUCSON AZ 85746 | Tele (520)808-1616<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0881 | PPEP, INC / ROSEWOOD GROUP HOME<br>7022 E ROSEWOOD<br>TUCSON AZ 85710 | Tele (520)594-6499<br>Fax: (520)622-0605<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0841 | PPEP, INC. / CASTILE<br>122 WEST CALLE CASTILE<br>TUCSON AZ 85706 | Tele (520)294-3301<br>Fax: (602)402-9011<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2602 | RESCARE ARIZONA, INC / 39TH STREET HOUSE<br>6624 E 39TH ST<br>TUCSON AZ 85730 | Tele (520)777-4035<br>Fax: (520)777-4035<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2691 | RESCARE ARIZONA, INC / ELI HOME | | | Tele (480)201-9936 | 10/27/2016 to 09/30/2018 |
| | 8040 E ELI ST | | | Fax: (623)931-1834 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2605 | RESCARE ARIZONA, INC / MARY HOUSE | | | Tele (520)207-2135 | 01/01/2016 to 12/31/2017 |
| | 6633 E MARY DR | | | Fax: (520)207-2135 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2604 | RESCARE ARIZONA, INC / RODEO HOUSE | | | Tele (520)327-1428 | 01/01/2016 to 12/31/2017 |
| | 413 E RODEO DR | | | Fax: (520)327-1482 | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2603 | RESCARE ARIZONA, INC / SCHAFER HOUSE | | | Tele (520)690-3993 | 01/01/2016 to 12/31/2017 |
| | 1070 W SCHAFER DR | | | Fax: (520)690-3993 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2655 | RESCARE ARIZONA, INC / VAUGHN HOME | | | Tele (480)201-9936 | 08/25/2016 to 07/31/2018 |
| | 3150 VAUGHN DR | | | Fax: (623)931-1834 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2130 | RISE INC / EDGEWOOD<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2124 | RISE INC / EDGEWOOD APARTMENT #8101<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2139 | RISE INC /EDGEWOOD APARTMENTS #6103<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2125 | RISE INC. / EDGEWOOD #9107<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2367 | RISE SERVICES INC / EDGEWOOD APARTMENT 7101<br>550 N HARRISON RD APT 7101<br>TUCSON AZ 85748 | Tele (480)225-3933<br>Fax: (520)298-2549<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2401 | RISE SERVICES, INC / EDGEWOOD APARTMENTS 6101<br>550 N HARRISON RD APT 6101<br>TUCSON AZ 85748 | Tele (480)225-3933<br>Fax: (520)298-6468<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2076 | RISE SERVICES, INC. / COLETTE<br>3520 NORTH AVENIDA ALBOR<br>TUCSON AZ 85745 | Tele (520)777-3406<br>Fax: (520)777-3408<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2562 | RISE SERVICES, INC/ EDGEWOOD APARTMENT 13102<br>550 N HARRISON ROAD<br>TUCSON AZ 85748 | Tele (480)225-3933<br>Fax: (520)928-2549<br>Capacity : Not Applicable | 09/17/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2131 | RISEINC / EDGEWOOD APARTMENT #7104<br>550 NORTH HARRISON ROAD<br>TUCSON AZ 85748 | Tele (520)722-7304<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1510 | THE CENTERS FOR HABILITATION / ARTURO<br>7401 E CALLE ARTURO<br>TUCSON AZ 85710 | Tele (520)721-6364<br>Fax: (520)721-5842<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1499 | THE CENTERS FOR HABILITATION / LURLENE<br>7561 EAST LURLENE<br>TUCSON AZ 85710 | Tele (520)790-5257<br>Fax: (520)745-5298<br>Capacity : Not Applicable | 11/30/2014 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| DDH1290 | THE CENTERS FOR HABILITATION / MADRID 2<br>346 S CALLE DE MADRID<br>TUCSON AZ 85711 | Tele (520)886-2903<br>Fax: (520)731-3240<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH554 | THE TUNGLAND CORPORATION / 24TH STREET<br>8457 EAST 24TH STREET<br>TUCSON AZ 85710 | Tele (520)885-0012<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1576 | THE TUNGLAND CORPORATION / 39TH STREET<br>8962 39TH ST<br>TUCSON AZ 85730 | Tele (520)721-0928<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2532 | THE TUNGLAND CORPORATION / ARBOR<br>421 NORTH BONANZA AVENUE<br>TUCSON AZ 85748 | Tele (602)224-5052<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/08/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1959 | THE TUNGLAND CORPORATION / DALLAS<br>10030 EAST ENGLISH WOODS<br>TUCSON AZ 85730 | Tele (520)751-6008<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2310 | THE TUNGLAND CORPORATION / HONEYBEE<br>2232 E CALLE LOS MARMOLES<br>TUCSON AZ 85706 | Tele (520)889-5181<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/30/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2559 | THE TUNGLAND CORPORATION / JULIA<br>6433 E JULIA ST<br>TUCSON AZ 85710 | Tele (520)298-9125<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1731 | THE TUNGLAND CORPORATION / LA CANADA<br>9329 EAST 26TH STREET<br>TUCSON AZ 85710 | Tele (520)290-5027<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH604 | THE TUNGLAND CORPORATION / LURLENE<br>10066 EAST LURLENE DRIVE<br>TUCSON AZ 85730 | Tele (520)722-4381<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2006 | THE TUNGLAND CORPORATION / MADERO<br>8975 E 5TH STREET<br>TUCSON AZ 85710 | Tele (520)885-2729<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1345 | THE TUNGLAND CORPORATION / MICHIGAN<br>8821 EAST MC CLELLAN<br>TUCSON AZ 85710 | Tele (520)296-0327<br>Fax: (602)808-8067<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2625 | THE TUNGLAND CORPORATION / PALMA<br>7657 E PALMA<br>TUCSON AZ 85710 | Tele (520)296-0327<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/14/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2226 | THE TUNGLAND CORPORATION / ROSEWOOD<br>8833 E FRUIT TREE<br>TUCSON AZ 85730 | Tele (520)290-8137<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2553 | THE TUNGLAND CORPORATION / SYCAMORE CREEK<br>1701 N WILMOT RD #135<br>TUCSON AZ 85712 | Tele (520)990-7832<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/21/2015 to 07/20/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2618 | THE TUNGLAND CORPORATION / WALLENRIDGE<br>8701 E WALLENRIDGE DR<br>TUCSON AZ 85710 | Tele (520)733-1078<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/22/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1824 | TUCSON RESIDENCE FOU/OLD FARM / RIVERSTONE #17-103<br>6161 EAST GRANT ROAD #17-103<br>TUCSON AZ 85711 | Tele (520)290-2321<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2005 | TUCSON RESIDENCE FOUNDATION / AVENIDA SIRIO<br>1506 AVENIDA SIRIO<br>TUCSON AZ 85710 | Tele (520)790-9144<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2524 | TUCSON RESIDENCE FOUNDATION / BECK<br>3110 S BECK DR<br>TUCSON AZ 85730 | Tele (520)795-3029<br>Fax: (520)790-9144<br>Capacity : Not Applicable | 04/09/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH538 | TUCSON RESIDENCE FOUNDATION / BELLEVUE<br>3949 EAST BELLEVUE<br>TUCSON AZ 85712 | Tele (520)795-4909<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1656 | TUCSON RESIDENCE FOUNDATION / DEL VALLE<br>1052 N DEL VALLE<br>TUCSON AZ 85711 | Tele (520)584-1032<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 05/01/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0923 | TUCSON RESIDENCE FOUNDATION / EASTVIEW<br>7249 EAST EASTVIEW<br>TUCSON AZ 85710 | Tele (520)731-3018<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2407 | TUCSON RESIDENCE FOUNDATION / ELMERITA<br>933 ELMERITA AVENUE<br>TUCSON AZ 85710 | Tele (520)777-8990<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2034 | TUCSON RESIDENCE FOUNDATION / JUAREZ<br>7526 E JUAREZ ROAD<br>TUCSON AZ 85710 | Tele (520)722-9437<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1567 | TUCSON RESIDENCE FOUNDATION / OLD FARM / RIVERSTONE #16-105<br>6161 EAST GRANT ROAD #16-105<br>TUCSON AZ 85711 | Tele (520)290-2953<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1825 | TUCSON RESIDENCE FOUNDATION / OLD FARM / RIVERSTONE #16-106<br>6161 EAST GRANT ROAD, #16-106<br>TUCSON AZ 85711 | Tele (520)290-2728<br>Fax: (520)790-9290<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2018 |
| DDH2408 | TUCSON RESIDENCE FOUNDATION / OLD FARM RIVERSTONE APT 17117<br>6161 E GRANT RD APT 17117<br>TUCSON AZ 85711 | Tele (520)290-3245<br>Fax: (520)790-9290<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/01/2016 to 06/30/2018 |
| DDH2257 | TUCSON RESIDENCE FOUNDATION / RICHEY<br>2619 N RICHEY BLVD<br>TUCSON AZ 85716 | Tele (520)325-3953<br>Fax: (520)790-9290<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2018 |
| DDH0892 | TUCSON RESIDENCE FOUNDATION / RUSTON<br>620 N RUSTON AVE<br>TUCSON AZ 85711 | Tele (520)790-5224<br>Fax: (520)790-9290<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/01/2016 to 12/31/2017 |
| DDH2110 | TUCSON RESIDENCE FOUNDATION /AVENIDA VENADO<br>980 NORTH AVENIDA VENADO<br>TUCSON AZ 85748 | Tele (520)730-2843<br>Fax: (520)730-9290<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/31/2015 to 03/31/2017 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1802 | TUCSON RESIDENCE FOUNDATION/ OLD FARM / RIVERSTONE #17-115<br>6161 EAST GRANT ROAD #17-115<br>TUCSON AZ 85711 | Tele (520)290-2493<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1803 | TUCSON RESIDENCE FOUNDATION/OLD FARM / RIVERSTONE #17-114<br>6161 EAST GRANT #17-114<br>TUCSON AZ 85711 | Tele (520)290-2428<br>Fax: (520)790-9290<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2495 | ZION COMPASSION CARE LLC / MT ZION TUCSON<br>7942 NORTH ATOILA DRIVE<br>TUCSON AZ 85743 | Tele (480)233-2099<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/06/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1915 | ELIZABETH MOORE COZZI<br>350 N WILMOT ROAD<br>TUCSON AZ 85711 | Tele (520)873-3962<br>Fax: (520)873-3852<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA9784 | ALISHA GAYE SEVERSON<br>3172 N SWAN RD<br>TUCSON AZ 85712 | Tele (520)795-8777<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/07/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA777 | BALKO, KARLA A. | | | Tele (520)770-3245 | 02/01/2016 to 01/31/2018 |
| | 1200 W SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7315 | BARAKAT, FADYEH R. | | | Tele (520)990-4552 | 07/01/2016 to 06/30/2018 |
| | 1200 W SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA584 | BARNEY, RILEY J. | | | Tele (520)721-4554 | 12/01/2015 to 11/30/2017 |
| | 6518 E CARONDELET DR | | | Fax: (888)422-1773 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7290 | BENITES, ELIZABETH A. | | | Tele (520)775-3333 | 06/01/2016 to 05/31/2018 |
| | 6340 N CAMPBELL AVE #256 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5769 | BERGAN, CYNTHIA J. | | | Tele (520)829-0600 | 02/01/2016 to 01/31/2018 |
| | 310 N WILMOT STE 210 | | | Fax: (520)305-4728 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1099 | BOHN, SHAWNA A.<br>5301 E GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)324-3391<br>Fax: (520)873-5062<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DA1754 | BOLL, MARY E.<br>2600 N WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)324-3600<br>Fax: (520)324-2001<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA9480 | BOURN-MACDONALD, STEPHANIE SUZANNE<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85719 | Tele (520)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/12/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DA8263 | CAMAROTA, KRISTEN A.<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85723 | Tele (520)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA10279 | CARA ELAINE GRAHAM<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85747 | Tele (260)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/06/2016 to 10/05/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA801 | CHEEK, ELLEN LOU | | | Tele (520)885-0234 | 03/01/2016 to 02/28/2018 |
| | 6206 E PIMA STREET SUITE 4 | | | Fax: (820)885-0507 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1491 | CHERI COLLEEN OSWANT | | | Tele (520)694-5437 | 03/11/2016 to 03/31/2018 |
| | 265 W INA RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6213 | COBB, JOHN C | | | Tele (520)648-3277 | 06/01/2016 to 05/31/2018 |
| | 512 E WHITHOUS CANYON ROAD | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8917 | COPELAND, CARLY E. | | | Tele (520)825-4770 | 07/01/2016 to 06/30/2018 |
| | 2542 E VISTOSO COMMERCE LOOP | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1415 | DEAN, JAMES | | | Tele (520)626-0111 | 12/01/2015 to 11/30/2017 |
| | 1131 E 2ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1175 | DENIRO, NANCY T. | | | Tele (520)792-2170 | 02/01/2016 to 01/31/2018 |
| | 395 N SILVERBELL STE 201 | | | Fax: (520)792-9702 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA840 | DUNN, HOLLY L. HOSFORD | | | Tele (520)260-5731 | 01/01/2016 to 12/31/2017 |
| | 5625 E GRANT | | | Fax: (520)751-4102 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10060 | EIBLING, CHRISTINE E | | | Tele (520)795-8777 | 06/10/2016 to 06/09/2018 |
| | 3172 N SWAN RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9874 | ENGELKES, CHRISTOPHER B | | | Tele (520)795-8777 | 03/10/2016 to 03/09/2018 |
| | 3172 N SWAN RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7702 | FULCHER, ANALYDIA G. | | | Tele (520)629-1846 | 04/01/2016 to 03/31/2018 |
| | 3601 S 6TH AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA519 | GASCH, JANIS WOLFE | | | Tele (520)742-2845 | 03/01/2016 to 02/28/2018 |
| | 7574 N LA CHOLLA BLVD | | | Fax: (520)742-3881 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA10084 | GIAU NGOC LE | | | Tele (520)770-3198 | 06/08/2016 to 06/30/2018 |
| | 1200 W SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA8700 | GOLDSTEIN, MARY ROSE | | | Tele (520)742-2845 | 07/01/2016 to 06/30/2018 |
| | 7574 N LA CHOLLA BLVD | | | Fax: (520)742-3881 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA7661 | HANSEN, ERICA M | | | Tele (520)626-4136 | 04/01/2016 to 03/31/2018 |
| | 1131 E 2ND ST | | | Fax: (520)795-8787 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA4089 | HESSE, KRISTI P. | | | Tele (520)742-2845 | 05/01/2016 to 04/30/2018 |
| | 7574 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA972 | HILL, EMMELINE K.<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85701 | Tele (520)241-8739<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| DA1110 | HOLAN, DIANA L.<br>5625 E GRANT<br>TUCSON AZ 85712 | Tele (520)751-3901<br>Fax: (520)751-4201<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA1466 | HUCH, JUDY L.<br>2542 E VISTOSO COMMERCE LOOP<br>ORO VALLEY AZ 85755 | Tele (520)825-4770<br>Fax: (520)825-4279<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA1513 | JARET, CAROLYN S.<br>6206 E PIMA ST SUITE 4<br>TUCSON AZ 85718 | Tele (520)885-0234<br>Fax: (520)885-0507<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DA9494 | JOHNNA AIKO TANJI<br>350 N WILMOT RD<br>TUCSON AZ 85711 | Tele (520)873-3000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/12/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9193 | KATHLEEN MARY HUTCHINSON MARRON | | | Tele (520)770-3700 | 12/01/2016 to 11/30/2018 |
| | 1200 W SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1516 | KELLER, LYN M. | | | Tele (520)324-3616 | 12/01/2015 to 11/30/2017 |
| | 2600 N WYATT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5104 | KENT, ALANA A. DR. | | | Tele (520)829-0600 | 07/01/2016 to 06/30/2018 |
| | 310 N WILMOT #210 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5922 | KESTER, AMANDA L | | | Tele (520)775-3333 | 11/01/2015 to 10/31/2017 |
| | 6340 N CAMPBELL AVE 256 | | | Fax: (520)775-3334 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7003 | KIM, DARLYNE S | | | Tele (520)825-4722 | 06/01/2016 to 05/31/2018 |
| | 2542 E VISTOSO COMMERCE LOOP | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA6984 | LAMFERS, JENNIFER A. THOMAS<br>2542 E VISTOSO COMMERCE LOOP #7105<br>ORO VALLEY AZ 85755 | Tele (520)825-4770<br>Fax: (520)825-4279<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA6702 | LANDAU, JAMIE L.<br>1980 WEST HOSPITAL DRIVE STE 201<br>TUCSON AZ 85704 | Tele (520)792-2170<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA1959 | LEEPER, CHERYL A.<br>5145 E 5TH STREET<br>TUCSON AZ 85711 | Tele (520)232-7027<br>Fax: (520)232-7002<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DA9585 | MCCLELLAND, ABBY L.<br>3172 NORTH SWAN RD<br>TUCSON AZ 85712 | Tele (520)795-8777<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/05/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DA8772 | MCKINNEY, REBECCA J.<br>SOUTHERN ARIZONA VA HEALTHCARE SYSTEM<br>TUCSON AZ 85723 | Tele (520)629-1843<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10002 | MELANIE CLARICE DUNNE | | | Tele (520)694-0111 | 05/20/2016 to 05/31/2018 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8925 | MOON, SANGHYUK | | | Tele (520)792-2170 | 07/01/2016 to 06/30/2018 |
| | 1980 W HOSPITAL DR 201 | | | Fax: (520)792-9702 | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1935 | MOORE, CRISTI A. | | | Tele (520)881-8740 | 12/01/2015 to 11/30/2017 |
| | 4404 E GRANT ROAD | | | Fax: (520)881-0349 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1144 | MULLER, THOMAS F. | | | Tele (520)626-5299 | 12/01/2015 to 11/30/2017 |
| | 1131 E 2ND ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1783 | NAIR JOHN, HEATHER | | | Tele (520)326-3131 | 06/01/2016 to 05/31/2018 |
| | 5285 E KNIGHT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1314 | NAVARRETE, STEPHANIE M.<br>6567 E CARONDOLET #515<br>TUCSON AZ 85710 | Tele (520)777-0495<br>Fax: (520)886-8025<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DA1448 | NORRIX, LINDA W.<br>1131 E 2ND ST<br>TUCSON AZ 85721 | Tele (520)621-4720<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DA4075 | PECK, TREASURE M<br>1501 N CAMPBELL AVENUE ROOM 6640<br>TUCSON AZ 85724 | Tele (520)694-6353<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA985 | PETERSON, JULIE M.<br>1131 EAST 2ND STREET<br>TUCSON AZ 85721 | Tele (520)626-5623<br>Fax: (520)621-9901<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| DA0796 | PRIMEAU, RICHARD L.<br>3601 S 6TH AVE<br>TUCSON AZ 85723 | Tele (520)629-1846<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9104 | RAMIREZ, NICHOLAS ERBY | | | Tele (520)399-7630 | 06/15/2015 to 06/30/2017 |
| | 7574 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA1127 | RICHINS, JON C. | | | Tele (520)296-8500 | 03/01/2016 to 02/28/2018 |
| | 6567 E CARONDOLET SUITE 515 | | | Fax: (520)886-8025 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA7848 | RICHMOND, SUSAN AMANDA | | | Tele (520)792-1450 | 07/01/2016 to 06/30/2018 |
| | 3601 S 6TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA4248 | ROBINSON, SHALETA M. | | | Tele (520)770-3200 | 08/01/2016 to 07/31/2018 |
| | 1200 WEST SPEEDWAY BLVD PO BOX 85000 | | | Fax: (520)770-3782 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| DA8187 | ROSS, JESSIE K. | | | Tele (480)000-0000 | 02/01/2016 to 01/31/2018 |
| | BANNER UNIVERSITY MEDICAL CENTER TUCSON | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5689 | RULEY, GENE F. | | | Tele (520)326-3131 | 11/01/2015 to 10/31/2017 |
| | 3601 S 6TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9212 | SANFORD, TERRY W | | | Tele (503)964-2755 | 11/24/2014 to 11/30/2016 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1667 | SCOTT, CHRISTINE | | | Tele (520)629-1846 | 12/01/2015 to 11/30/2017 |
| | 3601 S 6TH AVE AUDIOLOGY 5-126 | | | Fax: (520)629-4707 | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4464 | SMITH, ABEL B | | | Tele (520)296-8500 | 03/01/2016 to 02/28/2018 |
| | 6567 E CARONDELET #515 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4831 | SMITH, BERNADETTE R | | | Tele (520)269-4465 | 09/01/2016 to 08/31/2018 |
| | 701 W WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1578 | SMITH, JULIE A. | | | Tele (800)766-4500 | 05/01/2016 to 04/30/2018 |
| | 9077 N SWEET ACACIA PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1425 | SUSAN JANE FOWLER | | | Tele (623)521-8085 | 11/04/2014 to 11/30/2016 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5594 | SWINGLE, GREGORY T. | | | Tele (520)742-2845 | 08/01/2016 to 07/31/2018 |
| | 7574 N LA CHOLLA BLVD | | | Fax: (520)742-3881 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5436 | TEK, SUSAN | | | Tele (520)870-8725 | 09/25/2015 to 09/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: (520)407-6276 | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9752 | THERESE MARIE VELDE | | | Tele (520)322-8214 | 09/06/2016 to 09/05/2018 |
| | 2102 N COUNTRY CLUB RD #12 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1862 | TREJO, JEFFREY W. | | | Tele (520)909-4603 | 07/01/2016 to 06/30/2018 |
| | 1200 WEST SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA8344 | TREPANIER, STACEY IRENE | | | Tele (520)721-4554 | 06/01/2016 to 05/31/2018 |
| | 6518 E CARONDELET DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA1544 | VAN AKEN, EDNA I. | | | Tele (520)629-1846 | 07/01/2016 to 06/30/2018 |
| | 3601 S 6TH AVE 5-126 | | | Fax: (520)629-4707 | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA1806 | WAHL, CHRISTOPHER D. | | | Tele (520)575-0870 | 07/01/2016 to 06/30/2018 |
| | 2001 W ORANGE GROVE #506 | | | Fax: (520)544-9809 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DA5467 | WHEELER, AMY M | | | Tele (520)792-2170 | 01/01/2016 to 12/31/2017 |
| | 395 N SILVERBELL SUITE 201 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1772 | WOLTERS, RUTH E.<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85723 | Tele (520)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA7278 | WONG, AILEEN A.<br>1131 E SECOND ST<br>TUCSON AZ 85721 | Tele (520)621-7070<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA536 | WOOD, PAMELA R.<br>1661 N SWAN ROAD SUITE 220<br>TUCSON AZ 85712 | Tele (520)325-8899<br>Fax: (520)325-0699<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | BANNER UNIVERSITY MEDICAL CENTER ESRD<br>1501 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)624-6353<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC4202 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>6261 NORTH LA CHOLLA BOULEVARD, SUITE 181<br>TUCSON AZ 85741 | Tele (520)219-8966<br>Fax: (520)219-8966<br>Capacity : 21 | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4625 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>2802 SOUTH 6TH AVENUE<br>TUCSON AZ 85713 | Tele (520)792-2999<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4581 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>1430 WEST VALENCIA ROAD, SUITE 1<br>TUCSON AZ 85746 | Tele (520)807-3333<br>Fax: (520)807-3333<br>Capacity : 25 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7176 | BIO-MEDICAL APPLICATIONS OF AZ, LLC<br>5555 EAST 5TH STREET, SUITE #155<br>TUCSON AZ 85711 | Tele (520)790-0461<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0920 | DCI DESERT DIALYSIS CENTER SOUTH<br>1011 EAST PENNSYLVANIA STREET<br>TUCSON AZ 85714 | Tele (520)806-0071<br>Fax: (520)806-0986<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0307 | DCI DESERT DIALYSIS CENTER<br>2022 EAST PRINCE ROAD<br>TUCSON AZ 85719 | Tele (520)327-0007<br>Fax: (520)327-6902<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4348 | DESERT DIALYSIS SAHUARITA | | | Tele (520)625-0103 | | 03/01/2016 | to | 02/28/2017 |
| | 1700 WEST COMMERCE POINT PLACE | | | Fax: (520)625-0107 | | | | |
| | SAHUARITA | AZ | 85629 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | DVA RENAL HEALTHCARE, INC. | | | Tele (520)383-7615 | | | to | |
| | HIGHWAY 86 MILEPOST 113 | | | Fax: (520)383-3667 | | | | |
| | SELLS | AZ | 85634 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4350 | FRESENIUS MEDICAL CARE TUCSON WEST | | | Tele (520)624-0266 | | 03/01/2016 | to | 02/28/2017 |
| | 100 WEST GRANT ROAD | | | Fax: (520)624-4786 | | | | |
| | TUCSON | AZ | 85705 | Capacity : | 26 | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4340 | NORTHWEST TUCSON DIALYSIS LLC | | | Tele (520)797-0049 | | 01/01/2016 | to | 12/31/2016 |
| | 2945 WEST INA ROAD, SUITE 105 | | | Fax: (520)229-8957 | | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | PASCUA YAQUI TRIBE DIALYSIS | | | Tele (520)879-6000 | | | to | |
| | 7490 SOUTH CAMINO DE OESTE | | | Fax: (520)879-6161 | | | | |
| | TUCSON | AZ | 85746 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4770 | RITA RANCH DIALYSIS | | | Tele | (520)663-4035 | 01/01/2016 | to | 12/31/2016 |
| | 7355 SOUTH HOUGHTON ROAD, SUITE #101 | | | Fax: | (520)663-3826 | | | |
| | TUCSON | AZ | 85747 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5264 | TUCSON CENTRAL DIALYSIS | | | Tele | (520)325-3408 | 11/01/2015 | to | 10/31/2016 |
| | 2901 EAST GRANT ROAD | | | Fax: | (520)325-3469 | | | |
| | TUCSON | AZ | 85716 | Capacity : | 12 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0564 | TUCSON EAST DIALYSIS | | | Tele | (520)790-2775 | 12/01/2015 | to | 11/30/2016 |
| | 6420 EAST BROADWAY, SUITE C300 | | | Fax: | (520)790-3174 | | | |
| | TUCSON | AZ | 85710 | Capacity : | 20 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC2992 | TUCSON SOUTH CENTRAL DIALYSIS | | | Tele | (520)573-0200 | 02/01/2016 | to | 01/31/2017 |
| | 2024 EAST IRVINGTON ROAD, SUITE 7 | | | Fax: | (520)573-0210 | | | |
| | TUCSON | AZ | 85714 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0779 | TUCSON SOUTH DIALYSIS | | | Tele | (615)341-6376 | 06/01/2016 | to | 05/31/2017 |
| | 3662 SOUTH 16TH AVENUE | | | Fax: | (520)882-9206 | | | |
| | TUCSON | AZ | 85713 | Capacity : | 30 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0039 | TUCSON WEST DIALYSIS | | | Tele | (520)624-2220 | 09/01/2016 | to | 08/31/2017 |
| | 1780 WEST ANKLAM ROAD | | | Fax: | (520)620-6365 | | | |
| | TUCSON | AZ | 85745 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | ALTAR VALLEY HEALTH & WELLNESS - ROBLES ELEMENTARY | | | Tele | (520)407-5904 | | to | |
| | 9875 SOUTH SASABE ROAD | | | Fax: | (520)625-8504 | | | |
| | TUCSON | AZ | 85736 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0320 | ARIVACA CLINIC | | | Tele | (520)407-5600 | 08/01/2016 | to | 07/31/2017 |
| | 17388 WEST 3RD STREET | | | Fax: | (520)407-5990 | | | |
| | ARIVACA | AZ | 85601 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5028 | BIRTH & WOMEN'S HEALTH CENTER | | | Tele | (520)670-3909 | 02/01/2016 | to | 01/31/2017 |
| | 5979 EAST GRANT ROAD, SUITE 107 | | | Fax: | (520)309-2286 | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4103 | CLINICA DEL ALMA HEALTH CENTER | | | Tele | (520)616-6760 | 04/01/2016 | to | 03/31/2017 |
| | 3690 SOUTH PARK AVENUE, SUITE 805 | | | Fax: | (520)616-6799 | | | |
| | TUCSON | AZ | 85713 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3144 | CONTINENTAL FAMILY MEDICAL CENTER | | | Tele (520)407-5604 | | 01/01/2016 | to | 12/31/2016 |
| | 1260 SOUTH CAMPBELL ROAD, BUILDING 1 | | | Fax: (520)625-8504 | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | CONTINENTAL PEDIATRICS | | | Tele (520)625-4401 | | | to | |
| | 1150 WHITEHOUSE CANYON ROAD | | | Fax: (520)625-8504 | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0274 | DESERT SENITA COMMUNITY HEALTH CENTER | | | Tele (520)387-5651 | | 09/01/2016 | to | 08/31/2017 |
| | 410 MALACATE STREET | | | Fax: ( ) - | | | | |
| | AJO | AZ | 85321 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4723 | EAST SIDE HEALTH CENTER | | | Tele (520)574-1551 | | 10/01/2016 | to | 09/30/2017 |
| | 8181 EAST IRVINGTON ROAD | | | Fax: (520)574-0783 | | | | |
| | TUCSON | AZ | 85709 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4982 | EL PUEBLO HEALTH CENTER | | | Tele (520)309-3941 | | 12/01/2016 | to | 11/30/2017 |
| | 101 WEST IRVINGTON, SUITE 10 | | | Fax: (520)309-2286 | | | | |
| | TUCSON | AZ | 85714 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3405 | EL RIO BROADWAY CLINIC<br>1101 EAST BROADWAY<br>TUCSON AZ 85719 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5781 | EL RIO CLINIC AT CODAC BEHAVIORAL HEALTH - EAST<br>630 NORTH ALVERNON WAY<br>TUCSON AZ 85711 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4681 | EL RIO COMMUNITY HEALTH CENTER - SOUTHEAST<br>6950 EAST GOLF LINKS ROAD<br>TUCSON AZ 85730 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| | EL RIO HEATLH CENTER - SUMMIT ELEMENTARY<br>1900 EAST SUMMIT STREET<br>TUCSON AZ 85706 | Tele (520)545-3860<br>Fax: (520)205-4940<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC3588 | EL RIO NORTHWEST HEALTH CENTER<br>320 WEST PRINCE ROAD<br>TUCSON AZ 85705 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3498 | EL RIO OB/GYN ASSOCIATES<br>225 WEST IRVINGTON ROAD<br>TUCSON AZ 85714 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | EL RIO PASCUA CLINIC<br>7490 SOUTH CAMINO DE OESTE<br>TUCSON AZ 85746 | Tele (520)670-3857<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0006 | EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER, INC.<br>839 WEST CONGRESS STREET<br>TUCSON AZ 85745 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0788 | EL RIO SOUTHWEST HEALTH CENTER<br>1500 WEST COMMERCE COURT<br>TUCSON AZ 85746 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0645 | EL RIO SPECIAL IMMUNOLOGY CLINIC<br>1701 WEST SAINT MARYS ROAD<br>TUCSON AZ 85745 | Tele (520)670-3909<br>Fax: (520)309-2286<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5209 | ELLIE TOWNE HEALTH CENTER | | | Tele (520)616-6797 | 10/01/2016 to 09/30/2017 |
| | 1670 WEST RUTHRAUFF ROAD | | | Fax: (520)616-6798 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3892 | FLOWING WELLS FAMILY HEALTH CENTER | | | Tele (520)887-0800 | 03/01/2016 to 02/28/2017 |
| | 1323 WEST PRINCE ROAD | | | Fax: (520)887-1393 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3730 | FREEDOM PARK HEALTH CENTER | | | Tele (520)790-8500 | 07/01/2016 to 06/30/2017 |
| | 5000 EAST 29TH STREET | | | Fax: (520)790-8505 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3915 | FREEPORT MCMORAN COPPER & GOLD BUILDING | | | Tele (520)407-5604 | to |
| | 1260 SOUTH CAMPBELL AVENUE, BUILDING B | | | Fax: (520)625-8504 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3382 | KEELING HEALTH CENTER | | | Tele (520)616-1560 | 04/01/2016 to 03/31/2017 |
| | 435 EAST GLENN STREET | | | Fax: (520)616-1561 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | MARANA HEALTH CENTER BEHAVIORAL HEALTH SERVICES | Tele (520)682-1091 | to |
| | 13395 NORTH MARANA MAIN STREET, BUILDINGS A & B | Fax: (520)682-3801 | |
| | MARANA AZ 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5126 | MARANA HEALTH CENTER MAIN | Tele (520)682-4111 | 06/01/2016 to 05/31/2017 |
| | 13395 NORTH MARANA MAIN STREET, BUILDING A | Fax: (520)682-3817 | |
| | MARANA AZ 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3955 | MARANA HEALTH CENTER OB/GYN | Tele (520)797-0011 | 07/01/2016 to 06/30/2017 |
| | 2055 WEST HOSPITAL DRIVE, SUITE 115 | Fax: (520)797-7550 | |
| | TUCSON AZ 85704 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5165 | MHC PRIMARY CARE | Tele (520)616-4948 | 08/01/2016 to 07/31/2017 |
| | 2355 NORTH WYATT DRIVE, SUITE 101 | Fax: (520)616-4958 | |
| | TUCSON AZ 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3610 | ORTIZ COMMUNITY HEALTH CENTER | Tele (520)682-3777 | 12/01/2015 to 11/30/2016 |
| | 12635 WEST RUDASILL ROAD | Fax: (520)682-2333 | |
| | TUCSON AZ 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6282 | SANTA CATALINA HEALTH CENTER<br>16701 NORTH ORACLE ROAD, SUITE 135<br>TUCSON AZ 85739 | Tele (520)825-6763<br>Fax: (520)825-6841<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6842 | ST. ELIZABETH'S HEALTH CENTER, INC.<br>140 WEST SPEEDWAY BOULEVARD, SUITE 100<br>TUCSON AZ 85705 | Tele (520)628-7871<br>Fax: (520)205-8461<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7661 | UNITED COMMUNITY HEALTH CENTER AT GREEN VALLEY HOSPITAL<br>4475 SOUTH I-19 FRONTAGE ROAD, SUITE 139<br>GREEN VALLEY AZ 85614 | Tele (520)407-5609<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/25/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5535 | UNITED COMMUNITY HEALTH CENTER AT OLD VAIL MIDDLE SCHOOL<br>13299 EAST COLOSSAL CAVE ROAD<br>VAIL AZ 85641 | Tele (520)407-5604<br>Fax: (520)625-8504<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4902 | UNITED COMMUNITY HEALTH CENTER AT SAHUARITA HEIGHTS<br>2875 EAST SAHUARITA ROAD<br>SAHUARITA AZ 85629 | Tele (520)407-5600<br>Fax: (520)407-5990<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0343 | UNITED COMMUNITY HEALTH CENTER MARIA AUXILIADORA INC<br>15921 WEST AJO HIGHWAY<br>TUCSON AZ 85736 | Tele (520)407-5604<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4381 | WEST SIDE HEALTH CENTER<br>2202 WEST ANKLAM ROAD<br>TUCSON AZ 85709 | Tele (520)616-6790<br>Fax: (520)622-0849<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5399 | WILMOT FAMILY HEALTH CENTER<br>899 NORTH WILMOT ROAD, BUILDING B<br>TUCSON AZ 85711 | Tele (520)290-1100<br>Fax: (520)290-8997<br>Capacity : Not Applicable | 05/01/2015 to 04/30/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD4743 | ADAM TIMOTHY FALABELLA<br>1650 E TUCSON MARKETPLACE BLVD<br>TUCSON AZ 85713 | Tele (520)791-7359<br>Fax: (520)791-7360<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD8549 | ADVANCED AUDIOLOGICAL ASSOCIATES, LLC<br>120 W CALLE DE LAS TIENDAS<br>GREEN VALLEY AZ 85614 | Tele (623)825-0999<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7039 | AMBER DIANNE BRUMFIELD | | | Tele (520)407-6005 | 11/01/2015 to 10/31/2017 |
| | 1151 S LA CANDA DRIVE, #103 | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1787 | ARIZONA HEARING SPECIALISTS, LLC | | | Tele (520)742-2845 | 04/01/2016 to 03/31/2018 |
| | 7574 NORTH LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6183 | ARIZONA HEARING SPECIALISTS, LLC | | | Tele (520)742-2845 | 05/01/2016 to 04/30/2018 |
| | 6969 EAST SUNRISE DRIVE, #203 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6182 | ARIZONA HEARING SPECIALISTS, LLC | | | Tele (520)648-3277 | 05/01/2016 to 04/30/2018 |
| | 512 EAST WHITEHOUSE CANYON ROAD, #196 | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD10132 | BANNER HEALTH | | | Tele (520)697-8100 | 07/07/2016 to 07/31/2018 |
| | 265 W INA RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9716 | BANNER UNIVERSITY MEDICAL CENTER TUCSON | | | Tele (520)694-0111 | 10/01/2015 to 10/31/2017 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | ARIZONA MEDICAL CENT | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5773 | BARRY, CANDICE C. | | | Tele (520)668-7200 | 10/01/2015 to 09/30/2017 |
| | 5650 E BROADWAY BLVD #600 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7541 | BLUE GIRAFFE, LLC | | | Tele (520)323-0099 | 01/21/2016 to 10/31/2017 |
| | 200 W MAGEE RD STE 100 | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7541 | BLUE GIRAFFE, LLC | | | Tele (520)323-0099 | 11/01/2015 to 10/31/2017 |
| | 6479 E 22ND ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9547 | BRIAN PETER SMITH | | | Tele (520)838-0707 | 06/03/2016 to 06/30/2018 |
| | 103 N PANTANO RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADE8708 | BUTLER, ASHLEY N<br>6206 E PIMA STREET SUITE 4<br>TUCSON AZ 85712 | Tele (520)885-0234<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/24/2014 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| HAD1550 | CALL, GEORGIA<br>3901 W COSTCO DR<br>TUCSON AZ 85741 | Tele (520)797-9462<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD1222 | CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES<br>2600 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)324-3600<br>Fax: (520)324-2001<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD6150 | CLARITY HEARING AID CENTER, INC<br>5930 E PIMA ST STE 120<br>TUCSON AZ 85712 | Tele (520)290-3221<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD6150 | CLARITY HEARING AID CENTER, INC.<br>5431 N ORACLE ROAD SUITE 104<br>TUCSON AZ 85704 | Tele (520)219-1151<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6197 | COSTCO WHOLESALE CORPORATION | | | Tele (520)797-1980 | 05/01/2016 to 04/30/2018 |
| | 3901 WEST COSTCO DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| BHAD6202 | COSTCO WHOLESALE CORPORATION | | | Tele (520)886-6376 | 05/01/2016 to 04/30/2018 |
| | 6255 EAST GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| BHAD7164 | COSTCO WHOLESALE CORPORATION | | | Tele (520)791-7340 | 05/01/2016 to 04/30/2018 |
| | 1650 E TUCSON MARKET PLACE BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| HADE9435 | DEBBIE LYNN WILSON | | | Tele (520)790-9779 | 05/26/2016 to 06/30/2018 |
| | 5350 E BROADWAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| HADE8627 | DEPALMA, JEAN A. | | | Tele (480)813-8400 | 02/03/2015 to 02/28/2017 |
| | 180 W CONTINENTAL RD | | | Fax: (480)813-8408 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6488 | DESERT VISTA HEARING, LLC | | | Tele (520)722-4327 | 10/01/2016 to 09/30/2018 |
| | 7609 E SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD4014 | EL DORADO AUDIOLOGY, INC | | | Tele (520)885-0234 | 05/01/2016 to 04/30/2018 |
| | 6206 EAST PIMA STREET, SUITE 4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7150 | ENZ, ERIN E | | | Tele (520)791-7359 | 04/01/2016 to 03/31/2018 |
| | 1650 E MARKETPLACE BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4758 | ESBIT, SCOTT | | | Tele (520)407-6623 | 08/01/2016 to 07/31/2018 |
| | 12470 N RANCHO VISTOSO BLVD STE 120 | | | Fax: (520)407-6277 | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD2025 | GIRAFFE HEARING, LLC | | | Tele (520)625-9545 | 02/01/2016 to 01/31/2018 |
| | 267 W DUVAL ROAD, SUITE 101A | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5866 | HAMM, KERRY W. | | | Tele (520)722-4327 | 11/01/2015 to 10/31/2017 |
| | 7609 E SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE7417 | HAUSE-WALBURN, ALISON E. | | | Tele (520)791-7359 | 02/03/2015 to 02/28/2017 |
| | 1650 E MARKET PLACE BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6980 | HEARING LAB TECHNOLOGY, LLC | | | Tele (520)292-5097 | 05/01/2016 to 04/30/2018 |
| | 4701 N STONE AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7551 | HEARING SOLUTION, PLLC | | | Tele (520)326-1500 | 11/01/2015 to 10/31/2017 |
| | 3843 E KLEINDALE RD STE 4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1391 | HEYGSTER, ROBERT H. | | | Tele (520)297-7555 | 12/01/2014 to 11/30/2016 |
| | 7225 N ORACLE RD # 111 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5438 | HORNE, BARBARA L | | | Tele (520)297-7555 | | 10/01/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5672 | JAMES DAVID THOMPSON | | | Tele (520)389-9159 | | 11/23/2016 | to | 11/22/2018 |
| | 9665 N THORNYDALE RD #23 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85742 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD6067 | JANIECE MARIE DICKENSON | | | Tele (520)326-1500 | | 04/01/2016 | to | 03/31/2018 |
| | 3843 E KLEINDALE #4 | | | Fax: (520)762-1004 | | | | |
| | TUCSON | AZ | 85716 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD2000 | JILL ANNE KLEIN | | | Tele (520)219-1151 | | 10/01/2016 | to | 09/30/2018 |
| | 5431 N ORACLE RD STE 104 | | | Fax: (520)219-4494 | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADE8740 | JONATHAN DAVID VANSCOYK | | | Tele (520)829-7800 | | 01/09/2015 | to | 01/31/2017 |
| | 4444 E GRANT RD STE 113 | | | Fax: ( ) - | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8056 | JOSEPH CARL KOPP | | | Tele (520)797-2004 | 09/09/2015 to 09/30/2017 |
| | 7090 N ORACLE RD #88 | | | Fax: (520)797-2010 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5619 | JULIE DIANA KOSIES | | | Tele (520)326-3131 | 10/01/2016 to 09/30/2018 |
| | 5285 E KNIGHT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9284 | KATHERINE LYNN GRAHAM | | | Tele (520)885-0234 | 06/01/2016 to 06/30/2018 |
| | 6206 E PIMA STREET STE 4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6180 | KATHLEEN ANN MYERS | | | Tele (520)444-5552 | 10/01/2016 to 09/30/2018 |
| | 1451 S LA CANADA DR STE 3 | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85622 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9093 | KIM ELIZABETH O'MARA | | | Tele (520)797-9462 | 08/26/2015 to 08/31/2017 |
| | 3901 W COSTCO DR | | | Fax: (520)797-9461 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9200 | KRYSTLE ALINE KRAFT | | | Tele (520)829-0600 | 08/18/2015 to 08/31/2017 |
| | 310 N WILMOT RD STE 210 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR6218 | MANUEL, RICHARD D. | | | Tele (520)399-3220 | 07/01/2016 to 06/30/2018 |
| | 101 S LA CANADA DR SUITE 72 | | | Fax: (520)399-2233 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6623 | MCKENDRICK, BOBI-JEANNE | | | Tele (520)298-4739 | 10/01/2015 to 09/30/2017 |
| | 6255 E GRANT RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR9110 | MICHAEL ALLEN ARPASI | | | Tele (520)790-9779 | 09/01/2016 to 08/31/2018 |
| | 5350 E BROADWAY BLVD SUITE 108 | | | Fax: (520)282-1828 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4757 | MIDDLETON JR., RONALD D. | | | Tele (520)323-0099 | 04/01/2016 to 03/31/2018 |
| | 6479 E 22ND ST | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4454 | MIDDLETON, SHARRON A. | | | Tele (520)250-3694 | 09/01/2016 to 08/31/2018 |
| | PO BOX 1081 | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5034 | MOLINA, THERESA P. | | | Tele (520)000-0000 | 10/01/2016 to 09/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6153 | MONNIER, STEPHEN F. | | | Tele (520)207-3567 | 03/01/2016 to 02/28/2018 |
| | 1325 N WILMOT, SUITE 350 | | | Fax: (520)207-3567 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8706 | MONTIERTH, LANDON J | | | Tele (520)638-6378 | 06/01/2016 to 05/31/2018 |
| | 7862 N ORACLE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9730 | MYERS MONEY MANAGEMENT LLC | | | Tele (520)904-8080 | 10/28/2015 to 10/31/2017 |
| | 1451 S LA CANADA STE 3 | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85622 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD9374 | NATHANIEL S BUCK | | | Tele (520)375-9009 | 03/03/2016 to 03/02/2018 |
| | 5350 E BROADWAY | | | Fax: ( ) - | |
| | CORONADO | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1826 | NORMA RANDALL STEVENS | | | Tele (520)000-0000 | 04/22/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9805 | NORTHLAND HEARING CENTERS INC | | | Tele (952)995-6656 | 12/21/2015 to 12/31/2017 |
| | 1802 W GRANT RD STE 110-4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7081 | NORTHLAND HEARING CENTERS, INC | | | Tele (520)547-2062 | 12/01/2015 to 11/30/2017 |
| | 3443 N CAMPBELL AVE STE 135 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7082 | NORTHLAND HEARING CENTERS, INC | | | Tele (520)407-6623 | 12/01/2015 to 11/30/2017 |
| | 12470 N RANCHO VISTOSO BLVD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7084 | NORTHLAND HEARING CENTERS, INC. | | | Tele (520)407-6005 | | 12/01/2015 | to | 11/30/2017 |
| | 1151 S LA CANADA DR, STE 103 | | | Fax: ( ) - | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD10091 | NORTHLAND HEARING CENTERS, INC. | | | Tele (952)918-5680 | | 06/20/2016 | to | 06/30/2018 |
| | 5977 EAST GRANT ROAD STE 109 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7083 | NORTHLAND HEARING CENTERS, INC. | | | Tele (520)829-0600 | | 12/01/2015 | to | 11/30/2017 |
| | 310 N WILMOT RD STE 210 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7641 | OPTUMRX, INC. | | | Tele (855)523-9355 | | 09/01/2016 | to | 08/31/2018 |
| | 6245 E BROADWAY BLVD # 6 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD1698 | ORO VALLEY AUDIOLOGY, INC. | | | Tele (520)825-4770 | | 05/24/2016 | to | 06/30/2018 |
| | 2542 EAST VISTOSO COMMERCE LOOP | | | Fax: (520)825-4279 | | | | |
| | ORO VALLEY | AZ | 85755 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE6554 | PAZ, LAURA G | | | Tele (520)885-0234 | 01/01/2016 to 12/31/2017 |
| | 6206 E PIMA STREET, #4 | | | Fax: (520)885-0507 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR8258 | PERKINS, ROBERT J | | | Tele (520)838-0707 | 01/28/2015 to 01/31/2017 |
| | 103 N PANTANO RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9249 | POSEY, JASON EUGENE | | | Tele (520)638-6378 | 05/21/2015 to 05/31/2017 |
| | 7862 N ORACLE RD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1708 | POTTINGER, BRENDA B. | | | Tele (520)393-7978 | 04/01/2016 to 03/31/2018 |
| | 115 W ESPERANZA SUITE L | | | Fax: (520)393-5589 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1695 | PREMIER HEARING CENTER LLC | | | Tele (520)322-8211 | 12/01/2015 to 11/30/2017 |
| | 2102 N COUNTRY CLUB RD STE 12 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7262 | PREMIER HEARING CENTER, LLC. | | | Tele (520)326-3131 | 08/04/2016 to 08/31/2018 |
| | 5285 EAST KNIGHT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7260 | PREMIER HEARING CENTER, LLC. | | | Tele (520)575-0870 | 08/04/2016 to 08/31/2018 |
| | 2001 W ORANGE GROVE RD STE 506 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE5424 | RACHEL MARIE NOBLE | | | Tele (520)742-2845 | 09/26/2016 to 09/25/2018 |
| | 7574 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD918 | RAYMOND VINCENT ALVARADO | | | Tele (520)797-9462 | 03/01/2016 to 02/28/2018 |
| | 3901 W COSTCO DR | | | Fax: (520)797-9461 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD931 | RIGG, MICHAEL B. | | | Tele (520)989-0587 | 03/01/2016 to 02/28/2018 |
| | 7090 N ORACLE RD #88 | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5722 | RODRIGUEZ, SHARON M. | | | Tele (520)298-4739 | | 06/01/2016 | to | 05/31/2018 |
| | 6255 E GRANT RD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9827 | RUSSELL LEE BROADHEAD | | | Tele (520)833-5378 | | 02/10/2016 | to | 02/28/2018 |
| | 5977 E GRAND RD STE 109 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4300 | SEIBOLD, ROSLYN R. | | | Tele (520)000-0000 | | 09/01/2016 | to | 08/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD745 | SMSJ TUCSON HOLDINGS, LLC | | | Tele (520)873-3761 | | 06/01/2016 | to | 05/31/2018 |
| | 350 NORTH WILMOT ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7707 | SONORA HEARING CARE, LLC | | | Tele (520)881-8740 | | 03/01/2016 | to | 02/28/2018 |
| | 4404 E GRANT RD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9238 | SONORAN EAR NOSE AND THROAT. PLLC | | | Tele (520)775-3333 | 01/05/2015 to 01/31/2017 |
| | 6340 N CAMPBELL AVE STE 256 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1819 | TANQUE VERDE AUDIOLOGY, INC. | | | Tele (520)751-3901 | 05/24/2016 to 06/30/2018 |
| | 5625 E GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9786 | TEK AUDIOLOGY, LLC | | | Tele (520)870-8725 | 12/01/2015 to 12/31/2017 |
| | 10700 N LA RESERVE DR STE 17203 | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8191 | TERESA MARIA SCHLAGE | | | Tele (520)639-8760 | 01/01/2017 to 12/31/2018 |
| | 200 W MAGEE RD SUITE 100 | | | Fax: (520)639-8761 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD886 | THE HEARING AID CENTER, INC. | | | Tele (520)327-1756 | 06/01/2016 to 05/31/2018 |
| | 4429 E 5TH STREET | | | Fax: (520)327-3575 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1580 | TMC HEALTHCARE | | | Tele (520)324-2931 | 11/01/2015 to 10/31/2017 |
| | 5301 E. GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| BHAD9758 | TOTAL HEARING CARE LLC | | | Tele (520)296-2000 | 12/14/2015 to 12/31/2017 |
| | 7033 E TANQUE VERDE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| HADE9908 | TREVOR JOSEPH HOGG | | | Tele (520)326-3131 | 08/25/2016 to 08/24/2018 |
| | 5285 E KNIGHT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| BHAD9151 | TSB MANAGEMENT GROUP LLC | | | Tele (520)790-9779 | 10/11/2016 to 10/10/2018 |
| | 5350 E BROADWAY BLVD STE 108 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| BHAD1942 | TUCSON E.N.T. ASSOCIATES, P.C. | | | Tele (520)777-0495 | 07/01/2016 to 06/30/2018 |
| | 6567 EAST CARONDELET DR, SUITE #515 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1942 | TUCSON E.N.T. ASSOCIATES, P.C. | | | Tele (520)777-0495 | 06/21/2016 to 06/30/2018 |
| | 6320 N LA CHOLLA BLVD STE 350 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (520)792-2170 | 05/01/2016 to 04/30/2018 |
| | 4475 S I-19 FRONTAGE RD, STE 285 | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (520)792-2170 | 05/01/2016 to 04/30/2018 |
| | 395 N SILVERBELL RD STE 201 | | | Fax: (520)792-9702 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD5483 | VALLEY ENT, P.C. | | | Tele (520)792-2170 | 05/01/2016 to 04/30/2018 |
| | 1980 W HOSPITAL DR STE 201 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC | | | Tele (520)838-0707 | 11/01/2016 to 10/31/2018 |
| | 103 N PANTANO RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC | | | Tele (520)638-6378 | 11/01/2016 to 10/31/2018 |
| | 7862 N ORACLE RD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC | | | Tele (520)829-7800 | 11/01/2016 to 10/31/2018 |
| | 4444 EAST GRANT RD STE 113 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC | | | Tele (520)300-9118 | 10/21/2016 to 10/31/2018 |
| | 1955 W GRANT RD #190 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD8554 | VCV HEARING LABS LLC | | | Tele (520)395-9222 | 10/21/2016 to 10/31/2018 |
| | 16647 N ORACLE RD UNIT B | | | Fax: ( ) - | |
| | TUCSON | AZ | 85739 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE9422 | WAYNE ALLEN STEPHENSON | | | Tele (520)638-6378 | 06/01/2016 to 06/30/2018 |
| | 7862 N ORACLE RD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1498 | WEAVER, DAVID B. | | | Tele (520)721-4554 | 10/01/2015 to 09/30/2017 |
| | 6518 E CARONDELET DR | | | Fax: (520)721-5833 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD1907 | WEITZEL ENTERPRISES, LLC | | | Tele (520)326-7414 | 04/01/2016 to 03/31/2018 |
| | 2909 EAST GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1573 | WEITZEL, CHRISTOPHER W. | | | Tele (520)326-7414 | 04/01/2016 to 03/31/2018 |
| | 2909 EAST GRANT ROAD | | | Fax: (520)591-7245 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8390 | WISNOSKIE, REBECCA F. | | | Tele (480)000-0000 | 12/01/2015 to 11/30/2017 |
| | 3901 COSTCO DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD877 | WIVELL, BONNIE L. | | | Tele (520)327-1756 | 04/01/2016 to 03/31/2018 |
| | 4429 E 5TH STREET | | | Fax: (520)327-3575 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD869 | WIVELL, WILLIAM E. | | | Tele (520)327-1756 | | 03/01/2016 | to | 02/28/2018 |
| | 4429 E 5TH ST | | | Fax: (520)327-3575 | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9080 | ZACHARY WARD SMITH | | | Tele (520)296-2000 | | 10/01/2016 | to | 09/30/2018 |
| | 7033 E TANQUE VERDE RD | | | Fax: (520)296-0023 | | | | |
| | TUCSON | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (520)495-4686 | | 10/13/2016 | to | 10/12/2018 |
| | 180 W CONTINENTAL RD #142 | | | Fax: ( ) - | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4602 | ASSURANCE HOME HEALTH | | | Tele (520)325-9989 | | 03/01/2016 | to | 02/28/2017 |
| | 2312 NORTH ROSEMONT, SUITE 103 | | | Fax: (520)325-9938 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA6789 | AT HOME HEALTHCARE | | | Tele (520)498-2288 | | 09/01/2016 | to | 08/31/2017 |
| | 2980 NORTH CAMPBELL AVENUE, SUITE 170 | | | Fax: (520)498-4693 | | | | |
| | TUCSON | AZ | 85719 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA5818 | AVENTAS HOME HEALTH LLC<br>2193 NORTH CAMINO PRINCIPAL, SUITE 161<br>TUCSON AZ 85715 | Tele (520)207-4111<br>Fax: (520)207-5577<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA1562 | BAYADA HOME HEALTH CARE, INC<br>6367 EAST TANQUE VERDE ROAD, SUITE 150<br>TUCSON AZ 85715 | Tele (520)721-8800<br>Fax: (520)721-5007<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA5330 | BAYADA HOME HEALTH CARE, INC<br>7070 NORTH ORACLE ROAD, SUITE 100<br>TUCSON AZ 85704 | Tele (520)544-2300<br>Fax: (520)544-4717<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA4238 | BROOKDALE HOME HEALTH TUCSON<br>1880 EAST RIVER ROAD, SUITE 200<br>TUCSON AZ 85718 | Tele (520)219-1649<br>Fax: (520)219-2390<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA3118 | DEPENDABLE HOME HEALTH, INC<br>1120 SOUTH SWAN ROAD<br>TUCSON AZ 85711 | Tele (520)721-3822<br>Fax: (520)512-0439<br>Capacity : Not Applicable | 03/01/2017 to 02/28/2018<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|
| HHA3556 | DEPENDABLE NURSES, INC. | | | Tele | (520)795-1290 | 10/01/2016 | to | 09/30/2017 | |
| | 1120 SOUTH SWAN ROAD, SUITE A | | | Fax: | (520)571-1817 | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|
| HHA7338 | ENCOMPASS HOME HEALTH OF ARIZONA | | | Tele | (520)320-6578 | 09/01/2016 | to | 08/31/2017 | |
| | 2650 NORTH WYATT DRIVE | | | Fax: | (520)327-0163 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|
| HHA0171 | GENTIVA HEALTH SERVICES | | | Tele | (520)731-1333 | 06/01/2016 | to | 05/31/2017 | |
| | 5255 EAST WILLIAMS CIRCLE, SUITE 6400 | | | Fax: | (520)731-2722 | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|
| HHA7587 | HUALAPAI HOME HEALTH CARE | | | Tele | (520)495-4283 | 02/17/2016 | to | 01/31/2017 | |
| | 75 WEST CALLE DE LAS TIENDAS, SUITE 133B | | | Fax: | ( ) - | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | | |
|---|---|---|---|---|---|---|---|---|---|
| HHA0018 | INTERIM HEALTHCARE | | | Tele | (520)747-1800 | 06/01/2016 | to | 05/31/2017 | |
| | 5055 EAST BROADWAY, SUITE D-104 | | | Fax: | (520)747-0138 | | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3447 | INTREPID USA HEALTHCARE SERVICES<br>1 WEST WETMORE ROAD, SUITE 203<br>TUCSON AZ 85705 | Tele (214)445-3750<br>Fax: (214)445-3900<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| HHA4712 | MAXIM HEALTHCARE SERVICES, INC. - TUCSON<br>5151 EAST BROADWAY BOULEVARD, SUITE 1100<br>TUCSON AZ 85711 | Tele (520)790-8200<br>Fax: (877)717-2779<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| | MGA HOME HEALTHCARE, LLC<br>2015 WEST RIVER ROAD, SUITE 81<br>TUCSON AZ 85704 | Tele (520)323-0200<br>Fax: (520)326-0935<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| HHA6957 | NORTHWEST HEALTHCARE HOME HEALTH<br>7384 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)441-9914<br>Fax: (520)989-3801<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| HHA0140 | NSI NURSING SERVICE, INC<br>3075 NORTH SWAN ROAD<br>TUCSON AZ 85712 | Tele (520)731-1117<br>Fax: (520)731-1118<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0166 | NURSECORE OF TUCSON<br>2980 NORTH CAMPBELL, SUITE 160<br>TUCSON AZ 85719 | Tele (520)791-2300<br>Fax: (817)649-5532<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA0263 | NURSING SOLUTIONS OF SOUTHERN ARIZONA<br>2980 NORTH CAMPBELL AVENUE, SUITE 190<br>TUCSON AZ 85719 | Tele (520)886-6620<br>Fax: (520)751-9242<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| HHA5507 | PATIENT CARE ADVOCATES, LLC<br>2122 NORTH CRAYCROFT ROAD, SUITE 116<br>TUCSON AZ 85712 | Tele (520)546-4141<br>Fax: (520)546-7002<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| HHA4345 | PHOENIX HOME HEALTH NURSING SERVICES, INC.<br>5055 EAST BROADWAY, SUITE C-205<br>TUCSON AZ 85711 | Tele (520)207-7118<br>Fax: (520)207-7120<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| HHA4414 | RELIABLE NURSES, LLC<br>537 NORTH 6TH AVENUE, SUITE, E<br>TUCSON AZ 85705 | Tele (520)889-1328<br>Fax: (520)889-2355<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA6820 | SACRED HEART HOME CARE, INC | | | Tele (520)577-4630 | | 09/01/2015 | to | 08/31/2016 |
| | 2504 EAST RIVER ROAD, SUITE 100 | | | Fax: (520)290-1900 | | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA6280 | SANTA RITA HOME HEALTH, LLC | | | Tele (520)230-4532 | | 02/01/2016 | to | 01/31/2017 |
| | 170 NORTH LA CANADA DRIVE, SUITE 10 | | | Fax: (520)352-3095 | | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA4732 | SUNLIFE HOME HEALTH, LLC | | | Tele (520)888-1311 | | 10/01/2016 | to | 09/30/2017 |
| | 627 NORTH 6TH AVENUE | | | Fax: (888)908-6830 | | | | |
| | TUCSON | AZ | 85705 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA7751 | TUCSON HOME HEALTH, LLC | | | Tele (520)514-2754 | | 08/01/2016 | to | 07/31/2017 |
| | 5300 EAST ERICKSON DRIVE, SUITE 116 | | | Fax: (520)524-2228 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA5865 | VICTORY MEDICAL SOLUTIONS, LLC | | | Tele (866)531-9664 | | 10/01/2016 | to | 09/30/2017 |
| | 7620 NORTH HARTMAN LANE, SUITE 180 | | | Fax: (866)521-9559 | | | | |
| | TUCSON | AZ | 85743 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : HOSPICE - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7131 | AGAPE HOSPICE & PALLIATIVE CARE, LLC<br>2980 NORTH SWAN ROAD, SUITE 222<br>TUCSON AZ 85712 | Tele (520)207-5817<br>Fax: (520)207-6507<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC7867 | ARISTA COMMUNITY HOSPICE<br>2312 NORTH ROSEMONT BOULEVARD, SUITE 103<br>TUCSON AZ 85712 | Tele (520)333-0333<br>Fax: (602)443-5398<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC3560 | CASA DE LA LUZ HOSPICE INPATIENT UNIT<br>5830 NORTH FOUNTAINS AVENUE, BUILDING 2<br>TUCSON AZ 85704 | Tele (520)544-9890<br>Fax: (520)544-9894<br>Capacity : 10 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HSPC2206 | CASA DE LA LUZ, LLC<br>7740 NORTH ORACLE ROAD<br>TUCSON AZ 85704 | Tele (520)544-9890<br>Fax: (520)544-9894<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5714 | DESERT HARMONY HOSPICE OF TUCSON<br>3040 NORTH COUNTRY CLUB ROAD<br>TUCSON AZ 85716 | Tele (520)284-9334<br>Fax: (520)421-2481<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7080 | EMBLEM HEALTHCARE, INC. | | | Tele (520)297-1460 | | 03/01/2016 | to | 02/28/2017 |
| | 2292 WEST MAGEE ROAD, SUITE 200 | | | Fax: (520)297-1547 | | | | |
| | TUCSON | AZ | 85742 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC5172 | GERINET HEALTHCARE | | | Tele (520)300-9337 | | 09/01/2016 | to | 08/31/2017 |
| | 6375 EAST TANQUE VERDE ROAD, SUITE 170 | | | Fax: (520)829-4428 | | | | |
| | TUCSON | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC4150 | HARBOR LIGHT HOSPICE OF ARIZONA, INC. | | | Tele (520)546-5788 | | 04/01/2016 | to | 03/31/2017 |
| | 4703 NORTH 1ST AVENUE | | | Fax: (520)546-5191 | | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7304 | HOSPICE AND PALLIATIVE CARE | | | Tele (520)205-7700 | | 09/01/2016 | to | 08/31/2017 |
| | 1802 WEST ST MARY'S ROAD | | | Fax: (520)205-7598 | | | | |
| | TUCSON | AZ | 85745 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC6479 | HOSPICE FAMILY CARE | | | Tele (704)662-0416 | | 04/01/2016 | to | 03/31/2017 |
| | 275 WEST CONTINENTAL ROAD, SUITE #145 | | | Fax: (704)664-1306 | | | | |
| | GREEN VALLEY | AZ | 85622 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7456 | HOSPICE FAMILY CARE, INC - MARANA<br>8245 NORTH SILVERBELL ROAD, SUITE 167B<br>TUCSON AZ 85743 | Tele (520)579-9936<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/07/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HSPC0030 | HOSPICE FAMILY CARE, INC. - TUCSON<br>6300 EAST EL DORADO PLAZA, A-100<br>TUCSON AZ 85715 | Tele (704)662-0416<br>Fax: (704)664-1306<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HSPC1987 | IN HOME HEALTH, LLC<br>3112 NORTH SWAN ROAD<br>TUCSON AZ 85712 | Tele (520)325-2790<br>Fax: (520)325-2746<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC1059 | ODYSSEY HOSPICE HEALTHCARE OPERATING A, LP<br>5210 EAST WILLIAMS CIRCLE, SUITE 100<br>TUCSON AZ 85711 | Tele (520)577-0270<br>Fax: (520)577-1592<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC5786 | OSHYN HOSPICE AND PALLIATIVE CARE<br>7461 EAST TANQUE VERDE ROAD<br>TUCSON AZ 85715 | Tele (520)795-3535<br>Fax: (520)336-9043<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC5033 | SOREO PATHWAYS HOSPICE AND PALLIATIVE CARE | | | Tele (520)547-7000 | | 02/01/2016 | to | 01/31/2017 |
| | 2475 EAST WATER STREET | | | Fax: (520)547-7002 | | | | |
| | TUCSON | AZ | 85719 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC6971 | SOULISTIC HOSPICE | | | Tele (520)882-4111 | | 12/01/2015 | to | 11/30/2016 |
| | 131 EAST SPEEDWAY BOULEVARD | | | Fax: (520)882-4224 | | | | |
| | TUCSON | AZ | 85705 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC0020 | TMC HOSPICE AKA PEPPI'S HOUSE | | | Tele (520)324-1027 | | 06/01/2016 | to | 05/31/2017 |
| | 2715 NORTH WYATT DRIVE | | | Fax: (520)324-2432 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | 16 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | TOHONO O'ODHAM NURSING CARE AUTHORITY | | | Tele (520)383-1893 | | | to | |
| | FEDERAL ROUTE 15, MILE POST 9 | | | Fax: ( ) - | | | | |
| | SELLS | AZ | 85634 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC3739 | VALOR HOSPICE CARE, LLC | | | Tele (520)615-3996 | | 06/01/2016 | to | 05/31/2017 |
| | 1820 EAST RIVER ROAD, SUITE 100 | | | Fax: (520)615-3998 | | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

Sub-Type : HOSPICE - OUTOFSTATE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC6255 | VALOR HOSPICECARE, LLC<br>1131 SOUTH LA CANADA DRIVE, SUITE 103<br>GREEN VALLEY AZ 85614 | Tele (520)399-0200<br>Fax: (520)399-3036<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - LONG TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH7018 | CHG HOSPITAL TUCSON, LLC<br>7220 EAST ROSEWOOD STREET<br>TUCSON AZ 85710 | Tele (520)546-4595<br>Fax: (520)296-7630<br>Capacity : 34 | 02/15/2015 to 01/31/2018<br>Medcaid_Cert: Certified |
| SH7855 | CURAHEALTH TUCSON<br>355 NORTH WILMOT ROAD<br>TUCSON AZ 85711 | Tele (520)584-4500<br>Fax: (520)790-8133<br>Capacity : 51 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | HOSPITAL - 6TH AVENUE<br>3601 S 6TH AVE<br>TUCSON AZ 85713 | Tele (520)792-1450<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| FED ONLY | US AIR FORCE HOSPITAL-TUCSON<br>DAVIS-MONTHAN AFB<br>TUCSON AZ 85707 | Tele (520)111-1111<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - PSYCHIATRIC

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH7941 | CORNERSTONE BEHAVIORAL HEALTH EL DORADO<br>1400 NORTH WILMOT ROAD<br>TUCSON AZ 85712 | Tele (520)222-8268<br>Fax: ( ) -<br>Capacity : 36 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| SH6265 | PALO VERDE BEHAVIORAL HEALTH<br>2695 NORTH CRAYCROFT ROAD<br>TUCSON AZ 85712 | Tele (520)322-2888<br>Fax: (520)322-2792<br>Capacity : 48 | 08/07/2015 to 02/28/2018<br>Medcaid_Cert: Certified |
| SH3764 | SIERRA TUCSON, INC<br>39580 SOUTH LAGO DEL ORO PARKWAY<br>TUCSON AZ 85739 | Tele (520)624-4000<br>Fax: (520)823-3523<br>Capacity : 15 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| SH4089 | SONORA BEHAVIORAL HEALTH HOSPITAL<br>6050 NORTH CORONA ROAD<br>TUCSON AZ 85704 | Tele (520)469-8700<br>Fax: (520)878-2320<br>Capacity : 72 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH0187 | HEALTHSOUTH REHABILITATION HOSPITAL OF SOUTHERN ARIZONA<br>1921 WEST HOSPITAL DRIVE<br>TUCSON AZ 85704 | Tele (520)742-2800<br>Fax: (520)742-2639<br>Capacity : 60 | 06/01/2014 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH0181 | HEALTHSOUTH REHABILITATION INSTITUTE OF TUCSON<br>2650 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)325-1300<br>Fax: (520)322-4400<br>Capacity : 80 | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H7034 | BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS<br>2800 EAST AJO WAY<br>TUCSON AZ 85713 | Tele (520)874-2000<br>Fax: (520)741-4042<br>Capacity : 245 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Certified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| H7035 | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS<br>1501 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)874-4189<br>Fax: (520)694-4085<br>Capacity : 479 | 02/28/2015 to 12/31/2018<br>Medcaid_Cert: Certified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| FED ONLY | DHHS PHS IHS TUCSON AREA IHS TUCSON<br>PO BOX 548<br>SELLS AZ 85634 | Tele (520)383-7200<br>Fax: (520)383-7325<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| **License #** | **Name** | **Contact Information** | **License/Approval Dates** |
| H7155 | GREEN VALLEY HOSPITAL<br>4455 SOUTH I-19 FRONTAGE ROAD<br>GREEN VALLEY AZ 85614 | Tele (520)393-4710<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0152 | NORTHWEST MEDICAL CENTER | | | Tele | (520)469-8100 | 06/01/2015 | to | 05/31/2018 |
| | 6200 NORTH LA CHOLLA BOULEVARD | | | Fax: | (520)469-8101 | | | |
| | TUCSON | AZ | 85741 | Capacity : | 295 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H3683 | ORO VALLEY HOSPITAL | | | Tele | (520)901-3549 | 12/01/2014 | to | 11/30/2017 |
| | 1551 EAST TANGERINE ROAD | | | Fax: | (520)901-3525 | | | |
| | ORO VALLEY | AZ | 85755 | Capacity : | 146 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H7308 | ST JOSEPH'S HOSPITAL | | | Tele | (520)873-3000 | 09/01/2015 | to | 08/31/2018 |
| | 350 NORTH WILMOT ROAD | | | Fax: | ( ) - | | | |
| | TUCSON | AZ | 85711 | Capacity : | 486 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H7303 | ST. MARY'S HOSPITAL | | | Tele | (520)872-3000 | 09/01/2015 | to | 08/31/2018 |
| | 1601 WEST ST MARY'S ROAD | | | Fax: | (520)873-3921 | | | |
| | TUCSON | AZ | 85745 | Capacity : | 400 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH6980 | TMC GEROPSYCHIATRIC CENTER AT HANDMAKER | | | Tele | (520)324-1027 | 01/01/2016 | to | 12/31/2016 |
| | 2221 NORTH ROSEMONT BOULEVARD, BLDG 3, SUITE 200 | | | Fax: | ( ) - | | | |
| | TUCSON | AZ | 85712 | Capacity : | 16 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0012 | TUCSON MEDICAL CENTER<br>5301 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)327-5461<br>Fax: (520)324-2443<br>Capacity : 607 | 06/03/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - TRANSPLANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | UNIVERSITY MEDICAL CENTER AT THE ARIZONA HEALTH SC<br>1501 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)694-7367<br>Fax: (520)694-7368<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NEUROLOGICAL INSTITUTE STEREOTACTIC RADIOSURGERY<br>6567 EAST CARONDELET, SUITE 185<br>TUCSON AZ 85711 | Tele (520)873-3000<br>Fax: (520)873-3921<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER - UNIVERSITY MEDICAL CENTER SOUTH CAMPUS FAMILY MEDICINE AND DIABETES<br>3950 SOUTH COUNTRY CLUB ROAD, SUITES 130 AND 140<br>TUCSON AZ 85713 | Tele (520)874-4800<br>Fax: (520)874-2251<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER - UNIVERSITY MEDICAL CENTER TUCSON CAMPUS MEDICAL IMAGING<br>4291 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85719 | Tele (520)425-8900<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER- UNIVERSITY MEDICAL CENTER SOUTH CAMPUS ORTHOPEDICS<br>2800 EAST AJO WAY SUITE 200<br>TUCSON AZ 85711 | Tele (520)874-9000<br>Fax: (520)874-4042<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER- UNIVERSITY MEDICAL CENTER TUCSON CAMPUS SURGICAL SPECIALIST<br>1501 NORTH CAMPBELL AVENUE SUITE 4400<br>TUCSON AZ 85724 | Tele (520)694-0111<br>Fax: (520)694-2404<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS CANCER CENTER<br>3838 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85719 | Tele (520)694-2873<br>Fax: (520)694-0212<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS ADULT PSYCHIARTY | Tele (520)626-6254 | to |
| | 2800 EAST AJO WAY, SUITES 300 BHP-1E & BHP-2SE | Fax: (520)874-7520 | |
| | TUCSON AZ 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS FAMILY MEDICINE | Tele (520)694-8065 | to |
| | 707 NORTH ALVERNON WAY, SUITE 101 | Fax: (520)694-4085 | |
| | TUCSON AZ 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS MULTISPECIALTY SERVICES | Tele (520)874-2000 | to |
| | 707 NORTH ALVERNON WAY SUITE 201 | Fax: (520)874-4042 | |
| | TUCSON AZ 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS MULTISPECIALTY SERVICES | Tele (520)874-2000 | to |
| | 2800 EAST AJO WAY SUITES 100,101,102,103,104 &105 | Fax: (520)874-2049 | |
| | TUCSON AZ 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS GREEN VALLEY<br>1141 SOUTH LA CANADA DRIVE<br>GREEN VALLEY AZ 85614 | Tele (520)694-3030<br>Fax: (520)694-3055<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS LA CHOLLA MULTISPECIALTY SERVICES<br>6261 NORTH LA CHOLLA BOULEVARD, SUITE 131<br>TUCSON AZ 85741 | Tele (520)694-6501<br>Fax: (520)694-3941<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS MEDICINE MULTISPECIALTY<br>1501 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)694-7450<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS ORTHOPEDICS AND PHYSICAL THERAPY<br>707 NORTH ALVERNON WAY, SUITE 203 & 205<br>TUCSON AZ 85711 | Tele (520)694-8065<br>Fax: (520)694-4085<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS PRE-SURGERY SERVICES<br>1605 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)694-4232<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS PRIMARY CARE<br>265 WEST INA ROAD<br>TUCSON AZ 85704 | Tele (520)694-8100<br>Fax: (520)694-4085<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS PRIMARY CARE PEDIATRICS<br>7901 EAST 22ND STREET<br>TUCSON AZ 85710 | Tele (520)694-8428<br>Fax: (520)694-4085<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS PULMONARY SPECIALIST<br>1501 NORTH CAMPBELL AVENUE<br>TUCSON AZ 85724 | Tele (520)694-7450<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS SURGICAL SPECIALIST<br>1501 NORTH CAMPBELL AVENUE, SUITE 5400<br>TUCSON AZ 85724 | Tele (520)694-6144<br>Fax: (520)694-7058<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON UNIVERSITY OF ARIZONA CANCER CENTER<br>1891 WEST ORANGE GROVE ROAD, BUILDING 1<br>TUCSON AZ 85704 | Tele (520)742-4183<br>Fax: (520)742-4110<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | BANNER-UNIVERSITY MEDICAL CENTER TUCSON UNIVERSITY OF ARIZONA CANCER CENTER<br>1891 WEST ORANGE GROVE ROAD, BUILDING 2<br>TUCSON AZ 85704 | Tele (520)694-8921<br>Fax: (520)694-8996<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | CENTER FOR ADVANCED WOUND CARE<br>6565 EAST CARONDELET DRIVE, SUITE 265<br>TUCSON AZ 85711 | Tele (520)873-5880<br>Fax: (520)873-3509<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | HEART AND VASCULAR IMAGING ON ST JOSEPH'S CAMPUS<br>6567 EAST CARONDELET DRIVE, SUITE 225A<br>TUCSON AZ 85711 | Tele (520)873-6600<br>Fax: (520)873-3921<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | IMAGING CENTER- CENTRAL | | | Tele (520)872-3000 | | | to |
| | 630 NORTH ALVERNON WAY, SUITE 150 | | | Fax: ( ) - | | | |
| | TUCSON | AZ | 85711 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | MEDICAL MALL AT GREEN VALLEY | | | Tele (520)648-9480 | | | to |
| | 400 WEST CAMINO CASA VERDE, SUITE 200 | | | Fax: ( ) - | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | NEUROLOGICAL INSTITUTE SPINE CENTER | | | Tele (520)873-3000 | | | to |
| | 6567 EAST CARONDELET DRIVE, SUITE 355 | | | Fax: ( ) - | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | NORTHWEST EMERGENCY CENTER | | | Tele (520)469-8100 | | 12/15/2015 to | 05/31/2018 |
| | 10146 EAST OLD VAIL ROAD | | | Fax: ( ) - | | | |
| | TUCSON | AZ | 85747 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | NORTHWEST IMAGING | | | Tele (520)469-8960 | | | to |
| | 1980 WEST HOSPITAL DRIVE, SUITE 106 | | | Fax: (520)469-8646 | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | NORTHWEST MEDICAL CENTER AMBULATORY SERVICES/WOUND CARE CENTER AT NORTHWEST<br>6130 NORTH LA CHOLLA BOULEVARD, SUITE 111<br>TUCSON AZ 85741 | Tele (520)469-8168<br>Fax: (520)219-8031<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST MEDICAL CENTER CARDIAC REHAB<br>6080 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)469-8740<br>Fax: (520)219-5805<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST MEDICAL CENTER- CONTINENTAL RESERVE URGENT CARE<br>8333 NORTH SILVERBELL ROAD, SUITE 111<br>TUCSON AZ 85743 | Tele (520)202-7700<br>Fax: (520)202-7750<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST MEDICAL CENTER- LA PALOMA URGENT CARE<br>4001 EAST SUNRISE DRIVE, SUITE 121<br>TUCSON AZ 85718 | Tele (520)209-7000<br>Fax: (520)209-7070<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST MEDICAL CENTER- OUTPATIENT THERAPY<br>6060 NORTH FOUNTAIN PLAZA DRIVE, SUITE 150<br>TUCSON AZ 85741 | Tele (520)877-4070<br>Fax: (520)877-4071<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST MEDICAL CENTER- PRE-PROCEDURAL SCREENING<br>1980 WEST HOSPITAL DRIVE SUITE 111<br>TUCSON AZ 85741 | Tele (520)469-7668<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | NORTHWEST MEDICAL CENTER SPORTS MEDICINE<br>6130 NORTH LA CHOLLA BOULEVARD, SUITE 135B<br>TUCSON AZ 85741 | Tele (520)469-8100<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/10/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC | NORTHWEST MEDICAL CENTER URGENT CARE AT SPEEDWAY BOULEVARD<br>1370 NORTH SILVERBELL ROAD, SUITE 170<br>TUCSON AZ 85745 | Tele (520)205-8965<br>Fax: (520)205-8968<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | NORTHWEST MEDICAL CENTER WOMEN'S DIAGNOSTIC IMAGING<br>6060 NORTH FOUNTAIN PLAZA DRIVE, SUITE 100<br>TUCSON AZ 85741 | Tele (520)877-4180<br>Fax: (602)995-1863<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC | NORTHWEST TUCSON SURGERY CENTER<br>6320 NORTH LA CHOLLA BOULEVARD, SUITE 100<br>TUCSON AZ 85741 | Tele (520)877-6700<br>Fax: (520)544-0195<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | NORTHWEST URGENT CARE AT DUVAL MINE ROAD<br>1295 WEST DUVAL MINE ROAD, SUITE 131<br>SAHUARITA AZ 85614 | Tele (520)399-2027<br>Fax: (520)625-9508<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | NORTHWEST URGENT CARE AT ORANGE GROVE<br>3870 WEST RIVER ROAD, SUITE 126<br>TUCSON AZ 85741 | Tele (520)219-6615<br>Fax: (520)742-6187<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | ORO VALLEY CARDIAC IMAGING<br>1521 EAST TANGERINE ROAD, SUITE 291<br>ORO VALLEY AZ 85755 | Tele (520)901-6353<br>Fax: (520)901-6358<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | OUTPATIENT THERAPY OF ORO VALLEY HOSPITAL<br>13101 NORTH ORACLE ROAD, SUITE 101<br>ORO VALLEY AZ 85739 | Tele (520)901-3580<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PALO VERDE BEHAVIORAL HEALTH<br>2695 NORTH CRAYCROFT ROAD<br>TUCSON AZ 85712 | Tele (520)322-2888<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/06/2016 to 02/28/2018<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | PRIMEROS PASOS SOUTH<br>4600 SOUTH PARK AVENUE, SUITE 6B<br>TUCSON AZ 85714 | Tele (520)807-5300<br>Fax: (520)807-5301<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | RANCHO VISTOSO CENTER<br>13101 NORTH ORACLE ROAD<br>TUCSON AZ 85737 | Tele (520)469-8100<br>Fax: (520)901-3525<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | RIVER STONE IMAGING CENTER<br>4892 NORTH STONE AVENUE, SUITE 180<br>TUCSON AZ 85704 | Tele (520)872-5300<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | SLEEP CENTERS AT ORO VALLEY HOSPITAL- ORO VALLEY, THE<br>1521 EAST TANGERINE ROAD, SUITE 269<br>ORO VALLEY AZ 85755 | Tele (520)901-6212<br>Fax: (520)901-6249<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | SLEEP CENTERS OF ORO VALLEY HOSPITAL, THE<br>6130 NORTH LA CHOLLA BLVD, BLDG A, SUITE 270<br>TUCSON AZ 85741 | Tele (520)219-8119<br>Fax: (520)219-8171<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | ST. MARY'S IMAGING CENTER<br>395 NORTH SILVERBELL ROAD, SUITE 185<br>TUCSON AZ 85745 | Tele (520)872-6900<br>Fax: (520)872-2999<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TUCSON MEDICAL CENTER CARDIAC REHABILITATION<br>2404 EAST RIVER ROAD<br>TUCSON AZ 85718 | Tele (520)324-5472<br>Fax: (520)324-1458<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TUCSON MEDICAL CENTER EL DORADO HEALTH CAMPUS<br>1400 NORTH WILMOT ROAD, FIRST FLOOR<br>TUCSON AZ 85712 | Tele (520)324-5090<br>Fax: (520)324-2443<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TUCSON MEDICAL CENTER PRE-ANESTHESIA TESTING SVCS<br>5335 EAST ERICKSON<br>TUCSON AZ 85712 | Tele (520)324-1446<br>Fax: (520)324-2443<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TUCSON MEDICAL CENTER SLEEP DIAGNOSTIC LABORATORY SERVICES<br>2100 NORTH ROSEMONT, SUITE 110<br>TUCSON AZ 85712 | Tele (520)324-3318<br>Fax: (520)324-2443<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | TUCSON MEDICAL CENTER WOMEN'S HEALTH<br>2100 NORTH ROSEMONT BOULEVARD, SUITE 100<br>TUCSON AZ 85712 | Tele (520)324-1286<br>Fax: (520)324-2443<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | WOUND HEALTH CENTER<br>1802 WEST ST MARY'S ROAD<br>TUCSON AZ 85745 | Tele (520)205-7520<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM091 | COHEN, DAMIANA<br>2620 E LA CIENEGA DRIVE<br>TUCSON AZ 85716 | Tele (520)326-2773<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM171 | HODGES-RUST, SHARON<br>2730 N WENTWORTH<br>TUCSON AZ 85749 | Tele (520)749-8389<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM076 | KIBBLE, ELIZABETH L.<br>1665 SOUTH LA CHOLLA<br>TUCSON AZ 85713 | Tele (520)882-8228<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : MIDWIFE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM051 | MERSKI, SUSAN C. | | | Tele (520)326-3057 | 07/01/2016 to 06/30/2018 |
| | 2511 N DESERT AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM047 | MILAN, SHARON ANN | | | Tele (520)624-4010 | 07/01/2016 to 06/30/2018 |
| | 1225 EAST LESTER ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM117 | SORCE, DOREEN MARIE | | | Tele (520)869-4888 | 04/01/2015 to 03/31/2017 |
| | 14410 S PLACITA ASIDERA | | | Fax: (520)207-7516 | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM108 | ZENIZO, AMY LYN | | | Tele (520)271-3008 | 03/01/2015 to 02/28/2017 |
| | 4525 E WATER ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM126 | BILLYE NELL MATTHEWS | | | Tele (520)240-2706 | 12/01/2016 to 11/30/2018 |
| | 1529 E BRYANT AVENUE #2 | | | Fax: (520)586-3277 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM193 | DIANA CAROLINA REYES<br>828 N 11TH AVENUE<br>TUCSON AZ 85705 | Tele (505)489-1482<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OTC-ABORTION CLINICS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTCAC7122 | PLANNED PARENTHOOD - TUCSON WOMEN'S CENTER<br>5240 EAST KNIGHT, SUITE 112<br>TUCSON AZ 85712 | Tele (602)200-2145<br>Fax: (520)323-9689<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC6568 | ARIZONA CENTER FOR MINIMALLY INVASIVE SURGERY, LLC<br>5585 NORTH ORACLE ROAD, SUITE B<br>TUCSON AZ 85704 | Tele (480)652-3622<br>Fax: (520)293-7561<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC6864 | HYBRID SURGERY CENTER<br>5585 NORTH ORACLE ROAD, SUITE B<br>TUCSON AZ 85704 | Tele (480)652-3622<br>Fax: (520)293-7561<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3661 | J.D. STUART, M.D., P.C.<br>4721 EAST CAMP LOWELL DRIVE<br>TUCSON AZ 85712 | Tele (520)795-8700<br>Fax: (520)795-8850<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC5398 | LA PALOMA SURGERY CENTER | | | Tele | (520)722-6277 | 05/01/2016 | to | 04/30/2017 |
| | 4041 EAST SUNRISE DRIVE | | | Fax: | (520)722-6291 | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC4141 | RAAD TAKI, MD | | | Tele | (520)881-3232 | 06/01/2016 | to | 05/31/2017 |
| | 4580 EAST CAMP LOWELL DRIVE | | | Fax: | (520)881-3535 | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7458 | A TELEIOS RECOVERY, LLC | | | Tele | (520)797-8181 | 12/17/2015 | to | 11/30/2016 |
| | 6879 NORTH ORACLE ROAD, SUITE 111 | | | Fax: | (520)219-8501 | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3397 | ALMA MEDICAL | | | Tele | (520)741-0599 | 08/01/2016 | to | 07/31/2017 |
| | 4455 SOUTH PARK AVENUE, SUITE 104 | | | Fax: | (520)741-0790 | | | |
| | TUCSON | AZ | 85714 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5957 | AMI BEHAVIORAL HEALTH SERVICES | | | Tele | (520)887-7079 | 02/01/2016 | to | 01/31/2017 |
| | 6700 NORTH ORACLE ROAD, SUITE 411 | | | Fax: | (520)334-1428 | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6772 | ARIZONA REPRODUCTIVE INSTITUTE<br>1775 EAST SKYLINE DRIVE, SUITE 175<br>TUCSON AZ 85718 | Tele (520)222-8400<br>Fax: (520)219-2351<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7664 | ARIZONA SURGERY CONSULTANTS, LLC<br>3499 NORTH CAMPBELL AVENUE, #902<br>TUCSON AZ 85719 | Tele (727)784-8600<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/09/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6955 | ARIZONA'S CHILDREN ASSOCIATION<br>3716 EAST COLUMBIA STREET<br>TUCSON AZ 85714 | Tele (520)622-7611<br>Fax: (520)624-4885<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7329 | ASSURANCE HEALTH AND WELLNESS CENTER<br>1010 EAST PALMDALE, SUITE 150<br>TUCSON AZ 85714 | Tele (520)333-4320<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6569 | ASSURANCE HEALTH AND WELLNESS CENTER<br>3939 SOUTH PARK AVENUE, SUITES 150,160,170,180,190<br>TUCSON AZ 85714 | Tele (520)333-4320<br>Fax: (520)624-4415<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4963 | ASSURED IMAGING WOMENS WELLNESS OF SOUTHERN ARIZONA, LLC<br>7717 NORTH HARTMAN LANE<br>TUCSON AZ 85743 | Tele (888)233-6121<br>Fax: (520)572-7138<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7031 | BANNER - UNIVERSITY MEDICAL GROUP PEDIATRIC ENDOCRINOLOGY<br>1501 NORTH CAMPBELL AVENUE, SUITE 3324<br>TUCSON AZ 85724 | Tele (520)626-0381<br>Fax: (520)694-0212<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7340 | BANNER - UNIVERSITY MEDICINE CRISIS RESPONSE<br>2802 EAST DISTRICT, 1ST FLOOR<br>TUCSON AZ 85714 | Tele (602)301-2400<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7065 | BANNER- UNIVERSITY MEDICAL GROUP ARIZONA ELKS PEDIATRICS<br>1501 NORTH CAMPBELL AVENUE, ROOM 3401<br>TUCSON AZ 85724 | Tele (520)626-5437<br>Fax: (520)626-7176<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC7033 | BANNER- UNIVERSITY MEDICAL GROUP CHILDREN'S MULTISPECIALTY SERVICES<br>535 NORTH WILMOT, SUITE 101<br>TUCSON AZ 85711 | Tele (520)694-4000<br>Fax: (520)874-7110<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7029 | BANNER- UNIVERSITY MEDICAL GROUP DERMATOLOGY<br>7005 NORTH ORACLE<br>TUCSON AZ 85704 | Tele (520)694-8888<br>Fax: (520)874-7102<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC7064 | BANNER- UNIVERSITY MEDICAL GROUP OBSTETRICS AND GYNECOLOGY<br>1501 NORTH CAMPBELL AVENUE, ROOM 8401<br>TUCSON AZ 85724 | Tele (520)694-6010<br>Fax: (520)626-8823<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7531 | BANNER- UNIVERSITY MEDICAL GROUP OPTHALMOLOGY<br>707 NORTH ALVERNON, SUITE 301<br>TUCSON AZ 85711 | Tele (520)694-1460<br>Fax: (520)694-1464<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7489 | BANNER- UNIVERSITY MEDICINE WHOLE HEALTH CLINIC<br>535 NORTH WILMOT, 2ND FLOOR<br>TUCSON AZ 85711 | Tele (602)747-4000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/24/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7915 | BANNER URGENT CARE<br>5545 EAST BROADWAY BOULEVARD, SUITE 101<br>TUCSON AZ 85711 | Tele (520)345-5335<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7885 | BANNER URGENT CARE | | | Tele (520)514-0344 | 11/01/2016 to 10/31/2017 |
| | 7066 EAST GOLF LINKS ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7904 | BANNER URGENT CARE | | | Tele (520)396-4450 | 11/01/2016 to 10/31/2017 |
| | 1101 NORTH WILMOT, SUITE 101 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7876 | BANNER URGENT CARE | | | Tele (520)881-0636 | 11/01/2016 to 10/31/2017 |
| | 3611 NORTH CAMPBELL AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7032 | BANNER-UNIVERSITY MEDICAL GROUP PSYCHIATRY | | | Tele (520)626-4263 | 02/01/2016 to 01/31/2017 |
| | 1501 NORTH CAMPBELL AVENUE, ROOM 7429 | | | Fax: (520)626-4070 | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6672 | BEHAVIORAL AWARENESS CENTER, INC | | | Tele (520)629-9126 | 09/01/2016 to 08/31/2017 |
| | 2002 WEST ANKLAM ROAD | | | Fax: (520)629-9282 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CSLG7705 | BEHAVIORAL SYSTEMS SOUTHWEST-TUCSON<br>6420 SOUTH PARK AVENUE, BUILDING 1<br>TUCSON AZ 85706 | Tele (520)573-3111<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC1976 | CANYON RANCH<br>8600 EAST ROCKCLIFF ROAD<br>TUCSON AZ 85750 | Tele (520)749-9655<br>Fax: (520)239-8563<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7341 | CARING CONNECTIONS FOR SPECIAL NEEDS, LLC<br>921 SOUTH PRUDENCE ROAD<br>TUCSON AZ 85710 | Tele (520)686-9436<br>Fax: (520)586-4710<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7494 | CARONDELET HEART AND VASCULAR INSTITUTE PHYSICIANS - CARDIOLOGY/CT SURGERY WEST<br>445 NORTH SILVERBELL, SUITE 201<br>TUCSON AZ 85745 | Tele (520)833-5130<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7496 | CARONDELET HEART AND VASCULAR INSTITUTE PHYSICIANS - TUCSON VASCULAR NW<br>6320 NORTH LA CHOLLA BOULEVARD, SUITE 370<br>TUCSON AZ 85741 | Tele (520)833-5130<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7490 | CARONDELET HEART AND VASCULAR INSTITUTE PHYSICIANS TUCSON VASCULAR-ST. MARY'S<br>1815 WEST ST MARY'S ROAD<br>TUCSON AZ 85745 | Tele (520)628-1400<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/19/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7515 | CARONDELET HEART AND VASCULAR INSTITUTE PHYSICIANS-CARDIOLOGY EAST<br>6567 EAST CARONDELET DRIVE, SUITE 225<br>TUCSON AZ 85710 | Tele (520)833-5130<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5965 | CASA DE LOS NINOS<br>140 NORTH TUCSON BOULEVARD<br>TUCSON AZ 85716 | Tele (520)881-1292<br>Fax: (520)881-1648<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6008 | CASA DE LOS NINOS<br>3131 NORTH COUNTRY CLUB, SUITE 100<br>TUCSON AZ 85716 | Tele (520)881-1292<br>Fax: (520)881-1648<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC6642 | CASA LUCERO<br>410 SOUTH 6TH AVENUE<br>TUCSON AZ 85701 | Tele (520)838-5610<br>Fax: (520)258-0125<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6591 | CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA<br>140 WEST SPEEDWAY BOULEVARD, SUITE 130<br>TUCSON AZ 85705 | Tele (520)623-0344<br>Fax: (520)770-8578<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7151 | CENTER FOR BEHAVIORAL HEALTH TUCSON, INC.<br>2437 NORTH STONE AVENUE<br>TUCSON AZ 85705 | Tele (520)624-0250<br>Fax: (520)623-7907<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6247 | CENTER FOR LIFE SKILLS DEVELOPMENT, L L C<br>1625 NORTH ALVERNON WAY<br>TUCSON AZ 85712 | Tele (520)325-3753<br>Fax: (602)325-3702<br>Capacity : Not Applicable | 10/04/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6315 | CENTER FOR LIFE SKILLS DEVELOPMENT, L L C<br>2001 WEST ORANGE GROVE ROAD, SUITE 604<br>TUCSON AZ 85704 | Tele (520)229-6220<br>Fax: (520)544-3033<br>Capacity : Not Applicable | 10/04/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6218 | CENTER FOR LIFE SKILLS DEVELOPMENT, L L C<br>5700 EAST PIMA STREET, SUITES D & E<br>TUCSON AZ 85712 | Tele (520)904-9701<br>Fax: (520)546-7608<br>Capacity : Not Applicable | 10/04/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7395 | CHILD & FAMILY SUPPORT SERVICES, INC<br>3955 EAST FORT LOWELL ROAD, SUITE 115<br>TUCSON AZ 85712 | Tele (928)774-0775<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 10/01/2016 to 09/30/2017 |
| OTC6060 | CHILD AND FAMILY SERVICES<br>1080 SOUTH 10TH AVENUE<br>TUCSON AZ 85701 | Tele (520)327-4505<br>Fax: (620)622-2525<br>Capacity : Not Applicable Medcaid_Cert: Certified | 09/01/2016 to 08/31/2017 |
| OTC0498 | CHILDREN'S CLINIC FOR REHABILITATIVE SERVICES<br>2600 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)324-5437<br>Fax: (520)324-3129<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 05/01/2016 to 04/30/2017 |
| OTC5447 | CHRISTIAN CARE OUTPATIENT REHABILITATION CLINIC<br>8111 EAST BROADWAY BOULEVARD, SUITE 170<br>TUCSON AZ 85710 | Tele (520)886-5537<br>Fax: (520)733-9416<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/01/2016 to 06/30/2017 |
| OTC7753 | CLINICA AMISTAD<br>101 WEST IRVINGTON ROAD, BUILDING 3-C<br>TUCSON AZ 85714 | Tele (520)305-5107<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/19/2016 to 03/31/2017 |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7491 | CMG BEARS PATH | | | Tele (520)760-8972 | 12/19/2015 to 11/30/2016 |
| | 8826 EAST TANQUE VERDE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7492 | CMG CARONDELET DRIVE | | | Tele (520)885-3588 | 12/19/2015 to 11/30/2016 |
| | 6567 EAST CARONDELET DRIVE, SUITE 555 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7493 | CMG CENTRAL | | | Tele (520)322-8640 | 12/19/2015 to 11/30/2016 |
| | 630 NORTH ALVERNON, SUITE 251 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7509 | CMG GREEN VALLEY | | | Tele (520)625-1760 | 12/19/2015 to 11/30/2016 |
| | 400 WEST CAMINO CASA VERDE, SUITE 100 | | | Fax: (520)648-9496 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7508 | CMG KIVA | | | Tele (520)296-8333 | 12/19/2016 to 11/30/2016 |
| | 6274 EAST GRANT ROAD | | | Fax: (520)296-8444 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7511 | CMG NORTHWEST<br>551 WEST MAGEE<br>TUCSON AZ 85704 | Tele (520)833-5130<br>Fax: (520)531-1424<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7512 | CMG RIVERSTONE<br>4892 NORTH STONE AVENUE, SUITE 100<br>TUCSON AZ 85704 | Tele (520)833-5130<br>Fax: (520)795-9043<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7507 | CMG SAHUARITA<br>15920 SOUTH RANCHO SAHUARITA, SUITE 120<br>SAHUARITA AZ 85629 | Tele (520)777-2277<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/19/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7486 | CMG SOUTHEAST<br>8290 SOUTH HOUGHTON ROAD, SUITE 100<br>TUCSON AZ 85747 | Tele (520)873-6200<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/19/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7485 | CMG WEST<br>395 NORTH SILVERBELL, SUITE 355<br>TUCSON AZ 85745 | Tele (520)622-5912<br>Fax: (520)791-2246<br>Capacity : Not Applicable | 12/19/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6275 | CODAC AT ALVERNON<br>630 NORTH ALVERNON, SUITE 161<br>TUCSON AZ 85711 | Tele (520)327-4505<br>Fax: (520)622-2525<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6939 | CODAC AT BROADWAY<br>3130 EAST BROADWAY BOULEVARD, SUITES 100 & 200<br>TUCSON AZ 85711 | Tele (520)327-4505<br>Fax: (520)622-2525<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC7147 | CODAC AT COBBLESTONE COURT<br>1075 EAST FORT LOWELL ROAD<br>TUCSON AZ 85719 | Tele (520)327-4505<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7114 | CODAC AT COUNTRY CLUB<br>1600 NORTH COUNTRY CLUB ROAD<br>TUCSON AZ 85716 | Tele (520)327-4505<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7334 | COMMUNITY HEALTH ASSOCIATES - TUCSON<br>1773 WEST ST MARY'S ROAD, SUITE 105<br>TUCSON AZ 85745 | Tele (928)287-3957<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7528 | COMMUNITY HEALTH ASSOCIATES- TUCSON<br>1773 WEST ST MARY'S ROAD, SUITE 102<br>TUCSON AZ 85745 | Tele (928)287-3957<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/14/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC7785 | COMMUNITY HEALTH ASSOCIATES-3 POINTS<br>15390 WEST AJO HIGHWAY<br>TUCSON AZ 85736 | Tele (520)988-0811<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/16/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7791 | COMMUNITY HEALTH ASSOCIATES-GREEN VALLEY<br>275 W CONTINENTAL RD, SUITES 133A, B, C, D, & 141<br>GREEN VALLEY AZ 85622 | Tele (520)988-0811<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/17/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7787 | COMMUNITY HEALTH ASSOCIATES-TUCSON<br>1779 WEST ST MARY'S ROAD<br>TUCSON AZ 85745 | Tele (520)988-0811<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/16/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6012 | COMMUNITY MEDICAL SERVICES<br>6626 EAST CARONDELET DRIVE<br>TUCSON AZ 85710 | Tele (602)248-8886<br>Fax: (602)248-8999<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

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Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5944 | COMMUNITY PARTNERSHIP CARE COORDINATION, L L C<br>4601 EAST BROADWAY<br>TUCSON AZ 85711 | Tele (520)901-4800<br>Fax: (520)901-4700<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7459 | COMMUNITY PARTNERSHIP CARE COORDINATION, L.L.C.<br>2502 NORTH DODGE BOULEVARD, SUITE 100<br>TUCSON AZ 85716 | Tele (520)901-4800<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/15/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7920 | COMMUNITY PARTNERSHIP CARE COORDINATION, LLC<br>2502 N DODGE BOULEVARD, STE 190 - CENTRAL & EAST<br>TUCSON AZ 85716 | Tele (520)901-4800<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/04/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7803 | CONCENTRA MEDICAL CENTERS<br>2005 WEST RUTHRAUFF ROAD, SUITE 111<br>TUCSON AZ 85705 | Tele (717)972-1100<br>Fax: (520)293-7234<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7802 | CONCENTRA MEDICAL CENTERS<br>4600 SOUTH PARK AVENUE, SUITE 5<br>TUCSON AZ 85714 | Tele (717)972-1100<br>Fax: (520)889-5072<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

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Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7805 | CONCENTRA MEDICAL CENTERS - CENTRAL | | | Tele (717)972-1100 | | 04/11/2016 | to | 03/31/2017 |
| | 7119 EAST BROADWAY BOULEVARD | | | Fax: (520)795-8815 | | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5284 | COPE COMMUNITY SERVICES, INC | | | Tele (520)792-3293 | | 01/01/2016 | to | 12/31/2016 |
| | 2435 NORTH CASTRO AVENUE | | | Fax: (520)624-8358 | | | | |
| | TUCSON | AZ | 85705 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7477 | COPE COMMUNITY SERVICES, INC | | | Tele (520)792-3293 | | 12/23/2015 | to | 11/30/2016 |
| | 1660 WEST COMMERCE POINT PLACE | | | Fax: ( ) - | | | | |
| | SAHUARITA | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6074 | COPE COMMUNITY SERVICES, INC | | | Tele (520)792-3293 | | 02/01/2016 | to | 01/31/2017 |
| | 1501 WEST COMMERCE COURT | | | Fax: (520)624-8358 | | | | |
| | TUCSON | AZ | 85746 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6121 | COPE COMMUNITY SERVICES, INC | | | Tele (520)792-3293 | | 02/01/2016 | to | 01/31/2017 |
| | 3332 NORTH LOS ALTOS | | | Fax: (520)624-8358 | | | | |
| | TUCSON | AZ | 85705 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7238 | COPE COMMUNITY SERVICES, INC. | | | Tele (520)792-3293 | 07/01/2016 to 06/30/2017 |
| | 4010 EAST GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6987 | COPE COMMUNITY SERVICES, INC. | | | Tele (520)792-3293 | 01/01/2016 to 12/31/2016 |
| | 5401 EAST FIFTH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5782 | COPE COMMUNITY SERVICES, INC. | | | Tele (520)792-3293 | 08/01/2016 to 07/31/2017 |
| | 1477 WEST COMMERCE COURT | | | Fax: (520)624-8358 | |
| | TUCSON | AZ | 85746 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7522 | COPE COMMUNITY SERVICES, INC. | | | Tele (520)792-3293 | 12/31/2015 to 11/30/2016 |
| | 5840 NORTH LA CHOLLA BOULEVARD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6046 | COPE COMMUNITY SERVICES, INC. | | | Tele (520)584-5820 | 03/01/2016 to 02/28/2017 |
| | 8050 EAST LAKESIDE PARKWAY | | | Fax: (520)514-1514 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6706 | COPE COMMUNITY SERVICES, INC.<br>620 NORTH CRAYCROFT ROAD<br>TUCSON AZ 85712 | Tele (520)792-3293<br>Fax: (520)624-8358<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC4502 | CORAM CVS/SPECIALTY INFUSION SERVICES<br>6375 EAST TANQUE VERDE ROAD, SUITE 50<br>TUCSON AZ 85715 | Tele (520)290-2112<br>Fax: (520)290-2123<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7911 | COTTONWOOD TUCSON OUTPATIENT SERVICES<br>4110 WEST SWEETWATER DRIVE BUILDING 16<br>TUCSON AZ 85745 | Tele (520)743-0411<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/18/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7495 | CSG GENERAL SURGERY<br>1712 WEST ANKLAM ROAD, SUITE 101<br>TUCSON AZ 85745 | Tele (520)319-5000<br>Fax: (520)373-5112<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC5332 | DESERT CARDIOLOGY OF TUCSON<br>6080 NORTH LA CHOLLA BOULEVARD, SUITE 200<br>TUCSON AZ 85741 | Tele (520)544-5524<br>Fax: (520)797-0562<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5333 | DESERT CARDIOLOGY OF TUCSON<br>1521 EAST TANGERINE ROAD, SUITE 255<br>ORO VALLEY AZ 85755 | Tele (520)544-5524<br>Fax: (520)825-6883<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5670 | DESERT CARDIOLOGY OF TUCSON<br>63701 EAST SADDLEBROOKE BOULEVARD, SUITE F<br>TUCSON AZ 85739 | Tele (520)544-5524<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7557 | DESERT CARDIOLOGY OF TUCSON / HEART CENTER OF SOUTHERN ARIZONA<br>1440 WEST VALENCIA ROAD, SUITE 110<br>TUCSON AZ 85746 | Tele (520)544-5523<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/29/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5788 | DESERT CARDIOLOGY OF TUCSON/HEART CENTER OF SOUTHERN ARIZONA<br>1295 WEST DUVAL MINE ROAD, SUITE 111<br>GREEN VALLEY AZ 85614 | Tele (520)648-1098<br>Fax: (520)797-0562<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7809 | DESERT HOPE OUTPATIENT PROGRAM<br>2499 EAST AJO WAY, ROOMS 10-15<br>TUCSON AZ 85713 | Tele (480)831-7566<br>Fax: (520)882-4676<br>Capacity : 12 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

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| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6089 | DESERT SENITA COMMUNITY HEALTH CENTER | | | Tele (520)387-5651 | | 12/01/2106 | to | 11/30/2017 |
| | 410 NORTH MALACATE STREET | | | Fax: (520)387-6036 | | | | |
| | AJO | AZ | 85321 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6031 | DESERT STAR ADDICTION RECOVERY CENTER | | | Tele (520)638-6000 | | 08/01/2016 | to | 07/31/2017 |
| | 7493 NORTH ORACLE ROAD, SUITE 203 | | | Fax: (520)395-2489 | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5924 | DEVEREUX ARIZONA | | | Tele (480)998-2920 | | 09/01/2016 | to | 08/31/2017 |
| | 6141 EAST GRANT ROAD, BUILDING A | | | Fax: (480)443-5587 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5702 | DIGNITY HEALTH MEDICAL GROUP TUCSON | | | Tele (602)406-5516 | | 04/01/2016 | to | 03/31/2017 |
| | 8275 NORTH SILVERBELL ROAD, SUITE 117 | | | Fax: (602)406-4272 | | | | |
| | TUCSON | AZ | 85743 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7878 | DOVE MOUNTAIN HEALTH CENTER | | | Tele (520)616-1445 | | 10/21/2016 | to | 09/30/2017 |
| | 5224 WEST DOVE CENTRE ROAD | | | Fax: ( ) - | | | | |
| | MARANA | AZ | 85658 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6111 | EASTER SEALS BLAKE FOUNDATION<br>7756 EAST BROADWAY BOULEVARD, SUITE C100<br>TUCSON AZ 85710 | Tele (520)327-1529<br>Fax: (520)327-1836<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6062 | EASTER SEALS BLAKE FOUNDATION<br>320 SOUTH CONVENT AVENUE<br>TUCSON AZ 85701 | Tele (520)622-3933<br>Fax: (520)670-9221<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC6059 | ETANO CENTER<br>2340 NORTH TUCSON BOULEVARD, SUITE 120 & 130<br>TUCSON AZ 85716 | Tele (520)325-3323<br>Fax: (520)325-3379<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5426 | FASTMED URGENT CARE - BROADWAY<br>2510 EAST BROADWAY BOULEVARD<br>TUCSON AZ 85716 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5286 | FASTMED URGENT CARE - SILVERBELL<br>7850 NORTH SILVERBELL ROAD, SUITE 132<br>MARANA AZ 85653 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 10/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5323 | FASTMED URGENT CARE - TANQUE VERDE<br>9175 EAST TANQUE VERDE, SUITE 187<br>TUCSON AZ 85749 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5866 | FASTMED URGENT CARE 22ND STREET<br>5594 EAST 22ND STREET<br>TUCSON AZ 85711 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5317 | FASTMED URGENT CARE-SWAN ROAD<br>2460 NORTH SWAN ROAD, SUITE 140<br>TUCSON AZ 85712 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5304 | FASTMED URGENT CARE-VALENCIA ROAD<br>1895 WEST VALENCIA ROAD, SUITE 101<br>TUCSON AZ 85746 | Tele (480)545-2787<br>Fax: (480)545-1434<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4590 | FORUM AT TUCSON, THE<br>2500 NORTH ROSEMONT BOULEVARD<br>TUCSON AZ 85712 | Tele (520)325-4800<br>Fax: (520)319-4305<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5684 | FREEPORT MCMORAN COPPER & GOLD BUILDING<br>1260 SOUTH CAMPBELL ROAD, BUILDING 2<br>GREEN VALLEY AZ 85614 | Tele (520)407-5604<br>Fax: (520)625-8504<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6372 | GRANT ROAD CLINIC<br>1141 WEST GRANT ROAD, SUITE 100<br>TUCSON AZ 85705 | Tele (520)206-8600<br>Fax: (520)622-2490<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7510 | GREEN VALLEY EXPRESS CARE<br>400 WEST CAMINO CASA VERDE, SUITE 300<br>GREEN VALLEY AZ 85614 | Tele (520)648-9436<br>Fax: (520)777-2290<br>Capacity : Not Applicable | 12/19/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7623 | HAVEN'S OUTPATIENT CLINC, THE<br>2601 NORTH CAMPBELL AVENUE, SUITE 105<br>TUCSON AZ 85719 | Tele (520)623-4590<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/14/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6855 | HEART CENTER OF SOUTHERN ARIZONA<br>1601 NORTH SWAN ROAD<br>TUCSON AZ 85712 | Tele (520)539-3648<br>Fax: (520)797-0562<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6731 | HELPING EVERYDAY YOUTH, LLC<br>4575 SOUTH PALO VERDE ROAD, SUITE 307<br>TUCSON AZ 85714 | Tele (520)393-3715<br>Fax: (520)393-8759<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6678 | HELPING OURSELVES PURSUE ENRICHMENT, INC.<br>1200 NORTH COUNTRY CLUB ROAD<br>TUCSON AZ 85716 | Tele (520)770-1197<br>Fax: (520)770-1199<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Certified |
| OTC7639 | HELPING OURSELVES PURSUE ENRICHMENT, INC.<br>4067 EAST GRANT ROAD, SUITE 100 & 2ND FLOOR<br>TUCSON AZ 85712 | Tele (520)770-1197<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/28/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC7054 | INFINITY SLEEP SOLUTIONS<br>5983 EAST GRANT ROAD, SUITE 105<br>TUCSON AZ 85712 | Tele (480)677-1193<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6193 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>3815 EAST MONTE VISTA, APARTMENT 1101<br>TUCSON AZ 85716 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7327 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>5055 EAST BROADWAY BOULEVARD, SUITE C-104<br>TUCSON AZ 85711 | Tele (520)623-9833<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7571 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>1100 WEST FRESNO STREET<br>TUCSON AZ 85745 | Tele (520)721-1887<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/10/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6708 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>3626 EAST LEE STREET, BUILDING 2<br>TUCSON AZ 85716 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6716 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>1020 SOUTH HARRISON ROAD, SUITE 100<br>TUCSON AZ 85748 | Tele (520)721-1887<br>Fax: (520)721-0069<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7779 | INTERMOUNTAIN HEALTH CENTER<br>5055 EAST BROADWAY C104<br>TUCSON AZ 85711 | Tele (520)721-1887<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/04/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

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ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6321 | LA FRONTERA CENTER, INC / EAST CLINIC<br>4891 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)296-3296<br>Fax: (520)751-9856<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6257 | LA FRONTERA CENTER, INC / HOPE CENTER<br>260 SOUTH SCOTT AVENUE<br>TUCSON AZ 85701 | Tele (520)884-8470<br>Fax: (520)620-0434<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6244 | LA FRONTERA CENTER, INC / MOUNTAIN<br>3620 NORTH MOUNTAIN<br>TUCSON AZ 85719 | Tele (520)882-5145<br>Fax: (520)882-7504<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6260 | LA FRONTERA CENTER, INC / SOUTH TUCSON / DR NELBA CHAVEZ CHILD FAMILY CENTER<br>502 WEST 29TH STREET<br>TUCSON AZ 85713 | Tele (520)884-9920<br>Fax: (520)792-0654<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6028 | LA FRONTERA CENTER, INC. / BROADWAY<br>1101 EAST BROADWAY, SUITE 130<br>TUCSON AZ 85719 | Tele (520)838-5700<br>Fax: (520)882-8508<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5989 | LA FRONTERA CENTER, INC. / SOUTHWEST<br>1210 EAST PENNSYLVANIA<br>TUCSON AZ 85714 | Tele (520)741-2351<br>Fax: (520)741-2191<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC0533 | LA POSADA OUTPATIENT THERAPIES<br>700 SOUTH LA POSADA CIRCLE<br>GREEN VALLEY AZ 85614 | Tele (520)648-2200<br>Fax: (520)648-8116<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7525 | LIFESHARE MANAGEMENT GROUP, LLC<br>2430 EAST 6TH STREET<br>TUCSON AZ 85719 | Tele (863)937-9650<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/13/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC6178 | MARANA COMMUNITY CORRECTIONAL TREATMENT FACILITY<br>12610 WEST SILVERBELL ROAD<br>MARANA AZ 85653 | Tele (520)682-2077<br>Fax: (520)682-2660<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3859 | MBI OCCUPATIONAL HEALTHCARE, TUCSON<br>1001 EAST PALMDALE STREET<br>TUCSON AZ 85714 | Tele (520)807-1010<br>Fax: (602)773-0287<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7302 | MEDICAL MALL AT RITA RANCH<br>8290 SOUTH HOUGHTON ROAD, SUITE 180<br>TUCSON AZ 85747 | Tele (520)873-3100<br>Fax: (520)873-3624<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5996 | MEDICATION ADDICTION ASSISTED TREATMENT<br>3100 NORTH FIRST AVENUE<br>TUCSON AZ 85719 | Tele (520)327-4505<br>Fax: (520)622-2525<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6776 | MENTALLY ILL KIDS IN DISTRESS ( M I K I D )<br>4500 EAST SPEEDWAY BOULEVARD, SUITE 58<br>TUCSON AZ 85712 | Tele (602)253-1240<br>Fax: (520)882-0124<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC5709 | MHC HEALTHCARE<br>13395 NORTH MARANA MAIN STREET, BUILDING B<br>MARANA AZ 85653 | Tele (520)682-1091<br>Fax: (520)682-4132<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC4240 | MINUTECLINC, LLC<br>1900 WEST VALENCIA ROAD<br>TUCSON AZ 85746 | Tele (866)389-2727<br>Fax: (401)652-2339<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4243 | MINUTECLINIC - #7855 | | | Tele (866)389-2727 | 09/01/2016 to 08/31/2017 |
| | 2601 SOUTH HOUGHTON ROAD | | | Fax: (401)652-2339 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6523 | MINUTECLINIC LLC #10006 | | | Tele (401)770-6453 | 04/01/2016 to 03/31/2017 |
| | 10650 NORTH ORACLE ROAD | | | Fax: (401)652-2339 | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4244 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 09/01/2016 to 08/31/2017 |
| | 8920 EAST TANQUE VERDE ROAD | | | Fax: (401)652-2339 | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4328 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 12/01/2016 to 11/30/2017 |
| | 4365 NORTH ORACLE ROAD | | | Fax: (401)652-2339 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6750 | MINUTECLINIC, LLC | | | Tele (866)389-2727 | 08/01/2016 to 07/31/2017 |
| | 6895 EAST SUNRISE DRIVE | | | Fax: (401)652-1360 | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

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| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4242 | MINUTECLINIC, LLC - CLINIC #7876 | | | Tele (866)389-2727 | | 09/01/2016 | to | 08/31/2017 |
| | 3832 EAST SPEEDWAY BOULEVARD | | | Fax: (401)652-2339 | | | | |
| | TUCSON | AZ | 85716 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4241 | MINUTECLINIC, LLC - CLINIC #9273 | | | Tele (866)389-2727 | | 09/01/2016 | to | 08/31/2017 |
| | 3785 WEST INA ROAD | | | Fax: (401)652-2339 | | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6713 | MIRASOL, INC. | | | Tele (520)546-3200 | | 08/01/2016 | to | 07/31/2017 |
| | 3116 NORTH SWAN ROAD | | | Fax: (520)546-3205 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7209 | MOUNTAIN VIEW CARE CENTER | | | Tele (520)797-2600 | | 07/01/2016 | to | 06/30/2017 |
| | 1313 WEST MAGEE ROAD | | | Fax: (520)797-3100 | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7743 | NEUROASIS | | | Tele (520)338-2557 | | 07/25/2016 | to | 06/30/2017 |
| | 4578 NORTH 1ST AVENUE, SUITE 100 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6149 | NEW BEGINNINGS TREATMENT CENTER, INC<br>2445 NORTH ORACLE ROAD, SUITES 1A, 20, & 21C<br>TUCSON AZ 85705 | Tele (520)293-8085<br>Fax: (520)293-8089<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC6319 | NEW HOPE BEHAVIORAL HEALTH CENTER, INC.<br>2001 WEST ORANGE GROVE ROAD, SUITE 204<br>TUCSON AZ 85704 | Tele (520)297-1133<br>Fax: (520)297-1133<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC5948 | NEW LIFE<br>1082 EAST AJO, SUITE 100<br>TUCSON AZ 85713 | Tele (520)741-3120<br>Fax: (520)295-0834<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| OTC4665 | NEXTCARE URGENT CARE - CALLE SANTA CRUZ<br>5369 SOUTH CALLE SANTA CRUZ, SUITE 145<br>TUCSON AZ 85706 | Tele (520)294-2128<br>Fax: (520)573-7557<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4664 | NEXTCARE URGENT CARE - ORACLE<br>4280 NORTH ORACLE ROAD, SUITE 100<br>TUCSON AZ 85705 | Tele (520)293-6862<br>Fax: (520)887-0160<br>Capacity : Not Applicable | 07/01/2015 to 06/30/2016<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4867 | NEXTCARE URGENT CARE - PARK<br>501 NORTH PARK AVENUE, SUITE 110<br>TUCSON AZ 85719 | Tele (520)284-9200<br>Fax: (520)284-9225<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2892 | NEXTCARE URGENT CARE - PIMA<br>6238 EAST PIMA STREET<br>TUCSON AZ 85712 | Tele (520)290-0044<br>Fax: (520)924-8399<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4490 | NEXTCARE URGENT CARE-OLD SPANISH TRAIL<br>9525 EAST OLD SPANISH TRAIL, SUITE 101<br>TUCSON AZ 85748 | Tele (480)776-1630<br>Fax: (520)721-9798<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7578 | NORTHWEST ALLIED PHYSICIANS<br>6130 NORTH LA CHOLLA BOULEVARD, SUITE 200<br>TUCSON AZ 85741 | Tele (520)544-5523<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| OTC5279 | NORTHWEST ALLIED PHYSICIANS AT CONTINENTAL RESERVE<br>8333 NORTH SILVERBELL ROAD, SUITE 161<br>TUCSON AZ 85743 | Tele (520)202-7770<br>Fax: (520)202-7773<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6981 | NORTHWEST ALLIED PHYSICIANS AT CONTINENTAL RESERVE, SUITE 181<br>8333 NORTH SILVERBELL ROAD, SUITE 181<br>TUCSON AZ 85743 | Tele (520)202-7761<br>Fax: (520)202-7765<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5315 | NORTHWEST ALLIED PHYSICIANS AT DUVAL MINE ROAD, SUITE 101<br>1295 WEST DUVAL MINE ROAD, SUITE 101<br>GREEN VALLEY AZ 85614 | Tele (520)648-4310<br>Fax: (520)648-4311<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5280 | NORTHWEST ALLIED PHYSICIANS AT FOUNTAIN PLAZA<br>6060 NORTH FOUNTAIN PLAZA, SUITE 270<br>TUCSON AZ 85704 | Tele (520)744-7721<br>Fax: (520)229-2561<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6207 | NORTHWEST ALLIED PHYSICIANS AT FOUNTAIN PLAZA<br>6060 NORTH FOUNTAIN PLAZA DRIVE, SUITE 170<br>TUCSON AZ 85704 | Tele (520)229-2578<br>Fax: (520)229-2561<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7041 | NORTHWEST ALLIED PHYSICIANS AT FOUNTAIN PLAZA, SUITE 250<br>6060 NORTH FOUNTAIN PLAZA, SUITE 250<br>TUCSON AZ 85704 | Tele (520)229-2578<br>Fax: (520)229-2561<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6988 | NORTHWEST ALLIED PHYSICIANS AT GATEWAY, SUITE 340<br>6320 NORTH LA CHOLLA BOULEVARD, SUITE 340<br>TUCSON AZ 85741 | Tele (520)575-7159<br>Fax: (520)742-0260<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6767 | NORTHWEST ALLIED PHYSICIANS AT INNOVATION<br>1850 EAST INNOVATION PARK DRIVE<br>ORO VALLEY AZ 85755 | Tele (520)797-3000<br>Fax: (520)797-3010<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5268 | NORTHWEST ALLIED PHYSICIANS AT LA PALOMA<br>4001 EAST SUNRISE DRIVE, SUITE 161<br>TUCSON AZ 85718 | Tele (520)232-5280<br>Fax: (520)232-5299<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5787 | NORTHWEST ALLIED PHYSICIANS AT LAMBERT<br>10370 NORTH LA CANADA, SUITE 150<br>ORO VALLEY AZ 85737 | Tele (520)544-4100<br>Fax: (520)544-4111<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5469 | NORTHWEST ALLIED PHYSICIANS AT MAGEE<br>7885 NORTH ORACLE ROAD<br>TUCSON AZ 85704 | Tele (520)202-1585<br>Fax: (520)202-1590<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5267 | NORTHWEST ALLIED PHYSICIANS AT ORANGE GROVE<br>1871 WEST ORANGE GROVE ROAD, SUITE 135<br>TUCSON AZ 85704 | Tele (520)240-4428<br>Fax: (520)382-3055<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5276 | NORTHWEST ALLIED PHYSICIANS AT ORO VALLEY<br>1521 EAST TANGERINE ROAD, SUITE 337<br>ORO VALLEY AZ 85755 | Tele (520)901-6381<br>Fax: (520)901-6380<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5266 | NORTHWEST ALLIED PHYSICIANS AT ORO VALLEY<br>1521 EAST TANGERINE ROAD, SUITE 315<br>ORO VALLEY AZ 85755 | Tele (520)219-5506<br>Fax: (520)825-9667<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5275 | NORTHWEST ALLIED PHYSICIANS AT ORO VALLEY - SUITE 131<br>1521 EAST TANGERINE ROAD, SUITE 131<br>ORO VALLEY AZ 85755 | Tele (520)825-5719<br>Fax: (520)825-9667<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5278 | NORTHWEST ALLIED PHYSICIANS AT PARADISE FALLS<br>3987 EAST PARADISE FALLS DRIVE, SUITE 119<br>TUCSON AZ 85712 | Tele (520)408-6955<br>Fax: (520)408-9537<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

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|---|---|---|---|
| OTC5271 | NORTHWEST ALLIED PHYSICIANS AT RANCHO VISTOSO<br>13101 NORTH ORACLE ROAD, SUITE 100<br>TUCSON AZ 85739 | Tele (520)825-0300<br>Fax: (520)901-3958<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5274 | NORTHWEST ALLIED PHYSICIANS AT SADDLEBROOKE<br>63701 EAST SADDLEBROOKE BOULEVARD, SUITE F<br>TUCSON AZ 85739 | Tele (520)818-0300<br>Fax: (520)818-2508<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7175 | NORTHWEST ALLIED PHYSICIANS CARDIOVASCULAR SERVICES<br>6080 NORTH LA CHOLLA BOULEVARD, SUITE 100<br>TUCSON AZ 85741 | Tele (520)797-6894<br>Fax: (520)797-8779<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7600 | NORTHWEST ALLIED PHYSICIANS QUICK MED SWAN<br>1622 NORTH SWAN ROAD<br>TUCSON AZ 85712 | Tele (520)544-5523<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/12/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7454 | NORTHWEST ALLIED PHYSICIANS SPORTS MEDICINE<br>6130 NORTH LA CHOLLA, SUITE 135A<br>TUCSON AZ 85741 | Tele (520)469-8077<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

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|---|---|---|---|
| OTC7558 | NORTHWEST ALLIED PHYSICIANS VALENCIA<br>1440 WEST VALENCIA DRIVE, SUITE 110<br>TUCSON AZ 85746 | Tele (520)544-5502<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/29/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7165 | NORTHWEST ALLIED QUICK MED AT VALENCIA<br>3000 WEST VALENCIA ROAD, SUITE 234<br>TUCSON AZ 85746 | Tele (520)111-1111<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6870 | NORTHWEST ALLIED WOMEN'S HEALTH<br>7440 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)742-1565<br>Fax: (520)202-7773<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6206 | NORTHWEST MEDICAL CENTER/GENERAL SURGEONS<br>6130 NORTH LA CHOLLA BOULEVARD, SUITE 210<br>TUCSON AZ 85741 | Tele (520)229-2578<br>Fax: (520)219-4926<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6651 | OLD PUEBLO COMMUNITY SERVICES<br>4501 EAST 5TH STREET, SUITE 1<br>TUCSON AZ 85711 | Tele (520)546-0122<br>Fax: (520)300-8229<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

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| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4247 | OPEN MRI SOLUTIONS LLC<br>1020 EAST PALMDALE STREET, SUITE 150<br>TUCSON AZ 85714 | Tele (520)434-0404<br>Fax: (520)889-4241<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6227 | OPTION CARE<br>5880 NORTH LA CHOLLA BOULEVARD, SUITE 126<br>TUCSON AZ 85741 | Tele (847)527-4905<br>Fax: (847)368-6583<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7430 | ORO VALLEY PEDIATRICS<br>1856 EAST INNOVATION PARK DRIVE<br>ORO VALLEY AZ 85755 | Tele (520)825-7111<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6294 | OUR FAMILY SERVICES, INC<br>3830 EAST BELLEVUE STREET<br>TUCSON AZ 85716 | Tele (520)323-1708<br>Fax: (520)323-9077<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6933 | OXFORD HEALTH NETWORK<br>5501 NORTH ORACLE ROAD, SUITE 161<br>TUCSON AZ 85704 | Tele (602)899-7088<br>Fax: (602)256-7555<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5166 | PASSPORT HEALTH - TUCSON<br>6867 NORTH ORACLE ROAD, SUITE 125<br>TUCSON AZ 85704 | Tele (480)345-6800<br>Fax: (480)855-2982<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6480 | PATHWAYS OF ARIZONA<br>1161 & 1181 NORTH EL DORADO PLACE<br>TUCSON AZ 85715 | Tele (520)748-7108<br>Fax: (520)748-1458<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6491 | PATHWAYS OF ARIZONA, INC.<br>3295 WEST INA ROAD, SUITE 150 & 200<br>TUCSON AZ 85741 | Tele (520)748-7108<br>Fax: (580)748-1458<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7599 | PEOPLE'S HEALTH CARE CONNECTION, L L C<br>3055 NORTH 1ST AVENUE<br>TUCSON AZ 85719 | Tele (520)282-1215<br>Fax: (520)881-0146<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OTC0731C | PIMA COUNTY HEALTH DEPARTMENT - EAST<br>6920 EAST BROADWAY, SUITE A, C, E, F<br>TUCSON AZ 85710 | Tele (520)724-7911<br>Fax: (520)791-6587<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0552E | PIMA COUNTY HEALTH DEPARTMENT - NORTH OFFICE<br>3550 NORTH 1ST AVENUE, SUITE 300<br>TUCSON AZ 85719 | Tele (520)724-7911<br>Fax: (520)791-6587<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4785 | PIMA COUNTY HEALTH DEPARTMENT - TB CLINIC<br>2980 EAST AJO WAY<br>TUCSON AZ 85714 | Tele (520)742-7911<br>Fax: (520)791-6587<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7197 | PIMA COUNTY HEALTH DEPARTMENT - THERESA LEE<br>1493 WEST COMMERCE COURT<br>TUCSON AZ 85745 | Tele (520)243-7911<br>Fax: (520)791-6587<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0309D | PIMA COUNTY HEALTH DEPARTMENT-GREEN VALLEY<br>601 NORTH LA CANADA<br>GREEN VALLEY AZ 85614 | Tele (520)724-7911<br>Fax: (520)791-6587<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4457 | PIMA COUNTY JUVENILE DETENTION CENTER MEDICAL UNIT<br>2225 EAST AJO WAY<br>TUCSON AZ 85713 | Tele (520)724-7721<br>Fax: (520)791-6500<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4360 | PLANNED PARENTHOOD - SANGER<br>2255 NORTH WYATT DRIVE<br>TUCSON AZ 85712 | Tele (520)624-1766<br>Fax: (602)604-0159<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7807 | PLAZA OUTPATIENT SERVICE CENTER<br>2502 NORTH DODGE BOULEVARD, SUITE 190<br>TUCSON AZ 85716 | Tele (480)831-7566<br>Fax: (520)882-5676<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CSLG6376 | PORTABLE PRACTICAL EDUCATIONAL PREPARATION, INC.<br>111 LA MINA AVENUE, SUITE 5<br>AJO AZ 85321 | Tele (520)387-5232<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7912 | QUICKMED URGENT CARE NORTHWEST ALLIED PHYSICIANS<br>3630 WEST TANGERINE ROAD, SUITE 100<br>MARANA AZ 85658 | Tele (520)539-1981<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4573 | RADIOLOGY LTD-CARONDELET<br>6567 EAST CARONDELET DRIVE, SUITE 105<br>TUCSON AZ 85710 | Tele (520)545-1966<br>Fax: (520)318-6139<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5001 | RAPID SOUND, INC | | | Tele (520)625-7670 | | 12/01/2015 | to | 11/30/2016 |
| | 450 WEST CONTINENTAL ROAD | | | Fax: (520)625-7362 | | | | |
| | GREEN VALLEY | AZ | 85622 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7126 | RECOVERY IN MOTION | | | Tele (480)223-2546 | | 04/01/2016 | to | 03/31/2017 |
| | 1604 NORTH COUNTRY CLUB DRIVE | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85716 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7857 | RINCON RECOVERY | | | Tele (520)272-0609 | | 09/16/2016 | to | 08/31/2017 |
| | 5956 EAST PIMA STREET, SUITE 140 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7179 | S.T.A.R.S. | | | Tele (480)677-1193 | | 10/01/2016 | to | 09/30/2017 |
| | 1951 NORTH WILMOT ROAD, BUILDING 1, UNIT 4 | | | Fax: (480)282-6600 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7345 | SABINO RECOVERY | | | Tele (520)749-0020 | | 10/14/2015 | to | 09/30/2016 |
| | 8505 EAST OCOTILLO DRIVE | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85750 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5362 | SANTA RITA OUTPATIENT THERAPY<br>170 NORTH LA CANDAD DRIVE, SUITE 20<br>GREEN VALLEY AZ 85614 | Tele (503)352-3049<br>Fax: (520)625-2871<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6525 | SEABHS - TUCSON OUTPATIENT CLINIC<br>1430 EAST FORT LOWELL, SUITE 210<br>TUCSON AZ 85719 | Tele (520)221-0468<br>Fax: (520)586-6111<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC5417 | SIMONMED IMAGING - ORANGE GROVE<br>1845 WEST ORANGE ROAD, SUITE 103<br>TUCSON AZ 85704 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7823 | SIMONMED IMAGING - ST MARY'S<br>1313 WEST ST MARY'S ROAD<br>TUCSON AZ 85745 | Tele (602)320-3344<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/18/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5416 | SIMONMED IMAGING - WILMOT<br>310 NORTH WILMOT ROAD, SUITE 302<br>TUCSON AZ 85711 | Tele (602)320-3344<br>Fax: (602)441-0789<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7280 | SONORA BEHAVIORAL HEALTH - OUTPATIENT SERVICES<br>2001 WEST ORANGE GROVE ROAD, SUITE 114, 112 & 102<br>TUCSON AZ 85704 | Tele (520)469-8700<br>Fax: (520)399-8199<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7790 | SOUTHERN ARIZONA URGENT CARE<br>90 WEST RIVER ROAD<br>TUCSON AZ 85704 | Tele (520)544-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/17/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7944 | SOUTHERN ARIZONA URGENT CARE<br>3662 WEST INA ROAD, SUITE 150<br>TUCSON AZ 85741 | Tele (520)544-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/22/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5506 | SOUTHERN ARIZONA URGENT CARE, LLC<br>7725 NORTH ORACLE ROAD, SUITE 131<br>ORO VALLEY AZ 85704 | Tele (520)544-2273<br>Fax: (520)544-4227<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7471 | SOUTHERN ARIZONA URGENT CARE, LLC<br>1880 EAST TANGERINE, SUITE 100<br>ORO VALLEY AZ 85755 | Tele (520)544-2273<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/30/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7113 | SU VOZ VALE | | | Tele (520)327-4505 | 04/01/2016 to 03/31/2017 |
| | 101 WEST IRVINGTON ROAD, OFFICE 3 A | | | Fax: (520)434-0248 | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6127 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | 12/01/2015 to 11/30/2016 |
| | 7800 NORTH CORTARO ROAD | | | Fax: (847)368-6583 | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6131 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2016 to 11/30/2017 |
| | 2180 WEST GRANT ROAD | | | Fax: (847)368-6583 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6132 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | 12/01/2016 to 11/30/2017 |
| | 3910 EAST 22ND STREET | | | Fax: (847)368-6583 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6133 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | 12/01/2016 to 11/30/2017 |
| | 10315 EAST BROADWAY BOULEVARD | | | Fax: (847)368-6583 | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6130 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | | 12/01/2015 | to | 11/30/2016 |
| | 2150 WEST ORANGE GROVE ROAD | | | Fax: (847)368-6583 | | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6128 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4905 | | 12/01/2015 | to | 11/30/2016 |
| | 10405 LA CANADA DRIVE | | | Fax: (847)368-6583 | | | | |
| | TUCSON | AZ | 85737 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6126 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2016 | to | 11/30/2017 |
| | 6767 EAST BROADWAY BOULEVARD | | | Fax: (847)368-6583 | | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6129 | TAKE CARE HEALTH SERVICES | | | Tele (847)527-4768 | | 12/01/2015 | to | 11/30/2016 |
| | 4685 EAST GRANT ROAD | | | Fax: (847)368-6583 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7875 | TMC MEDICAL NETWORK | | | Tele (520)324-4439 | | 10/06/2016 | to | 09/30/2017 |
| | 2380 NORTH FERGUSON AVENUE, SUITE 100 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7937 | TMC MEDICAL NETWORK | | | Tele (520)324-2297 | 11/10/2016 to 10/31/2017 |
| | 1100 NORTH EL DORADO PLACE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7781 | TMC ONE | | | Tele (520)324-4403 | 08/15/2016 to 07/31/2017 |
| | 70 NORTH HARRISON ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7517 | TMC ONE | | | Tele (520)324-4774 | 01/04/2016 to 12/31/2016 |
| | 2900 NORTH SWAN ROAD, SUITE 102 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7518 | TMC ONE | | | Tele (520)324-4774 | 01/04/2016 to 12/31/2016 |
| | 9348 EAST RITA ROAD, SUITE #100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7780 | TMC ONE | | | Tele (520)324-4439 | 08/09/2016 to 07/31/2017 |
| | 2625 NORTH CRAYCROFT ROAD, #201 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7298 | TMC ONE | | | Tele (520)324-4499 | 09/01/2016 to 08/31/2017 |
| | 9356 EAST RITA ROAD, SUITE #180 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7220 | TMC ONE | | | Tele (520)324-4439 | 07/01/2016 to 06/30/2017 |
| | 1396 NORTH WILMOT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7218 | TMC ONE | | | Tele (520)324-4439 | 07/01/2016 to 06/30/2017 |
| | 5295 EAST KNIGHT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7217 | TMC ONE | | | Tele (520)324-4439 | 07/01/2016 to 06/30/2017 |
| | 2424 NORTH WYATT, SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6639 | TOUCHSTONE HEALTH SERVICES | | | Tele (602)732-4950 | 07/01/2016 to 07/31/2017 |
| | 4595 SOUTH PALO VERDE ROAD, SUITE 533 | | | Fax: (602)732-5480 | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7190 | TREATMENT ASSESSMENT SCREENING CENTER<br>244 WEST DRACHMAN<br>TUCSON AZ 85705 | Tele (520)903-2525<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7191 | TREATMENT ASSESSMENT SCREENING CENTER<br>6645 EAST 22ND STREET<br>TUCSON AZ 85710 | Tele (520)903-2525<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3155 | TUCSON CLINICA MEDICA FAMILIAR<br>3770 SOUTH 16TH AVENUE<br>TUCSON AZ 85713 | Tele (520)620-1200<br>Fax: (520)620-1400<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7530 | TUCSON CONCUSSION CENTER, LLC<br>5199 EAST FARNESS DRIVE, SUITE 101<br>TUCSON AZ 85712 | Tele (520)620-9200<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/19/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6406 | TUCSON PAIN PHYSICIANS, LLC<br>1925 WEST ORANGE GROVE ROAD, SUITE 109<br>TUCSON AZ 85741 | Tele (623)486-1510<br>Fax: (623)486-1529<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6203 | TURN YOUR LIFE AROUND, INC<br>1109 WEST PRINCE ROAD, SUITE 111<br>TUCSON AZ 85705 | Tele (520)887-2643<br>Fax: (520)293-6956<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC7576 | U OF A DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE MOBILE HLTH PROGRAM<br>1450 NORTH CHERRY AVENUE<br>TUCSON AZ 85719 | Tele (520)621-0088<br>Fax: (520)626-9086<br>Capacity : Not Applicable | 02/11/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3502 | UNIVERSITY OF ARIZONA CAMPUS HEALTH SERVICE<br>1224 EAST LOWELL STREET<br>TUCSON AZ 85721 | Tele (520)621-7428<br>Fax: (520)621-8412<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7825 | URGENT SPECIALISTS, L.L.C.<br>2120 WEST INA ROAD, SUITE 100<br>TUCSON AZ 85741 | Tele (520)395-0471<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/31/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5403 | US HEALTH WORKS<br>888 SOUTH CRAYCROFT ROAD, SUITE 150<br>TUCSON AZ 85711 | Tele (520)747-0446<br>Fax: (520)747-0417<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5400 | US HEALTHWORKS MEDICAL GROUP OF ARIZONA<br>2945 WEST INA ROAD, SUITE 103<br>TUCSON AZ 85741 | Tele (520)877-8600<br>Fax: (520)877-8601<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5401 | US HEALTHWORKS MEDICAL GROUP OF AZ, PC TUCSON WEST<br>1661 WEST GRANT ROAD<br>TUCSON AZ 85745 | Tele (520)628-4340<br>Fax: (520)628-1871<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4990 | VICTORY MOBILE MEDICAL UNIT<br>2561 WEST RUTHRAUFF ROAD<br>TUCSON AZ 85705 | Tele (520)293-6386<br>Fax: (520)293-1863<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3965 | VILLA MARIA CARE CENTER OUTPATIENT THERAPY CLINIC<br>4310 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)323-9351<br>Fax: (520)323-6857<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7670 | WELLBEING INSTITUTE<br>6879 NORTH ORACLE ROAD, SUITE 111<br>TUCSON AZ 85704 | Tele (520)225-0584<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/04/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | RAPID-RAY | | | Tele | (520)625-7670 | | to | |
| | 450 WEST CONTINENTAL ROAD | | | Fax: | (520)625-7362 | | | |
| | GREEN VALLEY | AZ | 85614 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

## Sub-Type : SKILLED NURSING FACILITY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-1718 | BROOKDALE SANTA CATALINA | | | Tele | (520)742-6242 | 02/01/2017 | to | 01/31/2018 |
| | 7500 NORTH CALLE SIN ENVIDIA | | | Fax: | (520)742-4533 | | | |
| | TUCSON | AZ | 85718 | Capacity : | 42 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2725 | COPPER HEALTH ORO VALLEY | | | Tele | (602)368-8203 | 03/24/2016 | to | 02/28/2017 |
| | 1119 EAST RANCHO VISTOSO BLVD | | | Fax: | (602)368-8211 | | | |
| | ORO VALLEY | AZ | 85755 | Capacity : | 36 | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2671 | SPLENDIDO AT RANCHO VISTOSO | | | Tele | (520)878-2600 | 02/01/2017 | to | 01/31/2018 |
| | 13500 NORTH RANCHO VISTOSO BLVD | | | Fax: | (520)878-2705 | | | |
| | TUCSON | AZ | 85755 | Capacity : | 36 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2736 | HAVEN HEALTH GROUP LLC | | | Tele | (520)299-7088 | 11/01/2016 | to | 12/31/2017 |
| | 3705 NORTH SWAN ROAD | | | Fax: | (520)529-0038 | | | |
| | TUCSON | AZ | 85718 | Capacity : | 118 | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DISTINCT PARTITION

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2621 | SANTA ROSA CARE CENTER | | | Tele | (520)795-1610 | 04/01/2015 | to | 03/31/2016 |
| | 1650 NORTH SANTA ROSA AVENUE | | | Fax: | (520)795-6355 | | | |
| | TUCSON | AZ | 85712 | Capacity : | 144 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2698 | VILLA CAMPANA REHABILITATION HOSPITAL LLC | | | Tele | (520)731-8500 | 03/01/2016 | to | 02/28/2017 |
| | 6651 EAST CARONDELET DRIVE | | | Fax: | (714)256-2003 | | | |
| | TUCSON | AZ | 85710 | Capacity : | 120 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-263 | VILLA MARIA CARE CENTER, LLC | | | Tele | (520)323-9351 | 05/01/2016 | to | 04/30/2017 |
| | 4310 EAST GRANT ROAD | | | Fax: | (520)323-6490 | | | |
| | TUCSON | AZ | 85712 | Capacity : | 83 | Medcaid_Cert: | | Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY | | | Tele | (520)361-1800 | | to | |
| | HCO 1 BOX 9100 | | | Fax: | (520)361-3656 | | | |
| | SELLS | AZ | 85634 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-212 | ARIZONA STATE VETERAN HOME-TUCSON | | | Tele | (520)638-2150 | 12/01/2016 | to | 11/30/2017 |
| | 555 EAST AJO WAY | | | Fax: | (520)638-2166 | | | |
| | TUCSON | AZ | 85713 | Capacity : | 120 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2643 | AVALON SOUTHWEST HEALTH & REHAB<br>2900 EAST MILBER STREET<br>TUCSON AZ 85714 | Tele (520)294-0005<br>Fax: (520)294-0076<br>Capacity : 240 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2715 | CASAS ADOBES POST ACUTE REHAB CENTER<br>1919 WEST MEDICAL STREET<br>TUCSON AZ 85704 | Tele (520)297-8311<br>Fax: (520)742-7597<br>Capacity : 230 | 05/01/2015 to 04/30/2016<br>Medcaid_Cert: Certified |
| NCI-2634 | CATALINA POST ACUTE AND REHABILITATION<br>2611 NORTH WARREN AVENUE<br>TUCSON AZ 85719 | Tele (520)795-9574<br>Fax: (520)321-4983<br>Capacity : 102 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-2652 | DEVON GABLES REHABILITATION CENTER<br>6150 EAST GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)296-6181<br>Fax: (520)298-0997<br>Capacity : 312 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| NCI-2702 | FOOTHILLS REHABILITATION CENTER<br>2250 NORTH CRAYCROFT ROAD<br>TUCSON AZ 85712 | Tele (520)733-8700<br>Fax: (520)733-8980<br>Capacity : 149 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-235 | HANDMAKER HOME FOR THE AGING<br>2221 NORTH ROSEMONT BOULEVARD<br>TUCSON AZ 85712 | Tele (520)881-2323<br>Fax: (520)881-3466<br>Capacity : 94 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-2731 | LA CANADA CARE CENTER<br>7970 NORTH LA CANADA DRIVE<br>TUCSON AZ 85704 | Tele (520)797-1191<br>Fax: (520)742-3437<br>Capacity : 128 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| NCI-2721 | LIFE CARE CENTER OF TUCSON<br>6211 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)575-0900<br>Fax: (520)575-0483<br>Capacity : 162 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| NCI-2726 | MOUNTAIN VIEW CARE CENTER<br>1313 WEST MAGEE ROAD<br>TUCSON AZ 85704 | Tele (520)797-2600<br>Fax: (520)575-6234<br>Capacity : 120 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| NCI-2639 | PARK AVENUE HEALTH AND REHABILITATION CENTER<br>2001 NORTH PARK AVENUE<br>TUCSON AZ 85719 | Tele (520)882-6151<br>Fax: (520)620-1546<br>Capacity : 200 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2688 | PUEBLO SPRINGS REHABILITATION CENTER<br>5545 EAST LEE STREET<br>TUCSON AZ 85712 | Tele (520)296-2306<br>Fax: (520)296-4072<br>Capacity : 129 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| NCI-279 | SABINO CANYON REHABILITATION & CARE CENTER<br>5830 EAST PIMA STREET<br>TUCSON AZ 85712 | Tele (520)722-5515<br>Fax: (520)886-8082<br>Capacity : 112 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| NCI-2649 | SANTA RITA NURSING & REHABILITATION CENTER<br>150 NORTH LA CANADA DRIVE<br>GREEN VALLEY AZ 85614 | Tele (520)625-0178<br>Fax: (520)625-7107<br>Capacity : 132 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| NCI-419 | THE HEALTH CARE CENTER AT THE FORUM AT TUCSON<br>2500 NORTH ROSEMONT BOULEVARD<br>TUCSON AZ 85712 | Tele (520)795-7892<br>Fax: (520)319-4078<br>Capacity : 67 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA9161 | ALICIA NICOLE ALVARADO<br>701 W WETMORE<br>TUCSON AZ 85705 | Tele (520)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9682 | ALVARADO GALLARDO, STAPHANEY | | | Tele (520)000-0000 | 10/22/2015 to 10/31/2017 |
| | P O BOX 87671 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6870 | ANDERSON, JANE QUINN | | | Tele (520)696-8856 | 07/01/2016 to 06/30/2018 |
| | 1450 W PRINCE RD | | | Fax: (520)690-2405 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8899 | ANDES, MONICA L | | | Tele (520)879-2000 | 06/01/2016 to 05/31/2018 |
| | 13801 E BENSON HWY | | | Fax: (520)879-2001 | |
| | CORONA | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9565 | BECKLEY, CYNTHIA H. | | | Tele (520)000-0000 | 07/21/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9877 | BERNAL, JORDAN ELIZABETH | | | Tele (520)000-0000 | 03/25/2016 to 03/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7602 | CARR, JEREMY G. | | | Tele (520)545-2094 | 01/01/2016 to 12/31/2018 |
| | 2238 E GINTER ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7449 | CHAMBLAIN, STEPHANIE | | | Tele (520)696-5000 | 10/01/2016 to 09/30/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10128 | COHN, ELIZABETH AMANDA | | | Tele (954)000-0000 | 07/05/2016 to 07/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10292 | DIANA ELAIZABETH CENTENO | | | Tele (520)000-0000 | 09/28/2016 to 09/27/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9231 | DICAMILLO, MICHELLE E. | | | Tele (520)879-2500 | 01/16/2015 to 01/31/2017 |
| | 13801 E BENJON HIGHWAY | | | Fax: (520)879-2501 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7882 | DOBBIE, AMANDA L. | | | Tele (520)232-2021 | 07/01/2016 to 06/30/2018 |
| | 2260 N ROSEMONT STE 100 | | | Fax: (520)232-2553 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9339 | ELIAS-TERRY, ANA | | | Tele (520)989-9799 | 05/15/2015 to 05/31/2017 |
| | P O BOX 86853 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7694 | ESPINOZA, GISELL | | | Tele (520)300-5585 | 03/01/2016 to 02/28/2018 |
| | 620 N COUNTRY CLUB | | | Fax: (520)396-3785 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8704 | FENSKE, ALEXANDRA L. | | | Tele (520)209-8300 | 02/01/2016 to 01/31/2018 |
| | 4300 E SUNRISE DR | | | Fax: (520)209-8620 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8107 | FUOCO, ALLISON J | | | Tele (520)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9382 | GARCIA, ADYS E. | | | Tele (928)000-0000 | 06/09/2015 to 06/08/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | RINCON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10162 | GARCIA, FERNANDA | | | Tele (520)792-2636 | 08/08/2016 to 08/07/2018 |
| | 7750 EBROADWAY BLVD SUITE A-250 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7885 | GARZA, ALVARO | | | Tele (520)872-9123 | 07/01/2016 to 06/30/2018 |
| | 1455 S ALVERNON WAY | | | Fax: (520)207-3775 | |
| | CORONADO | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6431 | GENTRY, CHRISTINA M. | | | Tele (520)696-6420 | 12/01/2015 to 11/30/2017 |
| | 701 W WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8265 | GONZALEX, ANA S. | | | Tele (520)300-5585 | 08/05/2016 to 08/04/2018 |
| | 620 N COUNTRY CLUD ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7637 | HUNTER, CHRISTINA A. | | | Tele (520)879-2500 | | 02/01/2016 | to | 01/31/2018 |
| | 16701 S HOUGHTON RD | | | Fax: ( ) - | | | | |
| | CORONA | AZ | 85641 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10375 | JEANETTE M RAMIREZ | | | Tele (520)000-0000 | | 11/28/2016 | to | 11/27/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85736 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7467 | JOHNSON FAFLIK, ELIZE D. | | | Tele (520)696-6090 | | 10/01/2016 | to | 09/30/2018 |
| | 1661 W SAGE ST | | | Fax: (520)696-6137 | | | | |
| | ORO VALLEY | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8631 | JONES, VICKIE S | | | Tele (520)296-0883 | | 11/01/2015 | to | 10/31/2017 |
| | 9239 E WRIGHTSTOWN ROAD | | | Fax: ( ) - | | | | |
| | FORT LOWELL | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9584 | JONUS, HILARY E. | | | Tele (520)696-5000 | | 09/25/2015 | to | 09/30/2017 |
| | 701 W WETMORE ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85705 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10319 | JORDAN NICOLE MCGUIRE | | | Tele (910)000-0000 | | 10/20/2016 | to | 10/19/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ORO VALLEY | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9974 | KLENSIN-MONTROSE, MARILYN M. | | | Tele (520)000-0000 | | 05/10/2016 | to | 05/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85730 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9802 | LOREDO, PRISCILLA M. | | | Tele (928)000-0000 | | 01/13/2016 | to | 01/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85745 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8319 | MANECKE, CATHERINE F | | | Tele (520)505-3640 | | 06/01/2016 | to | 05/31/2018 |
| | 3500 W CORTARO FARMS | | | Fax: (520)579-6833 | | | | |
| | TUCSON | AZ | 85742 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10180 | MANJARRE, BRIANNA MARIE | | | Tele (520)000-0000 | | 08/02/2016 | to | 08/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9983 | MARTINEZ, JOAQUIN ISACC | | | Tele (520)621-1644 | 06/15/2016 to 06/14/2018 |
| | 1131 E 2ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10211 | MAYRA GUADALUPE VALDEZ | | | Tele (520)245-3539 | 08/23/2016 to 08/22/2018 |
| | 10959 E MESQUITE VALLEY TRAIL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6362 | MCQUOWN, BRIANNA M. | | | Tele (520)696-5943 | 02/01/2016 to 01/31/2018 |
| | 1000 W CHAPALA DR | | | Fax: (520)696-5996 | |
| | ORO VALLEY | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7512 | MEREDITH, MICHELINE A. | | | Tele (520)000-0000 | 07/06/2016 to 07/05/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7618 | MORDAUNT, CHRISTINE E | | | Tele (520)300-5585 | 02/02/2016 to 01/31/2018 |
| | 620 N COUNTRY CLUB RD | | | Fax: (520)396-3785 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8742 | PACO, ANDREA | | | Tele (520)879-2000 | 03/01/2016 to 02/28/2018 |
| | 13801 E BENSON HIGHWAY | | | Fax: (520)879-2001 | |
| | CORONA | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9869 | PHILPOTT-MATSON, BENJAMIN LINDEN | | | Tele (562)000-0000 | 03/09/2016 to 03/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10365 | RACHELLE ANN VASQUEZ | | | Tele (520)000-0000 | 11/14/2016 to 11/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85757 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7340 | ROJAS, ANGELICA B.L. | | | Tele (520)300-5585 | 07/01/2016 to 06/30/2018 |
| | 620 N COUNTRY CLUB RD | | | Fax: (520)396-3785 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7354 | ROMERO, LUZ ELENA | | | Tele (520)324-3600 | 08/01/2016 to 07/31/2018 |
| | 2600 N WYATT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9772 | ROMERO, NICHOLE M. | | | Tele (520)760-2782 | 12/17/2015 to 12/16/2017 |
| | 10760 E TANQUE VERDE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9747 | ROSS, MICHAEL | | | Tele (520)696-5000 | to |
| | 701 W WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9129 | SANTANA, LINDSAY T. | | | Tele (520)545-3760 | 10/01/2016 to 09/30/2018 |
| | SUNNYSIDE UNIFIED SCHOOL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8235 | SHIRK, CLAYTON T | | | Tele (520)232-2021 | 04/01/2016 to 03/31/2018 |
| | 2260 N ROSEMONT | | | Fax: (520)232-2523 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7878 | STEVENS, NICOLE M. | | | Tele (520)232-2021 | 08/01/2016 to 07/31/2018 |
| | 2260 N ROSEMONT BLVD STE 100 | | | Fax: (520)232-2553 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10037 | SULLIVAN, ANNE MARIE | | | Tele (520)300-5585 | 06/01/2016 to 05/31/2018 |
| | 620 N COUNTRY CLUB ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7751 | THRELKELD, JEFFREY J. | | | Tele (520)300-5585 | 06/01/2016 to 05/31/2018 |
| | 620 N COUNTRY CLUB ROAD | | | Fax: (520)298-0035 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7496 | TIBBETTS, STACY A. | | | Tele (520)829-9635 | 10/01/2015 to 09/30/2017 |
| | 1601 NORTH TUCSON BLVD, STE 6 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9692 | UPDIKE, HANNAH G. | | | Tele (623)000-0000 | 09/22/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9912 | VALDESPINO, CASSANDRA A. | | | Tele (916)000-0000 | 04/07/2016 to 04/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7500 | VALDEZ, ALMA L. | | | Tele (520)245-3539 | 11/01/2015 to 10/31/2017 |
| | 10959 EAST MESQUITE VALLEY TRAIL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6628 | VILLAESCUSA, KATHRYN A. | | | Tele (520)733-7373 | 02/01/2016 to 01/31/2018 |
| | 8140 E GOLFLINKS | | | Fax: (520)733-7392 | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8668 | WELTON, LISSI L | | | Tele (520)000-0000 | 01/01/2016 to 12/31/2017 |
| | 13299 COLOSSAL CAVE | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9674 | WHITE, MEGHAN D. | | | Tele (520)621-1644 | 09/08/2015 to 09/30/2017 |
| | 1131 E 2ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8202 | WILLIAMS, KIA N | | | Tele (520)515-5015 | 02/01/2016 to 01/31/2018 |
| | 436 WILLIAMS STREET | | | Fax: (520)151-2752 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4694 | SALLY J PETERSON-FALZONE | | | Tele (520)572-7220 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85752 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5079 | ABBEY, BRENDA M. | | | Tele (520)324-3658 | 02/01/2016 to 01/31/2018 |
| | 5301 EAST GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0609 | ABDAI, AMY B | | | Tele (520)696-5226 | 02/01/2016 to 01/31/2018 |
| | 701 WEST WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5125 | ADAMS, EDWARD T. | | | Tele (520)731-4711 | 09/01/2016 to 08/31/2018 |
| | 1010 E 10TH ST | | | Fax: (520)731-4701 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8518 | AGUILAR, JESSICA M | | | Tele (928)000-0000 | 02/10/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2011 | AGUIRRE-HERNANDEZ, IVONNE D. | | | Tele (520)225-2000 | 01/01/2016 to 12/31/2017 |
| | 1010 E 10TH STREET | | | Fax: (520)252-2001 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5523 | AHERN, DONNA | | | Tele (520)904-8406 | 04/01/2016 to 03/31/2018 |
| | 10590 N SHANNON RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1031 | ALFONSO, ROSA M. | | | Tele (520)722-5515 | 05/01/2016 to 04/30/2018 |
| | 5830 EAST PIMA STREET | | | Fax: (520)751-0322 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9265 | ALJURF, SOHA A. | | | Tele (860)000-0000 | 02/01/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0919 | ALLDREDGE, BETH A | | | Tele (520)256-4179 | 04/01/2016 to 03/31/2018 |
| | 1010 E TENTH ST | | | Fax: (520)319-1719 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7167 | ALLEN, JANE E<br>6200 NORTH LA CHOLLA BOULEVARD<br>TUCSON AZ 85741 | Tele (520)742-9000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1821 | ALLEN, JENNIFER L.<br>2600 N WYATT DR<br>TUCSON AZ 85712 | Tele (520)324-3600<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP6397 | ALLEN, NICOLE D.<br>701 W WETMORE ROAD<br>TUCSON AZ 85705 | Tele (520)696-5230<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP9413 | ALLISON K PAPE<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85750 | Tele (520)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP0772 | ALT, MARY<br>1131 EAST 2ND STREET<br>TUCSON AZ 85721 | Tele (520)626-6180<br>Fax: (520)621-9901<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0492 | ANA VELEZ | | | Tele (520)000-0000 | 01/01/2016 to 12/31/2017 |
| | 1556 W PRINCE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4247 | ANDREWS, VALORIE L. | | | Tele (520)225-6410 | 10/01/2016 to 09/30/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8923 | ANGELA LEIGH RUNYON | | | Tele (520)584-6700 | 09/01/2016 to 08/31/2018 |
| | MYERS GANOUNG ELEMENTARY SCHOOL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85740 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0514 | ARAMBURU, ROCIO G. | | | Tele (520)745-5588 | 01/01/2016 to 12/31/2017 |
| | 4710 E 29TH STREET BLDG #5 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8930 | ARCHER, RECECCA J. | | | Tele (210)000-0000 | 06/11/2015 to 06/30/2017 |
| | 2802 W ANKLAM RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6792 | ARNOLD EWING, KAREN M. | | | Tele (520)324-3600 | 12/01/2015 to 11/30/2017 |
| | 2600 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4429 | ASHCRAFT, AMY J | | | Tele (520)749-2235 | 12/01/2015 to 11/30/2017 |
| | 2300 N TANQUE VERDE LOOP | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9929 | AUDREY ROSE DRISCOLL | | | Tele (520)209-8300 | 04/20/2016 to 04/19/2018 |
| | 4300 E SUNRISE DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1756 | BAILEY, MARY E. | | | Tele (520)000-0000 | 04/01/2016 to 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1163 | BAITY, LORI M. | | | Tele (520)325-9056 | 07/01/2016 to 06/30/2018 |
| | 3443 N CAMPBELL AVE SUITE 155 | | | Fax: (520)325-9101 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1797 | BAKER, CHRISTINA P. | | | Tele (520)260-1121 | 01/01/2016 to 12/31/2017 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1552 | BALDWIN, TERI L. | | | Tele (602)000-0000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | MARANA | AZ | 85658 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7027 | BARKER, REBECCA L. | | | Tele (253)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0270 | BARNES, LORI J. | | | Tele (520)907-7318 | 12/01/2015 to 11/30/2017 |
| | 9899 E MILLMAR RD | | | Fax: (520)584-4801 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7845 | BAYLEY, CHELSEA K. | | | Tele (602)527-1726 | 01/01/2016 to 12/31/2017 |
| | 1131 E 2ND ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1227 | BEESON, PELAGIE M. | | | Tele (520)621-9879 | 08/01/2016 to 07/31/2018 |
| | 1131 E SECOND STREET | | | Fax: (520)626-1364 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5970 | BELINDA K SHEA | | | Tele (520)682-4738 | 08/01/2016 to 07/31/2018 |
| | 11279 W GRIER RD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6011 | BENITEZ, ELIZABETH S. | | | Tele (520)225-6000 | 07/07/2015 to 07/31/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9054 | BENNETT, LAUREN S. | | | Tele (520)829-9635 | 05/01/2015 to 05/31/2017 |
| | 1601 N TUCSON BLVD STE 6 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0438 | BENSON, DEBRA G. | | | Tele (520)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9733 | BENSON, MERRIE B. | | | Tele (408)000-0000 | 10/30/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0583 | BERNAS, SUSAN A. | | | Tele (520)792-2636 | 03/01/2016 to 02/28/2018 |
| | 7750 EAST BROADWAY BLVD SUITE A250 | | | Fax: (520)326-0564 | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8879 | BERRY, JUSTIN S | | | Tele (520)795-9574 | 07/15/2015 to 07/31/2017 |
| | 2611 N WARREN AVE | | | Fax: (520)795-0189 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7122 | BEVIER, JUDY L. | | | Tele (520)225-6610 | 10/15/2015 to 10/31/2017 |
| | 1010 TENTH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7203 | BIRD, MEGHAN K | | | Tele (520)625-3502 | 11/01/2015 to 10/31/2017 |
| | 350 W SAHUARITA RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85736 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0704 | BLOESER, RUBYE L. | | | Tele (520)631-0762 | 02/01/2016 to 01/31/2018 |
| | 7671 E TANQUE VERDE # 564 | | | Fax: (520)452-3867 | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5435 | BOIES, ROBERT M. | | | Tele (520)000-0000 | 08/08/2016 to 08/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5945 | BOOCK, MARLENE S. | | | Tele (520)731-5000 | 08/01/2016 to 07/31/2018 |
| | 8300 EAST SPEEDWAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5133 | BORBOA, MAVIA M. | | | Tele (520)682-3243 | 06/01/2016 to 05/31/2018 |
| | 11279 WEST GRIER ROAD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0161 | BRACAMONTE, SHERI B | | | Tele (520)545-1103 | 12/01/2015 to 11/30/2017 |
| | 1 E TOOLE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1624 | BRAD NEIL LAMBERT | | | Tele (520)742-2800 | 08/01/2016 to 07/31/2018 |
| | 1921 W HOSPITAL DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0068 | BRENDA ELAINE EVANS | | | Tele (520)471-2571 | 01/01/2017 to 12/31/2018 |
| | BRENDA EVANS, SLP | | | Fax: (520)232-6701 | |
| | MARANA | AZ | 85658 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5662 | BRIGGS, LINDA J. | | | Tele (520)872-4846 | 09/01/2016 to 08/31/2018 |
| | 1601 W ST MARYS RD ST MARYS HOSPITAL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4414 | BRINKERHOFF, REBECCA L. | | | Tele (520)792-1450 | 11/01/2015 to 10/31/2017 |
| | 3601 S 6TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1135 | BROOM, DONNA R. | | | Tele (520)294-0005 | 07/01/2016 to 06/30/2018 |
| | 2900 EAST MILBER | | | Fax: ( ) - | |
| | TUCSON | AZ | 85714 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9427 | BROSS, LINDSEY R. | | | Tele (520)297-8311 | | 06/01/2016 | to | 05/31/2018 |
| | 1919 W MEDICAL STREET | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8888 | BROWN, MARY A B | | | Tele (520)742-9000 | | 06/01/2016 | to | 05/31/2018 |
| | NORTHWEST MEDICAL CENTER | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85741 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6052 | BROWN, NADIA | | | Tele (860)214-1638 | | 10/01/2015 | to | 09/30/2017 |
| | 11900 N LACANADA DRIVE #68416 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85737 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1857 | BUCKLEY, REGINA M | | | Tele (520)749-4244 | | 08/01/2016 | to | 07/31/2018 |
| | 2300 N TANQUE VERDE LOOP RD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85749 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1414 | BUNTON, KATE E. | | | Tele (520)621-2210 | | 01/01/2016 | to | 12/31/2017 |
| | 1131 E 2ND STREET | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85721 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7730 | BURTON, REBECCA E. | | | Tele (480)000-0000 | 07/13/2016 to 07/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4397 | BURTON-ROMERO, SARAH R. | | | Tele (520)742-9000 | 03/01/2016 to 02/28/2018 |
| | 6200 NORTH LA CHOLLA | | | Fax: (480)342-0123 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7352 | BUTALLA, CHRISTINE E | | | Tele (520)872-3000 | 07/01/2016 to 06/30/2018 |
| | 1601 W ST MARYS RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP10024 | CAISSE, KATELYN ANNE | | | Tele (585)000-0000 | 05/27/2016 to 05/26/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5581 | CAPELL, NICOLE W. | | | Tele (520)901-3580 | 08/01/2016 to 07/31/2018 |
| | 1551 E TANGERINE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1499 | CARDINAL, HOLLY W. | | | Tele (520)400-9037 | 03/01/2016 to 02/28/2018 |
| | 8145 NORTH CAROLYN PLACE | | | Fax: (520)219-7071 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6769 | CARRIG, EMILY JO | | | Tele (520)682-4730 | 06/01/2016 to 05/31/2018 |
| | 11279 W GRIER RD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1540 | CARSON, ALISON B. | | | Tele (520)879-1776 | 05/01/2016 to 04/30/2018 |
| | 12775 EAST MARY ANN CLEVELAND WAY | | | Fax: (866)597-1700 | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8327 | CARTERN, MAREN L. | | | Tele (520)874-4177 | 06/01/2016 to 05/31/2018 |
| | 2800 E AJO WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0536 | CASTEIX, JENNIFER A. | | | Tele (520)626-2938 | 01/01/2016 to 12/31/2017 |
| | PO BOX 210071 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7813 | CASTELLANOS, MAURA | | | Tele (520)603-5865 | 08/01/2016 to 07/31/2018 |
| | PO BOX 87671 | | | Fax: (520)584-6701 | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6661 | CAZARES JR., JOSE M. | | | Tele (520)544-2300 | 11/01/2015 to 10/31/2017 |
| | 7070 N ORACLE RD SUITE 250 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9684 | CAZZATO, KATHLEEN R. | | | Tele (501)000-0000 | 09/16/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9456 | CHEIFETZ, GRACE I. S. | | | Tele (520)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5520 | CHRISTENSEN, DEBORAH D | | | Tele (520)549-9125 | 06/01/2016 to 05/31/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5203 | CHRISTY, JULIE M. | | | Tele (520)784-1938 | 09/01/2016 to 08/31/2018 |
| | 1609 N WILMOT SUITE 106C | | | Fax: (520)721-6977 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0125 | CHUZI, KEN M. | | | Tele (520)694-6341 | 12/01/2015 to 11/30/2017 |
| | 1501 N CAMPBELL AVE | | | Fax: (520)529-1271 | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10166 | CLAIRE FRANCIS CANNADY FURNIVAL | | | Tele (270)000-0000 | 07/25/2016 to 07/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0447 | CLEMENT, JOLENE | | | Tele (520)000-0000 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0278 | CONLEY, PATRICIA T. | | | Tele (520)579-5150 | 12/01/2015 to 11/30/2017 |
| | 3300 W FREER | | | Fax: (520)579-5164 | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5550 | CONYER, KRISTEN M. | | | Tele (520)405-5157 | 02/01/2016 to 01/31/2018 |
| | 11655 WEST STONE HEARTH | | | Fax: ( ) - | |
| | MARANA | AZ | 85658 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9278 | COOKE, JHANA L. | | | Tele (757)000-0000 | 02/17/2015 to 02/28/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0856 | COPPOLA, LISA | | | Tele (520)873-3000 | 03/01/2016 to 02/28/2018 |
| | 350 N WILMOT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6102 | CRACOVANER, MARIANNE J | | | Tele (520)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2116 | CRUZ, ROXANNE G. | | | Tele (520)731-4834 | 10/01/2015 to 09/30/2017 |
| | 1010 E TENTH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9460 | CUMMINS, ANGELA E. | | | Tele (520)225-6000 | 06/01/2016 to 05/31/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1382 | CUZNER, SUZANNE LEA | | | Tele (520)628-1659 | 12/01/2015 to 11/30/2017 |
| | 202 E SPEEDWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1804 | CYNTHIA ANNE DRYE | | | Tele (520)225-2200 | 01/01/2017 to 12/31/2018 |
| | 1400 E BROADWAY | | | Fax: (520)225-2201 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1177 | CYNTHIA M FOX | | | Tele (520)867-8838 | 10/30/2014 to 10/31/2016 |
| | 3323 N CAMPBELL SUITE 5 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4084 | DACHTHL III, LOUIS A. | | | Tele (520)271-2119 | 06/01/2016 to 05/31/2018 |
| | 300 EAST CAMINO DEL PINSAPO | | | Fax: (520)203-0187 | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4066 | DACHTYL, SARAH A. | | | Tele (520)625-3502 | 03/01/2016 to 02/28/2018 |
| | 350 W SAHUARITA ROAD | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8945 | DAILEY, NATALIE S | | | Tele (512)000-0000 | 12/28/2015 to 12/27/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1708 | DALTON, JENNIFER | | | Tele (520)584-5100 | 09/01/2016 to 08/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85746 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4958 | DAVIS, JILL H. | | | Tele (520)000-0000 | 05/01/2016 to 04/30/2018 |
| | NO PRACTICE ADDR SPECIFIED | | | Fax: ( ) - | |
| | CORTARO | AZ | 85652 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5014 | DELAJOUX, SHARON E. | | | Tele (520)405-8817 | 04/01/2016 to 03/31/2018 |
| | 11279 WEST GRIER RD | | | Fax: (520)797-9752 | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6788 | DENT, REBECCA J. | | | Tele (520)696-5000 | 09/01/2016 to 08/31/2018 |
| | 701 WEST WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8928 | DIONNE, AMANDA A. | | | Tele (520)225-6000 | 12/02/2015 to 12/01/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1371 | DOKKEN, ANA E | | | Tele (520)545-3200 | 12/01/2015 to 11/30/2017 |
| | 2200 E DREXEL RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5951 | DOMINGUEZ, VERONICA M. | | | Tele (520)954-0358 | 02/01/2016 to 01/31/2018 |
| | 11513 W AMBER STONE DRIVE | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4385 | DONELSON, SARAH R. | | | Tele (520)000-0000 | 05/01/2016 to 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5453 | DUDEK, ELISABETH J. | | | Tele (520)207-0652 | 04/01/2016 to 03/31/2018 |
| | 5301 E GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4088 | DYSINGER, AHNIWAKE RACHELLE | | | Tele (520)469-8851 | 10/01/2015 to 09/30/2017 |
| | 6200 N LA CHOLLA BLVD | | | Fax: (520)469-8209 | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2176 | ECKARDT, JUDITH T. | | | Tele (520)954-2006 | 01/01/2016 to 12/31/2017 |
| | 65208 E DESERT SANDS CT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85739 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6698 | EDMUNDS, PEARL M. | | | Tele (520)616-6363 | 07/27/2016 to 07/26/2018 |
| | 11279 W GRIER ROAD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0153 | EILAT-KAHN, ROSIE N. | | | Tele (520)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9442 | ELLEDA ANN LINSMEYER | | | Tele (906)000-0000 | | 05/09/2016 | to | 05/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9559 | ENCINAS, DANIELLE A. | | | Tele (520)324-6978 | | 06/01/2016 | to | 05/31/2018 |
| | 2695 N CRAYCROFT ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0351 | ENOS, JANE M. | | | Tele (520)349-5334 | | 01/01/2016 | to | 12/31/2017 |
| | 6150 EAST GRANT ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5454 | ERIKA LYNN UNTCH | | | Tele (330)000-0000 | | 09/14/2016 | to | 09/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85745 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2025 | ERIKSSON, DANA K. | | | Tele (480)231-1361 | | 04/01/2016 | to | 03/31/2018 |
| | PO BOX 210071 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85721 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0970 | EVENSON, JODI L. | | | Tele (520)872-4125 | 04/01/2016 to 03/31/2018 |
| | 1601 W ST MARY'S ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP7075 | FABIANO-SMITH, LEAH C. | | | Tele (520)626-9740 | 02/01/2016 to 01/31/2018 |
| | 1131 E 2ND ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5659 | FAUCHER, KRISTIN M. | | | Tele (520)232-2021 | 03/01/2016 to 02/28/2018 |
| | 2260 NORTH ROSEMONT SUITE 100 | | | Fax: (520)232-2553 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0681 | FAUX, CASS | | | Tele (520)621-7069 | 02/01/2016 to 01/31/2018 |
| | 1131 EAST SECOND STREET | | | Fax: (520)621-9901 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0656 | FELIX, BARBARA G | | | Tele (520)544-2300 | 02/01/2016 to 01/31/2018 |
| | 7070 N ORACLE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1228 | FIDEL, JOANIE L. | | | Tele (520)349-7451 | 08/01/2016 to 07/31/2018 |
| | 4735 N TOMNITZ PLACE | | | Fax: (520)742-5693 | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7423 | FIGUERO, CECILIA R | | | Tele (520)626-6885 | 01/01/2016 to 12/31/2017 |
| | 1131 E 2ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10098 | FINGER, DANIEL KEEGAN | | | Tele (520)696-8800 | 08/04/2015 to 08/03/2018 |
| | 1556 W PRINCE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1245 | FINLEY, MARY V. | | | Tele (520)820-9474 | 02/01/2016 to 01/31/2018 |
| | 11150 EAST TANQUE VERDE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5365 | FINNEFROCK, NADINE E. | | | Tele (480)457-9290 | 06/01/2016 to 05/31/2018 |
| | ACADEMY DEL SOL | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2204 | FISHER, EILEEN L. | | | Tele (520)225-6000 | 07/01/2016 to 06/30/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8927 | FLAX, JESSICA B. | | | Tele (520)225-6000 | 08/03/2015 to 08/31/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5811 | FLEMING, TANIA B. | | | Tele (520)232-7032 | 03/01/2016 to 02/28/2018 |
| | 1010 E TENTH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2001 | FOREMAN, KELLI S. | | | Tele (520)461-7179 | 05/01/2016 to 04/30/2018 |
| | 8001 E STELLA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0558 | FOULK, SARA E. | | | Tele (520)696-6109 | 01/01/2016 to 12/31/2017 |
| | 701 W WETMORE RD | | | Fax: (520)696-6204 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0579 | FRAGOMENI-NUTTALL, MARY LOU | | | Tele (520)270-0830 | 01/01/2016 to 12/31/2017 |
| | 5301 EAST GRANT ROAD | | | Fax: (520)324-1458 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0621 | FRYLING, JANICE D. | | | Tele (520)696-6171 | 02/01/2016 to 01/31/2018 |
| | 266 E PASTIME RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5087 | FUGATE, SUSAN W. | | | Tele (520)209-7000 | 08/01/2016 to 07/31/2018 |
| | 2101 EAST RIVER ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5280 | GAIL ANN HARRIS | | | Tele (520)000-0000 | 12/01/2016 to 11/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7675 | GALLAGHER, KEEGAN A | | | Tele (520)829-9635 | 05/01/2016 to 04/30/2018 |
| | 1601 N TUCSON BLVD | | | Fax: (520)829-9636 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8435 | GALLARDO, KELLY A | | | Tele (520)879-1871 | 07/01/2016 to 06/30/2018 |
| | 12775 E MARY ANN CLEVELAND WAY | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7026 | GALYEN, KATE E. | | | Tele (520)325-1300 | 11/01/2015 to 10/31/2017 |
| | 2650 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1813 | GAPP, ELIZABETH | | | Tele (520)579-4700 | 02/01/2016 to 01/31/2018 |
| | 4600 WEST CORTARO FARMS ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4072 | GARCIA, GUY MANUEL | | | Tele (520)989-9799 | 05/01/2016 to 04/30/2018 |
| | P O BOX 87671 | | | Fax: (520)989-9799 | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1620 | GARCIA, SUSAN A. | | | Tele (520)579-4750 | 06/01/2016 to 05/31/2018 |
| | 7995 W TWIN PEAKS RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1553 | GARCIA, SUZANNE M. | | | Tele (520)872-2828 | | 05/01/2016 | to | 04/30/2018 |
| | 1601 W SAINT MARYS ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5535 | GASTINEAU, CLARE E. | | | Tele (520)324-6978 | | 05/01/2016 | to | 04/30/2018 |
| | 5301 EAST GRANT ROAD | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9657 | GAY-FISCHER, CATHERINE E. | | | Tele (520)000-0000 | | 09/17/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85716 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1082 | GIRARD, MIRIAM E. | | | Tele (520)225-3006 | | 05/01/2016 | to | 04/30/2018 |
| | 200 E 13TH ST | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85719 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0004 | GLASSHOFF, LAURI W. | | | Tele (520)404-9693 | | 12/01/2015 | to | 11/30/2017 |
| | 8353 N CRESTED QUAIL DR | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85743 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1850 | GLASSTON, MEG | | | Tele (520)324-3600 | 03/01/2016 to 02/28/2018 |
| | CHILDRENS CLINICS | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4168 | GOLDER, JILLIAN K. | | | Tele (520)901-3500 | 01/01/2016 to 12/31/2017 |
| | 1521 E TANGERINE RD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP4696 | GOLTER, THERESA L. | | | Tele (520)225-6000 | 05/01/2016 to 04/30/2018 |
| | 1010 E 10 STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1916 | GOMEZ-SANCHEZ, IRMA | | | Tele (520)991-3231 | 03/01/2016 to 02/28/2018 |
| | 2238 E GINTER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP2074 | GOODWIN, VICKI L. | | | Tele (520)307-8358 | 07/01/2016 to 06/30/2018 |
| | P O BOX 87376 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4638 | GORELIK, ELLA HOLLY | | | Tele (520)545-2000 | 02/03/2015 to 02/28/2017 |
| | 2238 E GINTER ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0236 | GOULD, JUDY L. | | | Tele (520)000-0000 | 12/01/2015 to 11/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8467 | GRACIELA PARGAS | | | Tele (520)237-0396 | 10/16/2014 to 10/31/2016 |
| | P O BOX 87671 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4849 | GRACY, LAURA A. | | | Tele (520)225-6000 | 02/01/2016 to 01/31/2018 |
| | 1010 E TENTH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7978 | GRAHAM, MARION C. | | | Tele (520)638-2181 | 03/01/2016 to 02/28/2018 |
| | 555 E AJO WAY | | | Fax: ( ) - | |
| | SOUTH TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7905 | GULLETT, VICTORIA J. | | | Tele (520)694-9557 | 05/01/2016 to 04/30/2018 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1148 | GURVITZ, CHRISTINE A. | | | Tele (520)232-7800 | 07/01/2016 to 06/30/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7941 | GUTIERREZ, KEILA | | | Tele (520)490-9695 | 02/01/2016 to 01/31/2018 |
| | 2800 E BROADWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4806 | GUTOWSKI, LAURA J. | | | Tele (520)225-6000 | 07/01/2016 to 06/30/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7102 | HALL, RAELENE | | | Tele (520)792-1450 | 02/01/2016 to 01/31/2018 |
| | 3601 S 6TH AVE SP-126 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0847 | HALLETT, GAIL C. | | | Tele (520)545-3600 | | 08/01/2016 | to | 07/31/2018 |
| | 5702 S CAMPBELL AVE | | | Fax: (520)545-3666 | | | | |
| | TUCSON | AZ | 85706 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP0396 | HANSEN, DIANE L. | | | Tele (520)721-4544 | | 01/01/2016 | to | 12/31/2017 |
| | 1860 E RIVER ROAD STE 112 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85718 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP0478 | HARKINS, SHARON A. | | | Tele (520)731-3700 | | 02/01/2016 | to | 01/31/2018 |
| | 8310 EAST PIMA ST | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP7442 | HARMON, KALEINANI K | | | Tele (520)232-2021 | | 05/01/2016 | to | 04/30/2018 |
| | 2260 N ROSEMONT BLV #100 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP4109 | HARRIS, LAUREL E. | | | Tele (520)625-3502 | | 07/01/2016 | to | 06/30/2018 |
| | 350 W SAHUARITA | | | Fax: ( ) - | | | | |
| | GREEN VALLEY | AZ | 85629 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0497 | HARRISON, WAYNE L. | | | Tele (520)770-3451 | 02/01/2016 to 01/31/2018 |
| | PO BOX 88510 | | | Fax: (520)770-3752 | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0530 | HAWLEY, JANET L. | | | Tele (520)626-6073 | 02/01/2016 to 01/31/2018 |
| | 1131 E 2ND SPEECH LANGUEAGE & HEARING SCIENCES | | | Fax: (520)621-9901 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9896 | HECHT, DAWN MARIE | | | Tele (520)000-0000 | 03/25/2016 to 03/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1086 | HEERBOTH, JILL K. | | | Tele (520)299-7828 | 06/01/2016 to 05/31/2018 |
| | 6101 N CAMINO ARCO | | | Fax: (520)235-6726 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1027 | HENDRICKSON-PFEIL, SHARON A. | | | Tele (520)325-3540 | 05/01/2016 to 04/30/2018 |
| | 1601 N TUCSON BLVD SUITE 5 | | | Fax: (520)325-8259 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7057 | HENZLER, JENNIFER D.<br>AZ PRACTICE ADDR NOT REGISTERED<br>TUCSON AZ 85705 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/20/2016 to 06/19/2018<br>Medcaid_Cert: Not Ceritified |
| SLP2069 | HERLING, ERIN C.<br>11279 W GRIER RD<br>MARANA AZ 85653 | Tele (520)682-3243<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP0237 | HERRBOLDT, SYDNEY O.<br>2101 E RIVER RD<br>TUCSON AZ 85718 | Tele (520)209-8102<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLP6740 | HESSON, ANDREA K.<br>7750 EAST BROADWAY SUITE A250<br>TUCSON AZ 85710 | Tele (520)792-2636<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1231 | HINDMAN, PERRI K.<br>8000 N SILVERBELL ROAD<br>TUCSON AZ 85743 | Tele (520)579-5105<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9068 | HINTE, CHRISTINA M. | | | Tele (520)682-3243 | 06/16/2015 to 06/30/2017 |
| | 11279 W GRIER RD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1636 | HIRSCH KRUSE, FABIANE M. | | | Tele (520)730-8428 | 08/01/2016 to 07/31/2018 |
| | 1011 N CRAYCROFT ROAD SUITE 301 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4451 | HOBSON, SUSHMA N. | | | Tele (520)000-0000 | 12/01/2015 to 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: (520)544-9497 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6904 | HOFFMAN, HEIDI S. | | | Tele (520)742-9000 | 09/01/2016 to 08/31/2018 |
| | 6200 N LA CHOLLA DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8448 | HOFFMAN, KATHERINE A. | | | Tele (520)879-3159 | 07/01/2016 to 06/30/2018 |
| | 10750 E BILBY RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0264 | HOIT, JEANNETTE DEE | | | Tele (520)621-7064 | 03/01/2016 to 02/28/2018 |
| | 1131 E 2ND STREET | | | Fax: (520)621-9901 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0741 | HOLLAND REINMUTH, AUDREY L | | | Tele (520)293-2926 | 02/11/2016 to 02/11/2018 |
| | 4945 E COMMISSARY CT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4622 | HOPKINS, CARLY A. | | | Tele (520)255-6610 | 05/01/2016 to 04/30/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9621 | HOUSKA, MIRANDA C. | | | Tele (520)232-2021 | 06/16/2016 to 06/15/2018 |
| | 2260 N ROSEMONT SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP2059 | HOWARD, KRISTIN J. | | | Tele (520)625-3502 | 07/01/2016 to 06/30/2018 |
| | 350 W SAHUARITA RD | | | Fax: (520)625-4609 | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0305 | HOWARD, SHERRIL R. | | | Tele (520)400-8084 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (520)290-8378 | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7461 | HUCK, MOLLY R. | | | Tele (520)879-1760 | 10/01/2016 to 09/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6866 | HUMPHREY MORENO, MELANIE DAWN | | | Tele (520)872-1952 | 02/01/2016 to 01/31/2018 |
| | 1601 WEST ST MARY'S ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1136 | HUNTER, MOLLIE A. | | | Tele (520)271-3754 | 08/01/2016 to 07/31/2018 |
| | 4810 EAST FORT LOWELL RD UNIT H | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4563 | HURD, KELLI A. | | | Tele (520)209-8300 | 10/01/2015 to 09/30/2017 |
| | 4300 E SUNRISE DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5249 | HURT, JILL P. | | | Tele (520)579-4400 | | 12/01/2015 | to | 11/30/2017 |
| | 11279 W GRIER ROAD | | | Fax: (520)682-4818 | | | | |
| | MARANA | AZ | 85653 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9056 | HURTADO, JATZEN SAYLEEN | | | Tele (520)232-2021 | | 05/20/2015 | to | 05/31/2017 |
| | 5200 E FARNESS DRIVE STE 100 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4021 | INSALACO, JOANNE | | | Tele (520)797-2600 | | 04/01/2016 | to | 03/31/2018 |
| | 1313 W MAGEE RD | | | Fax: (520)544-4488 | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0315 | ISAAC, NINA E | | | Tele (520)975-9495 | | 10/01/2015 | to | 09/30/2017 |
| | 3844 E PIMA ST | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85716 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4623 | JACKSON, LISA A. | | | Tele (520)325-1300 | | 01/01/2016 | to | 12/31/2017 |
| | 2650 N WYATT DR | | | Fax: (520)207-0912 | | | | |
| | TUCSON | AZ | 85712 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9170 | JESSICA ELIZABETH FRANKLIN | | | Tele (520)731-4300 | 11/01/2016 to 10/31/2018 |
| | 8001 E STELLA RD | | | Fax: (520)731-4301 | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6145 | JIMENEZ, PATRICIA G. | | | Tele (520)000-0000 | 09/11/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9103 | JOAN KAY CARSON | | | Tele (520)879-2000 | 10/01/2016 to 09/30/2018 |
| | 13801 E BENSON HWY | | | Fax: (915)842-1778 | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1057 | JOHNSEN, DEBORA W. | | | Tele (520)873-5299 | 05/01/2016 to 04/30/2018 |
| | 350 N WILMOT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4920 | JOHNSON, DOUGLAS A. | | | Tele (520)225-6000 | 04/01/2016 to 03/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1127 | JOHNSON, KAREN H. | | | Tele (520)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10349 | JUDITH LYNNE JONES | | | Tele (805)000-0000 | 11/09/2016 to 11/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MARANA | AZ | 85658 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7294 | JURGENS, JULIA M. | | | Tele (520)731-3744 | 06/01/2016 to 05/31/2018 |
| | 1010 E TENTH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0803 | KAKIMOTO, JAN K. | | | Tele (520)584-6000 | 03/01/2016 to 02/28/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7887 | KARTCHNER, KELSEY M. | | | Tele (520)232-2021 | 12/01/2015 to 11/30/2017 |
| | 5200 EAST FARNESS, STE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1001 | KATHE ELAINE KIEFER MCGRATH | | | Tele (520)626-9015 | 10/01/2016 to 09/30/2018 |
| | 1131 E 2ND ST BLDG 71 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0622 | KENASTON, ALICIA A | | | Tele (520)225-2900 | 03/01/2016 to 02/28/2018 |
| | 1010 E TENTH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5984 | KERR, LAUREN T. | | | Tele (520)324-6978 | 02/01/2016 to 01/31/2018 |
| | 5301 E GRANT RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5328 | KETT, AMANDA O. | | | Tele (520)232-7034 | 09/01/2016 to 08/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9842 | KING, JESSICA DANIELE | | | Tele (520)232-2021 | 02/03/2016 to 02/02/2018 |
| | 2260 N ROSEMONT SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5960 | KLEINBERG, LOREEN A. | | | Tele (520)742-3092 | 01/01/2016 to 12/31/2017 |
| | 13801 E BENSON HIGHWAY | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4231 | KRIESKI, SANDRA N. | | | Tele (520)696-8842 | 08/01/2016 to 07/31/2018 |
| | 1450 W PRINCE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7474 | KRISTINA THERESE CAREY | | | Tele (520)879-2200 | 11/01/2016 to 10/31/2018 |
| | 12955 E COLOSSAL CAVE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5018 | KRUGER, CHARLES W. | | | Tele (520)982-8014 | 05/01/2016 to 04/30/2018 |
| | 5545 EAST LEE STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6834 | KUHNS, MARISSA C. | | | Tele (520)225-6000 | 11/01/2015 to 10/31/2017 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0790 | KURICK, LINDA M. | | | Tele (520)545-3670 | 05/01/2016 to 04/30/2018 |
| | 2238 E GINTER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0491 | KUTOK, SHARON LORE | | | Tele (520)405-8969 | 01/01/2016 to 12/31/2017 |
| | 350 SHARRISON RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85748 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0611 | LABAK, LESLIE R. | | | Tele (520)324-2140 | 02/01/2016 to 01/31/2018 |
| | 5301 E GRANT RD | | | Fax: (520)324-2143 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2089 | LAVALLEE, LIA S | | | Tele (520)648-2200 | 08/01/2016 to 07/31/2018 |
| | 700 S LA POSADA CIRCLE | | | Fax: (520)469-8209 | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6093 | LEADE, SAMANTHA R. | | | Tele (520)323-2021 | 08/08/2016 to 08/07/2018 |
| | 2260 N ROSEMONT BLVD #100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9783 | LEE, JAMESON D. | | | Tele (801)000-0000 | 12/28/2015 to 12/27/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7307 | LEONARD, BARBARA ANN | | | Tele (520)742-2800 | 08/01/2016 to 07/31/2018 |
| | 1921 W HOSPITAL DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8201 | LEWIS TRIBE, RHEA J. | | | Tele (520)829-9635 | 02/01/2016 to 01/31/2018 |
| | 1601 N TUCSON BLVD SUITE 6 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1664 | LEWNES, LAURA E. | | | Tele (520)469-8323 | 09/01/2016 to 08/31/2018 |
| | 6200 NORTH LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9739 | LISA BETH SEIDENBERG | | | Tele (520)881-2323 | 10/25/2016 to 10/24/2018 |
| | 2221 N ROSEMONT BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1481 | LISOWSKI, CHRISTINA M. | | | Tele (520)696-6628 | 03/01/2016 to 02/28/2018 |
| | 3401 E WILD RD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85739 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0618 | LITTLE, SHARON F. | | | Tele (520)749-5751 | 02/01/2016 to 01/31/2018 |
| | 2300 N TANGUE VERDE LOOP RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0005 | LORI MASAKO TANIGUCHI | | | Tele (520)370-5795 | 12/01/2016 to 11/30/2018 |
| | 2225 W AJO WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4357 | LYNCH, KAREN Y. | | | Tele (520)780-1826 | 03/01/2016 to 02/28/2018 |
| | 8340 N THORNYDALE RD STE 110-199 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6239 | MAES, JERRETTA A. | | | Tele (520)300-5585 | 06/01/2016 to 05/31/2018 |
| | 620 N COUNTRY CLUB RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8473 | MAGDALENA HERRERA ESCOBEDO | | | Tele (520)661-9345 | 11/01/2016 to 10/31/2018 |
| | 2238 E GINTER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0938 | MAGUIRE, SHEILA A. | | | Tele (520)696-6883 | 04/01/2016 to 03/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1011 | MAJOR, BARBARA J | | | Tele (520)874-4177 | 06/01/2016 to 05/31/2018 |
| | 2800 E AJO WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6852 | MALECHA, STEPHANIE M. | | | Tele (520)299-7088 | 07/01/2016 to 06/30/2018 |
| | 6200 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7280 | MANDRACCHIA, MICHELLE M | | | Tele (520)225-3555 | 08/01/2016 to 07/31/2018 |
| | 3233 S PINAL VISTA | | | Fax: (520)225-3501 | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5191 | MANGAN, LORRAINE C. | | | Tele (520)575-0900 | 09/01/2016 to 08/31/2018 |
| | 6211 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8918 | MANION, VANESSA M | | | Tele (520)225-6000 | 12/24/2015 to 12/23/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0371 | MARINELLI, LYNN | | | Tele (520)696-5302 | 01/01/2016 to 12/31/2017 |
| | 701 WEST WETMORE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1122 | MARTIN, AMPARO O | | | Tele (520)400-5585 | 07/01/2016 to 06/30/2018 |
| | 1921 W HOSPITAL DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0931 | MARTINEZ, CATHERINE C. | | | Tele (520)545-3200 | 04/01/2016 to 03/31/2018 |
| | 2200 EAST DREXEL ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4500 | MCCARTHY, CYNTHIA E. | | | Tele (520)696-5228 | 07/01/2016 to 06/30/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5108 | MCDOUGAL, KRISTIN M. | | | Tele (520)694-5041 | 01/01/2016 to 12/31/2017 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0121 | MCGUIRE, JANE E. | | | Tele (520)882-6151 | 12/01/2015 to 11/30/2017 |
| | 2001 N PARK AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5193 | MCMILLEN, LILIANA J. | | | Tele (520)545-2800 | 11/01/2015 to 10/31/2017 |
| | 2238 E GINTER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5096 | MEADES, JOHN KYLE | | | Tele (520)232-2021 | 07/01/2016 to 06/30/2018 |
| | 2260 N ROSEMONT SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6411 | MENNELLA, CRISTINA S. | | | Tele (520)749-4391 | 10/01/2015 to 09/30/2017 |
| | 9321 EAST SUMMER TRAIL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9490 | MILLER, MEGAN E. | | | Tele (520)829-9635 | 08/09/2016 to 08/08/2018 |
| | 1601 N TUCSON BLVD SUITE 6 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1409 | MOGAN, MEGAN M. | | | Tele (520)770-3438 | 01/01/2016 to 12/31/2017 |
| | PO BOX 85000 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0439 | MONG, TRACY I. | | | Tele (520)209-7813 | 01/01/2016 to 12/31/2017 |
| | 2101 E RIVER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6407 | MORDKA, ADRIANNA A. | | | Tele (520)324-1098 | 12/01/2015 to 11/30/2017 |
| | 5301 E GRANT RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP4286 | MORGAN, RANDI L.<br>1601 NORTH TUCSON BOULEVARD SUITE 6<br>TUCSON AZ 85716 | Tele (520)829-9635<br>Fax: (520)829-9636<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLP1092 | MOSIER, LAURA F.<br>700 E 22ND STREET<br>TUCSON AZ 85713 | Tele (520)225-1000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7363 | MOTOYOSHI, ELIZABETH R.<br>1010 E 10TH ST<br>TUCSON AZ 85719 | Tele (520)225-6000<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP8869 | MULLEN, TAMRA L.<br>5301 E GRANT ROAD<br>TUCSON AZ 85712 | Tele (520)324-6978<br>Fax: (520)324-1610<br>Capacity : Not Applicable | 03/19/2015 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP4540 | NATALIE SUE CLAUSEN<br>1010 E TENTH STREET<br>TUCSON AZ 85719 | Tele (520)225-6000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5752 | NELSON, KARA E. | | | Tele (520)225-6000 | 09/24/2015 to 09/30/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9968 | NICOLET, CAROL ANN | | | Tele (520)225-6035 | 04/26/2016 to 04/25/2018 |
| | 1010 E THENTH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7919 | NITZBERG, LESLIE A. | | | Tele (520)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9706 | NURIN, MARABETH | | | Tele (203)000-0000 | 10/28/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0733 | O'CAIN, SUSAN E. | | | Tele (520)991-8697 | 02/01/2016 to 01/31/2018 |
| | 6791 EAST ROCK CANYON PLACE | | | Fax: (520)529-4683 | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0568 | O'CONNOR, ANN M | | | Tele (520)694-5053 | 01/01/2016 to 12/31/2017 |
| | 1501 N CAMPBELL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1613 | O'DONNELL, CYNTHIA Y. | | | Tele (520)470-9276 | 07/01/2016 to 06/30/2018 |
| | 239 WEST VUELTA FRISO | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0821 | ORTEGA, JACQUELINE M. | | | Tele (520)331-6307 | 02/01/2016 to 01/31/2018 |
| | 1010 E 10TH ST | | | Fax: (520)883-6307 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP0812 | OSBORNE, CAROL P. | | | Tele (520)877-4070 | 03/01/2016 to 02/28/2018 |
| | 6060 N FOUNTAIN PLAZA DR | | | Fax: (520)877-4071 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP1159 | OSHIRO, KRISTINE S. | | | Tele (520)275-9915 | 07/01/2016 to 06/30/2018 |
| | 7220 E ROSEWOOD ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1748 | PAMELA LOUISE ESHELMAN | | | Tele (520)000-0000 | 10/01/2016 to 09/30/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5159 | PANKRATZ, MARY E. | | | Tele (520)909-7458 | 01/01/2016 to 12/31/2017 |
| | PO BOX 87953 | | | Fax: (520)797-0732 | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6458 | PAUKUNE, REBECCA L. | | | Tele (520)433-4773 | 03/01/2016 to 02/28/2018 |
| | 1119 E RANCHO VISTOSO BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9860 | PAVIA, LISA | | | Tele (520)448-5047 | 02/24/2016 to 02/23/2018 |
| | 1 S CHURCH AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4983 | PECK, COURTNEY J. | | | Tele (520)721-4205 | 08/01/2016 to 07/31/2018 |
| | 8140 E GOLF LINKS ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85730 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6785 | PENA, KATEISA A. | | | Tele (520)584-4590 | 06/01/2016 to 05/31/2018 |
| | 355 N WILMOT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9484 | PERALTA , KAREN | | | Tele (520)901-6183 | 06/07/2016 to 06/06/2018 |
| | 1551 E TANGERINE ROAD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0229 | PEREZ, FRANK J. | | | Tele (520)906-8548 | 12/01/2015 to 11/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (520)577-2686 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1012 | PERIMAN, PEGGY L. | | | Tele (520)325-1300 | 05/01/2016 to 04/30/2018 |
| | 2650 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5425 | PETRASS, LISA L. | | | Tele (520)696-5724 | 07/01/2016 to 06/30/2018 |
| | 701 W WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1541 | PETROFF, MOLLY A. | | | Tele (520)777-8613 | 05/01/2016 to 04/30/2018 |
| | 2614 WEST AIDEN STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0544 | PETRONELLA, CELESTE S. | | | Tele (520)209-8061 | 01/01/2016 to 12/31/2017 |
| | 6085 N KOLB RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8349 | PHILLIPS, ERIN M | | | Tele (520)829-9635 | 04/01/2016 to 03/31/2018 |
| | 1601 N TUCSON BLVD, STE 6 | | | Fax: (520)829-9636 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0505 | PICKARD, REBECCA TREE | | | Tele (520)696-6867 | 01/01/2016 to 12/31/2017 |
| | 701 WEST WETMORE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5300 | PIEKARSKI, SARA M. | | | Tele (520)696-8849 | 11/01/2015 to 10/31/2017 |
| | 4605 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2033 | PLANTE, ELENA M. | | | Tele (520)621-5080 | 07/01/2016 to 06/30/2018 |
| | P O BOX 210071 | | | Fax: (520)621-9901 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7365 | PONDER, JENNIFER L. | | | Tele (520)682-3143 | 08/01/2016 to 07/31/2018 |
| | 11279 W GRIER RD | | | Fax: (520)682-2421 | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6047 | PROVENCIO, ELIZABETH A. | | | Tele (520)324-1177 | 06/01/2016 to 05/31/2018 |
| | 5301 E GRANT RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7976 | PUCKETT, SHELIA | | | Tele (520)323-2021 | 10/01/2015 to 09/30/2017 |
| | 5200 FARNESS | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6577 | PYE, KAREN J. | | | Tele (520)742-6242 | 12/23/2015 to 12/22/2017 |
| | 7500 N CALLE SIN ENVIDIA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5602 | QUINONES, DANIEL | | | Tele (520)300-5585 | 01/01/2016 to 12/31/2017 |
| | 620 N COUNTRY CLUB RD STE D | | | Fax: (520)396-3785 | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1888 | RADEN, BARBARA J | | | Tele (520)908-4600 | 04/01/2016 to 03/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5149 | RALBOVSKY, JESSICA L. | | | Tele (520)834-5408 | 02/01/2016 to 01/31/2018 |
| | 1556 WEST PRINCE ROAD | | | Fax: (520)544-9497 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0771 | RAMBISH, ZARINA P. | | | Tele (520)232-7026 | 03/01/2016 to 02/28/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5075 | RANDALL, MELANIE L. | | | Tele (520)616-6400 | 07/01/2016 to 06/30/2018 |
| | 11279 W GRIER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1783 | RANEY, HEATHER R. | | | Tele (520)204-5362 | 12/01/2015 to 11/30/2017 |
| | 4422 E BRYN MAWR RD | | | Fax: ( ) - | |
| | CASAS ADOBES | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5112 | REBECCA ANNE HUDGENS | | | Tele (520)742-9000 | 09/01/2016 to 08/31/2018 |
| | 6200 N LA CHOLLA BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8409 | REBEKAH ANN SJOGREN | | | Tele (520)000-0000 | 11/22/2016 to 11/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0648 | REES, MARJORIE A. | | | Tele (520)345-3900 | 02/01/2016 to 01/31/2018 |
| | 2748 WEST HIGHCLIFF DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1250 | REID, AIDA R | | | Tele (520)245-3539 | 01/01/2016 to 12/31/2017 |
| | 10959 EAST MESQUITE VALLEY TRAIL | | | Fax: (520)760-9454 | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8922 | RICCA, MATTHEW A | | | Tele (520)879-1753 | 10/08/2015 to 10/31/2017 |
| | 12775 E MARY ANN CLEVELAND WAY | | | Fax: ( ) - | |
| | CORONA | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9457 | RICKS, SAMANTHA L. | | | Tele (520)225-6610 | 06/03/2016 to 06/02/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2029 | RISING, KINDLE | | | Tele (520)621-9878 | 06/01/2016 to 05/31/2018 |
| | 1131 EAST 2ND STREET | | | Fax: (520)621-9901 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6742 | ROBINSON, JOANNE K. | | | Tele (520)615-1938 | 02/01/2016 to 02/28/2018 |
| | 1010 E TENTH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4012 | ROCHIN, GABRIELA | | | Tele (520)245-1640 | 02/02/2016 to 01/31/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1387 | RODRIGUES, NORMIE E. | | | Tele (520)232-7035 | 07/01/2016 to 06/30/2018 |
| | 1010 E 10TH | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7259 | ROGERS, BETH A. | | | Tele (520)324-5461 | 07/01/2016 to 06/30/2018 |
| | 5301 E GRANT RD | | | Fax: (520)498-2288 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4485 | ROSS, BRENDA K. | | | Tele (520)625-3502 | 07/01/2016 to 06/30/2018 |
| | 350 W SAHUARITA RD | | | Fax: (520)529-1486 | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5585 | ROSS, LINDA J. | | | Tele (480)888-6616 | 08/01/2016 to 07/31/2018 |
| | WETMORE DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4689 | ROTH, MARY M. | | | Tele (877)303-7639 | 06/01/2016 to 05/31/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0959 | SABIN, GEORGE A. | | | Tele (520)205-1054 | 04/01/2016 to 03/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9513 | SABRI, MANAL L. | | | Tele (520)899-9799 | 06/15/2016 to 06/14/2018 |
| | 1050 EAST RIVE ROAD SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0059 | SALTZMAN, THERESA M. | | | Tele (520)545-3707 | 01/01/2016 to 12/31/2017 |
| | 6910 S SANTA CLARA | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5139 | SAMLAN, ROBIN A. | | | Tele (520)621-1681 | 08/01/2016 to 07/31/2018 |
| | P O BOX 210071 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2067 | SAMMONS, MARGARET C. | | | Tele (520)225-6610 | 01/01/2016 to 12/31/2017 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2135 | SANTOS, GINA M. | | | Tele (520)872-3998 | 12/01/2015 to 11/30/2017 |
| | 1601 W ST MARYS RD | | | Fax: (520)872-6279 | |
| | TUCSON | AZ | 85746 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0572 | SAWYER, CARLYNN M. | | | Tele (520)908-5300 | 12/01/2015 to 11/30/2017 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7790 | SCHAA, JENNA L. | | | Tele (520)829-9635 | 05/01/2016 to 04/30/2018 |
| | 1601 N TUCSON BLVD SUITE 6 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7889 | SCHAEFER, EMILY C | | | Tele (520)682-4738 | 11/01/2015 to 10/31/2017 |
| | 11279 W GRIER RD STE 100 | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4514 | SCHMIDT, TOBEY P. | | | Tele (520)908-4700 | 02/01/2016 to 01/31/2018 |
| | 1010 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1538 | SCHROEDER, MICHELLE A. | | | Tele (520)696-6176 | 08/01/2016 to 07/31/2018 |
| | 701 W WETMORE RD | | | Fax: (520)575-9656 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0165 | SCHUSTER, SUSAN B. | | | Tele (520)901-3937 | 12/01/2015 to 11/30/2017 |
| | 13101 N ORACLE ROAD | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0605 | SEMONSKY, ELIZABETH F. | | | Tele (520)209-7653 | 02/01/2016 to 01/31/2018 |
| | 3435 E SUNRISE DRIVE | | | Fax: (520)209-7664 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0690 | SERLIN, ROBYN P. | | | Tele (520)770-3454 | 05/01/2016 to 04/30/2018 |
| | 1200 WEST SPEEDWAY | | | Fax: (520)770-3711 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0017 | SERRANO, ANDREA J | | | Tele (520)661-8504 | 12/01/2015 to 11/30/2017 |
| | 350 W SAHUARITA RD | | | Fax: (520)743-1199 | |
| | CONTINENTAL | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8545 | SHAKRO, EMILY | | | Tele (520)325-1300 | 09/01/2016 to 08/31/2018 |
| | 2650 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1213 | SHENK, LINDA JEAN | | | Tele (520)225-6738 | 08/01/2016 to 07/31/2018 |
| | 1010 E 10 STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4476 | SHERRON, ALICE V | | | Tele (520)404-2041 | 07/01/2016 to 06/30/2018 |
| | 1410 S LOST STARR DR | | | Fax: (520)882-2764 | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8189 | SHOEMAKER, RYAN J. | | | Tele (520)624-9378 | 02/01/2016 to 01/31/2018 |
| | 1701 N PARK AVE | | | Fax: (520)624-7629 | |
| | SUN | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8371 | SIPE, LORANA E | | | Tele (520)797-1191 | 11/04/2014 to 11/30/2016 |
| | 7970 NLA CANADA DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1914 | SLAUSON, THOMAS J. | | | Tele (520)873-3000 | 11/01/2015 to 10/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7989 | SMEJKAL, KIMBERLY E. | | | Tele (614)000-0000 | 10/01/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9913 | SMITH, AMY NOLEN | | | Tele (214)000-0000 | 05/10/2016 to 05/09/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0670 | SOKAL, RHODA H. | | | Tele (520)618-5326 | 02/01/2016 to 01/31/2018 |
| | 333 N WILMOT ROAD SUITE 340 | | | Fax: (520)618-5826 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0553 | SORKOW, PATTI T. | | | Tele (520)324-3600 | 01/01/2016 to 12/31/2017 |
| | 2600 N WYATT DRIVE | | | Fax: (520)324-2001 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8347 | SPIVEY, LINDSEY N | | | Tele (520)682-4730 | 06/01/2016 to 05/31/2018 |
| | 11279 W GRIER RD STE 105 | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0287 | SPRADLING, KARY L. | | | Tele (520)873-5070 | 01/01/2016 to 12/31/2017 |
| | 350 N WILMOT RD | | | Fax: (520)873-5162 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5524 | SPURR, DESIRHEA D. | | | Tele (520)694-0111 | 02/01/2016 to 01/31/2018 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1770 | STARKEY, OLIVER P. | | | Tele (928)627-6540 | 12/01/2015 to 11/30/2017 |
| | 1050 E RIVER RD #100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4238 | STEVENSON, JASMINE | | | Tele (520)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4786 | STEWARD, STEFANIE A. | | | Tele (520)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT LISTED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85739 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9326 | STORRS, MICHELLE L. | | | Tele (269)000-0000 | 04/07/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MARANA | AZ | 85658 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP6226 | STRAUSS, JOSHUA A. | | | Tele (520)873-2387 | 12/01/2015 to 11/30/2017 |
| | 350 NORTH WILMOT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP4739 | SWAIM, KAREN R. | | | Tele (520)731-8500 | 09/01/2016 to 08/31/2018 |
| | 6651 EAST CARONDELET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5884 | TALAG, HEATHER J. | | | Tele (520)325-1300 | 11/01/2015 to 10/31/2017 |
| | 2650 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0833 | TARPEY, JAMIE M. | | | Tele (520)225-6610 | 03/01/2016 to 02/28/2018 |
| | 1010 EAST 10TH STREET | | | Fax: (520)682-9247 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4687 | THERESA MARIA MARTINEZ | | | Tele (520)879-1797 | 09/01/2016 to 08/31/2018 |
| | 12775 E MARY ANN CLEVELAND | | | Fax: (520)879-3601 | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4152 | THOMPSON, CHRISTINE R. | | | Tele (520)731-4972 | 01/01/2016 to 12/31/2017 |
| | PO BOX 40400 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85717 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4881 | TOLO, KRISTA L. | | | Tele (520)818-4104 | 11/01/2015 to 10/31/2017 |
| | 310 S MEYER AVENUE | | | Fax: (520)844-1096 | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0798 | TOMOEDA, CHERYL K. | | | Tele (520)621-1787 | 03/01/2016 to 02/28/2018 |
| | P O BOX 210077 | | | Fax: (520)621-8389 | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7210 | TRONSTAD, HEIDI R | | | Tele (520)296-0883 | 04/01/2016 to 03/31/2018 |
| | 9239 EAST WRIGHTSTOWN ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85715 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10023 | TROYO, TALIA | | | Tele (520)872-4855 | 06/01/2016 to 05/31/2018 |
| | 1601 W ST MARYS ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2081 | TUCK, MARY R. | | | Tele (520)742-2800 | 01/01/2016 to 12/31/2017 |
| | 1921 WEST HOSPITAL DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0940 | TURMAN, NANCY J. | | | Tele (520)873-3508 | 04/01/2016 to 03/31/2018 |
| | 350 N WILMOT RD | | | Fax: (520)873-3743 | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9273 | TURPIN, KELLY E. | | | Tele (863)000-0000 | 02/04/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85756 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0722 | URREIZTIETA, MELISSA H. | | | Tele (520)696-6174 | 02/01/2016 to 01/31/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7838 | VALENZUELA, GLORIA | | | Tele (520)225-6000 | 08/01/2016 to 07/31/2018 |
| | 1010 E TENTH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7152 | VALENZUELA, LAURA N. | | | Tele (520)300-5585 | 06/19/2015 to 06/30/2017 |
| | 620 N COUNTRY CLUB | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0595 | VAN VALKENBURG, LOIS M. | | | Tele (520)232-6779 | 02/01/2016 to 01/31/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1171 | VANCE, REBECCA B. | | | Tele (520)626-9332 | 10/01/2015 to 09/30/2017 |
| | PO BOX 210071 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9033 | VEGLIA, SHANE L | | | Tele (520)325-1300 | 08/01/2016 to 07/31/2018 |
| | 2650 N WYATT DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1178 | VELASQUEZ BOWARD, GRISELDA | | | Tele (520)545-3670 | 07/01/2016 to 06/30/2018 |
| | 5702 S CAMPBELL | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9296 | VILLA, KERRI L | | | Tele (850)000-0000 | 03/09/2015 to 03/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1739 | VINYARD, ZELLA MARIE | | | Tele (520)696-6855 | 10/01/2015 to 09/30/2017 |
| | 701 W WETMORE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0139 | VISCONTI, MARGARET I. | | | Tele (520)696-8800 | 12/01/2015 to 11/30/2017 |
| | 1556 WEST PRINCE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0138 | VOGE, MARGARET L. | | | Tele (520)207-6776 | 12/01/2015 to 11/30/2017 |
| | 1449 E LINDEN ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9368 | VORHOLZER, COURTNEY B. | | | Tele (520)000-0000 | 05/07/2015 to 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7561 | WATZA, SARAH A. | | | Tele (520)323-2021 | 08/09/2016 to 08/08/2018 |
| | 2260 N ROSEMONT SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0941 | WEEKS, LUCY E. | | | Tele (520)232-7200 | 04/01/2016 to 03/31/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9487 | WEITZENKORN, ANNE M. | | | Tele (520)694-6341 | 05/18/2016 to 05/17/2018 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85724 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9269 | WELLS, SUSAN D. | | | Tele (520)000-0000 | 02/11/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6246 | WENDT, JAIME L. | | | Tele (308)631-9374 | 05/01/2016 to 04/30/2018 |
| | 1921 W HOSPITAL DR | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1762 | WENDY M KRIENDLER | | | Tele (520)225-4332 | 11/01/2014 to 10/31/2016 |
| | 3500 SOUTH 12TH AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8206 | WHITE, JAYME E. | | | Tele (520)694-5053 | 03/01/2016 to 02/28/2018 |
| | 1501 N CAMPBELL AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1760 | WHITFIELD, JENNIFER E. | | | Tele (520)731-5314 | 05/01/2016 to 04/30/2018 |
| | 1010 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0822 | WICKIZER, IDA R. | | | Tele (520)225-3300 | 03/01/2016 to 02/28/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP0313 | WIGGANS, LORA G. | | | Tele (520)626-8836 | 01/01/2016 to 12/31/2017 |
| | 1450 W PRINCE ROAD | | | Fax: (520)690-2405 | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP7021 | WILLIAMS, JENNIFER L. | | | Tele (520)255-6610 | 10/01/2016 to 09/30/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP1215 | WILPIZESKI, ELEANOR W. | | | Tele (520)721-3822 | 08/01/2016 to 07/31/2018 |
| | 1120 S SWAN RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8883 | WILSON, LISA M | | | Tele (520)682-3243 | 05/15/2015 to 05/31/2017 |
| | 11279 W GRIER ROAD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6888 | WINT, KATI L. | | | Tele (520)349-3606 | 01/01/2016 to 12/31/2017 |
| | 2800 ER BROADWAY BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8872 | WORDEN, KRISTA I | | | Tele (520)000-0000 | 05/20/2015 to 05/31/2017 |
| | 5301 E GRANT RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1143 | WORTZEL, CHERYL A. | | | Tele (520)404-6457 | 07/01/2016 to 06/30/2018 |
| | 3601 S 6TH AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85723 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9488 | WRIGHT, KAYLIE J | | | Tele (520)879-2145 | 06/01/2016 to 05/31/2018 |
| | 9455 E RITA ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1415 | WYMER-JENSEN, CAROLE J. | | | Tele (520)626-4958 | 11/01/2015 to 10/31/2017 |
| | 1131 E 2ND STREET BLDG 71 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4728 | YARKOSKY, MARGARET E. | | | Tele (520)325-6578 | 01/01/2016 to 12/31/2017 |
| | 2650 N WYATT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6694 | YOST, ANDREW D. | | | Tele (520)325-1300 | 10/01/2016 to 09/30/2018 |
| | 2650 N WYATT DR | | | Fax: (520)322-3573 | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5499 | YTURRALDE, SHENEE M. | | | Tele (520)879-2226 | 11/01/2015 to 10/31/2017 |
| | PO BOX 800 | | | Fax: ( ) - | |
| | CORONA DE TUCSON | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8014 | ZAHARIA, LYNN M. | | | Tele (520)299-7088 | 07/01/2016 to 06/30/2018 |
| | 3705 N SWAN RD | | | Fax: (520)529-0038 | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8179 | ZENER, ASHELY O. | | | Tele (520)225-6000 | 04/01/2016 to 03/31/2018 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5712 | RHONDA MICHELLE TARWATER | | | Tele (520)908-4214 | 11/01/2016 to 10/31/2018 |
| | 1010 E 10TH STREET | | | Fax: (520)908-4201 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1663 | BARNETT, YVONNE M. | | | Tele (520)879-2718 | 04/01/2016 to 03/31/2018 |
| | 13801 E BENSON HIGHWAY | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5427 | BEATTY-KATSINAS, HELEN S. | | | Tele (520)696-5000 | 03/01/2016 to 02/28/2018 |
| | 701 WEST WETMORE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4106 | BENNETT, DONNA R. | | | Tele (520)545-2900 | 03/01/2016 to 02/28/2018 |
| | 5455 CRAYCROFT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0112 | BOWMAN, MARIA TERESA | | | Tele (520)225-6000 | 12/01/2015 to 11/30/2017 |
| | 1010 E 10TH ST | | | Fax: (520)225-6001 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5638 | CONNELLY, MAUREEN L. | | | Tele (520)749-5518 | 07/01/2016 to 06/30/2018 |
| | 12051 E FORT LOWELL RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85749 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4005 | CRANE, KATHLEEN L. | | | Tele (520)682-3243 | 03/01/2016 to 02/28/2018 |
| | 11279 W GRIER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85741 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2182 | DANA KARIBIAN | | | Tele (520)255-6610 | 01/01/2016 to 12/31/2017 |
| | 1010 E TENTH STREET | | | Fax: (520)232-7091 | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2164 | DAVIS, JUDI A. | | | Tele (520)731-3950 | 11/01/2015 to 11/30/2017 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5252 | ELISA YCOCO BALLESTEROS | | | Tele (520)625-4581 | 10/01/2016 to 09/30/2018 |
| | 1991 E WHITEHOUSE CANYON RD | | | Fax: ( ) - | |
| | GREEN VALLEY | AZ | 85614 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6616 | ESCOBAR, RIGEL | | | Tele (520)696-5000 | 04/01/2016 to 03/31/2018 |
| | 701 W WETMORE AVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4748 | GAMEZ, DINA L | | | Tele (520)908-3800 | 06/01/2016 to 05/31/2018 |
| | 1010 EAST 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4181 | HEINEMANN, SHARI D. | | | Tele (520)696-5943 | 08/01/2016 to 07/31/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0805 | KENT, DIANE C. | | | Tele (520)879-2074 | 03/01/2016 to 02/28/2018 |
| | PO BOX 800 | | | Fax: (520)879-2088 | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0040 | KRANTZ, SUSAN G. | | | Tele (520)241-2695 | 10/01/2016 to 09/30/2018 |
| | 9217 E 29TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1394 | LIU, LYDIA GARCIA | | | Tele (520)225-2200 | 01/01/2016 to 12/31/2017 |
| | 1010 E 10TH ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4654 | MARTINEZ, SHERRIE LYNN | | | Tele (520)225-1300 | 02/01/2016 to 01/31/2018 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL2208 | MCFADDEN, AUDREY L | | | Tele (520)731-4000 | 02/01/2016 to 01/31/2018 |
| | 7575 E PALMA ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5298 | MULATO, BITAYA N. | | | Tele (520)545-3465 | 11/01/2016 to 10/31/2018 |
| | 2238 EAST GINTER ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5702 | OCHOA, BREANNE G. | | | Tele (520)449-0162 | 01/01/2016 to 12/31/2017 |
| | 13801 E BENSON HIGHWAY | | | Fax: ( ) - | |
| | CORONA | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1106 | PALEN, CHERYL A. | | | Tele (520)879-1797 | 06/01/2016 to 05/31/2018 |
| | 12775 E MARY ANNE CLEVELAND WAY | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4902 | PANAGIOTIS, HELEN E. | | | Tele (480)837-4565 | 12/01/2015 to 11/30/2017 |
| | PO BOX 248 | | | Fax: ( ) - | |
| | SELLS | AZ | 85634 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5909 | PARRY, TIFFANY C. | | | Tele (520)209-7714 | 10/01/2015 to 09/30/2017 |
| | 5725 N SABINO CANYON RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85750 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4227 | PIKE DE COTA, EVELINE G. | | | Tele (520)225-2700 | 09/01/2016 to 08/31/2018 |
| | 2210 E 33RD ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1416 | PORTER, IDALIA CARBAJAL | | | Tele (520)225-1700 | 01/01/2015 to 12/31/2017 |
| | 150 W AJO WAY | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0765 | RAMIREZ, DOROTHY | | | Tele (520)545-2039 | 03/01/2016 to 02/28/2018 |
| | 2238 E GINTER RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85737 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5786 | ROCHA, MANUEL A. | | | Tele (520)603-5865 | 02/01/2016 to 01/31/2018 |
| | PO BOX 87671 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5205 | ROMERO, ELIZABETH M. | | | Tele (520)545-2000 | 04/01/2016 to 03/31/2018 |
| | 2238 EAST GINTER ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5288 | SALMON, JENNIFER L. | | | Tele (520)225-6000 | 11/01/2015 to 10/31/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6110 | SALYER, TOREY H. | | | Tele (520)696-5460 | 02/01/2016 to 01/31/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0406 | SANCHEZ, CARLA J. | | | Tele (520)584-5040 | 01/01/2016 to 12/31/2017 |
| | 1010 E 10ST | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL7635 | SOLLENBARGER, BAHAREH SAGHAFI | | | Tele (520)520-2790 | 09/01/2016 to 08/31/2018 |
| | 1466 W CAMINO ANTIGUA | | | Fax: ( ) - | |
| | SAHUARITA | AZ | 85629 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8591 | TRITCHEL, ANTHONY R. | | | Tele (520)879-2000 | 10/01/2015 to 09/30/2017 |
| | 13801 E BENSON HWY PO BOX 800 | | | Fax: (520)879-2001 | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL6070 | VEGA, HEATHER E | | | Tele (520)696-5000 | 09/01/2016 to 08/31/2018 |
| | 701 W WETMORE RD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0794 | WEBER, TARA J. | | | Tele (520)907-9870 | 04/01/2016 to 03/31/2018 |
| | 2238 EAST GINTER ROAD | | | Fax: (520)731-0383 | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9867 | WISES, LEANN ROBYN | | | Tele (480)270-5438 | 03/02/2016 to 03/01/2018 |
| | 3500 W CORTARO FARMS | | | Fax: ( ) - | |
| | TUCSON | AZ | 85742 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1196 | YINGLING, CONNIE L. | | | Tele (520)620-1100 | 10/01/2016 to 09/30/2018 |
| | 1150 N COUNTRY CLUB | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9635 | AYANA LEIGH MCGREW | | | Tele (520)547-2062 | 10/01/2016 to 09/30/2017 |
| | 3443 N CAMPBELL AVE SUITE 135 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10302 | BRITTANY ELIZABETH SULLIVAN | | | Tele (520)791-7359 | 09/26/2016 to 09/25/2017 |
| | 1650 E TUCSON MARKETPLACE BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10080 | BRITTANY ESTER NEWLAND | | | Tele (520)000-0000 | 06/27/2016 to 06/26/2017 |
| | 6206 E PIMA STREET STE 4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10313 | GEORGE RUSSELL ARPASI | | | Tele (520)790-9779 | 10/11/2016 to 10/10/2017 |
| | 5350 E BROADWAY BLVD STE 108 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD5937 | JESSICA LYNNE SMITH | | | Tele (520)797-2004 | 08/24/2016 to 08/23/2017 |
| | 7090 N ORACLE RD STE 88 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9560 | KRISTINA MARIE ISLAVA | | | Tele (520)885-0234 | 09/01/2016 to 08/31/2017 |
| | 6206 E PIMA STREET STE 4 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9917 | MEEKS, CRYSTAL DAWN | | | Tele (520)886-6377 | 04/12/2016 to 04/11/2017 |
| | 6255 E GRANT ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9255 | RALPH V. URBINA | | | Tele (520)838-0707 | 02/01/2016 to 01/31/2017 |
| | 103 N PANTANO ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85710 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9205 | RIVERA, MONICA I.Q. | | | Tele (520)407-6623 | 02/01/2016 to 01/31/2017 |
| | 12470 N RANCHO VISTOSO BLVD STE 120 | | | Fax: ( ) - | |
| | ORO VALLEY | AZ | 85755 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6067 | SARAH JANE KRAHE | | | Tele (520)326-1500 | 10/24/2016 to 10/23/2017 |
| | 3843 E KLEINDALE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85716 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD10309 | TESSA JANE PERRY | | | Tele (520)797-9462 | 10/12/2016 to 10/11/2017 |
| | 3901 W COSTCO DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10326 | ABBY ELIZABETH ZIEGLER | | | Tele (520)989-9799 | 11/04/2016 to 11/03/2017 |
| | 1050 E RIVER ROAD SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7998 | ANGELA CHRISTINE GARCIA | | | Tele (520)879-2226 | 08/22/2016 to 08/21/2017 |
| | 12955 E COLOSSAL CAVE ROAD | | | Fax: ( ) - | |
| | VAIL | AZ | 85641 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10235 | ANTONIA JULIETTE WALTON | | | Tele (520)232-2021 | 08/30/2016 to 08/29/2017 |
| | 2260 N ROSEMONT BLVD #100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7545 | AVENETTI, JESSICA A. | | | Tele (520)682-3243 | 09/01/2016 to 08/31/2017 |
| | 11279 W GRIER ROAD | | | Fax: ( ) - | |
| | MARANA | AZ | 85653 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10066 | BROKAW, MATTIE ELIZABETH | | | Tele (520)232-6600 | 06/08/2016 to 06/07/2017 |
| | 4757 E WINSETT STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85711 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10233 | CASSANDRA LYNN WINNER | | | Tele (520)325-4800 | 08/26/2016 to 08/25/2017 |
| | 2500 N ROSEMONT BLVD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10114 | COOPER, MARISSA MICHELLE | | | Tele (520)545-2700 | 06/24/2016 to 06/23/2017 |
| | 801 E DREXEL ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85706 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10079 | FRANK, MARGAUX ISABELLA | | | Tele (520)324-5437 | 06/15/2016 to 06/14/2017 |
| | 2600 V WYATT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9454 | GORDON, LISA S. | | | Tele (520)225-6000 | 06/09/2016 to 06/08/2017 |
| | 1010 E 10TH STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85719 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10124 | GRDINIC, MARA MARCELLA | | | Tele (520)352-7000 | 06/28/2016 to 06/27/2017 |
| | 8500 N CINTINENTAL RESERVE LOOP | | | Fax: ( ) - | |
| | TUCSON | AZ | 85743 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10117 | HOOK, LAURA ELIZABETH | | | Tele (520)232-2021 | 06/27/2016 to 06/26/2017 |
| | 22601 N ROSEMONT SUITE 100 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7666 | MEGAN MCGORRAY GALLAGHER | | | Tele (520)696-8836 | 09/12/2016 to 09/11/2017 |
| | 1556 W PRICE ROAD | | | Fax: ( ) - | |
| | TUCSON | AZ | 85705 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9229 | NEELY, KIMBERLY D. | | | Tele (520)621-1644 | 02/01/2015 to 01/31/2017 |
| | P O BOX 210071 | | | Fax: ( ) - | |
| | TUCSON | AZ | 85721 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10129 | OLSON, SARAH ALISABETH | | | Tele (520)232-8000 | 07/05/2016 to 07/04/2017 |
| | 5330 E GLENN STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10159 | POTTER , MAGGIE ALEENE | | | Tele (520)733-8700 | 07/19/2016 to 07/18/2017 |
| | 2250 N CRAYCROFT | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP8716 | RODRIGUEZ SOLIS, ANDREHINA | | | Tele (520)237-0396 | 06/21/2016 to 06/20/2017 |
| | 1453 N. MAIN ST. SAN LUIS, AZ | | | Fax: ( ) - | |
| | TUCSON | AZ | 85754 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7664 | SAMANTHA ASHLEY MORRISS | | | Tele (520)879-2600 | 08/25/2016 to 08/24/2017 |
| | 9950 EAST REES LOOP TUCSON | | | Fax: ( ) - | |
| | TUCSON | AZ | 85747 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10131 | SHATTO, RACHEL RENEE | | | Tele (520)225-1000 | 07/01/2016 to 06/30/2017 |
| | 700 E 22ND STREET | | | Fax: ( ) - | |
| | TUCSON | AZ | 85713 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10160 | SHEEHAN, MOLLY ELIZABETH | | | Tele (520)792-1450 | 08/23/2016 to 08/22/2017 |
| | 3601 S 6TH AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85718 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10192 | STEPHANIE ANNE PALM | | | Tele (520)325-1300 | 08/30/2016 to 08/29/2017 |
| | 2650 N WYATT DRIVE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10119 | WILLIAMS , SUSAN LARYSEL | | | Tele (916)000-0000 | 07/05/2016 to 07/04/2017 |
| | 440 S MAIN AVENUE | | | Fax: ( ) - | |
| | TUCSON | AZ | 85701 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7014 | CASA DE LA LUZ PALLIATIVE CARE | | | Tele (520)544-9890 | 01/01/2016 to 12/31/2016 |
| | 7740 NORTH ORACLE ROAD | | | Fax: (520)544-9894 | |
| | TUCSON | AZ | 85704 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PIMA Total = 2298

Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| UNC7006 | GREEN VALLEY FIRE DISTRICT | | | Tele (520)625-9400 | | 01/01/2016 | to | 12/31/2016 |
| | 898 NORTH CAMPBELL AVENUE | | | Fax: (520)625-7122 | | | | |
| | SAHUARITA | AZ | 85629 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| UNC7740 | INNOVA DX | | | Tele (602)300-3391 | | 07/12/2016 | to | 06/30/2017 |
| | 1 SOUTH CHURCH AVENUE, SUITE 1247 | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85701 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| UNC7266 | KANMAR PLACE HOSPICE HOME | | | Tele (520)544-9890 | | 08/07/2015 | to | 07/31/2016 |
| | 770 WEST KANMAR PLACE | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| UNC7769 | NURSEWISE | | | Tele (800)225-2573 | | 04/12/2016 | to | 03/31/2017 |
| | 2802 EAST DISTRICT STREET | | | Fax: ( ) - | | | | |
| | TUCSON | AZ | 85714 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

ST/County AZ - PINAL Total = 446

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC4330 | SOUTHWESTERN EYE CENTER, LTD. - CASA GRANDE | | | Tele (480)892-8400 | | 01/01/2017 | to | 12/31/2017 |
| | 560 NORTH CAMINO MERCADO, SUITE 1 | | | Fax: (480)833-6246 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3188 | SURGERY CENTER OF CASA GRANDE, THE<br>1760 EAST FLORENCE BOULEVARD, BUILDING 2<br>CASA GRANDE AZ 85122 | Tele (520)421-2300<br>Fax: (520)423-2582<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC4761 | TOMAR PAIN CENTERS, PLLC<br>1821 NORTH TREKELL ROAD, BUILDING A, SUITE 3B<br>CASA GRANDE AZ 85122 | Tele (520)876-0528<br>Fax: (520)421-2009<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA0192 | HOME HEALTH INSIGHTS<br>701 EAST COTTONWOOD LANE, SUITE 2<br>CASA GRANDE AZ 85122 | Tele (520)421-2239<br>Fax: (520)421-2503<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9064C | AURORA PLACE<br>675 WEST BROADWAY AVENUE<br>APACHE JUNCTION AZ 85120 | Tele (480)288-1791<br>Fax: (480)671-9660<br>Capacity : 48 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9037C | GARNET OF CASA GRANDE ASSISTED LIVING COMMUNITY<br>510 EAST 8TH STREET<br>CASA GRANDE AZ 85122 | Tele (520)876-4200<br>Fax: (520)876-0102<br>Capacity : 106 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL10066C | VISIONS SENIOR LIVING AT APACHE JUNCTION 1<br>1510 EAST BROADWAY AVENUE, BLDG 1<br>APACHE JUNCTION AZ 85119 | Tele (480)288-2400<br>Fax: (480)288-2425<br>Capacity : 16 | 05/26/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL10069C | VISIONS SENIOR LIVING AT APACHE JUNCTION 2<br>1510 EAST BROADWAY AVENUE BLDG 2<br>APACHE JUNCTION AZ 85119 | Tele (480)671-1490<br>Fax: (480)671-1496<br>Capacity : 40 | 05/26/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9102C | BROOKDALE APACHE JUNCTION<br>2080 SOUTH IRONWOOD DRIVE<br>APACHE JUNCTION AZ 85120 | Tele (480)983-5047<br>Fax: (408)983-5039<br>Capacity : 126 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL8298H | ALOTT OF CARE SUPERSTITION LLC<br>5375 EAST SUPERSTITION BOULEVARD<br>APACHE JUNCTION AZ 85119 | Tele (480)288-9621<br>Fax: (480)288-9629<br>Capacity : 10 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| AL8838H | ANNA'S ASSISTED LIVING LLC<br>4533 EAST ROLLING RIDGE ROAD<br>SAN TAN VALLEY AZ 85140 | Tele (480)529-3362<br>Fax: (480)987-5013<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL0371H | BAXTER ELDERLY CARE, INC. | | | Tele (520)836-9177 | 10/01/2016 to 09/30/2017 |
| | 3463 SOUTH MAMMOTH DRIVE | | | Fax: (520)836-8577 | |
| | CASA GRANDE | AZ | 85193 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9836H | BETTER SENIOR CAREHOME LLC | | | Tele (480)205-3595 | 10/01/2016 to 09/30/2017 |
| | 1151 WEST 20TH AVENUE | | | Fax: (888)271-6126 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9949H | CACTUS PEAKS ASSISTED LIVING | | | Tele (707)888-4340 | 04/05/2016 to 03/31/2017 |
| | 8734 SOUTH VALLEY VISTA DRIVE | | | Fax: (520)466-5453 | |
| | CASA GRANDE | AZ | 85193 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9578H | ELDERCARE AJ | | | Tele (480)983-3123 | 11/01/2016 to 10/31/2017 |
| | 1895 SOUTH SILVER DRIVE | | | Fax: (480)699-8873 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10122H | FAMILY TREE ASSISTED LIVING LLC | | | Tele (520)316-9008 | 07/19/2016 to 06/30/2017 |
| | 1741 NORTH PALM PARKE BLVD | | | Fax: (520)421-7094 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8845H | FAMILY TYS, LLC | | | Tele (520)421-3400 | 09/01/2016 to 08/31/2017 |
| | 1745 NORTH PALM PARKE BOULEVARD | | | Fax: (520)421-3420 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8837H | GENESIS CARE HOME ARIZONA | | | Tele (520)350-2264 | 10/01/2016 to 09/30/2017 |
| | 22509 NORTH CELTIC AVENUE | | | Fax: (520)350-2275 | |
| | MARICOPA | AZ | 85239 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7627H | GOLD CANYON HACIENDA | | | Tele (480)983-0939 | 07/01/2016 to 06/30/2017 |
| | 6480 SOUTH ALAMEDA DRIVE | | | Fax: (480)983-0939 | |
| | GOLD CANYON | AZ | 85218 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9731H | HALLMARK ASSISTED LIVING AT LAGO | | | Tele (480)204-2534 | 07/01/2016 to 06/30/2017 |
| | 688 SOUTH LAGO DRIVE | | | Fax: (480)760-2324 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9763H | HAVEN HOUSE AZ | | | Tele (602)999-0428 | 08/01/2016 to 07/31/2017 |
| | 17652 NORTH AVELINO DRIVE | | | Fax: (520)366-8900 | |
| | MARICOPA | AZ | 85138 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6880H | IGH - ADULT CARE | | | Tele (480)747-4977 | 01/01/2017 to 12/31/2017 |
| | 689 EAST HONDO AVENUE | | | Fax: (480)646-1448 | |
| | APACHE JUNCTION | AZ | 85219 | Capacity : 8 | Medcaid_Cert: Certified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL9190H | IRONWOOD ASSISTED LIVING HOME | | | Tele (480)474-2111 | 12/01/2016 to 11/30/2017 |
| | 1226 WEST 13TH AVENUE | | | Fax: (480)474-2111 | |
| | APACHE JUNCTION | AZ | 85220 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8848H | JAIDON MANOR II | | | Tele (520)876-0640 | 09/01/2016 to 08/31/2017 |
| | 1177 EAST BONITA PLACE | | | Fax: (520)876-0640 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 6 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL8681H | KOPPER CREST MANOR ON ROYAL PALM, LLC | | | Tele (480)313-2636 | 02/01/2016 to 01/31/2017 |
| | 1329 SOUTH ROYAL PALM | | | Fax: (480)383-6768 | |
| | APACHE JUNCTION | AZ | 85220 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| AL3219H | LITA CARING HOME | | | Tele (520)836-1480 | 03/01/2016 to 02/28/2017 |
| | 1337 NORTH WALNUT DRIVE | | | Fax: (520)836-0956 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7534H | LITA CARING HOME II | | | Tele (520)836-8020 | 03/01/2016 to 02/28/2017 |
| | 208 EAST MELROSE DRIVE | | | Fax: (520)836-0956 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9702H | MAGMA CALM HOME | | | Tele (480)474-6097 | 05/01/2016 to 04/30/2017 |
| | 757 WEST MAGMA ROAD | | | Fax: (480)816-7010 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9394H | MARY & PETE'S ASSISTED LIVING HOME | | | Tele (520)909-3241 | 05/01/2016 to 04/30/2017 |
| | 203 AVENUE I | | | Fax: ( ) - | |
| | SAN MANUEL | AZ | 85631 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10137H | MEDISYS HOME CARE LLC | | | Tele (520)421-2200 | 09/14/2016 to 08/31/2017 |
| | 1301 NORTH PARK AVENUE | | | Fax: (520)509-6226 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9433H | MELODY CARE HOME | | | Tele (480)983-4646 | 08/01/2016 to 07/31/2017 |
| | 1796 WEST RAY LANE | | | Fax: (480)474-9321 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6409H | OLIVE BRANCH ASSISTED LIVING HOME | | | Tele (520)421-0071 | 10/01/2016 to 09/30/2017 |
| | 1121 NORTH OLIVE AVENUE | | | Fax: (520)421-1211 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10166H | OLIVE CARE HOMES LLC | | | Tele (480)374-0486 | 10/24/2016 to 09/30/2017 |
| | 44880 WEST PORTABELLO ROAD | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85139 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9665H | QUEEN OF HEARTS | | | Tele (404)824-2475 | 02/01/2016 to 01/31/2017 |
| | 899 EAST CANYON ROCK ROAD | | | Fax: (480)361-9697 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8420H | RENATA'S HOME FOR THE ELDERLY 2 INC | | | Tele (480)304-2922 | 05/01/2016 to 04/30/2017 |
| | 31392 NORTH SUNFLOWER WAY | | | Fax: (602)275-8321 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL10127H | SAN TAN VALLEY ASSISTED LIVING II | | | Tele (602)931-7894 | 08/15/2016 to 07/31/2017 |
| | 35750 NORTH BELGIAN BLUE COURT | | | Fax: (480)636-1537 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 4 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8783H | SAN TAN VALLEY ASSISTED LIVING, LLC | | | Tele (602)931-7894 | 07/01/2016 to 06/30/2017 |
| | 214 WEST DANISH RED TRAIL | | | Fax: (480)636-1532 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9548H | SENIOR HAVEN ASSISTED LIVING HOME | | | Tele (480)625-1938 | 12/01/2016 to 11/30/2017 |
| | 1111 WEST SUPERSTITION BLVD | | | Fax: (480)550-8510 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 7 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7283H | ST. RAPHAEL FAMILY HOME, LLC | | | Tele (520)876-0510 | 09/01/2016 to 08/31/2017 |
| | 1538 EAST JAHNS DRIVE | | | Fax: (520)876-0510 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL6655H | SUN VALLEY CARE HOME, LLC | | | Tele (520)876-9340 | 06/01/2016 to 05/31/2017 |
| | 1761 NORTH AGAVE STREET | | | Fax: (520)836-9273 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7839H | SUPREME ADULT CARE HOME | | | Tele (480)840-5824 | 01/01/2017 to 12/31/2017 |
| | 3629 EAST THAMES CIRCLE | | | Fax: (480)656-9727 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 5 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8834H | SUPREME ASSISTED LIVING CARE HOME | | | Tele (480)840-5824 | 11/01/2016 to 10/31/2017 |
| | 3611 EAST THAMES CIRCLE | | | Fax: (480)656-9727 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9802H | THREE SISTERS ASSISTED LIVING HOME | | | Tele (520)568-7668 | 10/01/2016 to 09/30/2017 |
| | 43204 WEST MCCORD DRIVE | | | Fax: (520)568-7668 | |
| | MARICOPA | AZ | 85138 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9889H | VINEYARD ALF IN SANTAN VALLEY, LLC | | | Tele (480)862-3683 | 03/24/2016 to 02/28/2017 |
| | 1073 EAST ESTATE ROAD | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5451H | ZEN FAMILY CARE AT WAYNE RANCH | | | Tele (480)677-3471 | 09/01/2016 to 08/31/2017 |
| | 1256 EAST ELM ROAD | | | Fax: (703)907-2744 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 4 | Medcaid_Cert: Certified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| IFBH6712 | OASIS BEHAVIORAL HEALTH | | | Tele (480)917-9301 | 09/01/2016 to 08/31/2017 |
| | 1120 EAST 6TH STREET | | | Fax: (520)423-2669 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 33 | Medcaid_Cert: Certified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| IFBH6213 | HORIZON HEALTH AND WELLNESS, INC. | | | Tele | (480)983-0065 | 03/01/2016 | to | 02/28/2017 |
| | 150 NORTH OCOTILLO DRIVE, BUILDING 1 | | | Fax: | (480)288-5339 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 14 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| IFBH6615 | RIVER SOURCE, THE | | | Tele | (520)494-8077 | 06/01/2016 | to | 05/31/2017 |
| | 16286 SOUTH SUNLAND GIN ROAD | | | Fax: | ( ) - | | | |
| | ARIZONA CITY | AZ | 85123 | Capacity : | 64 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2581 | ARIZONA MENTOR - ARIZONA CITY | | | Tele | (602)200-9494 | 04/01/2016 | to | 03/31/2017 |
| | 8428 WEST ROYAL BLACKHEATH | | | Fax: | (602)567-2062 | | | |
| | ARIZONA CITY | AZ | 85223 | Capacity : | 7 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2268 | ARIZONA MENTOR - MELISSA | | | Tele | (602)200-9494 | 04/01/2016 | to | 03/31/2017 |
| | 1668 EAST MELISSA STREET | | | Fax: | (602)567-2062 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | 5 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH2651 | ARIZONA MENTOR - OCOTILLO | | | Tele | (602)200-9494 | 09/01/2016 | to | 08/31/2017 |
| | 1918 SOUTH OCOTILLO DRIVE | | | Fax: | (602)567-2062 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 5 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2477 | ARIZONA MENTOR - RACINE<br>621 WEST RACINE LOOP<br>CASA GRANDE AZ 85122 | Tele (602)200-9494<br>Fax: (602)567-2062<br>Capacity : 5 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| BH4982 | CASA GRANDE TRANSITION POINT<br>675 EAST COTTONWOOD LANE, SUITE 104<br>CASA GRANDE AZ 85122 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 10 | 11/23/2016 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| BH3789 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC. / ASPEN<br>419 NORTH COLORADO<br>CASA GRANDE AZ 85122 | Tele (520)884-7954<br>Fax: (520)884-0383<br>Capacity : 6 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| BH046 | HORIZON HEALTH AND WELLNESS, INC.<br>2269 SOUTH PEART ROAD<br>CASA GRANDE AZ 85122 | Tele (520)836-1911<br>Fax: (520)421-2708<br>Capacity : 9 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| BH1804 | HORIZON HEALTH AND WELLNESS, INC.<br>2271 SOUTH PEART ROAD<br>CASA GRANDE AZ 85122 | Tele (520)836-1688<br>Fax: (520)421-2708<br>Capacity : 10 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4846 | HOUSE OF HOPE ELOY | | | Tele (520)421-1157 | 06/07/2016 to 05/31/2017 |
| | 406 WEST 11TH STREET | | | Fax: (520)421-2877 | |
| | ELOY | AZ | 85131 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4017 | HOUSES OF HOPE BEHAVIORAL HEALTH AGENCY LEVEL 3 | | | Tele (520)421-1157 | 05/01/2016 to 04/30/2017 |
| | 1149 EAST 11TH STREET | | | Fax: (520)421-2877 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4779 | JOECHRIS HOME, L L C | | | Tele (480)406-2545 | 03/17/2016 to 02/28/2017 |
| | 44349 WEST BAILEY DRIVE | | | Fax: (520)350-1695 | |
| | MARICOPA | AZ | 85138 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4748 | KEWALA CORPORATION | | | Tele (623)703-8083 | 12/01/2016 to 11/30/2017 |
| | 10829 EAST VERBINA LANE | | | Fax: (520)447-7709 | |
| | FLORENCE | AZ | 85132 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4566 | LUMINARIA, LLC | | | Tele (520)466-2233 | 04/01/2016 to 03/31/2017 |
| | 3477 EAST BATTEN ROAD | | | Fax: (520)466-2242 | |
| | ELOY | AZ | 85131 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4194 | LUMINARIA, LLC | | | Tele | (520)466-2233 | 06/01/2016 | to | 05/31/2017 |
| | 4040 NORTH DEL MONTE | | | Fax: | (520)466-2242 | | | |
| | ELOY | AZ | 85131 | Capacity : | 6 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4563 | REHOBOTH RESIDENTIAL FACILITY | | | Tele | (480)603-5286 | 07/01/2016 | to | 06/30/2017 |
| | 19436 NORTH SMITH DRIVE | | | Fax: | (520)413-8760 | | | |
| | MARICOPA | AZ | 85138 | Capacity : | 5 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3324 | COMMUNITY PROVIDER OF ENRICHMENT SERVICES, INC.- HOMESTEAD PROGRAM | | | Tele | (520)884-7954 | 07/01/2016 | to | 06/30/2017 |
| | 14921 WEST CAMDON DRIVE | | | Fax: | (520)884-0383 | | | |
| | CASA GRANDE | AZ | 85294 | Capacity : | 8 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4946 | LIVING HOPE COMMUNITY CARE CENTERS | | | Tele | (480)712-6170 | 08/24/2016 | to | 08/31/2017 |
| | 3026 EAST SAN MANUEL ROAD | | | Fax: | (480)383-6442 | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3368 | PARK PLACE OUTREACH & COUNSELING CENTERS, INC.- ESPERANZA | | | Tele | (520)466-5939 | 08/01/2016 | to | 07/31/2017 |
| | 11140 WEST COVE DRIVE | | | Fax: | (520)466-8851 | | | |
| | ARIZONA CITY | AZ | 85123 | Capacity : | 6 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH2153 | PARK PLACE OUTREACH & COUNSELING CENTERS, INC.- HACIENDA DE DESERTO | | | Tele (520)466-6630 | 12/01/2015 to 11/30/2016 |
| | 13626 DEL RIO DRIVE | | | Fax: (520)466-8851 | |
| | ARIZONA CITY | AZ | 85123 | Capacity : 12 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4864 | SAFEWAY HOUSE YOUTH FACILITY | | | Tele (520)518-5069 | 05/26/2016 to 04/30/2017 |
| | 1469 EAST LAUREL DRIVE | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH3086 | YAJCIN, L L C | | | Tele (480)393-0662 | 08/01/2016 to 07/31/2017 |
| | 1609 EAST HEATHER DRIVE | | | Fax: (602)283-3476 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 8 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4307 | YOUTH DEVELOPMENT SERVICES, LLC / ASPIRE HOUSE | | | Tele (602)290-3656 | 09/01/2016 to 08/31/2017 |
| | 2833 WEST SUNSHINE BUTTE DRIVE | | | Fax: (602)714-1303 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 5 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4725 | ZAREPHATH APACHE HOUSE | | | Tele (480)518-6826 | 10/01/2016 to 09/30/2017 |
| | 2060 EAST 37TH AVENUE | | | Fax: (480)361-9144 | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4880 | ZAREPHATH CHAPARRAL HOUSE | | | Tele | (480)518-6826 | 04/01/2016 | to | 03/31/2017 |
| | 3838 SOUTH CHAPARRAL ROAD | | | Fax: | (480)361-9144 | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | 10 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3620 | ZAREPHATH, INC. | | | Tele | (480)518-6826 | 07/01/2016 | to | 06/30/2017 |
| | 1701 SOUTH CACTUS ROAD | | | Fax: | (480)361-9144 | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | 10 | Medcaid_Cert: | | Certified |

## Sub-Type : BH RESPITE HOME - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4850 | INDIGO SKY | | | Tele | (480)579-6590 | 04/07/2016 | to | 03/31/2017 |
| | 27 WEST RED MESA TRAIL | | | Fax: | (480)369-4671 | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16036 | ABC & 123 SMALL BLESSINGS CENTER L L C | | | Tele | (520)424-2959 | 01/01/2015 | to | 12/31/2017 |
| | 1060 NORTH ARIZONA BLVD | | | Fax: | ( ) - | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17106 | ANDERSON PREPARATORY ACADEMY | | | Tele | (480)380-5004 | 01/30/2015 | to | 12/31/2017 |
| | 11426 EAST APACHE TRAIL | | | Fax: | (480)380-5004 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4974 | APACHE JUNCTION HEAD START | | | Tele (480)982-4516 | 06/01/2015 to 05/31/2018 |
| | 900 NORTH PLAZA DRIVE | | | Fax: (480)288-9050 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17666 | AZ KIDZ PRESCHOOL/ DAYCARE, LLC | | | Tele (480)686-1545 | 08/03/2016 to 07/31/2019 |
| | 650 WEST COMBS ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85140 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17770 | AZ KIDZ PRESCHOOL/DAYCARE, L.L.C. | | | Tele (480)686-1545 | 11/21/2016 to 10/31/2019 |
| | 4380 NORTH HUNT HIGHWAY | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-8265 | BRIGHT BEGINNINGS LEARNING CENTER & CHILDCARE | | | Tele (520)421-3014 | 06/01/2014 to 05/31/2017 |
| | 420 WEST COTTONWOOD LANE | | | Fax: (520)421-3014 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 41 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15200 | BRIGHT MINDS PRESCHOOL | | | Tele (520)413-2594 | 12/01/2015 to 11/30/2018 |
| | 19756 NORTH JOHN WAYNE PARKWAY STE#110 | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85239 | Capacity : 43 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13692 | C.U.S.D.#21 - HEARTLAND C.A.S.P.E.R.<br>1600 WEST CAROLINE STREET<br>COOLIDGE AZ 85128 | Tele (520)723-4551<br>Fax: (520)723-6021<br>Capacity : 20 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3394 | C.U.S.D.#21 - WEST SCHOOL C.A.S.P.E.R.<br>460 SOUTH 7TH STREET<br>COOLIDGE AZ 85128 | Tele (520)723-2724<br>Fax: (520)723-6021<br>Capacity : 32 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16579 | CAMINO MONTESSORI<br>44301 WEST MARICOPA/ CASA GRANDE HIGHWAY<br>MARICOPA AZ 85138 | Tele (480)295-2806<br>Fax: ( ) -<br>Capacity : 40 | 09/23/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8014 | CASA GRANDE HEAD START<br>468 WEST MCMURRAY BOULEVARD<br>CASA GRANDE AZ 85122 | Tele (520)421-2660<br>Fax: (520)421-2671<br>Capacity : 100 | 05/01/2014 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15709 | CHICANOS POR LA CAUSA, INC/ ELOY MIGRANT & SEASONAL HEAD START<br>201 NORTH SUNSHINE BOULEVARD<br>ELOY AZ 85131 | Tele (520)466-3438<br>Fax: (520)466-2551<br>Capacity : 40 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-10912 | CHILDREN ONLY | | | Tele | (480)288-9625 | 09/01/2015 | to | 08/31/2018 |
| | 850 SOUTH IRONWOOD DRIVE #114 | | | Fax: | (480)982-0956 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 67 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-14193 | CHILDREN'S LEARNING ADVENTURE CHILDCARE CENTER | | | Tele | (520)568-2300 | 08/01/2014 | to | 07/31/2017 |
| | 20600 NORTH JOHN WAYNE PKWY | | | Fax: | (520)568-8557 | | | |
| | MARICOPA | AZ | 85239 | Capacity : | 577 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6788 | COOLIDGE HEAD START | | | Tele | (520)723-4951 | 06/01/2015 | to | 05/31/2018 |
| | 227 WEST PINKLEY AVENUE | | | Fax: | (520)723-0981 | | | |
| | COOLIDGE | AZ | 85228 | Capacity : | 57 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8681 | ELOY AFTER SCHOOL PROGRAM | | | Tele | (520)466-2279 | 01/01/2015 | to | 12/31/2017 |
| | 1000 NORTH CURIEL STREET | | | Fax: | (520)464-1426 | | | |
| | ELOY | AZ | 85231 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-0249 | ELOY HEAD START | | | Tele | (520)466-7189 | 06/01/2016 | to | 05/31/2019 |
| | 105 NORTH E STREET | | | Fax: | (520)466-7006 | | | |
| | ELOY | AZ | 85131 | Capacity : | 57 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10719 | FLORENCE CHILD DEVELOPMENT CENTER | | | Tele (520)840-0719 | 08/01/2015 to 07/31/2018 |
| | 40 EAST CELAYA STREET | | | Fax: (520)868-0736 | |
| | FLORENCE | AZ | 85232 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17552 | GEORGE WASHINGTON CARVER CENTER | | | Tele (602)307-5818 | 04/07/2016 to 03/31/2019 |
| | 304 WEST ALSDORF | | | Fax: (602)307-5868 | |
| | ELOY | AZ | 85131 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12934 | GRAYSMARK ACADEMY | | | Tele (520)568-5750 | 10/01/2015 to 09/30/2018 |
| | 44400 HONEYCUTT AVENUE #105 | | | Fax: (520)568-5080 | |
| | MARICOPA | AZ | 85138 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16465 | GROW WITH GRACE LEARNING CENTER | | | Tele (520)251-5095 | 02/01/2016 to 01/31/2019 |
| | 1415 NORTH TREKELL ROAD STE 105 | | | Fax: (520)329-6261 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 44 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16464 | HOME AWAY FROM HOME | | | Tele (520)481-1740 | 03/01/2016 to 02/28/2019 |
| | 800 WEST VAH KI INN ROAD | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12367 | HOME OF HOPE CHRISTIAN CHILDCARE CENTER | | | Tele (520)836-5030 | 12/01/2014 to 11/30/2017 |
| | 1955 NORTH CASA GRANDE AVENUE | | | Fax: (520)836-5042 | |
| | CASA GRANDE | AZ | 85222 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16561 | JUST 4 US TODDLER CENTER | | | Tele (520)836-3155 | 04/01/2016 to 03/31/2019 |
| | 220 WEST FLORENCE BLVD | | | Fax: (520)421-0279 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 22 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7017 | KIDS KLUB INC | | | Tele (520)723-7567 | 12/01/2015 to 11/30/2018 |
| | 1840 SOUTH ARIZONA BOULEVARD | | | Fax: (520)723-8035 | |
| | COOLIDGE | AZ | 85128 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12893 | LEGACY MONTESSORI INC. | | | Tele (520)568-9183 | 10/01/2015 to 09/30/2018 |
| | 45290 WEST GARVEY AVENUE | | | Fax: (520)568-7210 | |
| | MARICOPA | AZ | 85139 | Capacity : 35 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17648 | LIL' KIDDIELAND | | | Tele (480)232-6978 | 06/27/2016 to 05/31/2019 |
| | 460 SOUTH 7TH STREET | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15655 | LITTLE DIPPER ENRICHMENT CENTER | | | Tele | (502)203-8484 | 02/01/2014 | to | 01/31/2017 |
| | 294 WEST PIMA AVENUE | | | Fax: | ( ) - | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17427 | LITTLE EINSTEIN PRESCHOOL LLC | | | Tele | (480)886-7080 | 10/26/2015 | to | 09/30/2018 |
| | 185 WEST APACHE TRAIL, SUITE 110 | | | Fax: | (480)304-3193 | | | |
| | APACHE JUNCTION | AZ | 85220 | Capacity : | 160 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17461 | LITTLE PATRIOTS LEARNING CENTER L.L.C. | | | Tele | (480)888-7858 | 11/10/2015 | to | 10/31/2018 |
| | 266 EAST WESTBROOKE ROAD | | | Fax: | ( ) - | | | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : | 80 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15936 | LOS NINOS DAYCARE | | | Tele | (520)780-6186 | 08/01/2014 | to | 07/31/2017 |
| | 327 S ALTA VISTA | | | Fax: | ( ) - | | | |
| | SAN MANUEL | AZ | 85631 | Capacity : | 43 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-3286 | MAMMOTH HEAD START | | | Tele | (520)487-2843 | 04/01/2015 | to | 03/31/2018 |
| | 111 WEST DUNGAN DRIVE | | | Fax: | (520)487-2997 | | | |
| | MAMMOTH | AZ | 85618 | Capacity : | 32 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15552 | MARICOPA HEAD START | | | Tele (520)568-2577 | 09/01/2016 to 08/31/2019 |
| | 44931 WEST EDWARDS DRIVE | | | Fax: (520)568-3381 | |
| | MARICOPA | AZ | 85139 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13478 | MINI LEADERS L.L.C | | | Tele (520)494-8381 | 10/01/2013 to 09/30/2016 |
| | 13354 SOUTH SUNLAND GIN ROAD | | | Fax: (801)788-1269 | |
| | ARIZONA CITY | AZ | 85223 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15619 | NANNY'S DAYCARE / PRESCHOOL | | | Tele (520)421-1501 | 12/29/2013 to 11/30/2016 |
| | 306 EAST COTTONWOOD LANE | | | Fax: (520)836-7682 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 134 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17510 | QUALITY CARE LEARNING CENTER INC. | | | Tele (520)836-3149 | 02/01/2016 to 01/31/2019 |
| | 51 NORTH BROWN AVENUE | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : 45 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14797 | READY SET GROW | | | Tele (520)423-2444 | 03/01/2015 to 02/28/2018 |
| | 241 WEST COTTONWOOD LANE | | | Fax: (520)423-2086 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 139 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9727 | SAN TAN VALLEY HEAD START | | | Tele (480)987-1845 | 06/01/2014 to 05/31/2017 |
| | 301 EAST COMBS ROAD, #505 | | | Fax: (480)987-8227 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0884 | SERENDIPITY DAY CARE | | | Tele (520)836-5522 | 07/01/2015 to 06/30/2018 |
| | 1579 NORTH TREKELL ROAD | | | Fax: (520)836-5522 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17376 | SIGNAL PEAK EARLY LEARNING CENTER | | | Tele (520)494-5140 | 08/12/2015 to 07/31/2018 |
| | 8470 NORTH OVERFIELD ROAD | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : 48 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12666 | ST. ANTHONY OF PADUA CATHOLIC PRESCHOOL | | | Tele (520)836-7247 | 09/01/2015 to 08/31/2018 |
| | 501 EAST 2ND STREET | | | Fax: (520)836-7289 | |
| | CASA GRANDE | AZ | 85122 | Capacity : 165 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1210 | STANFIELD HEAD START CENTER | | | Tele (520)424-3265 | 01/01/2015 to 12/31/2017 |
| | 515 SOUTH STANFIELD ROAD | | | Fax: (520)424-3976 | |
| | STANFIELD | AZ | 85172 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17606 | SUNRISE PRESCHOOLS #216 | | | Tele | (480)357-4990 | 06/01/2016 | to | 05/31/2019 |
| | 10633 EAST APACHE TRAIL #103 | | | Fax: | (480)354-5840 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 172 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8676 | SUPERIOR HEAD START | | | Tele | (520)689-2812 | 01/01/2015 | to | 12/31/2017 |
| | 150 NORTH LOBB AVENUE | | | Fax: | (520)689-2286 | | | |
| | SUPERIOR | AZ | 85173 | Capacity : | 40 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17380 | SUPERSTITION MOUNTAIN EARLY LEARNING CENTER | | | Tele | (520)449-1512 | 08/06/2015 | to | 07/31/2018 |
| | 805 SOUTH IDAHO ROAD | | | Fax: | (520)829-7705 | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-9000 | T L C PRESCHOOL | | | Tele | (520)876-4177 | 09/01/2015 | to | 08/31/2018 |
| | 1428 NORTH PUEBLO DRIVE | | | Fax: | (520)876-4177 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5713 | THE LITTLE PROSPECTOR | | | Tele | (480)983-6685 | 09/01/2016 | to | 08/31/2019 |
| | 1802 SOUTH IRONWOOD DRIVE | | | Fax: | (480)983-6685 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 176 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17590 | THE LITTLE PROSPECTOR | | | Tele | (480)983-6685 | 07/14/2016 | to | 06/30/2019 |
| | 550 SOUTH IRONWOOD DRIVE | | | Fax: | (480)983-6685 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 125 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-4976 | TOLTEC HEAD START | | | Tele | (520)466-4036 | 04/01/2015 | to | 03/31/2018 |
| | 3720 NORTH MARSH STREET | | | Fax: | (520)466-4677 | | | |
| | ELOY | AZ | 85131 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17373 | WONDER WISE COPPER BASIN LLC | | | Tele | (480)276-1498 | 08/07/2015 | to | 07/31/2018 |
| | 28479 NORTH MAIN STREET | | | Fax: | (480)718-8544 | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17493 | WONDERLAND PLAYHOUSE CHILDCARE CENTER | | | Tele | (520)868-5311 | 01/01/2016 | to | 12/31/2018 |
| | 525 NORTH KING STREET | | | Fax: | ( ) - | | | |
| | FLORENCE | AZ | 85132 | Capacity : | 44 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16535 | Y KIDZ - COPPER BASIN FAMILY Y M C A | | | Tele | (480)882-2242 | 03/07/2016 | to | 02/28/2019 |
| | 28300 NORTH MAIN STREET | | | Fax: | ( ) - | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | 32 | Medcaid_Cert: | | Not Ceritified |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15678 | C.G.E.S.D.#4 - VILLAGO EARLY CHILDHOOD LEARNING CENTER<br>390 EAST LAKESIDE PARKWAY<br>CASA GRANDE AZ 85122 | Tele (520)876-0045<br>Fax: ( ) -<br>Capacity : 180 | 07/01/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16760 | C.G.U.H.S.D.#82 - COUGAR CLUB PRESCHOOL<br>2730 NORTH TREKELL ROAD<br>CASA GRANDE AZ 85122 | Tele (520)836-8500<br>Fax: ( ) -<br>Capacity : 25 | 12/01/2016 to 11/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15744 | C.G.U.H.S.D.#82 - SPARTAN SPARKIES PRESCHOOL<br>1556 NORTH ARIZOLA ROAD<br>CASA GRANDE AZ 85122 | Tele (520)876-9400<br>Fax: (520)876-5348<br>Capacity : 45 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-11568 | C.U.S.D.#21 - C H S MINI BEARS CLUB<br>684 WEST NORTHERN AVENUE, RM 308<br>COOLIDGE AZ 85228 | Tele (520)723-2304<br>Fax: (520)723-2442<br>Capacity : 38 | 11/01/2016 to 10/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-17443 | F.U.S.D.#1 - CIRCLE CROSS RANCH CHEETAH KIDS CLUB<br>35900 NORTH CHARBRAY DRIVE<br>SAN TAN VALLEY AZ 85143 | Tele (480)987-7600<br>Fax: (480)888-0349<br>Capacity : 59 | 01/28/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17442 | F.U.S.D.#1 - COPPER BASIN DUST DEVIL KIDS CLUB<br>28682 NORTH MAIN STREET<br>SAN TAN VALLEY AZ 85143 | Tele (480)888-7500<br>Fax: (480)888-2134<br>Capacity : 59 | 01/29/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17444 | F.U.S.D.#1 - MAGMA RANCH MUSTANG KIDS CLUB<br>10980 EAST DESERT MOUNTAIN BOULEVARD<br>FLORENCE AZ 85132 | Tele (520)868-7300<br>Fax: (520)723-5370<br>Capacity : 59 | 01/28/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17445 | F.U.S.D.#1 - SKYLINE RANCH BULLDOG KIDS CLUB<br>1084 WEST SAN TAN HILLS DRIVE<br>SAN TAN VALLEY AZ 85143 | Tele (480)888-7520<br>Fax: (480)655-6136<br>Capacity : 59 | 01/28/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17366 | F.U.S.D.#1 - STEAM PREP. ACADEMY<br>29895 NORTH DESERT WILLOW BLVD<br>SAN TAN VALLEY AZ 85143 | Tele (480)987-5382<br>Fax: (480)882-1816<br>Capacity : 413 | 07/27/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15040 | J.O.C.U.S.D.#44 - COMBS KIDZ AT HARMON ELEMENTARY SCHOOL<br>39315 NORTH CORTONA DRIVE<br>QUEEN CREEK AZ 85140 | Tele (480)882-3520<br>Fax: (480)987-8250<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15528 | J.O.C.U.S.D.#44 - COMBS TRADITIONAL ACADEMY<br>37327 NORTH GANTZEL ROAD<br>SAN TAN VALLEY AZ 85140 | Tele (480)987-5320<br>Fax: (480)987-5009<br>Capacity : 45 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-13415 | J.O.C.U.S.D.#44 - ELLSWORTH ELEMENTARY SCHOOL<br>38454 NORTH CAROLINA AVENUE<br>SAN TAN VALLEY AZ 85140 | Tele (480)882-3520<br>Fax: (480)987-8250<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-14469 | J.O.C.U.S.D.#44 - RANCH ELEMENTARY SCHOOL<br>43521 NORTH KENWORTHY ROAD<br>SAN TAN VALLEY AZ 85140 | Tele (480)987-5322<br>Fax: (480)987-3487<br>Capacity : 59 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14468 | J.O.C.U.S.D.#44 - SIMONTON ELEMENTARY SCHOOL<br>40300 NORTH SIMONTON BOULEVARD<br>QUEEN CREEK AZ 85140 | Tele (480)987-5338<br>Fax: (480)987-3487<br>Capacity : 59 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6556 | M.S.M.U.S.D.#8 - FIRST AVENUE PRESCHOOL & HANDICAP<br>914 NORTH FIRST AVENUE<br>SAN MANUEL AZ 85631 | Tele (520)385-4341<br>Fax: ( ) -<br>Capacity : 56 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6558 | M.S.M.U.S.D.#8 - MAMMOTH ELEMENTARY PRESCHOOL<br>111 WEST DUNGAN DRIVE<br>MAMMOTH AZ 85618 | Tele (520)487-2445<br>Fax: ( ) -<br>Capacity : 59 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-14253 | M.U.S.D.#20 - EXTENDED EDUCATION BUTTERFIELD ELEMEN<br>43800 WEST HONEYCUTT ROAD<br>MARICOPA AZ 85238 | Tele (520)568-6100<br>Fax: (520)568-6119<br>Capacity : 240 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16294 | M.U.S.D.#20 - SADDLEBACK ELEMENTARY SCHOOL<br>18600 NORTH PORTER ROAD<br>MARICOPA AZ 85138 | Tele (520)568-6100<br>Fax: (520)568-5107<br>Capacity : 141 | 07/17/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17031 | O.S.D.#2 - MOUNTAIN VISTA KINDERGARTEN PREP<br>2618 EL PASEO<br>ORACLE AZ 85623 | Tele (520)896-3074<br>Fax: (520)596-3088<br>Capacity : 59 | 07/31/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-6481 | R.U.S.D.#3 - RAY PRESCHOOL PROGRAM<br>HIGHWAY 177<br>KEARNY AZ 85137 | Tele (520)363-5527<br>Fax: (520)363-5005<br>Capacity : 59 | 02/01/2015 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-6080 | S.E.S.D.#24 - STANFIELD ELEMENTARY SCHOOL<br>515 SOUTH STANFIELD ROAD<br>STANFIELD AZ 85172 | Tele (520)424-3353<br>Fax: (520)424-3798<br>Capacity : 40 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-8531 | S.U.S.D. - J. F. KENNEDY ELEMENTARY<br>1500 WEST SUNSET DRIVE<br>SUPERIOR AZ 85273 | Tele (520)689-5841<br>Fax: (520)689-3170<br>Capacity : 44 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-12361 | THE EARLY LEARNING CENTER DAYCARE<br>2805 SOUTH IRONWOOD DRIVE<br>APACHE JUNCTION AZ 85120 | Tele (480)982-1110<br>Fax: (480)982-1274<br>Capacity : 50 | 04/01/2015 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-17306 | ALLEN HOUSE<br>20482 NORTH CONLON ROAD<br>MARICOPA AZ 85138 | Tele (520)582-0458<br>Fax: ( ) -<br>Capacity : 10 | 07/23/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SGH-16868 | CARA LEIGH PINKSTAFF<br>42845 WEST WILD HORSE TRAIL<br>MARICOPA AZ 85138 | Tele (480)688-5225<br>Fax: ( ) -<br>Capacity : 10 | 08/28/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17325 | CLIMBING CATERPILLARS | | | Tele (808)295-2514 | 08/04/2015 to 07/31/2018 |
| | 44389 WEST CANYON CREEK DRIVE | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85139 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17209 | IRMA'S LITTLE HEART CHILDCARE | | | Tele (520)568-1822 | 02/28/2015 to 01/31/2018 |
| | 42268 WEST MICHAELS DRIVE | | | Fax: (520)568-1822 | |
| | MARICOPA | AZ | 85138 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12313 | KIDZ KARE | | | Tele (520)251-3938 | 02/01/2015 to 01/31/2018 |
| | 537 EAST ELAINE STREET | | | Fax: (520)426-3801 | |
| | CASA GRANDE | AZ | 85222 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17424 | LA CASITA PRESCHOOL | | | Tele (480)664-3223 | 12/17/2015 to 11/30/2018 |
| | 3039 EAST MINERAL PARK ROAD | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17480 | MEMAH'S HOUSE | | | Tele (520)510-3165 | 06/01/2016 to 05/31/2019 |
| | 12088 WEST DELWOOD ROAD | | | Fax: ( ) - | |
| | ARIZONA CITY | AZ | 85123 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-14816 | MOMMA LIZZIE'S CHILD CARE GROUP HOME<br>635 SOUTH DESOTO STREET<br>FLORENCE AZ 85232 | Tele (520)868-4661<br>Fax: (520)562-7085<br>Capacity : 10 | 03/01/2015 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1848 | MARC COMMUNITY RESOURCES, INC / BRAE VOE WAY<br>4083 EAST BRAE VOE WAY<br>SAN TAN VALLEY AZ 85140 | Tele (480)380-0519<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH428 | MARC COMMUNITY RESOURCES, INC / STETSON<br>124 EAST 16TH AVENUE<br>APACHE JUNCTION AZ 85119 | Tele (480)982-4626<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1849 | MARC COMMUNITY RESOURCES, INC / WHITEHALL<br>3627 EAST WHITEHALL<br>SAN TAN VALLEY AZ 85140 | Tele (480)982-4626<br>Fax: (480)890-3775<br>Capacity : Not Applicable | 08/31/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1545 | AIRES, LLC / 12TH PLACE<br>1423 E 12TH PLACE<br>CASA GRANDE AZ 85122 | Tele (520)836-0881<br>Fax: (520)792-5890<br>Capacity : Not Applicable | 02/28/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1850 | AIRES, LLC / ASHLEY | | | Tele (520)836-0881 | 02/28/2015 to 02/28/2017 |
| | 264 N ASHLEY AVENUE | | | Fax: (520)792-5890 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH63 | AIRES, LLC / BRENDA | | | Tele (520)836-0881 | 02/28/2015 to 02/28/2017 |
| | 1132 EAST BRENDA DRIVE | | | Fax: (520)792-5890 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2169 | AIRES, LLC / CASA BONITA | | | Tele (520)836-3593 | 02/28/2015 to 02/28/2017 |
| | 510 EAST RACINE PLACE | | | Fax: (520)792-5850 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH40 | AIRES, LLC / KRYSTAL | | | Tele (520)836-0881 | 02/28/2015 to 02/28/2017 |
| | 1641 EAST KRYSTAL ST | | | Fax: (520)792-5890 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1837 | AIRES, LLC / POPPY | | | Tele (520)836-0881 | 02/28/2015 to 02/28/2017 |
| | 1461 N POPPY | | | Fax: (520)792-5890 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1637 | AIRES, LLC / WILD FLOWER | | | Tele (520)836-0881 | | 02/28/2015 | to | 02/28/2017 |
| | 1320 N WILDFLOWER DR | | | Fax: (520)792-5890 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1917 | ARIZONA FOUNDATION FOR THE HANDICAPPED / MCMURRAY | | | Tele (520)876-4090 | | 07/01/2015 | to | 06/30/2017 |
| | 1480 EAST 12TH PLACE | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2054 | ARIZONA FOUNDATION FOR THE HANDICAPPED / MI CASA | | | Tele (520)423-0782 | | 11/01/2016 | to | 10/31/2018 |
| | 1070 NORTH MILLY | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1812 | ARIZONA FOUNDATION FOR THE HANDICAPPED / VIOLA | | | Tele (520)423-0782 | | 11/01/2016 | to | 10/31/2018 |
| | 1589 E VIOLA | | | Fax: (520)426-9471 | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1319 | ARIZONA FOUNDATION FOR THE HANDICAPPED /12TH PLACE | | | Tele (520)876-4090 | | 03/31/2015 | to | 03/31/2017 |
| | 1468 EAST12TH PLACE | | | Fax: (520)426-9471 | | | | |
| | CASA GRANDE | AZ | 85222 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH333 | ARIZONA MENTOR / GRANDE | | | Tele (520)414-2486 | | 10/01/2015 | to | 09/30/2017 |
| | 1174 E AVENIDA GRANDE | | | Fax: (520)836-5804 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1302 | ARIZONA MENTOR / ROYAL | | | Tele (520)610-1614 | | 10/01/2015 | to | 09/30/2017 |
| | 606 E RACINE PL | | | Fax: (520)836-5804 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1087 | ARIZONA MENTOR / WILDFLOWER | | | Tele (520)836-8326 | | 10/01/2015 | to | 09/30/2017 |
| | 1468 WILDFLOWER DR | | | Fax: (520)836-5804 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH332 | ARIZONA MENTOR/ ELLENA | | | Tele (520)424-4822 | | 10/01/2015 | to | 09/30/2017 |
| | 1185 E AVENIDA ELENA | | | Fax: (520)836-5804 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1682 | AZ FOUNDATION FOR THE HANDICAPPED / MILLY'S PLACE | | | Tele (520)876-5859 | | 03/31/2015 | to | 03/31/2017 |
| | 1459 EAST 12TH PLACE | | | Fax: (520)836-7666 | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2208 | HABILITATION & INDEPENDENT LIVING SPECIALIST INC, LLC | | | Tele (520)350-7761 | 08/01/2016 to 07/31/2018 |
| | 12291 W CABRILLO DRIVE | | | Fax: ( ) - | |
| | ARIZONA CITY | AZ | 85123 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH1186 | PPEP, INC / CORDOVA | | | Tele (520)836-0421 | 06/01/2016 to 05/31/2018 |
| | 1292 E CORDOVA ST | | | Fax: (520)836-6805 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH469 | PPEP, INC / KADOTA | | | Tele (520)836-2371 | 06/01/2016 to 05/31/2018 |
| | 1777 N KADOTA | | | Fax: (520)836-6805 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH1296 | PPEP, INC / SUNSET | | | Tele (520)421-1674 | 06/01/2016 to 05/31/2018 |
| | 1117 E SUNSET DR | | | Fax: (520)836-6805 | |
| | CASA GRANDE | AZ | 85222 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH1773 | TLC SUPPORTED LIVING SERVICES OF AZ, LLC / 501 | | | Tele (520)426-9505 | 07/01/2015 to 06/30/2017 |
| | 1879 NORTH AGAVE STREET | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85222 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2518 | ZION COMPASSION CARE LLC / MT ARARAT<br>8013 WEST CORRINE DRIVE<br>MARICOPA AZ 85138 | Tele (480)217-1056<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/29/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA5789 | COLLINS, KENT JAMES<br>312 WEST 10TH STREET SUITE 1<br>CASA GRANDE AZ 85222 | Tele (763)515-8222<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA9305 | DEVIN GORDON ANDERSON<br>36305 N GANTZEL RD STE 104<br>SAN TAN VALLEY AZ 85140 | Tele (480)826-3954<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/23/2015 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| DA4090 | HETHERINGTON, JOHN J.<br>1968 N PEART RD #20<br>CASA GRANDE AZ 85122 | Tele (520)509-1331<br>Fax: (520)509-1417<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA5047 | SHEPEL, FRANKLIN A<br>312 W 10TH ST SUITE 1<br>CASA GRANDE AZ 85122 | Tele (520)836-8366<br>Fax: (520)836-2229<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1453 | SOBOTKA SANDRA<br>1876 E SAVIN DRIVE BLDG A<br>CASA GRANDE AZ 85122 | Tele (480)332-3235<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4676 | FRESENIUS MEDICAL CARE - SAN TAN<br>300 WEST HIGHWAY 287, SUITE 300<br>FLORENCE AZ 85132 | Tele (520)868-1144<br>Fax: (520)868-5983<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | GILA RIVER DIALYSIS EAST<br>565 WEST SEED FARM ROAD<br>SACATON AZ 85247 | Tele (602)271-7900<br>Fax: (480)602-6209<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4008 | RENAL CARE GROUP - APACHE JUNCTION<br>11540 EAST UNIVERSITY, SUITE 109<br>APACHE JUNCTION AZ 85120 | Tele (480)357-5572<br>Fax: (480)357-0677<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | RENAL CARE GROUP AK-CHIN<br>16536 NORTH MARICOPA ROAD<br>MARICOPA AZ 85239 | Tele (520)568-3120<br>Fax: (480)632-3283<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6852 | RENAL CARE GROUP ARIZONA, LLC | | | Tele | (520)836-2566 | 10/01/2016 | to | 09/30/2017 |
| | 1875 EAST SABIN DRIVE | | | Fax: | (520)836-2808 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | 26 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4040 | RENAL CARE GROUP ARIZONA, LLC - MAMMOTH | | | Tele | (520)487-0150 | 02/01/2016 | to | 01/31/2017 |
| | 14786 SOUTH HIGHWAY 77 | | | Fax: | (520)487-0156 | | | |
| | MAMMOTH | AZ | 85618 | Capacity : | 12 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0576 | WESTERN SKIES DIALYSIS, INC. | | | Tele | (520)836-5883 | 09/01/2016 | to | 08/31/2017 |
| | 1041 NORTH ARIZOLA ROAD | | | Fax: | (520)836-2728 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | MOUNTAIN HEALTH & WELLNESS OF APACHE JUNCTION | | | Tele | (480)983-0065 | | to | |
| | 625 NORTH PLAZA DRIVE | | | Fax: | (480)288-5339 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | S M M H C, INC. | | | Tele | (480)983-0065 | | to | |
| | 477 EAST BROADWAY ROAD | | | Fax: | (480)288-5339 | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6229 | SUN LIFE CENTER FOR WOMEN | | | Tele (520)381-0380 | | 01/01/2016 | to | 12/31/2016 |
| | 1864 EAST FLORENCE | | | Fax: (520)836-1826 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4752 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)836-5036 | | 11/01/2015 | to | 10/31/2016 |
| | 1856 EAST FLORENCE BOULEVARD | | | Fax: (520)316-0365 | | | | |
| | CASA GRANDE | AZ | 85222 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6588 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)836-3446 | | 06/01/2016 | to | 05/31/2017 |
| | 2080 WEST SOUTHERN AVENUE, SUITE B10 | | | Fax: (520)836-8807 | | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7472 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)836-3446 | | 12/30/2015 | to | 11/30/2016 |
| | 150 SOUTH MAIN STREET, SUITE 101 | | | Fax: ( ) - | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3430 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)836-3446 | | 12/01/2016 | to | 11/30/2017 |
| | 1284 NORTH ARIZONA BOULEVARD | | | Fax: (520)723-9068 | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4984 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)466-7883 | 11/01/2015 to 10/31/2016 |
| | 205 NORTH STUART BOULEVARD | | | Fax: (520)466-3946 | |
| | ELOY | AZ | 85131 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0004 | SUN LIFE FAMILY HEALTH CENTER | | | Tele (520)836-3446 | 11/01/2016 to 10/31/2017 |
| | 865 NORTH ARIZOLA ROAD | | | Fax: (520)836-8807 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3743 | SUN LIFE FAMILY HEALTH CENTER - ORACLE | | | Tele (520)396-2092 | 12/01/2015 to 11/30/2016 |
| | 1870 WEST AMERICAN WAY | | | Fax: (520)896-2449 | |
| | ORACLE | AZ | 85623 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0357 | SUN LIFE FAMILY HEALTH CENTER - SAN MANUEL | | | Tele (520)385-2234 | 12/01/2015 to 11/30/2016 |
| | 23 MCNAB PARKWAY | | | Fax: (520)381-3209 | |
| | SAN MANUEL | AZ | 85631 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC0187 | SUN LIFE FAMILY HEALTH CENTER, INC. | | | Tele (520)381-0386 | 11/01/2015 to 10/31/2016 |
| | 44572 WEST BOWLIN ROAD | | | Fax: (520)568-2316 | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8626 | ANYIKA NIMGUEDE ALLMON | | | Tele (708)000-0000 | 10/13/2015 to 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85139 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5740 | BOFMAN, ROBERT ALAN | | | Tele (520)494-2242 | 08/01/2016 to 07/31/2018 |
| | 1201 N PINAL AVE STE A | | | Fax: (866)675-2158 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD7598 | CHARTRAND, MAX S. | | | Tele (520)509-6380 | 01/01/2016 to 12/31/2017 |
| | 820 W COTTONWOOD LN STE 6 | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6701 | ELLERT, CLAYTON TYTUS | | | Tele (520)494-2242 | 12/01/2015 to 11/30/2017 |
| | 475 S MAIN ST | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5060 | ELLERT, TERRI M. | | | Tele (520)494-2242 | 10/01/2015 to 09/30/2017 |
| | 1201 N PINAL AVE STE A | | | Fax: (520)494-2524 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4304 | MARSHALL, LISA M. | | | Tele (480)983-4000 | | 09/01/2016 | to | 08/31/2018 |
| | 5331 S SUPERSTITION MOUNTAIN DR #C-107 | | | Fax: (480)983-4844 | | | | |
| | GOLD CANYON | AZ | 85118 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7087 | NORTHLAND HEARING CENTERS, INC | | | Tele (520)836-8366 | | 12/01/2015 | to | 11/30/2017 |
| | 312 WEST 10TH STREET, STE 1 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1093 | ROWIN, BOB R. | | | Tele (520)836-6994 | | 11/01/2015 | to | 10/31/2017 |
| | 801-A EAST FLORENCE BLVD | | | Fax: (520)836-1402 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD5429 | THE H.I.P. GROUP, LLC | | | Tele (520)494-2242 | | 05/01/2016 | to | 04/30/2018 |
| | 1201 N PINAL AVE STE A | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC. | | | Tele (520)200-1262 | | 10/13/2016 | to | 10/12/2018 |
| | 1895 N TREKELL RD STE 2 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD5231 | ZOUNDS HEARING, INC.<br>1840 W APACHE TRAIL<br>APACHE JUNCTION AZ 85120 | Tele (480)288-6400<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/13/2016 to 10/12/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA4812 | ANGEL CARE HEALTH SERVICES, INC<br>1821 NORTH TREKELL ROAD, SUITE 6<br>CASA GRANDE AZ 85122 | Tele (520)876-0622<br>Fax: (520)876-0747<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA4417 | OASIS HOME HEALTH CARE<br>1106 NORTH PINAL AVENUE<br>CASA GRANDE AZ 85122 | Tele (520)421-1120<br>Fax: (520)421-2877<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC6142 | FAITH AND HARMONY HOSPICE, LLC<br>201 EAST COTTONWOOD LANE, SUITE 3<br>CASA GRANDE AZ 85122 | Tele (520)421-2157<br>Fax: (520)858-0582<br>Capacity : Not Applicable | 03/05/2016 to 11/30/2016<br>Medcaid_Cert: Certified |
| HSPC0038 | HOSPICE COMPASSUS - CASA GRANDE<br>1675 EAST MONUMENT PLAZA DRIVE, SUITE A<br>CASA GRANDE AZ 85122 | Tele (520)421-7143<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7053 | HOSPICE FAMILY CARE INC CASA GRANDE<br>1175 EAST COTTONWOOD LANE, SUITE 1<br>CASA GRANDE AZ 85122 | Tele (704)662-0416<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| HSPC6532 | INTEGRITY HOSPICE CARE, LLC<br>6877 SOUTH KINGS RANCH ROAD, SUITE 2<br>GOLD CANYON AZ 85118 | Tele (480)426-0255<br>Fax: (480)499-5859<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | GILA RIVER HEALTH CARE CORPORATION<br>483 WEST SEED FARM ROAD<br>SACATON AZ 85147 | Tele (520)562-3321<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H6592 | BANNER CASA GRANDE MEDICAL CENTER<br>1800 EAST FLORENCE BOULEVARD<br>CASA GRANDE AZ 85222 | Tele (520)381-6300<br>Fax: (520)381-6435<br>Capacity : 178 | 12/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| H5738 | BANNER GOLDFIELD MEDICAL CENTER<br>2050 WEST SOUTHERN AVENUE<br>APACHE JUNCTION AZ 85120 | Tele (480)733-3300<br>Fax: (480)237-3206<br>Capacity : 20 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H4946 | BANNER IRONWOOD MEDICAL CENTER<br>37000 NORTH GANTZEL ROAD<br>SAN TAN VALLEY AZ 85140 | Tele (480)394-4030<br>Fax: (480)394-4571<br>Capacity : 53 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Certified |
| H5344 | FLORENCE HOSPITAL AT ANTHEM, LLC<br>4545 NORTH HUNT HIGHWAY<br>FLORENCE AZ 85132 | Tele (520)424-2060<br>Fax: (520)424-2507<br>Capacity : 36 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM AT COOLIDGE - 30 OASIS COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 10 SANDSTONE COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 20 SANDSTONE COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 30 SANDSTONE COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 40 SANDSTONE COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 50 OASIS COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | ARIZONA TRAINING PROGRAM OF COOLIDGE - 50 SANDSTONE COURT<br>2800 N HWY 87<br>COOLIDGE AZ 85128 | Tele (520)723-2600<br>Fax: (520)723-7618<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SABH446 | COMMUNITY BRIDGES, INC. - CASA GRANDE STABILIZATION AND RECOVERY UNIT | Tele (480)831-7566 | 06/01/2016 to 05/31/2017 |
| | 675 EAST COTTONWOOD LANE, SUITE 104 | Fax: (480)831-7563 | |
| | CASA GRANDE AZ 85122 | Capacity : 12 | Medcaid_Cert: Not Ceritified |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER CASA GRANDE MEDICAL CENTER COUMADIN CLINIC | Tele (520)381-6787 | to |
| | 1675 EAST MCMURRAY BOULEVARD, SUITE 3 | Fax: ( ) - | |
| | CASA GRANDE AZ 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER CASA GRANDE MEDICAL CENTER DESERT REFLECTIONS IMAGING CENTER | Tele (520)381-3700 | to |
| | 1828 E FLORENCE BOULEVARD, BLDG B, SUITE 118 & 128 | Fax: ( ) - | |
| | CASA GRANDE AZ 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER CASA GRANDE MEDICAL CENTER OUTPATIENT REHABILITATION DEPT | Tele (520)381-6326 | to |
| | 1828 EAST FLORENCE BLVD, BUILDING A, SUITE 102 | Fax: ( ) - | |
| | CASA GRANDE AZ 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER CASA GRANDE MEDICAL CENTER PATHOLOGY DEPT | Tele (520)381-6558 | to |
| | 1828 EAST FLORENCE BLVD, BUILDING A, SUITE 108 | Fax: ( ) - | |
| | CASA GRANDE AZ 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | BANNER CASA GRANDE MEDICAL CENTER SLEEP LAB DEPT<br>1828 E FLORENCE BOULEVARD, BUILDING C, SUITE 136<br>CASA GRANDE AZ 85122 | Tele (520)381-6423<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | DIGNITY HEALTH URGENT CARE-MARICOPA<br>20750 NORTH JOHN WAYNE PARKWAY<br>MARICOPA AZ 85139 | Tele (480)728-3000<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM060 | SEPULVEDA, STEPHANIE C.<br>5824 EAST 10TH AVENUE<br>APACHE JUNCTION AZ 85119 | Tele (602)908-8711<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM190 | LANEY, CAITLYN<br>1208 W DESERT GLEN DRIVE<br>QUEEN CREEK AZ 85143 | Tele (480)747-2837<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT SURGERY CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC7946 | CENTRAL ARIZONA SURGERY CENTER, LLC<br>1653 EAST MCMURRAY BOULEVARD<br>CASA GRANDE AZ 85122 | Tele (520)836-8644<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/18/2016 to 10/31/2017<br><br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7685 | ARIZONA COUNSELING & TREATMENT SERVICES<br>120B NORTH ARIZONA BOULEVARD, SUITE F<br>COOLIDGE AZ 85128 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7694 | ARIZONA COUNSELING & TREATMENT SERVICES<br>13100 SOUTH SUNLAND GIN ROAD, SUITE 1, 2 & 3<br>ARIZONA CITY AZ 85123 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7688 | ARIZONA COUNSELING & TREATMENT SERVICES<br>20046 NORTH JOHN WAYNE PARKWAY, SUITE 106 A<br>MARICOPA AZ 85139 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2015 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7704 | ARIZONA COUNSELING & TREATMENT SERVICES<br>20046 NORTH JOHN WAYNE PARKWAY, SUITE 102<br>MARICOPA AZ 85139 | Tele (928)376-0220<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6528 | ARIZONA PRIORITY CARE<br>1811 EAST MCMURRAY BOULEVARD<br>CASA GRANDE AZ 85122 | Tele (520)374-2090<br>Fax: (520)876-0483<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC0665 | ARIZONA TRAINING PROGRAM AT COOLIDGE | | | Tele (520)723-2600 | | 10/01/2016 | to | 09/30/2017 |
| | 2800 NORTH HIGHWAY 87 | | | Fax: (520)723-7555 | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6056 | ARIZONA'S CHILDREN ASSOCIATION | | | Tele (602)234-3733 | | 04/01/2016 | to | 03/31/2017 |
| | 2066 WEST APACHE TRAIL, SUITES 101 | | | Fax: (602)234-1252 | | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6009 | ARIZONA'S CHILDREN ASSOCIATION | | | Tele (602)234-3733 | | 09/01/2016 | to | 08/31/2017 |
| | 2800 NORTH HIGHWAY 87 | | | Fax: (520)723-6896 | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7333 | ARIZONA'S CHILDREN ASSOCIATION | | | Tele (602)234-3733 | | 10/01/2015 | to | 09/30/2016 |
| | 2028 NORTH TREKELL, SUITE 102 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5020 | AZ-TECH RADIOLOGY & OPEN MRI | | | Tele (520)876-0297 | | 02/01/2016 | to | 01/31/2017 |
| | 1669 EAST MCMURRAY BOULEVARD | | | Fax: (520)876-0167 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5019 | AZ-TECH RADIOLOGY & OPEN MRI, LLC<br>1840 WEST APACHE TRAIL<br>APACHE JUNCTION AZ 85120 | Tele (480)889-1856<br>Fax: (480)288-4079<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5024 | AZ-TECH RADIOLOGY & OPEN MRI, LLC<br>21300 NORTH JOHN WAYNE PARKWAY, SUITE 113<br>MARICOPA AZ 85239 | Tele (480)889-3500<br>Fax: (520)568-6312<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5657 | AZ-TECH RADIOLOGY & OPEN MRI, LLC<br>21300 NORTH JOHN WAYNE PARKWAY, SUITE 116<br>MARICOPA AZ 85139 | Tele (520)568-6411<br>Fax: (520)568-6312<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7394 | BANNER CASA GRANDE OCCUPATIONAL HEALTH<br>1676 EAST MCMURRAY BOULEVARD, SUITE 2<br>CASA GRANDE AZ 85122 | Tele (520)381-6783<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6934 | BANNER CASA GRANDE URGENT CARE<br>1676 EAST MCMURRAY BOULEVARD, SUITE 1<br>CASA GRANDE AZ 85222 | Tele (520)316-0688<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5636 | BANNER CHILDREN'S - BANNER HEALTH CLINIC | | | Tele (480)827-5006 | | 01/01/2016 | to | 12/31/2016 |
| | 1075 SOUTH IDAHO ROAD, SUITE 206 | | | Fax: (480)827-5001 | | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5639 | BANNER CHILDREN'S - BANNER HEALTH CLINIC | | | Tele (520)374-5605 | | 02/01/2016 | to | 01/31/2017 |
| | 1760 EAST FLORENCE BOULEVARD, SUITE 100 | | | Fax: (520)374-6501 | | | | |
| | CASA GRANDE | AZ | 85222 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5397 | BANNER HEALTH CENTER | | | Tele (520)233-2500 | | 05/01/2016 | to | 04/30/2017 |
| | 17900 NORTH PORTER ROAD | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6165 | BANNER HEALTH CLINIC | | | Tele (520)233-2770 | | 10/01/2016 | to | 09/30/2017 |
| | 3235 NORTH HUNT HIGHWAY, SUITE 103 | | | Fax: (520)233-2769 | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6710 | BANNER HEALTH CLINIC | | | Tele (520)876-4006 | | 08/01/2016 | to | 07/31/2017 |
| | 1828 E FLORENCE BOULEVARD, BUILDING A, SUITE 110 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6709 | BANNER HEALTH CLINIC<br>1780 EAST FLORENCE BOULEVARD, SUITE 108<br>CASA GRANDE AZ 85122 | Tele (520)381-6758<br>Fax: (520)381-6435<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2017 |
| OTC7077 | BANNER HEALTH CLINIC<br>1828 EAST FLORENCE BOULEVARD, SUITE 142<br>CASA GRANDE AZ 85122 | Tele (520)381-6758<br>Fax: (520)381-6040<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2017 |
| OTC5743 | BANNER HEALTH CLINIC<br>37100 NORTH GANTZEL ROAD, SUITE 201<br>SAN TAN VALLEY AZ 85140 | Tele (480)394-4469<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 06/01/2016 to 05/31/2017 |
| OTC5195 | BANNER HEALTH CLINIC<br>2474 EAST HUNT HIGHWAY, SUITE 10<br>SAN TAN VALLEY AZ 85143 | Tele (480)543-6680<br>Fax: (480)543-5908<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 11/01/2016 to 10/31/2017 |
| OTC5191 | BANNER HEALTH CLINIC<br>37100 NORTH GANTZEL ROAD, SUITE 107<br>SAN TAN VALLEY AZ 85140 | Tele (480)394-4480<br>Fax: (480)394-4521<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 11/01/2015 to 10/31/2016 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7890 | BANNER URGENT CARE | | | Tele (480)222-0112 | 11/01/2016 to 10/31/2017 |
| | 35945 NORTH GARY ROAD | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7889 | BANNER URGENT CARE | | | Tele (602)714-1271 | 11/01/2016 to 10/31/2017 |
| | 40773 NORTH IRONWOOD DRIVE | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5748 | CANCER TREATMENT SERVICES ARIZONA | | | Tele (239)790-2284 | 07/01/2016 to 06/30/2017 |
| | 1876 EAST SABIN DRIVE, SUITE 10 | | | Fax: (520)836-1510 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5750 | CANCER TREATMENT SERVICES ARIZONA | | | Tele (239)931-7279 | 07/01/2016 to 06/30/2017 |
| | 1281 EAST COTTONWOOD LANE | | | Fax: (239)938-9340 | |
| | CASA GRANDE | AZ | 85222 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6445 | CASA GRANDE OUTPATIENT SERVICE CENTER | | | Tele (480)831-7566 | 06/01/2016 to 05/31/2017 |
| | 675 EAST COTTONWOOD LANE, SUITE 101 | | | Fax: (480)831-7563 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5062 | CIGNA QUEEN CREEK MEDICAL OFFICE<br>36305 NORTH GANTZEL ROAD, SUITE 102<br>QUEEN CREEK AZ 85140 | Tele (623)277-1131<br>Fax: (602)906-2789<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7085 | COMMUNITY HEALTH ASSOCIATES - CASA GRANDE<br>1923 NORTH TREKELL ROAD<br>CASA GRANDE AZ 85122 | Tele (520)622-8357<br>Fax: (520)622-1028<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6641 | CORAZON INTEGRATED HEATLHCARE SERVICES<br>900 EAST FLORENCE BOULEVARD, SUITE G<br>CASA GRANDE AZ 85122 | Tele (520)836-4278<br>Fax: (520)836-1786<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7550 | DIGNITY HEALTH MEDICAL GROUP MARICOPA<br>21300 NORTH JOHN WAYNE PARKWAY, SUITE 115<br>MARICOPA AZ 85139 | Tele (520)426-3424<br>Fax: (602)798-9524<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7913 | EAST VALLEY FAMILY MEDICAL-CASA GRANDE<br>301 EAST COTTONWOOD LANE, SUITE #2<br>CASA GRANDE AZ 85222 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/07/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7948 | EAST VALLEY FAMILY MEDICINE-BROADWAY<br>1545 WEST BROADWAY, SUITE 101<br>APACHE JUNCTION AZ 85120 | Tele (480)963-1853<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/15/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7423 | EMPACT - SUICIDE PREVENTION CENTER<br>2474 EAST HUNT HIGHWAY, SUITE 100<br>SAN TAN VALLEY AZ 85143 | Tele (480)784-1514<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/30/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OTC6771 | EMPACT - SUICIDE PREVENTION CENTER<br>21476 NORTH JOHN WAYNE PARKWAY, SUITE C 101<br>MARICOPA AZ 85239 | Tele (480)784-1514<br>Fax: (480)967-3528<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OTC7842 | EMPACT SUICIDE PREVENTION CENTER<br>11518 EAST APACHE TRAIL, SUITE 129<br>APACHE JUNCTION AZ 85120 | Tele (480)784-1514<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/15/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4452 | FASTMED URGENT CARE- FLORENCE<br>495 PINAL PARKWAY, SUITE 106<br>FLORENCE AZ 85132 | Tele (480)545-2787<br>Fax: (480)545-7434<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6057 | HELPING ASSOCIATES, INC | | | Tele (520)836-1029 | | 12/01/2015 | to | 11/30/2016 |
| | 1929 NORTH TREKELL ROAD | | | Fax: (520)836-6733 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6015 | HELPING ASSOCIATES, INC | | | Tele (520)836-1029 | | 07/01/2016 | to | 06/30/2017 |
| | 1000 EAST RACINE PLACE | | | Fax: (520)421-2775 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6013 | HELPING ASSOCIATES, INC. | | | Tele (520)836-1029 | | 08/01/2016 | to | 07/31/2017 |
| | 1901 NORTH TREKELL ROAD, SUITE A | | | Fax: (520)836-6733 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5937 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (480)983-0065 | | 01/01/2016 | to | 12/31/2016 |
| | 447 EAST BROADWAY ROAD, BUILDING B | | | Fax: (480)671-4541 | | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5946 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (520)836-1688 | | 02/01/2016 | to | 01/31/2017 |
| | 107 EAST FIRST STREET | | | Fax: (520)421-2708 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6586 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (480)474-5664 | | 08/01/2016 | to | 07/31/2017 |
| | 100 TILBURY ROAD | | | Fax: (480)671-4551 | | | | |
| | KEARNY | AZ | 85137 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5930 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (480)983-0065 | | 11/01/2015 | to | 10/31/2016 |
| | 980 EAST MOUNT LEMMON ROAD | | | Fax: (480)671-4541 | | | | |
| | ORACLE | AZ | 85623 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6659 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (480)474-5603 | | 10/01/2016 | to | 09/30/2017 |
| | 210 EAST COTTONWOOD LANE | | | Fax: (520)421-2708 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5886 | HORIZON HEALTH AND WELLNESS, INC | | | Tele (480)983-0065 | | 02/01/2016 | to | 01/31/2017 |
| | 23 MCNAB PARKWAY | | | Fax: (480)671-4541 | | | | |
| | SAN MANUEL | AZ | 85631 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7290 | HORIZON HEALTH AND WELLNESS, INC. | | | Tele (480)474-5603 | | 08/01/2016 | to | 07/31/2017 |
| | 115 WEST 2ND STREET | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6220 | HORIZON HEALTH AND WELLNESS, INC. | | | Tele (480)474-5603 | | 03/01/2016 | to | 02/28/2017 |
| | 625 NORTH PLAZA DRIVE | | | Fax: (480)288-5339 | | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5962 | HORIZON HEALTH AND WELLNESS, INC. | | | Tele (480)474-5603 | | 03/01/2016 | to | 02/28/2017 |
| | 120 WEST MAIN STREET | | | Fax: (520)421-2708 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6348 | HORIZON HEALTH AND WELLNESS, INC. | | | Tele (480)474-5603 | | 11/01/2015 | to | 10/31/2016 |
| | 447 BUILDING A, 477, 507 & 525 EAST BROADWAY ROAD | | | Fax: (480)671-4541 | | | | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7774 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT | | | Tele (520)721-1887 | | 08/04/2016 | to | 08/31/2016 |
| | 1821 NORTH TREKELL ROAD, SUITE 1 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7293 | LITTLE CLINIC OF ARIZONA, LLC, THE | | | Tele (615)425-4228 | | 08/01/2016 | to | 07/31/2017 |
| | 155 WEST COMBS ROAD | | | Fax: ( ) - | | | | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7316 | MCS THERAPY<br>609 WEST COTTONWOOD LANE, SUITE 1<br>CASA GRANDE AZ 85122 | Tele (520)424-1100<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 09/01/2016 to 08/31/2017 |
| OTC3935 | MEDICINE FOR BUSINESS AND INDUSTRY, LLC<br>177 WEST COTTONWOOD LANE<br>CASA GRANDE AZ 85122 | Tele (602)272-1162<br>Fax: (520)836-1298<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 02/01/2016 to 01/31/2017 |
| OTC6759 | MENTALLY ILL KIDS IN DISTRESS ( M I K I D )<br>1729 NORTH TREKELL ROAD, SUITE 101<br>CASA GRANDE AZ 85122 | Tele (602)253-1240<br>Fax: (602)840-3409<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2017 |
| OTC4627 | MY DR NOW<br>287 EAST HUNT HIGHWAY, SUITE 104<br>SAN TAN VALLEY AZ 85143 | Tele (480)305-2888<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 05/01/2016 to 04/30/2017 |
| OTC6761 | NEURODIAGNOSTIC LABS CASA GRANDE<br>1760 EAST FLORENCE BOULEVARD, SUITE 200<br>CASA GRANDE AZ 85122 | Tele (602)424-4450<br>Fax: (602)445-7342<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2017 |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4866 | NEXTCARE URGENT CARE - FLORENCE<br>1683 EAST FLORENCE BOULEVARD, SUITE 7<br>CASA GRANDE AZ 85122 | Tele (520)876-0800<br>Fax: (520)876-0801<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3083 | NEXTCARE URGENT CARE-SOUTHERN<br>2080 WEST SOUTHERN AVENUE, SUITE A-1<br>APACHE JUNCTION AZ 85120 | Tele (480)776-1630<br>Fax: (480)985-0173<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7288 | OASIS PAVILION NURSING AND REHABILITATION CENTER, LLC<br>161 WEST RODEO ROAD<br>CASA GRANDE AZ 85122 | Tele (520)836-1772<br>Fax: (520)421-4966<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6664 | PARK PLACE OUTREACH & COUNSELING CENTERS, INC<br>9373 WEST BATTAGLIA ROAD<br>ARIZONA CITY AZ 85123 | Tele (520)466-8850<br>Fax: (520)466-8851<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7754 | PERALTA URGENT CARE<br>6740 SOUTH KINGS RANCH ROAD, SUITE 102<br>GOLD CANYON AZ 85118 | Tele (480)390-3773<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/25/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6784 | PHOENICIAN MEDICAL CENTER, INC<br>10633 EAST APACHE TRAIL, SUITE 106<br>APACHE JUNCTION AZ 85120 | Tele (480)963-1853<br>Fax: (480)963-1854<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3527 | PINAL COUNTY - APACHE JUNCTION HEALTH DEPARTMENT<br>575 NORTH IDAHO STREET, SUITE 301<br>APACHE JUNCTION AZ 85119 | Tele (866)960-0633<br>Fax: (520)866-7066<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3520 | PINAL COUNTY - CASA GRANDE HEALTH DEPARTMENT<br>820 EAST COTTONWOOD LANE, BUILDING E<br>CASA GRANDE AZ 85122 | Tele (866)966-0633<br>Fax: (520)866-7066<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7174 | PINAL COUNTY - ELOY HEALTH DEPARTMENT<br>302 EAST 5TH STREET<br>ELOY AZ 85131 | Tele (866)960-0633<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5314 | PINAL COUNTY - MARICOPA PUBLIC HEALTH CLINIC<br>41600 WEST SMITH ENKE ROAD BUILDING 15<br>MARICOPA AZ 85138 | Tele (866)960-0633<br>Fax: (520)866-7066<br>Capacity : Not Applicable | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5348 | PINAL COUNTY - SAN TAN VALLEY HEALTH DEPARTMENT | | | Tele (866)960-0633 | | 03/01/2016 | to | 02/28/2017 |
| | 36235 NORTH GANTZEL ROAD | | | Fax: (520)866-7302 | | | | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3851 | PINAL COUNTY - SUPERIOR HEALTH DEPARTMENT | | | Tele (866)960-0633 | | 03/01/2016 | to | 02/28/2017 |
| | 60 EAST MAIN STREET | | | Fax: (520)866-7066 | | | | |
| | SUPERIOR | AZ | 85173 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3521 | PINAL COUNTY COOLIDGE HEALTH DEPARTMENT | | | Tele (866)960-0633 | | 11/01/2015 | to | 10/31/2016 |
| | 119 WEST CENTRAL AVENUE | | | Fax: (520)866-7066 | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3523 | PINAL COUNTY KEARNY HEALTH DEPARTMENT | | | Tele (866)960-0633 | | 01/01/2016 | to | 12/31/2016 |
| | 355 ALDEN ROAD | | | Fax: (520)866-7066 | | | | |
| | KEARNY | AZ | 85137 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3524 | PINAL COUNTY MAMMOTH HEALTH DEPARTMENT | | | Tele (866)960-0633 | | 10/01/2016 | to | 09/30/2017 |
| | 110 SOUTH MAIN STREET | | | Fax: (520)866-7066 | | | | |
| | MAMMOTH | AZ | 85618 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6037 | PINAL HISPANIC COUNCIL | | | Tele (520)466-7765 | 10/01/2016 to 09/30/2017 |
| | 107 EAST 4TH STREET | | | Fax: (520)466-4475 | |
| | ELOY | AZ | 85131 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6807 | PINAL HISPANIC COUNCIL | | | Tele (520)466-7765 | 09/01/2016 to 08/31/2017 |
| | 330 NORTH PICACHO STREET | | | Fax: (520)836-9702 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6003 | PINAL HISPANIC COUNCIL | | | Tele (520)466-7765 | 03/01/2016 to 02/28/2017 |
| | 556 SOUTH ARIZONA BOULEVARD | | | Fax: (520)723-7410 | |
| | COOLIDGE | AZ | 85128 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6293 | RED ROCK CORRECTIONAL CENTER | | | Tele (520)464-3800 | 05/01/2016 to 04/30/2017 |
| | 1750 EAST ARICA ROAD | | | Fax: (520)464-3899 | |
| | ELOY | AZ | 85131 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7850 | SERENITY INTEGRATED HEALTHCARE, LLC | | | Tele (520)280-8999 | 09/22/2016 to 08/31/2017 |
| | 115 EAST 1ST STREET | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4854 | SIMONMED IMAGING - QUEEN CREEK<br>36297 NORTH GANTZEL ROAD, SUITE 101<br>QUEEN CREEK AZ 85240 | Tele (602)320-3344<br>Fax: (480)809-4410<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7930 | STRIPES URGENT CARE<br>6820 SOUTH KINGS RANCH ROAD, SUITE 130<br>GOLD CANYON AZ 85118 | Tele (480)984-5225<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/15/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7210 | SUN LIFE FAMILY HEALTH CENTER<br>44572 WEST BOWLIN ROAD<br>MARICOPA AZ 85138 | Tele (520)836-3446<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6105 | TAKE CARE HEALTH SERVICES<br>55 WEST APACHE TRAIL<br>APACHE JUNCTION AZ 85120 | Tele (847)527-4768<br>Fax: (847)368-6583<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6998 | TELECARE CASA GRANDE ACT<br>1821 NORTH TREKELL ROAD, SUITE 7<br>CASA GRANDE AZ 85122 | Tele (520)876-9293<br>Fax: (510)217-9632<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

Sub-Type : RURAL HEALTH CLINICS - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | KEARNY CLINIC | | | Tele (520)363-5573 | | | to |
| | 100 TILBURY DRIVE | | | Fax: (520)363-5611 | | | |
| | KEARNY | AZ | 85237 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC6485 | SONORAN FAMILY PRACTICE | | | Tele (520)723-7726 | | | to |
| | 171 WEST CENTRAL AVENUE | | | Fax: (520)723-4513 | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| OTC | SUPERIOR CLINIC | | | Tele (520)689-2423 | | | to |
| | 1134 WEST US HIGHWAY 60 | | | Fax: (520)689-5237 | | | |
| | SUPERIOR | AZ | 85173 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| NCI-363 | APACHE JUNCTION HLTH CENTER | | | Tele (480)983-0700 | | 02/01/2016 to | 01/31/2017 |
| | 2012 WEST SOUTHERN AVE | | | Fax: (480)983-7318 | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | 190 | Medcaid_Cert: | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | |
|---|---|---|---|---|---|---|---|
| | GILA RIVER INDIAN CARE CENTER | | | Tele (520)562-7400 | | | to |
| | PO BOX 2187 | | | Fax: (520)562-7450 | | | |
| | SACATON | AZ | 85247 | Capacity : | Not Applicable | Medcaid_Cert: | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2692 | OASIS PAVILION NURSING & REHABILITATION CENTER | | | Tele | (520)836-1772 | 08/01/2016 | to | 07/31/2017 |
| | 161 WEST RODEO ROAD | | | Fax: | (520)421-4966 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | 134 | Medcaid_Cert: | | Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9225 | ABERER, AMANDA C. | | | Tele | (816)000-0000 | 01/12/2015 | to | 01/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: | ( ) - | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLPA8960 | ADAMS, ALLYSA A | | | Tele | (520)836-2111 | 08/01/2016 | to | 07/31/2018 |
| | 220 W KORTSEN RD | | | Fax: | (520)876-3646 | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLPA10056 | ADKINSON, LEAH | | | Tele | (520)000-0000 | 07/15/2016 | to | 07/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: | ( ) - | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLPA9049 | ALYSIA GARRET GRUENSTERN | | | Tele | (480)677-3349 | 09/01/2016 | to | 08/31/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: | ( ) - | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8701 | BAK, MARY A. | | | Tele (815)000-0000 | 02/01/2016 to 01/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7388 | BALDRIDGE, ROSEMARY A. | | | Tele (520)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9446 | BREWINGTON, ADIA L. | | | Tele (520)866-3500 | 06/15/2015 to 06/30/2017 |
| | 1000 SMAIN STREET | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7508 | BUCHANAN, JESSICA A | | | Tele (520)280-1825 | 11/16/2015 to 11/30/2017 |
| | 2110 N NANCY LANE | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8172 | BURTON, ALLYSON H | | | Tele (480)987-5300 | 02/01/2016 to 01/31/2018 |
| | 43521 N KENWORTHY RD | | | Fax: (480)987-3487 | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8379 | CARNES, AMY E | | | Tele (520)836-2111 | 07/01/2016 to 06/30/2018 |
| | 220 W KORTSEN RD | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10324 | CHARITY AMANDA OLSON | | | Tele (480)677-3349 | 10/24/2016 to 10/23/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10296 | DESTINY MARIE YOUNG | | | Tele (520)000-0000 | 10/03/2016 to 10/02/2018 |
| | AZ PRACTICE ADDR NOT REGIDTERED | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7440 | DEXTER, DEBORAH A | | | Tele (520)836-2111 | 08/01/2016 to 07/31/2018 |
| | 220 E KORTSEN RD | | | Fax: (520)876-3229 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9670 | ELWELL, ERICA L. | | | Tele (480)000-0000 | 09/03/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6802 | GEER BLANCHETTE, VICKI S. | | | Tele (480)677-3349 | | 08/01/2016 | to | 07/31/2018 |
| | 31645 N ROYAL OAK WY | | | Fax: (480)264-3800 | | | | |
| | QUEEN CREEK | AZ | 85143 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8751 | GORE, MEGAN C. | | | Tele (775)315-5993 | | 03/01/2016 | to | 02/28/2018 |
| | 44150 W MARICOPA-CASA GRANDE HWY | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8842 | GORMAN, KC N. | | | Tele (520)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6759 | GUY, VELINA VIVIAN | | | Tele (520)723-2065 | | 02/22/2016 | to | 02/21/2018 |
| | 684 W NORTHERN ST | | | Fax: ( ) - | | | | |
| | COOLIDGE | AZ | 85128 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA1735 | HART, ANNA F | | | Tele (520)483-1282 | | 07/01/2016 | to | 06/30/2018 |
| | 44093 W ROTH RD | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9430 | HERNANDEZ, CARMEN | | | Tele (520)568-5100 | 06/12/2015 to 06/30/2017 |
| | 44150 W MARICOPA | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7908 | HEWITT, JESSICA A. | | | Tele (520)723-6400 | 08/01/2016 to 07/31/2018 |
| | 2700 NORTH ANTHEM WAY | | | Fax: (520)723-3575 | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA5168 | HILLMAN, KARA L. | | | Tele (520)000-0000 | 07/05/2016 to 07/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8851 | HIRSCH, LORI A | | | Tele (520)424-1100 | 06/01/2016 to 05/31/2018 |
| | 609 W COTTONWOOD LANE ST 1 | | | Fax: (520)413-5787 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10207 | JESSICA COURTNEY GORNALL | | | Tele (480)000-0000 | 08/23/2016 to 08/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8911 | JONAS, ALYSSA A. | | | Tele (602)000-0000 | 07/01/2016 to 06/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9168 | KERRY ANN BRACKENBURY | | | Tele (520)836-2111 | 11/01/2016 to 10/31/2018 |
| | 220 W KORTSEN RD | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10269 | KYLIE JANAE HERNANDEZ-RENDON | | | Tele (520)000-0000 | 09/13/2016 to 09/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8864 | LAMOUREAUX, ANNE S | | | Tele (520)836-6694 | 06/01/2016 to 05/31/2018 |
| | 1000 N AMARILLO ST | | | Fax: (520)441-0423 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7135 | LESLIE, MCCORD DEANN | | | Tele (480)677-3349 | 02/01/2016 to 01/31/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9160 | MAELIZABETH ANNE MCCOY | | | Tele (520)568-5100 | 11/01/2016 to 10/31/2018 |
| | 44150 WEST MARICOPA-CASA | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8116 | MATTHIAS, KIRSTEN J. | | | Tele (480)677-3349 | 12/01/2015 to 11/30/2017 |
| | 31645 N ROYAL OAK WAY | | | Fax: (480)264-3389 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6288 | MENTZER, AARON F. | | | Tele (480)677-3349 | 01/01/2016 to 12/31/2017 |
| | 31645 N ROYAL OAK WAY | | | Fax: (480)264-3800 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6335 | MICHELLE RENE HUXEL | | | Tele (520)836-2111 | 09/01/2016 to 08/31/2018 |
| | 220 W KORTSON DISTRICT #4 | | | Fax: (520)426-3712 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8775 | MINAMI, CANDACE R | | | Tele (480)677-7540 | 04/01/2016 to 03/31/2018 |
| | 10965 E PERALTA RD | | | Fax: ( ) - | |
| | GOLD CANYON | AZ | 85118 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7205 | NASH, ELIZABETH RACHEL | | | Tele (520)723-5391 | | 05/01/2016 | to | 04/30/2018 |
| | 1290 W VAH KI INN ROAD | | | Fax: ( ) - | | | | |
| | COOLIDGE | AZ | 85228 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9412 | PADILLA, ANISSA L. | | | Tele (820)866-3500 | | 05/26/2015 | to | 05/25/2017 |
| | 1000 S MAIN STREET | | | Fax: ( ) - | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8906 | PAREDES, RACHEL A | | | Tele (520)836-2111 | | 12/01/2015 | to | 11/30/2017 |
| | 220 W KORTSEN ROAD | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8074 | PARKER, ABIGAIL M. | | | Tele (520)421-1650 | | 11/01/2014 | to | 10/31/2016 |
| | 40 NORTH ROOSEVELT AVENUE | | | Fax: (520)421-3013 | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7256 | PATTEN, SUSAN M. | | | Tele (480)987-5300 | | 04/15/2015 | to | 04/30/2017 |
| | 301 EAST COMBS ROAD | | | Fax: (480)987-3487 | | | | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8875 | PENG, NAOMI | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | HOMEBASED | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7245 | PEREZ, JORGE L | | | Tele (480)677-3349 | 06/01/2016 to 05/31/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: (480)264-3800 | |
| | QUEEN CREEK | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8940 | QUIROZ, NATALIE R | | | Tele (499)982-1110 | 08/01/2016 to 07/31/2018 |
| | 1575 W SOUTHERN AVENUE | | | Fax: (520)000-0000 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9854 | RADFORD, MICHELLE CANEPARI | | | Tele (602)000-0000 | 03/09/2016 to 03/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6898 | RANN, CRISELDA A. | | | Tele (520)568-6110 | 08/01/2016 to 07/31/2018 |
| | 18600 N PORTER RD | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9373 | ROWAN, KAITLIN MARIE | | | Tele (480)000-0000 | | 05/21/2015 | to | 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | GOLD CANYON | AZ | 85118 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8025 | SANCHES, MARISSA F | | | Tele (520)866-3500 | | 10/01/2015 | to | 09/30/2017 |
| | 1000 S MAIN ST/ 34179 N PICKET POST DR QUEEN CREEK | | | Fax: ( ) - | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10208 | SARA LYN HERMANN | | | Tele (480)982-1110 | | 08/22/2016 | to | 08/21/2018 |
| | 1575 W SOUTHERN AVE | | | Fax: ( ) - | | | | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9027 | SERRANO, ANGELINA C | | | Tele (520)866-3510 | | 08/01/2016 | to | 07/31/2018 |
| | 100 S MAIN STREET | | | Fax: ( ) - | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9665 | SHAHIN, ANGELA M. | | | Tele (480)000-0000 | | 09/02/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85139 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8825 | SHUDER, JAYNE C.W. | | | Tele (520)836-2111 | 05/01/2016 to 04/30/2018 |
| | 220 W KORTSEN RD | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7973 | SNYDER, GRETCHEN D. | | | Tele (480)528-2746 | 09/01/2016 to 08/31/2018 |
| | 19670 EAST REINS ROAD | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85142 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7151 | TORRES, DARCI K | | | Tele (520)316-3360 | 02/01/2016 to 01/31/2018 |
| | 1362 N CASA GRANDE AVE | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8677 | URBANO, JULIETTE | | | Tele (520)876-0045 | 01/01/2016 to 12/31/2017 |
| | 390 E LAKESIDE PARKWAY | | | Fax: (520)876-0746 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7984 | VALENTIVE, ARLENE D. | | | Tele (520)424-1100 | 08/07/2015 to 08/31/2017 |
| | 609 W COTTONWOOD LN ST 1 | | | Fax: (520)413-5787 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9482 | VILLANUEVA, MIKEETA D. | | | Tele (520)866-3500 | | 06/12/2015 | to | 06/30/2017 |
| | 1000 E MAIN STREET | | | Fax: ( ) - | | | | |
| | FLORENCE | AZ | 85132 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA6639 | WEDDELL, RACHEL A. | | | Tele (480)667-3349 | | 05/01/2016 | to | 04/30/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: (480)275-7724 | | | | |
| | QUEEN CREEK | AZ | 85143 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1665 | BOLTON, KATHERINE M. | | | Tele (480)882-3530 | | 08/01/2016 | to | 07/31/2018 |
| | 301 E COMBS RD | | | Fax: ( ) - | | | | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4892 | BROWN, ANGELA K | | | Tele (520)568-5100 | | 11/01/2015 | to | 10/31/2017 |
| | 44150 WEST MARICOPA/CASA GRANDE HIGHWAY | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4295 | BROWN, MELINDA K. | | | Tele (520)568-5170 | | 02/01/2016 | to | 01/31/2018 |
| | 19845 NORTH COSTA DEL SOL | | | Fax: ( ) - | | | | |
| | MARICOPA | AZ | 85238 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4461 | BURK-KRAWIEC, STACEY A. | | | Tele (480)882-3500 | 11/01/2016 to 10/31/2018 |
| | 37611 N PECAN CREEK DR | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0590 | CABALLERO, LOIS A. | | | Tele (520)560-0347 | 01/01/2016 to 12/31/2017 |
| | 44150 CASA GRANDE MARICOPY HGWY | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1863 | CARULLI, JANE A. | | | Tele (520)404-9463 | 03/01/2016 to 02/28/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (520)582-0555 | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7678 | CLENDANIEL, KELLY M. | | | Tele (480)667-7510 | 04/01/2016 to 03/31/2018 |
| | 1575 W SOUTHERN AVENUE | | | Fax: (480)667-7510 | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10045 | CRABTREE, LESLIE DAWN | | | Tele (208)000-0000 | 06/24/2016 to 06/23/2018 |
| | 5044 S LAS MANANITAS TRAIL | | | Fax: ( ) - | |
| | GOLD CANYON | AZ | 85118 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0589 | DISANTO, SUSAN M. | | | Tele (480)982-1110 | 01/01/2016 to 12/31/2017 |
| | 1575 W SOUTHERN AVE | | | Fax: ( ) - | |
| | APACHE JUNCTION | AZ | 85120 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4787 | ERIN ELIZABETH JANKUS | | | Tele (480)570-0419 | 10/01/2016 to 09/30/2018 |
| | PO BOX 2850 | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8434 | FISCUS, TIMOTHY P | | | Tele (928)444-2731 | 07/01/2016 to 06/30/2018 |
| | OASIS PAVILION | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5495 | FITZGERALD, IZLIA M. | | | Tele (520)569-7150 | 02/01/2016 to 01/31/2018 |
| | 45012 WEST HONEYCUTT AVENUE | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85239 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2063 | GEORGE, SARA E. | | | Tele (520)568-5160 | 07/01/2016 to 06/30/2018 |
| | 44150 MARICOPA CASA GRANDE HWY | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8002 | GOODWIN, MICHAELINA D. | | | Tele (520)866-3500 | 08/01/2016 to 07/31/2018 |
| | 1000 E MAIN ST | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5101 | HART, KELLY A. | | | Tele (520)723-2040 | 04/01/2016 to 03/31/2018 |
| | 450 N ARIZONA BLVD | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4324 | KEUP, PAMELA L. | | | Tele (480)000-0000 | 01/01/2016 to 12/31/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | QUEEN CREEK | AZ | 85243 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5178 | KLEINKNECHT, CHRYSTIE L. | | | Tele (480)987-5330 | 04/01/2016 to 03/31/2018 |
| | 301 E COMBS ROAD | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4874 | LARKIN, LAURALEE J. | | | Tele (480)245-8577 | 06/01/2016 to 05/31/2018 |
| | 29823 EAST OCOTILLO CIRCLE | | | Fax: ( ) - | |
| | FLORENCE | AZ | 85132 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5448 | LUDLOW, JAMES L. | | | Tele (520)280-1825 | | 04/01/2016 | to | 03/31/2018 |
| | P O BOX 12452 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8444 | MARTINEZ, DAWN N. | | | Tele (520)385-2337 | | 07/01/2016 | to | 06/30/2018 |
| | PO BOX 406 | | | Fax: ( ) - | | | | |
| | SAN MANUEL | AZ | 85631 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4491 | NATALIE ANNEMARIE BAHILL | | | Tele (520)315-3489 | | 09/01/2016 | to | 08/31/2018 |
| | PO BOX 10940 | | | Fax: ( ) - | | | | |
| | BAPCHULE | AZ | 85221 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4112 | NEUBAUER, AMBER L | | | Tele (480)677-3349 | | 02/01/2016 | to | 01/31/2018 |
| | 31645 NORTH ROYAL OAK WAY | | | Fax: (480)264-3800 | | | | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2103 | PHILLIPS, CATHY S. | | | Tele (520)381-6588 | | 02/01/2016 | to | 01/31/2018 |
| | 1828 S FLORENCE BLVD, BUILDING A, STE 102 | | | Fax: ( ) - | | | | |
| | CASA GRANDE | AZ | 85122 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4578 | PINGATORE, SARAH M. | | | Tele (480)677-3349 | 09/01/2016 to 08/31/2018 |
| | 31645 N ROYAL OAK WAY | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4189 | POWELL, COLETTE S. | | | Tele (480)695-4287 | 12/01/2015 to 11/30/2017 |
| | 31645 N ROYAL OAK WAY | | | Fax: (480)982-7110 | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7356 | ROBINSON, KAMBRIA | | | Tele (480)000-0000 | 05/11/2016 to 05/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1619 | SCHEURICH, GRETCHEN A. | | | Tele (480)987-5300 | 07/01/2016 to 06/30/2018 |
| | 301 E COMBS RD | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1321 | SHANNON LEE HILLMAN | | | Tele (520)568-6150 | 10/01/2016 to 09/30/2018 |
| | 44150 W MARICOPA/CASA GRANDE HWY | | | Fax: (520)836-3606 | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0158 | SHARLENE MARIE STAGER | | | Tele (520)896-3027 | 12/01/2016 to 11/30/2018 |
| | 725 N CARPENTER DRIVE | | | Fax: ( ) - | |
| | ORACLE | AZ | 85623 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0018 | SHELTON, KENT G. | | | Tele (520)363-5527 | 12/01/2015 to 11/30/2017 |
| | PO BOX 427 | | | Fax: ( ) - | |
| | KEARNY | AZ | 85237 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9868 | STIER, CAROLYN SUE | | | Tele (520)421-2323 | 03/04/2016 to 03/03/2018 |
| | 1274 E O'NEIL | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5270 | STREET-SPECK, DIANE M. | | | Tele (520)568-6100 | 11/01/2015 to 10/31/2017 |
| | 43800 W HONEYCUTT RD | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85139 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4918 | STRESEN-REUTER, MEG S. | | | Tele (520)405-3758 | 08/01/2016 to 07/31/2018 |
| | 5879 E SAGEBRUSH ST | | | Fax: ( ) - | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0668 | TRIANA, TIFFANY M. O'CONNOR | | | Tele (602)212-9000 | 09/01/2016 to 08/31/2018 |
| | 31645 NORTH ROYAL OAK WAY | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4873 | WARD, KELLY M. | | | Tele (480)987-5300 | 07/01/2016 to 06/30/2018 |
| | 301 E COMBS RD | | | Fax: (480)987-3487 | |
| | QUEEN CREEK | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6229 | WEE, CHARISSA | | | Tele (520)381-6326 | 06/01/2016 to 05/31/2018 |
| | 1828 E FLORENCE BLVD BLDG A STE 102 | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8418 | WILLINGHAM, KALIKO TAMMY | | | Tele (877)595-0509 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | ORACLE | AZ | 85623 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0895 | ZINDA, JEANNIEKAY M. | | | Tele (480)980-0229 | 03/01/2016 to 02/28/2018 |
| | 486 WEST VIA DE ARBOLES | | | Fax: ( ) - | |
| | SAN TAN VALLEY | AZ | 85140 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP4255 | ZIRPEL, HEATHER D.<br>44150 WEST MARICOPA/CASA GRANDE HWY<br>MARICOPA AZ 85138 | Tele (520)568-5100<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPL6467 | ADAMS, HOLLY MARIE<br>1362 CASA GRANDE AVE<br>CASA GRANDE AZ 85122 | Tele (520)316-3360<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLPL5717 | BOWMAN, LISA R.<br>PO BOX 2850<br>FLORENCE AZ 85232 | Tele (480)888-7520<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLPL4938 | DROSTE, KELLIE A.<br>44150 W MARICOPA/CASA GRANDE HWY<br>MARICOPA AZ 85138 | Tele (602)295-6040<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPL6876 | HEWITT, JESSICA A.<br>1000 S MAIN ST<br>FLORENCE AZ 85132 | Tele (520)866-3500<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5357 | JOHNSON, ANNE M | | | Tele (520)215-5859 | 04/01/2016 to 03/31/2018 |
| | 3652 E BLACKWATER SCHOOL RD | | | Fax: (520)215-5862 | |
| | COOLIDGE | AZ | 85128 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5341 | LICANO, SHANNON T. | | | Tele (520)466-2130 | 12/01/2015 to 11/30/2017 |
| | 1011 N SUNSHINE BLVD | | | Fax: ( ) - | |
| | ELOY | AZ | 85131 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8909 | SANCHEZ, MARISSA F | | | Tele (480)987-5360 | 07/01/2016 to 06/30/2018 |
| | 29697 N DESERT WILLOW BLVD | | | Fax: (480)987-5369 | |
| | QUEEN CREEK | AZ | 85143 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1217 | SHUDER, JAYNE C. | | | Tele (520)836-2111 | 09/01/2016 to 08/31/2018 |
| | 220 W KORTSEN RD | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5953 | VELINA VIVIAN GUY | | | Tele (520)723-2065 | 08/01/2016 to 07/31/2018 |
| | 450 N ARIZONA BLVD | | | Fax: ( ) - | |
| | COOLIDGE | AZ | 85128 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY HEARING AID DISPENSER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9327 | HAMPTON, LAUREN N. | | | Tele (520)494-2242 | 05/01/2016 to 04/30/2017 |
| | 1201 N PINAL AVE STE A | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD8393 | KARILA, DAVID M. | | | Tele (520)494-2242 | 12/22/2015 to 12/21/2016 |
| | 1201 N PINAL AVE STE A | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7721 | CINDY LEE CROUCH | | | Tele (520)568-2112 | 09/01/2016 to 08/31/2017 |
| | 19365 NORTH PORTER ROAD | | | Fax: ( ) - | |
| | MARICOPA | AZ | 85138 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP7012 | DALLEY, SAMANTHA L. | | | Tele (480)677-7510 | 08/18/2016 to 08/17/2017 |
| | 3701 E BROADWAT AVENUE | | | Fax: ( ) - | |
| | APACHE JUNCTION | AZ | 85119 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9976 | PARKINSON, CAROL ANN | | | Tele (520)381-6326 | 05/10/2016 to 05/09/2017 |
| | 1800 E FLORENCE BLVD | | | Fax: ( ) - | |
| | CASA GRANDE | AZ | 85122 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : UNCLASSIFIED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - PINAL Total = 446

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC5427 | CENTRAL ARIZONA DETENTION CENTER INFIRMARY<br>1155 NORTH PINAL PARKWAY<br>FLORENCE AZ 85132 | Tele (520)868-2295<br>Fax: (520)868-7199<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | SOUTHWESTERN EYE SURGICENTER - NOGALES<br>1815 NORTH MASTICK WAY<br>NOGALES AZ 85621 | Tele (520)761-3533<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9688H | CIMARRON ASSISTED LIVING<br>1101 WEST CIMARRON STREET<br>NOGALES AZ 85621 | Tele (520)287-2388<br>Fax: (520)287-2388<br>Capacity : 9 | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2781H | LA PALOMA HOME FOR THE AGING, LLC<br>2064 NORTH CALLE TRINIDAD<br>NOGALES AZ 85621 | Tele (520)377-2255<br>Fax: (520)377-2254<br>Capacity : 10 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8030H | MARTINEZ HOME CARE | | | Tele (520)281-2323 | 07/01/2016 to 06/30/2017 |
| | 2429 NORTH GRAND AVENUE | | | Fax: (520)281-2323 | |
| | NOGALES | AZ | 85621 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9623H | VIVIANA'S HOME CARE, LLC | | | Tele (520)281-8278 | 11/01/2016 to 10/31/2017 |
| | 671 WINDY LANE | | | Fax: (520)281-8278 | |
| | RIO RICO | AZ | 85648 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16958 | BAMBINOS LEARNING CENTER L L C | | | Tele (520)980-7181 | 08/15/2014 to 07/31/2017 |
| | 633 E FRONTAGE ROAD #A | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3861 | CHALLENGER HEAD START | | | Tele (520)761-4331 | 02/01/2016 to 01/31/2019 |
| | 901 EAST CALLE MEYER | | | Fax: (520)622-1927 | |
| | NOGALES | AZ | 85621 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16875 | LADYBUG DAYCARE | | | Tele (520)988-2070 | 04/15/2014 to 03/31/2017 |
| | 1200 EAST PATAGONIA HWY | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : 49 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15090 | LOURDES CATHOLIC SCHOOL | | | Tele (520)287-5659 | 10/01/2015 to 09/30/2018 |
| | 555 PATAGONIA HIGHWAY | | | Fax: (520)287-2910 | |
| | NOGALES | AZ | 85621 | Capacity : 30 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-9016 | MONTESSORI DE SANTA CRUZ | | | Tele (520)398-0536 | 11/01/2015 to 10/31/2018 |
| | 18 CALLE BACA | | | Fax: ( ) - | |
| | TUBAC | AZ | 85646 | Capacity : 46 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0598 | NOGALES HEAD START | | | Tele (520)287-2060 | 02/01/2015 to 01/31/2018 |
| | 125 EAST MADISON | | | Fax: (520)622-1927 | |
| | NOGALES | AZ | 85621 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13488 | PATAGONIA MONTESSORI ELEMENTARY SCHOOL, INC. | | | Tele (520)394-9530 | 01/01/2014 to 12/31/2016 |
| | 500 NORTH 3RD AVENUE | | | Fax: (520)394-2864 | |
| | PATAGONIA | AZ | 85624 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15039 | RAIN FOREST MONTESSORI PRESCHOOL & DAY CARE CENTER, INC | | | Tele (520)761-1599 | 04/01/2016 to 03/31/2019 |
| | 786 N INDUSTRIAL PARK | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-7275 | RIO RICO HEAD START | | | Tele | (520)761-8063 | 11/01/2015 | to | 10/31/2018 |
| | 1412 WEST FRONTAGE ROAD | | | Fax: | (520)622-1927 | | | |
| | RIO RICO | AZ | 85648 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-16590 | SACRED HEART CATHOLIC SCHOOL | | | Tele | (520)287-2223 | 04/01/2014 | to | 03/31/2017 |
| | 207 W OAK STREET | | | Fax: | (520)287-3373 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 30 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12694 | SMART KIDS | | | Tele | (520)841-1139 | 08/01/2015 | to | 07/31/2018 |
| | 939 NORTH PERKINS AVENUE | | | Fax: | (520)287-7845 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 45 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-1725 | SONSHINE CHRISTIAN PRESCHOOL | | | Tele | (520)281-1677 | 11/01/2014 | to | 10/31/2017 |
| | 1916 NORTH FRANK REED RD | | | Fax: | (520)281-5154 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 129 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-7060 | ST. ANDREW'S PRESCHOOL & DAY CARE CENTER INC. | | | Tele | (520)281-0133 | 07/01/2015 | to | 06/30/2018 |
| | 969 WEST COUNTRY CLUB DR. | | | Fax: | (520)281-1592 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 37 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5805 | SUNSHINE PRESCHOOL | | | Tele | (520)287-2052 | 08/01/2014 | to | 07/31/2017 |
| | 870 NORTH PERKINS | | | Fax: | ( ) - | | | |
| | NOGALES | AZ | 85621 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5541 | WESTERN HEAD START | | | Tele | (520)287-3662 | 08/01/2016 | to | 07/31/2019 |
| | 686 NORTH WESTERN AVENUE | | | Fax: | (520)622-1927 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-11478 | S.C.V.U.S.D.#35 - CALABASAS PRESCHOOL | | | Tele | (520)375-8289 | 07/01/2016 | to | 06/30/2019 |
| | 131 CAMINO MARICOPA | | | Fax: | (520)281-7973 | | | |
| | RIO RICO | AZ | 85648 | Capacity : | 102 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-14487 | S.U.S.D.#30 - SOPORI ELEMENTARY SCHOOL | | | Tele | (520)625-3502 | 09/01/2014 | to | 08/31/2017 |
| | 5000 W ARIVACA ROAD | | | Fax: | ( ) - | | | |
| | AMADO | AZ | 85645 | Capacity : | 25 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-14369 | KIDS HOUSE MONTESSORI DAYCARE & PRESCHOOL | | | Tele | (520)287-6935 | 10/01/2014 | to | 09/30/2017 |
| | 162 N ESCALADA DR | | | Fax: | ( ) - | | | |
| | NOGALES | AZ | 85621 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1756 | EASTER SEALS BLAKE FOUNDATION / CARMELITA<br>312 E CALLE SOTO<br>NOGALES AZ 85621 | Tele (520)377-2191<br>Fax: (520)792-3547<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH0894 | SANTA CRUZ TRAINING PROGRAMS, INC / CORONADO GROUP HOME<br>267 MARTINEZ STREET<br>NOGALES AZ 85621 | Tele (520)287-3580<br>Fax: (520)287-4437<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH478 | SANTA CRUZ TRAINING PROGRAMS, INC / CRAWFORD GROUP HOME<br>411 W CRAWFORD ST<br>NOGALES AZ 85621 | Tele (520)287-4295<br>Fax: (520)287-4437<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5501 | NOGALES DIALYSIS<br>1605 NORTH INDUSTRIAL PARK DRIVE, SUITE H<br>NOGALES AZ 85621 | Tele (480)357-8009<br>Fax: (928)684-6107<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0750 | MARIPOSA COMMUNITY HEALTH CENTER, INC.<br>1835 NORTH MASTICK WAY<br>NOGALES AZ 85621 | Tele (520)281-1550<br>Fax: (520)281-1112<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7567 | MARIPOSA COMMUNITY HEALTH CENTER, INC.<br>2239 EAST FRONTAGE ROAD<br>TUBAC AZ 85646 | Tele (520)281-1550<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/11/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| OTC3120 | MARIPOSA COMMUNITY HEALTH CENTER, INC.<br>1852 NORTH MASTICK WAY<br>NOGALES AZ 85621 | Tele (520)281-1550<br>Fax: (520)281-1112<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC0485 | MARIPOSA COMMUNITY HEALTH CENTER, INC. ( FAMILY HEALTH CENTER)<br>101 TAYLOR STREET<br>PATAGONIA AZ 85624 | Tele (520)281-1550<br>Fax: (520)281-1112<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4017 | MARIPOSA COMMUNITY HEALTH CENTER, INC. AT RIO RICO<br>1103 CIRCULO MERCADO<br>RIO RICO AZ 85648 | Tele (520)281-1550<br>Fax: (520)281-1112<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5134 | UNITED COMMUNITY HEALTH CENTER AT AMADO<br>28720 SOUTH NOGALES HIGHWAY<br>AMADO AZ 85645 | Tele (520)407-5604<br>Fax: (520)407-5990<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1090 | ROBERTS, LARRY L. | | | Tele | (520)625-9545 | 03/01/2016 | to | 02/28/2018 |
| | 267 WEST DUVAL ROAD SUITE 101 | | | Fax: | (520)207-3473 | | | |
| | AMADO | AZ | 85645 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD820 | SPENCE, ROBERT | | | Tele | (520)761-4422 | 09/01/2016 | to | 08/31/2018 |
| | 1881 N MASTICK WAY | | | Fax: | (520)281-0945 | | | |
| | NOGALES | AZ | 85621 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA3393 | DEPENDABLE HOME HEALTH, INC. | | | Tele | (520)761-3211 | 01/01/2016 | to | 12/31/2016 |
| | 857 WEST BELL ROAD, SUITE 7 | | | Fax: | (520)281-9213 | | | |
| | NOGALES | AZ | 85621 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC4398 | SOULISTIC HOSPICE | | | Tele | (520)398-2333 | 05/01/2016 | to | 04/30/2017 |
| | 16-18 CALLE IGLESIA | | | Fax: | (520)398-9544 | | | |
| | TUBAC | AZ | 85646 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : HOSPITAL - CRITICAL ACCESS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H7306 | HOLY CROSS HOSPITAL | | | Tele | (520)285-3000 | 09/01/2016 | to | 08/31/2019 |
| | 1171 WEST TARGET RANGE ROAD | | | Fax: | (520)285-8015 | | | |
| | NOGALES | AZ | 85621 | Capacity : | 25 | Medcaid_Cert: | | Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | HOLY CROSS REHABILITATIVE SERVICES<br>857 WEST BELL ROAD, SUITE 4<br>NOGALES AZ 85621 | Tele (520)285-8030<br>Fax: (520)285-5994<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7630 | ARIZONA'S CHILDREN ASSOCIATION<br>1860 NORTH STATE DRIVE, SUITE 6<br>NOGALES AZ 85621 | Tele (520)622-7611<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/15/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7513 | CMG NOGALES<br>1209 WEST TARGET RANGE ROAD<br>NOGALES AZ 85621 | Tele (520)833-5130<br>Fax: (520)285-3136<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6515 | COMMUNITY HEALTH ASSOCIATES - NOGALES<br>32 BOULEVARD DEL REY DAVID<br>NOGALES AZ 85621 | Tele (928)376-0026<br>Fax: (928)782-2298<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6086 | CORAZON INTEGRATED HEALTHCARE SERVICES<br>1891 NORTH MASTICK WAY, SUITE A & B<br>NOGALES AZ 85621 | Tele (520)836-4278<br>Fax: (520)836-1786<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7773 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT<br>276 WEST VIEWPOINT DRIVE<br>NOGALES AZ 85621 | Tele (520)281-0678<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/03/2016 to 07/31/2016<br>Medcaid_Cert: Certified |
| OTC0108 | MARIPOSA COMMUNITY HEALTH CENTER, INC.<br>1852 NORTH MASTICK WAY<br>NOGALES AZ 85621 | Tele (520)281-1550<br>Fax: (520)281-1112<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7759 | MENTALLY ILL KIDS IN DISTRESS ( M I K I D )<br>1777 NORTH FRANK REED, SUITE 1 & 2<br>NOGALES AZ 85621 | Tele (602)253-1240<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/20/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5856 | PINAL HISPANIC COUNCIL<br>275 NORTH GRAND COURT PLAZA<br>NOGALES AZ 85621 | Tele (520)287-0015<br>Fax: (520)287-0180<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Certified |
| OTC7738 | SOULISTIC MEDICAL INSTITUTE<br>20 CALLE IGLESIA<br>TUBAC AZ 85646 | Tele (520)398-3970<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/06/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE ASSISTANT

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA8855 | HOWARD, REBEKAH M.<br>SANTA CRUZ VALLEY UNIFIED SCHOOL DISTRICT<br>RIO RICO AZ 85648 | Tele (520)281-8282<br>Fax: (520)281-7093<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA8994 | MABANTE, MIRIAM I<br>310 WEST PLUM ST<br>NOGALES AZ 85621 | Tele (520)287-0800<br>Fax: (520)377-0221<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA8023 | MEZA, ANNA M<br>1374 W FRONTAGE RD<br>RIO RICO AZ 85648 | Tele (520)375-8350<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| SLPA9050 | PEREZ, ZOILA G.<br>310 PLUM STREET<br>NOGALES AZ 85621 | Tele (520)287-0800<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7690 | ALBERALLA-SISKAR, PATRICIA<br>310 W PLUM<br>FAIRBANK AZ 85621 | Tele (716)481-8885<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8451 | ARIZMENDI, GENESIS D | | | Tele (520)285-5994 | 12/31/2014 to 12/31/2016 |
| | 857 W BELL ROAD STE #4 | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5569 | CARNAHAN, SUSAN DAVIS | | | Tele (520)999-9999 | 01/01/2016 to 12/31/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | TUMACACORI | AZ | 85640 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5939 | GUILMETTE, KAREN A. | | | Tele (520)375-8350 | 07/01/2016 to 06/30/2018 |
| | 1374 W FRONTAGE RD | | | Fax: ( ) - | |
| | RIO RICO | AZ | 85648 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8893 | HAUWILLER, ELLA M D | | | Tele (520)285-8030 | 06/01/2015 to 05/31/2017 |
| | 857 W BELL ROAD | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0308 | HOLGUIN, ROXANNA R. | | | Tele (520)841-2864 | 01/01/2016 to 12/31/2017 |
| | 310 W PLUM ST | | | Fax: ( ) - | |
| | NOGALES | AZ | 85621 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP1259 | LYMAN, RACHEL A.<br>EMPLOYER ADDRESS NOT SPECIFIED<br>ELGIN AZ 85611 | Tele (520)678-8629<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9511 | MCDONALD, SARA E.<br>570 CAMINO LITO FALINDO<br>RIO RICO AZ 85648 | Tele (520)281-8282<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/07/2016 to 06/06/2018<br>Medcaid_Cert: Not Ceritified |
| SLP0473 | MILLER, JEANNINE A.<br>857 W BELL RD<br>NOGALES AZ 85621 | Tele (520)285-8030<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |
| SLP4408 | ROESSLER, MAUREEN A.<br>1374 W FRONTAGE ROAD<br>RIO RICO AZ 85648 | Tele (928)642-1100<br>Fax: (928)772-1691<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPL4876 | GONZALEZ, CLAUDIA L.<br>310 WEST PLUM STREET<br>NOGALES AZ 85621 | Tele (520)891-6454<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - SANTA CRUZ Total = 66

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPL4288 | ROCHA, OSCAR<br>310 W PLUM ST<br>NOGALES AZ 85621 | Tele (520)287-0800<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| TSLP10102 | HEATH, MADELAINE WALKER<br>1171 W TARGET RAMGE RD<br>NOGALES AZ 85621 | Tele (520)287-2771<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/15/2016 to 06/14/2017<br>Medcaid_Cert: Not Ceritified |
| TSLP7143 | RAMOS, ELEXA J<br>310 W PLUM STREET<br>NOGALES AZ 85621 | Tele (520)287-0800<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL0160D | SUSAN J RHEEM ADULT DAY CENTER, THE<br>826 SUNSET AVE<br>PRESCOTT AZ 86301 | Tele (928)445-6384<br>Fax: (902)445-2847<br>Capacity : 45 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL4439D | SUSAN J. RHEEM ADULT DAY CENTER, THE<br>3407 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-3563<br>Fax: (928)775-3591<br>Capacity : 55 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ADULT FOSTER CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9858F | THE DOHM'S V.A. FOSTER CARE HOME<br>2950 NORTH KOOLRIDGE WAY<br>CHINO VALLEY AZ 86323 | Tele (928)636-5038<br>Fax: ( ) -<br>Capacity : 3 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | ADVANCED PLASTIC SURGERY CENTER<br>1615 PETROGLYPH POINTE DRIVE<br>PRESCOTT AZ 86301 | Tele (928)777-0200<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC7873 | ARIZONA INSTITUTE OF EYE SURGERY, LLC<br>3192 WILLOW CREEK ROAD<br>PRESCOTT AZ 86301 | Tele (928)778-3950<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | COTTONWOOD DAY SURGERY CENTER<br>55 SOUTH SIXTH STREET<br>COTTONWOOD AZ 86326 | Tele (928)634-5118<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | EYE CLINIC, THE | | | Tele (928)649-2600 | | | to | |
| | 401 CALVARY WAY, SUITE D | | | Fax: ( ) - | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC3634 | KOKOPELLI EYE CARE | | | Tele (928)771-9000 | | 03/01/2016 | to | 02/28/2017 |
| | 412 WHIPPLE STREET | | | Fax: (928)759-9902 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC0078 | KOKOPELLI EYE CARE SURGERY CENTER | | | Tele (928)771-9000 | | 07/01/2016 | to | 06/30/2017 |
| | 2820 NORTH GLASSFORD HILL ROAD, SUITE 101 | | | Fax: (928)772-4999 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NONE | PRESCOTT EYE CARE & SURGERY | | | Tele (928)445-9200 | | | to | |
| | 3775 CROSSINGS DRIVE | | | Fax: (928)771-8107 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC0035 | PRESCOTT OUTPATIENT SURGICAL CENTER | | | Tele (928)778-9770 | | 03/01/2016 | to | 02/28/2017 |
| | 815 AINSWORTH DRIVE | | | Fax: (928)778-9028 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC0067 | PRESCOTT UROCENTER<br>811 AINSWORTH DRIVE, SUITE 101<br>PRESCOTT AZ 86301 | Tele (928)771-5282<br>Fax: (928)445-4370<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OSC0079 | RUMMEL EYE CARE/EYE SURGERY SERVICES<br>1022 WILLOW CREEK ROAD, SUITE 103 AND 104<br>PRESCOTT AZ 86301 | Tele (928)445-1341<br>Fax: (928)778-3993<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OSC3897 | SOUTHWESTERN EYE CENTER, LTD - COTTONWOOD<br>270 SOUTH CANDY LANE<br>COTTONWOOD AZ 86326 | Tele (480)892-8400<br>Fax: (480)833-6246<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| NONE | SOUTHWESTERN EYE SURGICENTER-PRESCOTT<br>1600 WILLOW CREEK ROAD<br>PRESCOTT AZ 86303 | Tele (928)776-7477<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC4997 | TOMAR PAIN CENTERS II, PLLC<br>1055 WEST IRON SPRINGS ROAD, SUITE 101<br>PRESCOTT AZ 86305 | Tele (928)771-2700<br>Fax: (928)771-2747<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OSC4023 | TRI-CITY SURGERY CENTER | | | Tele | (928)445-1919 | 10/01/2015 | to | 09/30/2016 |
| | 5430 DISTINCTION WAY | | | Fax: | (928)445-5672 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HHA3444 | NURSES NETWORK, INC-PRESCOTT VALLEY | | | Tele | (928)772-3204 | 11/01/2015 | to | 10/31/2016 |
| | 3085 NORTH WINDSONG DRIVE, SUITE B | | | Fax: | (928)772-8703 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9291C | AUSTIN HOUSE ASSISTED LIVING | | | Tele | (928)634-4278 | 02/01/2016 | to | 01/31/2017 |
| | 195 SOUTH WILLARD STREET | | | Fax: | (928)649-3583 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 90 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9522C | CAREFREE ASSISTED LIVING CENTER | | | Tele | (928)649-9624 | 08/01/2016 | to | 07/31/2017 |
| | 22 SOUTH 7TH STREET | | | Fax: | (928)649-0410 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 20 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL5401C | COTTONWOOD VILLAGE | | | Tele | (928)634-4229 | 06/01/2016 | to | 05/31/2017 |
| | 201 EAST MINGUS AVENUE | | | Fax: | (928)634-5621 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 97 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9067C | GLASSFORD PLACE | | | Tele | (928)772-3690 | 07/01/2016 | to | 06/30/2017 |
| | 7509 EAST LONG LOOK DRIVE | | | Fax: | (928)775-0334 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 47 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8378C | GRANITE GATE SENIOR LIVING | | | Tele | (928)771-8200 | 05/01/2016 | to | 04/30/2017 |
| | 3850 NORTH HIGHWAY 89 | | | Fax: | (928)771-1660 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 124 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10034C | HAVEN OF CAMP VERDE ALF, LLC | | | Tele | (928)556-7525 | 08/05/2016 | to | 07/31/2017 |
| | 86 WEST SALT MINE ROAD | | | Fax: | (928)567-3794 | | | |
| | CAMP VERDE | AZ | 86322 | Capacity : | 32 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8333C | HIGHGATE SENIOR LIVING OF PRESCOTT LAKES | | | Tele | (928)541-1400 | 10/01/2016 | to | 09/30/2017 |
| | 1600 PETROGLYPH POINTE DRIVE | | | Fax: | (928)541-1410 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 97 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9771C | LAS FUENTES RESORT VILLAGE | | | Tele | (928)445-9300 | 07/01/2016 | to | 06/30/2017 |
| | 1035 SCOTT DRIVE | | | Fax: | (928)445-9304 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 84 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2349C | MARGARET T MORRIS CENTER | | | Tele | (928)445-6633 | 01/01/2017 | to | 12/31/2017 |
| | 878 SUNSET AVENUE | | | Fax: | (928)445-5368 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 57 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2369C | WILLOW WIND RESIDENCE | | | Tele | (928)443-9999 | 03/01/2016 | to | 02/28/2017 |
| | 3191 ASTER DRIVE | | | Fax: | (928)443-5009 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 62 | Medcaid_Cert: | | Certified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8370C | ALTA VISTA | | | Tele | (928)772-6000 | 06/01/2016 | to | 05/31/2017 |
| | 918 CANTERBURY STREET | | | Fax: | (928)445-8571 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8914C | BOULDER GARDENS ASSISTED LIVING | | | Tele | (928)778-9777 | 12/01/2016 | to | 11/30/2017 |
| | 860 DOUGHERTY STREET | | | Fax: | (928)771-9620 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 80 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9484C | BROOKDALE PRESCOTT | | | Tele | (928)777-5511 | 08/01/2016 | to | 07/31/2017 |
| | 211 EAST BRADSHAW DRIVE | | | Fax: | (928)777-2155 | | | |
| | PRESCOTT | AZ | 86303 | Capacity : | 122 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9494C | CHRISTIAN CARE ASSISTED LIVING-COTTONWOOD<br>859 SOUTH 12TH STREET<br>COTTONWOOD AZ 86326 | Tele (928)634-7571<br>Fax: (928)634-7725<br>Capacity : 21 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL1870C | RAINBOW ACRES<br>2120 WEST RESERVATION LOOP ROAD<br>CAMP VERDE AZ 86322 | Tele (928)567-5231<br>Fax: (928)567-9059<br>Capacity : 120 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-SUPERVISORY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL5166C | OLIVE BRANCH, NEW BEGINNINGS I, THE<br>4410, 4425, 4430 AND 4450 AZTEC ROAD<br>RIMROCK AZ 86335 | Tele (928)567-4759<br>Fax: (928)592-0154<br>Capacity : 13 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL2325H | A LITTLE BIT OF HEAVEN<br>4445 CARLA VISTA DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-4437<br>Fax: (928)775-4437<br>Capacity : 5 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL4280H | ADAM'S HOUSE<br>7697 EAST NIGHTINGALE STAR LANE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-3220<br>Fax: (928)772-8308<br>Capacity : 5 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8628H | ALICIA'S SECRET ASSISTED LIVING HOME LLC | | | Tele | (928)567-4518 | 01/01/2017 | to | 12/31/2017 |
| | 4470 NORTH EAGLE CIRCLE | | | Fax: | (928)567-4518 | | | |
| | RIMROCK | AZ | 86335 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9316H | ARIZONA ANGELS | | | Tele | (928)277-4821 | 03/01/2016 | to | 02/28/2017 |
| | 7859 EAST LAS FLORES AVENUE | | | Fax: | (928)759-0050 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 7 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8699H | ASPEN CREEK CARE HOME LLC | | | Tele | (928)772-1344 | 05/01/2016 | to | 04/30/2017 |
| | 2968 NORTH VALLEY VIEW DRIVE | | | Fax: | (928)772-1355 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4862H | BEST OF EUROPE ADULT HOME CARE LLC | | | Tele | (928)634-2856 | 04/01/2016 | to | 03/31/2017 |
| | 1632 EAST COCONINO STREET | | | Fax: | (928)634-2853 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9857H | BROOKINGS | | | Tele | (928)499-4184 | 02/05/2016 | to | 01/31/2017 |
| | 7943 EAST GAZELLE ROAD | | | Fax: | (928)257-4443 | | | |
| | PRESCOTT VALLEY | AZ | 86315 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL4165H | COUNTRY COTTAGE | | | Tele | (928)274-0702 | 01/01/2017 | to | 12/31/2017 |
| | 3980 EAST CASSIE LANE | | | Fax: | (480)629-4038 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL6694H | COUNTRY MANOR | | | Tele | (928)274-0702 | 06/01/2016 | to | 05/31/2017 |
| | 3900 EAST CASSIE LANE | | | Fax: | (602)595-0244 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL2859H | COUNTRY RANCH | | | Tele | (928)274-0702 | 05/01/2016 | to | 04/30/2017 |
| | 3940 EAST CASSIE LANE | | | Fax: | (602)595-0244 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7600H | EL DORADO RESIDENTIAL CARE HOME | | | Tele | (928)567-3304 | 04/01/2016 | to | 03/31/2017 |
| | 3363 WEST MIDDLE VERDE ROAD | | | Fax: | (928)567-8891 | | | |
| | CAMP VERDE | AZ | 86322 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL10131H | EMMA'S HOUSE, PLLC | | | Tele | (928)460-5569 | 09/22/2016 | to | 08/31/2017 |
| | 4901 NORTH DEL RIO CIRCLE | | | Fax: | (928)460-5569 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL9936H | GENERATIONS SENIOR LIVING, LLC | | | Tele | (928)641-6012 | 02/01/2017 | to | 01/31/2018 |
| | 1275 CLASSIC COURT | | | Fax: | (928)641-6014 | | | |
| | CLARKDALE | AZ | 86324 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL7343H | GRACIOUS GRANNY'S, LLC | | | Tele | (928)282-3656 | 12/01/2016 | to | 11/30/2017 |
| | 1420 BATES ROAD | | | Fax: | (928)649-1099 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8343H | GRANITE VIEW ADULT CARE HOME | | | Tele | (928)533-4472 | 04/01/2016 | to | 03/31/2017 |
| | 7105 WILLIAMSON VALLEY ROAD | | | Fax: | (928)778-1207 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL8450H | HIDDEN OASIS LLC | | | Tele | (928)772-3616 | 05/01/2016 | to | 04/30/2017 |
| | 6081 DODGE CIRCLE | | | Fax: | (928)772-5535 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AL3253H | HILLTOP QUAIL HAVEN, INC | | | Tele | (928)717-0039 | 06/01/2016 | to | 05/31/2017 |
| | 1951 NORTH EMERALD DRIVE | | | Fax: | (928)277-8061 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL7101H | MINGUS MANOR ASSISTED LIVING HOME | | | Tele (928)649-1351 | 06/01/2016 to 05/31/2017 |
| | 25 WEST FIR STREET | | | Fax: (928)649-1383 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5777H | MINGUS TERRACE ASSISTED LIVING HOME | | | Tele (928)649-0275 | 11/01/2016 to 10/31/2017 |
| | 1236 SOUTH PIONEER DRIVE | | | Fax: (928)649-0276 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 10 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9866H | MOUNTAIN HOME ADULT CARE, LLC | | | Tele (928)300-0924 | 11/01/2016 to 10/31/2017 |
| | 298 GENERAL CROOK TRAIL | | | Fax: (928)642-9099 | |
| | CAMP VERDE | AZ | 86322 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4802H | NEW HORIZONS ADULT CARE HOME #2 | | | Tele (928)775-2087 | 04/01/2016 to 03/31/2017 |
| | 7020 EAST LONGLOOK DRIVE | | | Fax: (928)775-2087 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4778H | NEW HORIZONS ADULT CARE HOME #3 | | | Tele (928)636-0651 | 07/01/2016 to 06/30/2017 |
| | 1045 CHUCKWAGON LANE | | | Fax: (928)636-0651 | |
| | CHINO VALLEY | AZ | 86323 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2755H | NEW HORIZONS ADULT CARE HOMES #1 | | | Tele (928)759-7276 | 01/01/2017 to 12/31/2017 |
| | 7960 EAST LOOS | | | Fax: (928)759-7276 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6884H | NORTH STAR ADULT CARE HOME | | | Tele (928)775-2409 | 11/01/2016 to 10/31/2017 |
| | 6530 EAST STRATFORD DRIVE | | | Fax: (928)775-2409 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Certified |
| AL8262H | PAGE SPRINGS LIVING | | | Tele (928)649-0588 | 02/01/2017 to 01/31/2018 |
| | 995 SOUTH PAGE SPRINGS ROAD | | | Fax: (928)649-0510 | |
| | CORNVILLE | AZ | 86325 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL9982H | PEACEFUL VALLEY CARE HOME | | | Tele (928)717-1514 | 03/11/2016 to 02/28/2017 |
| | 6336 POTTERY PLACE | | | Fax: (928)442-2381 | |
| | PRESCOTT | AZ | 86305 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL5698H | PINEVIEW ADULT CARE HOME | | | Tele (928)541-3555 | 11/01/2016 to 10/31/2017 |
| | 1115 DIXON DRIVE | | | Fax: (928)778-1301 | |
| | PRESCOTT | AZ | 86303 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2269H | PLEASANT VALLEY CARE HOME | | | Tele (928)778-3128 | 01/01/2017 to 12/31/2017 |
| | 2955 PLEASANT VALLEY DR | | | Fax: (928)778-1691 | |
| | PRESCOTT | AZ | 86305 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2053H | ROLLING HILLS MANOR | | | Tele (928)717-4487 | 11/01/2016 to 10/31/2017 |
| | 1949 BOARDWALK AVENUE | | | Fax: (928)777-8611 | |
| | PRESCOTT | AZ | 86301 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4929H | ROSE LANE ADULT CARE HOME | | | Tele (928)771-8417 | 11/01/2016 to 10/31/2017 |
| | 3305 ROSE LANE | | | Fax: (928)771-8417 | |
| | PRESCOTT | AZ | 86305 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9920H | RUTLEDGE RANCH RETREAT, LLC | | | Tele (928)583-5060 | 02/02/2016 to 01/31/2017 |
| | 1575 WEST SLICK HORN ALLEY | | | Fax: (928)583-5060 | |
| | PAULDEN | AZ | 86334 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL5345H | SHILOH ADULT CARE LLC | | | Tele (928)775-5152 | 07/01/2016 to 06/30/2017 |
| | 5336 NORTH LONG RIFLE ROAD | | | Fax: (928)775-5152 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9776H | THE MEADOWS OF PRESCOTT VALLEY LLC<br>7766 EAST WELSH MOUNTAIN DRIVE<br>PRESCOTT VALLEY AZ 86315 | Tele (928)772-1946<br>Fax: (928)772-1946<br>Capacity : 10 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9426H | VALLEY VIEW CARE<br>421 NORTH WILLARD STREET<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : 10 | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL9905H | WELCOME HOME RESIDENTIAL ADULT CARE<br>407 ISABELLE LANE<br>PRESCOTT AZ 86301 | Tele (928)445-4354<br>Fax: (928)443-8567<br>Capacity : 7 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL6710H | WESTFIELD ASSISTED LIVING, LLC<br>3225 NORTH PLEASANT VIEW DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-4336<br>Fax: (928)775-6672<br>Capacity : 10 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH RTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6441 | MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.<br>15801 EAST DON CARLOS DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (602)335-2000<br>Fax: (602)476-1910<br>Capacity : 118 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| IFBH6488 | GALLUS DETOX ARIZONA | | | Tele (855)338-6929 | 05/01/2016 to 04/30/2017 |
| | 134 SOUTH GRANITE STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : 6 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| IFBH6794 | PRONGHORN PSYCHIATRY | | | Tele (928)583-7799 | 09/01/2016 to 08/31/2017 |
| | 5940 EAST COPPER HILL DRIVE, SUITE B | | | Fax: (602)248-8113 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 12 | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| IFBH6658 | TRU RECOVERY SOLUTIONS LLC | | | Tele (928)778-4600 | 07/01/2016 to 06/30/2017 |
| | 8196 EAST VALLEY ROAD | | | Fax: (928)778-5695 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4492 | ARROWHEAD LODGE, LLC | | | Tele (928)227-2448 | 06/01/2016 to 05/31/2017 |
| | 5113 ARROWHEAD DRIVE | | | Fax: (928)441-1516 | |
| | PRESCOTT | AZ | 86304 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BH4827 | CARING RESIDENTIAL SERVICES, LLC | | | Tele (928)636-2887 | 02/17/2016 to 01/31/2017 |
| | 2395 GABLES WAY | | | Fax: (928)636-2830 | |
| | CHINO VALLEY | AZ | 86323 | Capacity : 8 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4852 | CARING RESIDENTIAL SERVICES-MINER HOUSE | Tele (928)772-5447 | 03/08/2016 to 02/28/2017 |
| | 4558 NORTH MINER ROAD | Fax: (928)772-5210 | |
| | PRESCOTT VALLEY AZ 86314 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4422 | CARLETON RECOVERY CENTERS, LLC, DBA, DECISION POINT ASSESSMENT & EVALUATION | Tele (928)778-4600 | 02/01/2016 to 01/31/2017 |
| | 1118 WILLOW CREEK ROAD | Fax: (928)778-2221 | |
| | PRESCOTT AZ 86301 | Capacity : 31 | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4452 | CHAPTER 5 COUNSELING CENTER, LLC | Tele (928)541-0668 | 09/01/2016 to 08/31/2017 |
| | 707 WEST GURLEY STREET | Fax: (928)541-0689 | |
| | PRESCOTT AZ 86305 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4453 | CHAPTER 5 COUNSELING CENTER, LLC | Tele (928)541-0690 | 09/01/2016 to 08/31/2017 |
| | 818 WEST GURLEY STREET | Fax: (915)541-0689 | |
| | PRESCOTT AZ 86305 | Capacity : 32 | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4424 | DECISION POINT ASSESSMENTS & EVALUATIONS | Tele (928)778-4600 | 02/01/2017 to 01/31/2018 |
| | 135 BRUSH STREET, 791 & 795 WESTERN STREET | Fax: (928)778-2221 | |
| | PRESCOTT AZ 86305 | Capacity : 24 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4021 | DECISION POINT, LLC | | | Tele | (928)778-4600 | 06/01/2016 | to | 05/31/2017 |
| | 615 / 621 / 623 / 625 CAMPBELL STREET | | | Fax: | (928)778-2221 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 42 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH309 | HILLSIDE CENTER RESIDENTIAL | | | Tele | (928)445-5211 | 02/01/2016 | to | 01/31/2017 |
| | 642 DAMERON | | | Fax: | (928)776-8031 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 23 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4262 | PRESCOTT HOUSE, INC | | | Tele | (928)776-8251 | 09/01/2016 | to | 08/31/2017 |
| | 210 / 212 / 214 NORTH ARIZONA AVENUE | | | Fax: | (928)771-2024 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 39 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3144 | SEQUELCARE OF ARIZONA | | | Tele | (928)775-3280 | 09/01/2016 | to | 08/31/2017 |
| | 3160 NORTH PINE VIEW DRIVE | | | Fax: | (928)717-1660 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 10 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4980 | SEQUELCARE OF ARIZONA - PRESCOTT HOUSE | | | Tele | (928)777-3280 | 10/03/2016 | to | 09/30/2017 |
| | 4001 NORTH CATHERINE DRIVE | | | Fax: | (928)717-1660 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 8 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH2871 | SPECTRUM HEALTHCARE GROUP, INC.<br>8 EAST COTTONWOOD STREET, BUILDING B<br>COTTONWOOD AZ 86326 | Tele (928)634-2236<br>Fax: (928)634-1221<br>Capacity : 12 | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| BH4797 | THE SANCTUARY AT SEDONA<br>2605 SOUTH CACTUS ROAD<br>CORNVILLE AZ 86325 | Tele (928)639-1300<br>Fax: (928)639-1313<br>Capacity : 9 | 06/10/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| BH1394 | WEST YAVAPAI GUIDANCE CLINIC - HADDEN HOUSE<br>711 HILLSIDE AVENUE<br>PRESCOTT AZ 86301 | Tele (928)899-7343<br>Fax: (928)776-8031<br>Capacity : 8 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT/CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH1122 | MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC. / FARRINGTON HOUSE<br>100 DEWEY ROAD<br>DEWEY AZ 86327 | Tele (602)335-2000<br>Fax: (602)476-1910<br>Capacity : 9 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH1487 | MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC. / EMILY HOUSE | | | Tele | (602)335-2000 | 05/01/2016 | to | 04/30/2017 |
| | 3801 NORTH ROBERT ROAD | | | Fax: | (602)476-1910 | | | |
| | PRESCOTT VALLEY | AZ | 86312 | Capacity : | 7 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4470 | SEDONA SKY ACADEMY | | | Tele | (928)567-1322 | 04/01/2016 | to | 03/31/2017 |
| | 3090 CORONADO TRAIL | | | Fax: | (928)567-1323 | | | |
| | LAKE MONTEZUMA | AZ | 86342 | Capacity : | 75 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3196 | SEQUELCARE OF ARIZONA | | | Tele | (928)777-3280 | 01/01/2017 | to | 12/31/2017 |
| | 9435 SMOKI TRAIL | | | Fax: | (928)717-1660 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 8 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH3197 | SEQUELCARE OF ARIZONA | | | Tele | (928)632-8078 | 10/01/2016 | to | 09/30/2017 |
| | 14410 EAST BLUE RIDGE ROAD | | | Fax: | (928)717-1660 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 8 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH1721 | SPRING RIDGE ACADEMY | | | Tele | (928)632-4602 | 11/01/2016 | to | 10/31/2017 |
| | 13690 SOUTH BURTON ROAD | | | Fax: | (928)632-7661 | | | |
| | MAYER | AZ | 86333 | Capacity : | 76 | Medcaid_Cert: | | Not Ceritified |

Sub-Type : BH RESPITE HOME - CHILD

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : BH RESPITE HOME - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4544 | BURNS BEHAVIORAL HEALTH RESIPTE HOME LLC | | | Tele | (480)220-2788 | 07/01/2016 | to | 06/30/2017 |
| | 1725 NORTH THINK ABOUT IT WAY | | | Fax: | (928)772-7918 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4541 | CLARENCE & JEANNE KINSLEY | | | Tele | (928)925-3481 | 08/01/2016 | to | 07/31/2017 |
| | 17100 EAST LIONS CROSSING ROAD | | | Fax: | (928)772-8070 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 3 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4734 | CRYSTAL DUNN | | | Tele | (928)533-0544 | 11/01/2016 | to | 10/31/2017 |
| | 12696 TIERRA ASPERA | | | Fax: | (928)778-8031 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4549 | HARCEY RESPITE PROVIDERS | | | Tele | (928)713-9942 | 08/01/2016 | to | 07/31/2017 |
| | 4884 NORTH IVANHOE CIRCLE | | | Fax: | (928)778-7918 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4733 | JANICE DUNN | | | Tele | (928)642-8570 | 11/01/2016 | to | 10/31/2017 |
| | 403 EAST ENSENADA STREET | | | Fax: | (928)778-7918 | | | |
| | DEWEY | AZ | 86327 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : BH RESPITE HOME - CHILD

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4547 | MARCIA L SMITH | | | Tele | (928)533-5941 | 05/01/2016 | to | 04/30/2017 |
| | 18775 NORTH BUTTE PASS ROAD | | | Fax: | (928)778-7918 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 4 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BH4554 | SHELLY SMITH | | | Tele | (760)644-3670 | 08/01/2016 | to | 07/31/2017 |
| | 6060 NORTH WILDHORSE DRIVE | | | Fax: | (928)778-7918 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 3 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8852 | ACORN CHRISTIAN MONTESSORI SCHOOL | | | Tele | (928)772-5778 | 08/01/2015 | to | 07/31/2018 |
| | 8556 EAST LOOS DRIVE | | | Fax: | (928)772-6208 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 27 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12649 | ACORN CHRISTIAN MONTESSORI SCHOOL | | | Tele | (928)775-0238 | 04/01/2015 | to | 03/31/2018 |
| | 7555 EAST LONG LOOK DRIVE | | | Fax: | (928)775-2638 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-17447 | AMANDA'S PLAYTIME ALLEY | | | Tele | (928)772-1419 | 02/15/2016 | to | 01/31/2019 |
| | 8183 FLORENTINE | | | Fax: | ( ) - | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | 39 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1907 | AMERICAN LUTHERAN SCHOOL | | | Tele (928)778-7049 | 09/01/2015 to 08/31/2018 |
| | 1085 SCOTT DRIVE | | | Fax: (928)445-8343 | |
| | PRESCOTT | AZ | 86301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11892 | BRIGHT FUTURES CHILD CARE | | | Tele (928)649-1330 | 03/01/2014 to 02/28/2017 |
| | 19 EAST BEECH STREET | | | Fax: (928)646-5188 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1192 | BUSY BEE LEARNING CENTER | | | Tele (928)772-6333 | 10/01/2015 to 09/30/2018 |
| | 8665 EAST FLORENTINE | | | Fax: (928)759-0423 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 104 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16315 | CEDAR TREE MONTESSORI INC | | | Tele (928)771-8785 | 08/01/2015 to 07/31/2018 |
| | 129 NORTH PLEASANT STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0625 | CHRISTIAN ACADEMY OF PRESCOTT PRESCHOOL | | | Tele (928)445-2565 | 11/01/2016 to 10/31/2019 |
| | 148 SOUTH MARINA STREET | | | Fax: (928)778-9794 | |
| | PRESCOTT | AZ | 86303 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15208 | COPPER KIDS DAYCARE | | | Tele (928)633-6583 | 12/01/2015 to 11/30/2018 |
| | 700 PALO VERDE | | | Fax: (928)633-6006 | |
| | BAGDAD | AZ | 86321 | Capacity : 90 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10273 | CORNERSTONE CHRISTIAN PRESCHOOL AND DAYCARE | | | Tele (928)771-2754 | 01/01/2015 to 12/31/2017 |
| | 700 ROSSER STREET | | | Fax: (928)776-8104 | |
| | PRESCOTT | AZ | 86301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13057 | DEL E. WEBB FAMILY ENRICHMENT CENTER | | | Tele (928)776-2174 | 08/01/2016 to 07/31/2019 |
| | 1100 EAST SHELDON STREET | | | Fax: (928)777-3137 | |
| | PRESCOTT | AZ | 86301 | Capacity : 71 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13756 | FIRST STEPS CHILDCARE | | | Tele (928)646-3377 | 02/01/2014 to 01/31/2017 |
| | 1025 SOUTH KELLI LANE | | | Fax: (928)646-3388 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16677 | FLIP CITY GYM N LEARN | | | Tele (928)639-2852 | 08/01/2013 to 07/31/2016 |
| | 3405 EAST STATE ROUTE 89A BUILDING B | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : 20 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-2073 | GOD'S WORLD | | | Tele (928)772-0460 | 10/01/2016 to 09/30/2019 |
| | 3950 NORTH VALORIE DRIVE | | | Fax: (928)772-2455 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 244 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-5856 | GRANDPA'S FARM CHRISTIAN CHILD CARE | | | Tele (928)772-8009 | 04/01/2014 to 03/31/2017 |
| | 7117 EAST ADDIS AVENUE | | | Fax: (928)772-8009 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15505 | GROWING KIDS PRESCHOOL AT LIFEPOINTE CHURCH | | | Tele (928)710-2539 | 09/01/2016 to 08/31/2019 |
| | 10100 EAST HIGHWAY 69 | | | Fax: (928)775-4404 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 24 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16895 | GUMMY BEAR CHILDCARE | | | Tele (928)772-0303 | 04/22/2014 to 03/31/2017 |
| | 8416 EAST SPOUSE DRIVE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 34 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-0773 | HILLTOP CHRISTIAN PRESCHOOL | | | Tele (928)634-7759 | 02/01/2015 to 01/31/2018 |
| | 2021 EAST FIR STREET | | | Fax: (928)634-8214 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-13903 | KARE BEAR CHILD CARE CENTER<br>68 NORTH 12TH STREET<br>COTTONWOOD AZ 86326 | Tele (928)634-9613<br>Fax: ( ) -<br>Capacity : 91 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-15013 | KIDS CORRAL PRESCHOOL AND LEARNING CENTER<br>2750 SOUTH CORRAL STREET<br>HUMBOLDT AZ 86329 | Tele (602)558-3700<br>Fax: (928)759-4420<br>Capacity : 59 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15199 | LEARNING CASTLE CHILDRENS CENTER L.L.C.<br>4701 NORTH ROBERT ROAD<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-9677<br>Fax: (928)775-9670<br>Capacity : 53 | 04/01/2016 to 03/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-16071 | MOUNTAIN OAK CHARTER SCHOOL<br>1455 WILLOW CREEK ROAD<br>PRESCOTT AZ 86301 | Tele (928)541-7700<br>Fax: (928)445-1301<br>Capacity : 59 | 12/01/2014 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-17587 | N.A.C.O.G. - BEAVER CREEK HEAD START<br>4810 EAST BEAVER CREEK ROAD<br>RIMROCK AZ 86335 | Tele (928)774-9504<br>Fax: (928)779-0514<br>Capacity : 25 | 08/15/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3696 | N.A.C.O.G. - CAMP VERDE HEAD START | | | Tele (928)567-3182 | 10/01/2015 to 09/30/2018 |
| | 353 APACHE TRAIL | | | Fax: (928)567-0357 | |
| | CAMP VERDE | AZ | 86322 | Capacity : 72 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15094 | N.A.C.O.G. - CHINO VALLEY HEAD START | | | Tele (928)636-1076 | 09/01/2015 to 08/31/2018 |
| | 1985 NORTH ROAD 1 WEST | | | Fax: (928)636-5098 | |
| | CHINO VALLEY | AZ | 86323 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-4460 | N.A.C.O.G. - COTTONWOOD HEAD START | | | Tele (928)634-8236 | 05/01/2014 to 04/30/2017 |
| | 270 EAST MINGUS | | | Fax: (928)634-5729 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 57 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10211 | N.A.C.O.G. - PRESCOTT HEAD START | | | Tele (928)445-8534 | 01/01/2015 to 12/31/2017 |
| | 828 RODEO DRIVE | | | Fax: (928)717-2058 | |
| | PRESCOTT | AZ | 86301 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15419 | N.A.C.O.G. - PRESCOTT VALLEY EARLY HEAD START | | | Tele (928)772-7274 | 08/01/2016 to 07/31/2019 |
| | 3045 NORTH TANI ROAD | | | Fax: (928)772-7173 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7013 | N.A.C.O.G. - PRESCOTT VALLEY HEAD START | | | Tele (928)772-7726 | 09/01/2015 to 08/31/2018 |
| | 6955 PANTHER PATH DRIVE | | | Fax: (928)775-2876 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-6622 | N.A.C.O.G. - YAVAPAI HEAD START | | | Tele (928)634-2932 | 12/01/2014 to 11/30/2017 |
| | 601 BLACK HILLS DRIVE | | | Fax: (928)634-0493 | |
| | CLARKDALE | AZ | 86324 | Capacity : 51 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12163 | N.A.C.O.G. -ASH FORK HEAD START | | | Tele (928)637-1027 | 08/01/2015 to 07/31/2018 |
| | 450 LEWIS AVENUE | | | Fax: (928)637-2542 | |
| | ASH FORK | AZ | 86320 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17661 | NEXT GENERATION EARLY CHILD CARE AND LEARNING CENTER, L.L.C. | | | Tele (928)274-0939 | 07/28/2016 to 06/30/2019 |
| | 474 SOUTH MAIN STREET | | | Fax: ( ) - | |
| | CAMP VERDE | AZ | 86322 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-13369 | PARKSIDE CHRISTIAN LEARNING CENTER & LOS NINOS CHRISTIAN PRESCHOOL | | | Tele (928)567-6791 | 07/01/2016 to 06/30/2019 |
| | 401 CAMP LINCOLN ROAD | | | Fax: (928)567-3703 | |
| | CAMP VERDE | AZ | 86322 | Capacity : 93 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15450 | PINE GROVE PRESCHOOL & AFTERCARE, L L C | | | Tele (928)277-1424 | 08/01/2016 to 07/31/2019 |
| | 217 GROVE AVENUE | | | Fax: (928)277-1478 | |
| | PRESCOTT | AZ | 86301 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1065 | PRESCOTT Y M C A EARLY CHILDHOOD CENTER | | | Tele (928)445-7221 | 10/01/2015 to 09/30/2018 |
| | 750 WHIPPLE STREET | | | Fax: (928)445-5135 | |
| | PRESCOTT | AZ | 86301 | Capacity : 345 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1130 | PRIMAVERA SCHOOL INC | | | Tele (928)445-5382 | 11/01/2016 to 10/31/2019 |
| | 1446 MOYER ROAD | | | Fax: (928)445-5382 | |
| | PRESCOTT | AZ | 86303 | Capacity : 52 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14846 | RAYS OF SUNSHINE CENTER | | | Tele (928)567-6299 | 06/01/2015 to 05/31/2018 |
| | 30 EAST CLIFF HOUSE DRIVE | | | Fax: (928)567-6277 | |
| | CAMP VERDE | AZ | 86322 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14264 | SACRED HEART CATHOLIC PRESCHOOL | | | Tele (928)445-3141 | 11/01/2014 to 10/31/2017 |
| | 150 FLEURY STREET | | | Fax: (928)717-1074 | |
| | PRESCOTT | AZ | 86301 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14543 | SAINT JOSEPH CATHOLIC MONTESSORI PRESCHOOL | | | Tele (928)649-0624 | 11/01/2014 to 10/31/2017 |
| | 2715 EAST STATE ROUTE 89 A | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14050 | SONSHINE LEARNING CENTER | | | Tele (623)374-5737 | 07/01/2014 to 06/30/2017 |
| | 34595 SOUTH PHYLLIS STREET | | | Fax: ( ) - | |
| | BLACK CANYON CITY | AZ | 85324 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17430 | ST. JOSEPH CATHOLIC PRESCHOOL | | | Tele (928)649-0624 | 10/19/2015 to 09/30/2018 |
| | 700 NORTH BILL GRAY ROAD | | | Fax: (928)649-1191 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 51 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15643 | THE CHILDREN'S GARDEN L L C | | | Tele (928)777-9150 | 12/01/2013 to 11/30/2016 |
| | 13 BROOKSIDE BOULEVARD | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : 19 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10530 | THE DISCOVERY CONNECTION | | | Tele (928)301-9105 | 06/01/2015 to 05/31/2018 |
| | 1615 NORTH MAIN STREET | | | Fax: (928)646-5188 | |
| | CLARKDALE | AZ | 86324 | Capacity : 43 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16112 | THE SHEPHERDS MONTESSORI | | | Tele (928)778-9122 | 03/21/2015 to 02/28/2018 |
| | 1202 GREEN LANE | | | Fax: (928)778-6952 | |
| | PRESCOTT | AZ | 86301 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-12605 | TRINITY CHRISTIAN PRESCHOOL | | | Tele (928)445-4536 | 07/01/2015 to 06/30/2018 |
| | 630 PARK AVENUE | | | Fax: (928)445-0751 | |
| | PRESCOTT | AZ | 86303 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16046 | UNITED CHRISTIAN SCHOOL | | | Tele (928)567-0415 | 01/01/2015 to 12/31/2017 |
| | 903 WEST FINNIE FLAT ROAD | | | Fax: (928)567-9774 | |
| | CAMP VERDE | AZ | 86322 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7263 | VALLEY LEARNING CENTER | | | Tele (928)636-1656 | 10/01/2015 to 09/30/2018 |
| | 2235 SOUTH HIGHWAY 89 | | | Fax: (928)636-2575 | |
| | CHINO VALLEY | AZ | 86323 | Capacity : 107 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-1243 | VERDE VALLEY CHRISTIAN SCHOOL | | | Tele (928)634-8113 | 08/01/2015 to 07/31/2018 |
| | 102 SOUTH WILLARD STREET | | | Fax: (928)634-8278 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11381 | VERDE VALLEY MONTESSORI SCHOOL<br>215 SOUTH MAIN STREET<br>COTTONWOOD AZ 86326 | Tele (928)634-3288<br>Fax: (928)634-9781<br>Capacity : 45 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14751 | B.C.E.S.D. BEAVER CREEK DEVELOPMENTAL PRESCHOOL & SCHOOL AGE DAYCARE<br>4810 EAST BEAVER CREEK ROAD<br>RIMROCK AZ 86335 | Tele (928)567-4631<br>Fax: (928)567-5347<br>Capacity : 59 | 05/01/2015 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15682 | B.U.S.D. #20 - BAGDAD SPECIAL NEEDS PRESCHOOL<br>6 SOUTH LINDAHL<br>BAGDAD AZ 86321 | Tele (928)633-4133<br>Fax: (928)633-4345<br>Capacity : 25 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-16194 | C.O.C.S.D.#6 - BRIGHT BEARS<br>1500 SOUTH MONTE TESORO DRIVE<br>COTTONWOOD AZ 86326 | Tele (928)300-8783<br>Fax: (928)639-8428<br>Capacity : 144 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6087 | C.O.C.S.D.#6 - CASPER<br>11490 PURPLE SAGE ROAD<br>CORNVILLE AZ 86325 | Tele (928)639-5109<br>Fax: (928)639-5108<br>Capacity : 59 | 12/01/2015 to 11/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9293 | C.V.E.S.D. - CAMP VERDE ELEMENTARY SCHOOL<br>200 CAMP LINCOLN ROAD<br>CAMP VERDE AZ 86322 | Tele (928)203-2682<br>Fax: (928)567-8063<br>Capacity : 25 | 07/01/2016 to 06/30/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-15120 | C.V.U.S.D. #51 - DEL RIO ELEMENTARY SCHOOL<br>1036 NORTH ROAD 1 WEST<br>CHINO VALLEY AZ 86323 | Tele (928)583-5774<br>Fax: (928)636-6215<br>Capacity : 100 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-16909 | C.V.U.S.D. #51 - TERRITORIAL EARLY CHILDHOOD CENTER<br>1088 MAHAN LANE<br>CHINO VALLEY AZ 86323 | Tele (928)636-3842<br>Fax: (928)636-0267<br>Capacity : 168 | 08/25/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14613 | H.U.S.D.#22 - COYOTE SPRINGS ELEMENTARY SCHOOL<br>6625 NORTH CATTLETRACK<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-4368<br>Fax: ( ) -<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-14614 | H.U.S.D.#22 - GRANVILLE ELEMENTARY SCHOOL<br>5250 STOVER DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-4845<br>Fax: (928)759-4020<br>Capacity : 59 | 10/01/2014 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17350 | P.U.S.D. #1 - DISCOVERY GARDEN EARLY CHILDHOOD CENTER<br>300 EAST GURLEY STREET<br>PRESCOTT AZ 86301 | Tele (928)442-1283<br>Fax: ( ) -<br>Capacity : 158 | 07/27/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-15962 | P.U.S.D. #1 - DISCOVERY GARDENS EARLY CHILDHOOD CENTER<br>1845 CAMPBELL AVENUE<br>PRESCOTT AZ 86301 | Tele (928)442-1283<br>Fax: (928)442-9268<br>Capacity : 59 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SGH-17317 | A + LEARNING ACADEMY<br>7343 EAST LOBO WAY<br>PRESCOTT VALLEY AZ 86314 | Tele (623)206-4837<br>Fax: ( ) -<br>Capacity : 10 | 08/28/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SGH-17744 | BUILDING BLOCKS FAMILY CHILD CARE<br>2191 OLD JEROME HWY<br>CLARKDALE AZ 86324 | Tele (928)239-4261<br>Fax: ( ) -<br>Capacity : 10 | 09/07/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| SGH-15916 | GRANNIE'S HOUSE L.L.C.<br>4620 NORTH NOEL DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)772-1445<br>Fax: (928)772-1445<br>Capacity : 10 | 07/18/2014 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14130 | KIDS CLUB | | | Tele (928)772-5911 | 07/01/2014 to 06/30/2017 |
| | 6057 PARAPET CIRCLE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11698 | KIDS CORNER | | | Tele (928)639-2772 | 09/01/2016 to 08/31/2019 |
| | 871 DESERT JEWEL DRIVE | | | Fax: (928)639-4297 | |
| | COTTONWOOD | AZ | 86326 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17160 | MISS KRIS' IN HOME INFANT CARE | | | Tele (602)402-4270 | 03/24/2015 to 02/28/2018 |
| | 7961 EAST LAS PALMAS DRIVE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15741 | STACY RICKETTS | | | Tele (928)308-4198 | 05/01/2014 to 04/30/2017 |
| | 6292 EAST DUCHESS DRIVE | | | Fax: (928)759-7321 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-12408 | THE LITTLE CLUB FOR KIDS | | | Tele (928)777-3299 | 12/01/2014 to 11/30/2017 |
| | 621 CARSON DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

Sub-Type : DD GROUP HOME 3 YEAR

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : DD GROUP HOME 3 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2251 | ARIZONA MENTOR / PHILLIPS | | | Tele (928)639-9551 | | 11/30/2014 | to | 11/30/2016 |
| | 45 S 17TH STREET | | | Fax: (602)497-4989 | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1872 | AIRES, LLC / BLUE RIDGE | | | Tele (928)632-5840 | | 05/01/2016 | to | 04/30/2018 |
| | 14135 BLUE RIDGE ROAD | | | Fax: ( ) - | | | | |
| | DEWEY | AZ | 86327 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1734 | AIRES, LLC / BURRO #1 | | | Tele (928)772-8696 | | 04/01/2016 | to | 03/31/2018 |
| | 7190 E BURRO UNIT 1 | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2065 | AIRES, LLC / BURRO #2 | | | Tele (928)772-8696 | | 04/01/2016 | to | 03/31/2018 |
| | 7190 E BURRO UNIT 2 | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2671 | AIRES, LLC / PARADISE TRAIL | | | Tele (928)458-5428 | | 09/20/2016 | to | 08/31/2018 |
| | 7645 N PARADISE FOUND TRAIL | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86315 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1286 | AIRES, LLC / ROSSER | | | Tele (928)443-7492 | 04/01/2016 to 03/31/2018 |
| | 638 W ROSSER ST | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH0873 | AIRES, LLC / STARLIGHT | | | Tele (928)772-1084 | 04/01/2016 to 03/31/2018 |
| | 3749 N STARLIGHT DR | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2222 | AIRES, LLC / SUMMIT VISTA | | | Tele (928)772-1215 | 05/01/2016 to 04/30/2018 |
| | 4248 N CYPRESS CIRCLE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2250 | ARIZONA MENTOR / CONSTANCE | | | Tele (928)772-0564 | 09/01/2015 to 08/31/2017 |
| | 3531 N CONSTANCE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| DDH2249 | ARIZONA MENTOR / SAUTER | | | Tele (928)772-0419 | 09/01/2015 to 08/31/2017 |
| | 4651 N SAUTER DRIVE EAST | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1559 | CHANDLER GILBERT ARC / SILVER WAY<br>7916 EAST SILVER WAY<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-0421<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH2527 | HOZHONI FOUNDATION / GARDENER HOME<br>516 GAIL GARDENER<br>PRESCOTT AZ 86301 | Tele (928)778-2326<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/08/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2419 | HOZHONI FOUNDATION INC / ALDRICH HOME<br>4705 ALDRICH STREET<br>PRESCOTT AZ 86305 | Tele (928)526-7944<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1595 | HOZHONI FOUNDATION, INC / DUNN HOME<br>531 DUNN DRIVE<br>PRESCOTT AZ 86301 | Tele (928)445-2369<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH402 | HOZHONI FOUNDATION, INC / PLEASANT VALLEY HOME<br>2990 PLEASANT VALLEY DRIVE<br>PRESCOTT AZ 86301 | Tele (520)776-4786<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1594 | HOZHONI FOUNDATION, INC / SEQUOIA HOME<br>2062 SEQUOIA DRIVE<br>PRESCOTT AZ 86301 | Tele (928)445-6996<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1118 | HOZHONI FOUNDATION, INC / YAVAPAI HILLS<br>4980 HORNET DRIVE<br>PRESCOTT AZ 86301 | Tele (928)776-1996<br>Fax: (928)526-5909<br>Capacity : Not Applicable | 06/30/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1406 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT / CHINO COTTAGE A<br>2115 N HWY 89<br>CHINO VALLEY AZ 86323 | Tele (928)583-0146<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| DDH407 | INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT / CHINO LODGE<br>2115 N HWY 89<br>CHINO VALLEY AZ 86323 | Tele (928)636-9407<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| DDH1933 | NEPSKY CONSULTING & RESIDENTIAL SERV / HAWKEYE<br>1583 HAWKEYE RIDGE RD<br>PRESCOTT AZ 86301 | Tele (928)777-8575<br>Fax: (928)778-1769<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH453 | NEPSKY CONSULTING & RESIDENTIAL SERV /COPPER BASIN | | | Tele (928)443-5983 | | 08/01/2016 | to | 07/31/2018 |
| | 918 COPPER BASIN RD | | | Fax: (928)776-1769 | | | | |
| | PRESCOTT | AZ | 86303 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH0933 | NEPSKY CONSULTING & RESIDENTIAL SERVICES / SEQUOIA | | | Tele (928)443-0564 | | 08/01/2016 | to | 07/31/2018 |
| | 1878 SEQUOIA DRIVE | | | Fax: (928)778-1769 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2622 | NEPSKY CONSULTING & RESIDENTIAL SERVICES, INC / LAKE | | | Tele (928)445-3884 | | 03/31/2016 | to | 02/28/2018 |
| | 3066 MOUNTAIN LAKE DR | | | Fax: (928)778-1769 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1726 | NEPSKY CONSULTING & RESIDENTIAL SERVICES, INC / PLEASANT VALLEY | | | Tele (928)778-5953 | | 08/01/2016 | to | 07/31/2018 |
| | 3007 PLEASANT VALLEY CT | | | Fax: (928)778-1769 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH0831 | NEPSKY CONSULTING & RESIDENTIAL SERVICES, INC / RICHARD STREET | | | Tele (928)442-1464 | | 08/01/2016 | to | 07/31/2018 |
| | 2079 RICHARD STREET | | | Fax: (928)778-1769 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH457 | NEPSKY CONSULTING AND RESIDENTIAL SERVICES / TAMARACK | | | Tele (928)776-7258 | | 08/01/2016 | to | 07/31/2018 |
| | 428 TAMARACK | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2649 | NEPSKY CONSULTINGAND RESIDENTIAL SERVICES, INC/BRUCES CORNER | | | Tele (492)000-0000 | | 07/25/2016 | to | 06/30/2018 |
| | 492 BRUCES CORNER | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2608 | REEVES FOUNDATION / CASA DE PUEBLO - REEVES | | | Tele (928)551-2571 | | 02/24/2016 | to | 01/31/2018 |
| | 7201 E PUEBLO AVE | | | Fax: (866)238-4229 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2328 | RES CARE ARIZONA, INC. / BIRCH HOUSE | | | Tele (928)759-9432 | | 08/01/2015 | to | 07/31/2017 |
| | 4634 N VERDE VISTA | | | Fax: (928)717-9985 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1866 | RESCARE ARIZONA INC / SHAUCEYS RANCH | | | Tele (480)201-9936 | | 01/01/2017 | to | 12/31/2018 |
| | 2280 WEST AGAVE PLACE | | | Fax: (623)931-1834 | | | | |
| | CHINO VALLEY | AZ | 86323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2279 | RESCARE ARIZONA INC / VIEWPOINT HOME | | | Tele (480)201-9936 | 01/01/2014 to 12/31/2016 |
| | 4050 N VIEW POINT | | | Fax: (623)931-1834 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1839 | RESCARE ARIZONA, INC / WREN HOUSE | | | Tele (928)717-9981 | 04/01/2016 to 03/31/2018 |
| | 8611 EAST WARREN ST | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2558 | RESCARE ARIZONA, INC. / FIESTA | | | Tele (928)759-2538 | 08/26/2015 to 07/31/2017 |
| | 4001 N FIESTA WAY | | | Fax: (928)759-2538 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2320 | RESCARE ARIZONA, INC. / KIVA HOME | | | Tele (928)772-1421 | 07/01/2015 to 06/30/2017 |
| | 5211 N LONE DRIVE | | | Fax: (928)772-1421 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH2437 | RESCARE ARIZONA, INC. / QUEENS GROUP HOME | | | Tele (480)201-9936 | 10/01/2016 to 09/30/2018 |
| | 4885 ARNOLD DRIVE | | | Fax: (623)931-1834 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2200 | RESCARE ARIZONA, INC. / SUPAI HOME | | | Tele (928)308-5796 | | 08/01/2016 | to | 07/31/2018 |
| | 7840 PASEO HERMOSO | | | Fax: (928)445-4977 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1745 | RUSTY'S MORNINGSTAR RANCH / ARMSTRONG HOUSE | | | Tele (928)634-4784 | | 09/01/2015 | to | 08/31/2017 |
| | 270 LIBBY LANE | | | Fax: (928)634-5131 | | | | |
| | CORNVILLE | AZ | 86325 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH475 | RUSTY'S MORNINGSTAR RANCH / MAIN HOUSE | | | Tele (928)634-4784 | | 09/01/2015 | to | 08/31/2017 |
| | 240 LIBBY LANE | | | Fax: (928)634-5131 | | | | |
| | CORNVILLE | AZ | 86325 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2598 | THE TUNGLAND CORPORATION / BLUE | | | Tele (928)634-8737 | | 01/12/2016 | to | 12/31/2017 |
| | 1422 PARADISE DR | | | Fax: ( ) - | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH2033 | THE TUNGLAND CORPORATION / BOW MAKER | | | Tele (928)634-8737 | | 05/31/2015 | to | 05/31/2017 |
| | 604 MAIN STREET | | | Fax: (602)224-9536 | | | | |
| | CLARKDALE | AZ | 86324 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH2484 | THE TUNGLAND CORPORATION / MEADOW VISTA<br>4872 MEADOW VISTA DRIVE<br>COTTONWOOD AZ 86326 | Tele (602)224-9536<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/14/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1930 | THE TUNGLAND CORPORATION / PIONEER<br>1145 S PIONEER DR<br>COTTONWOOD AZ 86326 | Tele (928)649-9062<br>Fax: (602)224-9536<br>Capacity : Not Applicable | 05/01/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1806 | THE TUNGLAND CORPORATION / PRAIRIE<br>527 NORTH VERDE HEIGHTS<br>COTTONWOOD AZ 86326 | Tele (928)639-1124<br>Fax: (602)224-9536<br>Capacity : Not Applicable | 04/30/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1931 | THE TUNGLAND CORPORATION / RICHARD STREET<br>761 RICHARD STREET<br>CLARKDALE AZ 86324 | Tele (928)639-3152<br>Fax: (602)224-9536<br>Capacity : Not Applicable | 05/01/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| DDH68 | Y.E.S. THE ARC / DOBBIN TRAIL I<br>1562 DOBBIN TRAIL<br>COTTONWOOD AZ 86326 | Tele (928)639-0910<br>Fax: (928)634-5187<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH69 | Y.E.S. THE ARC / DOBBIN TRAIL II | | | Tele (928)639-1165 | 06/01/2016 to 05/31/2018 |
| | 1434 DOBBIN TRAIL | | | Fax: (928)634-5187 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1188 | Y.E.S. THE ARC / HAMMER CIRCLE | | | Tele (928)639-4434 | 06/01/2016 to 05/31/2018 |
| | 1246 S HAMMER CIRCLE | | | Fax: (928)634-5187 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1884 | Y.E.S. THE ARC / WILD BURRO I | | | Tele (928)649-2273 | 06/01/2016 to 05/31/2018 |
| | 1297 WILD BURRO | | | Fax: (928)634-5187 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH0985 | Y.E.S. THE ARC / WILD BURRO IL | | | Tele (928)649-2418 | 06/01/2016 to 05/31/2018 |
| | 1253 WILD BURRO | | | Fax: (928)634-5187 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1932 | YAVAPAI CARE SERVICES, LLC DBA HELPING HANDS / ROLLING HILLS | | | Tele (928)717-0086 | 10/01/2016 to 09/30/2018 |
| | 1969 BOARDWALK AVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA4148 | DREW, ROBERT P. | | | Tele (928)713-7295 | 07/01/2016 to 06/30/2018 |
| | 4850 COMMANCHE TRAIL | | | Fax: (866)549-1646 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1562 | GONG, EVELYN L. | | | Tele (928)445-4860 | 06/01/2016 to 05/31/2018 |
| | 500 US HWY 89N | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86313 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA513 | HOLMES, DAVID A. | | | Tele (928)778-5132 | 12/01/2015 to 11/30/2017 |
| | 1125 IRON SPRINGS ROAD | | | Fax: (928)778-3005 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10277 | KERRY ANNE BEASLEY | | | Tele (573)000-0000 | 09/06/2016 to 09/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : DUI/DVTX

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DUI0001 | SANCTUARY FOR EXPANSIVE THINKING ( SET COUNSELING ) | | | Tele (800)510-9088 | 11/01/2016 to 10/31/2017 |
| | 8933 EAST FLORENTINE ROAD, SUITE F | | | Fax: (800)519-9088 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4828 | BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC<br>3605 RANCH DRIVE<br>PRESCOTT AZ 86303 | Tele (928)443-9626<br>Fax: (928)443-9629<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6920 | COTTONWOOD DIALYSIS<br>1699 EAST COTTONWOOD STREET, SUITE A200<br>COTTONWOOD AZ 86326 | Tele (928)634-9295<br>Fax: (928)639-0752<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC3997 | PRESCOTT DIALYSIS<br>980 WILLOW CREEK ROAD, SUITE 101<br>PRESCOTT AZ 86301 | Tele (928)776-9459<br>Fax: (928)776-8061<br>Capacity : 12 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | COUNTY OF YAVAPAI<br>51 S BRIAN MICHELSEN PARKWAY<br>COTTONWOOD AZ 86326 | Tele (928)639-8130<br>Fax: (928)639-8179<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC3797 | NORTH COUNTRY HEALTHCARE, INC-SELIGMAN<br>22585 WEST OAK STREET<br>SELIGMAN AZ 86337 | Tele (928)522-9410<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC1363 | NORTH COUNTRY HEALTHCARE-ASH FORK<br>112 PARK AVENUE<br>ASH FORK AZ 86320 | Tele (928)522-9879<br>Fax: (928)522-9411<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3512 | YAVAPAI COUNTY COMMUNITY HEALTH SERVICES<br>1090 COMMERCE DRIVE<br>PRESCOTT AZ 86305 | Tele (928)442-5966<br>Fax: (928)771-3379<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3209 | YAVAPAI COUNTY COMMUNITY HEALTH SERVICES<br>3212 NORTH WINDSONG DRIVE, SUITE 200, 2ND FLOOR<br>PRESCOTT VALLEY AZ 86314 | Tele (928)442-5966<br>Fax: (928)771-3369<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BHAD9388 | AMERITONE MOBILE HEARING AID CENTER<br>3050 N NAVAJO DR STE 106<br>PRESCOTT VALLEY AZ 86314 | Tele (928)634-0051<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/25/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| BHAD9388 | AMERITONE MOBILE HEARING AID CENTER INC.<br>11 N MAIN STREET, STE A<br>COTTONWOOD AZ 86326 | Tele (480)286-3703<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/20/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD929 | BULOCK, KIMBERLY KAY | | | Tele (928)445-7710 | 03/01/2016 to 02/28/2018 |
| | 8650 HWY 69 #A | | | Fax: (928)445-7715 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5456 | CHAPMAN, TIMOTHY S. | | | Tele (928)776-1065 | 08/01/2016 to 07/31/2018 |
| | 1027 FAIR ST | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD9600 | CLEAR CHOICE LEASING | | | Tele (928)445-6323 | 07/16/2015 to 07/31/2017 |
| | 1101 N OLD CHISOLM TRAIL STE 1 | | | Fax: ( ) - | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD6200 | COSTCO WHOLESALE CORPORATION | | | Tele (928)541-2203 | 05/01/2016 to 04/30/2018 |
| | 3911 HIGHWAY 69 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD253 | DANNEN, TERRI L. | | | Tele (928)445-7710 | 06/01/2016 to 05/31/2018 |
| | 8650 E HWY 69 SUITE A | | | Fax: (928)445-7715 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4684 | DORR, SHELLEY L. | | | Tele (928)227-2476 | | 10/01/2015 | to | 09/30/2017 |
| | 1781 E STATE ROUTE 69 SUITE #65 | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5460 | FEIRICK, DEANNE L. | | | Tele (928)000-0000 | | 10/01/2015 | to | 09/30/2017 |
| | AZ PRACTIC ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD4561 | HASTINGS, SUSAN K. | | | Tele (602)000-0000 | | 03/01/2016 | to | 02/28/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: (602)000-0000 | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1958 | HAYDON TAMARA R. | | | Tele (928)776-1065 | | 03/01/2016 | to | 02/28/2018 |
| | 1027 FAIR ST STE C | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7129 | HEARING LAB TECHNOLOGY, LLC | | | Tele (928)771-0280 | | 05/01/2016 | to | 04/30/2018 |
| | 5757 EAST STATE ROUTE 69 | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4589 | KUGLITSCH, RONALD R. | | | Tele (928)634-2077 | 03/01/2016 to 02/28/2018 |
| | 709 E MINGUS AVENUE SUITE 101 | | | Fax: (928)634-1371 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1558 | LUBISICH, CARL A. | | | Tele (928)445-4860 | 04/01/2016 to 03/31/2018 |
| | 500 HIGHWAY 89 NORTH | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86313 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6165 | MATTHEW J YONKE | | | Tele (314)721-7775 | 03/01/2016 to 02/28/2018 |
| | 301 HIGHLAND BLVD | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5256 | MCCALL, RANDY LEE | | | Tele (928)634-0051 | 10/01/2016 to 09/30/2018 |
| | 11 N MAIN STREET, STE A | | | Fax: (623)374-6985 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1665 | MCQUAID, DENNIS M. | | | Tele (928)445-2232 | 10/01/2015 to 09/30/2017 |
| | 720 N MONTEZUMA ST # B | | | Fax: (928)776-7155 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| BHAD7742 | PRESCOTT EAR NOSE AND THROAT PLLC | | | Tele (928)778-9190 | 06/01/2016 to 05/31/2018 |
| | 1125 IRON SPRINGS ROAD | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8686 | ROBINETTE, DEBRA L. | | | Tele (928)776-0340 | 12/03/2014 to 12/31/2016 |
| | 3911 E HIGHWAY 69 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD6544 | RODRIGUEZ, CAROLYN R. | | | Tele (928)772-1632 | 04/01/2016 to 03/31/2018 |
| | 8196 E FLORENTINE #C | | | Fax: (928)772-3322 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1868 | SHELINE LYNN CALHOUN | | | Tele (928)776-0340 | 07/01/2016 to 06/30/2018 |
| | 3911 HWY 69 | | | Fax: (602)293-4558 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE6462 | SPENCER DAVID BUSHELL | | | Tele (469)586-0448 | 09/26/2016 to 09/25/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADE8219 | SPITLER, DUSTY A<br>1781 STATE RTE 69 STE 65<br>PRESCOTT AZ 86301 | Tele (928)925-3911<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD7800 | W. REED FENTON<br>8196 E FLORENTINE STE C<br>PRESCOTT VALLEY AZ 86314 | Tele (928)772-1632<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3071 | ANGELS CARE HOME HEALTH OF ARIZONA<br>301 SOUTH WILLARD<br>COTTONWOOD AZ 86326 | Tele (928)649-8890<br>Fax: (928)649-8891<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HHA7757 | ATLANTIS HOME CARE, INC.<br>1000 WILLOW CREEK ROAD, SUITE L<br>PRESCOTT AZ 86301 | Tele (818)223-1738<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/20/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| HHA5119 | BAYADA HOME HEALTH CARE, INC.<br>2971 WILLOW CREEK ROAD, BUILDING 1, SUITE A<br>PRESCOTT AZ 86301 | Tele (928)759-5900<br>Fax: (928)759-5982<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6077 | GOOD SAMARITAN SOCIETY LEGACY HOME CARE<br>1953 COMMERCE CIRCLE<br>PRESCOTT AZ 86301 | Tele (928)443-9331<br>Fax: (928)443-9332<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HHA0186 | GRANITE MOUNTAIN HOME CARE<br>3107 CLEARWATER DRIVE, SUITE A<br>PRESCOTT AZ 86305 | Tele (928)445-2522<br>Fax: (928)445-1910<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| HHA7366 | MOUNTAIN VALLEY REGIONAL REHABILITATION HOSPITAL, INC.<br>3700 NORTH WINDSONG DRIVE, SUITE B<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-7888<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| HHA0204 | NNI HOME CARE SERVICES<br>3085 NORTH WINDSONG DRIVE, SUITE A<br>PRESCOTT VALLEY AZ 86314 | Tele (928)772-8707<br>Fax: (928)772-7054<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| HHA7678 | NORTHERN ARIZONA HOME HEALTH<br>203 SOUTH CANDY LANE, SUITE 5A<br>COTTONWOOD AZ 86326 | Tele (928)639-6674<br>Fax: (928)639-6403<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |

Sub-Type : HOSPICE - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC4488 | AVIANT HOSPICE YAVAPAI | | | Tele (928)634-1073 | 05/01/2016 to 09/30/2016 |
| | 1756 EAST VILLA DRIVE, SUITE C17 | | | Fax: (928)634-1401 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC3752 | GRANITE MOUNTAIN HOSPICE | | | Tele (928)445-2522 | 11/01/2016 to 10/31/2017 |
| | 3107 CLEARWATER DRIVE, SUITE B | | | Fax: (928)445-1910 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC6437 | HOSPICE FAMILY CARE | | | Tele (702)662-0416 | 04/01/2016 to 03/31/2017 |
| | 448 NORTH HIGHWAY 89, SUITES G&H | | | Fax: (928)277-8412 | |
| | CHINO VALLEY | AZ | 86323 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC0060 | HOSPICE FAMILY CARE, INC. | | | Tele (704)662-0416 | 10/01/2016 to 09/30/2017 |
| | 3195 STILLWATER DRIVE, SUITE A | | | Fax: (704)664-1306 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HSPC3721 | HOSPICE OF PHOENIX, LLC | | | Tele (928)632-0111 | 05/01/2016 to 04/30/2017 |
| | 13175 EAST HIGHWAY 169 | | | Fax: (928)632-0333 | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC5765 | MAGGIE'S HOSPICE, INC. | | | Tele (928)775-2290 | | 07/01/2016 | to | 06/30/2017 |
| | 314 NORTH ALARCON STREET | | | Fax: (928)775-2123 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7677 | NORTHERN ARIZONA HOSPICE | | | Tele (928)639-6676 | | 04/01/2016 | to | 03/31/2017 |
| | 203 SOUTH CANDY LANE, SUITE 10A | | | Fax: (928)639-6078 | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC4260 | THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY | | | Tele (928)778-5655 | | 10/01/2016 | to | 09/30/2017 |
| | 1065 RUTH STREET, SUITE 108-109 | | | Fax: (928)445-2497 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC4874 | GOOD SAMARITAN SOCIETY-PRESCOTT HOSPICE | | | Tele (928)778-5655 | | 06/01/2016 | to | 05/31/2017 |
| | 1063 RUTH STREET | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | 10 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | HOSPITAL-PRESCOTT | | | Tele (520)445-4860 | | | to | |
| | 500 HIGHWAY 89 NORTH | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86313 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| FED ONLY | VETERANS HOSPITAL-WHIPPLE<br>*<br>PRESCOTT AZ 86301 | Tele (602)555-5555<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br><br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPITAL - PSYCHIATRIC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH4435 | WINDHAVEN PSYCHIATRIC HOSPITAL<br>3347 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)899-7343<br>Fax: (928)445-9522<br>Capacity : 16 | 08/01/2015 to 07/31/2018<br><br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SH3974 | MOUNTAIN VALLEY REGIONAL REHABILITATION HOSPITAL, INC.<br>3700 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-8800<br>Fax: (928)759-8806<br>Capacity : 44 | 11/22/2016 to 02/28/2017<br><br>Medcaid_Cert: Certified |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0122 | VERDE VALLEY MEDICAL CENTER<br>269 SOUTH CANDY LANE<br>COTTONWOOD AZ 86326 | Tele (928)639-6058<br>Fax: (928)773-2348<br>Capacity : 110 | 07/18/2016 to 02/28/2018<br><br>Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| H0115 | YAVAPAI REGIONAL MEDICAL CENTER<br>1003 WILLOW CREEK ROAD<br>PRESCOTT AZ 86301 | Tele (928)445-2700<br>Fax: (928)458-2015<br>Capacity : 134 | 06/01/2016 to 05/31/2017<br><br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC | COMMUNITY CARE NETWORK<br>294 WEST STATE ROUTE 89A, SUITE 215<br>COTTONWOOD AZ 86326 | Tele (928)773-2378<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/14/2015 to 08/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC | NORTHERN ARIZONA HEALTHCARE SLEEP & PULMONARY CENT<br>294 WEST HIGHWAY 89A, SUITE 214<br>COTTONWOOD AZ 86326 | Tele (928)639-6382<br>Fax: (928)639-5570<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | PRESCOTT MEDICAL IMAGING<br>810 WHIPPLE STREET<br>PRESCOTT AZ 86301 | Tele (928)771-7577<br>Fax: (928)771-7616<br>Capacity : Not Applicable | 08/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC | PRESCOTT VALLEY MEDICAL IMAGING<br>7700 EAST FLORENTINE ROAD, BUILDING B, SUITE 105<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-5930<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | VERDE VALLEY MEDICAL CENTER - CAMP VERDE CAMPUS<br>1298 FINNIE FLATS, SUITE 102<br>CAMP VERDE AZ 86322 | Tele (928)639-5562<br>Fax: (928)567-0080<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | VERDE VALLEY MEDICAL CENTER LAB- VILLAGE OF OAK CREEK<br>61 BELL ROCK PLAZA, SUITE C<br>SEDONA AZ 86351 | Tele (928)204-4026<br>Fax: (928)773-2348<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | VERDE VALLEY MEDICAL IMAGING CENTER<br>450 SOUTH WILLARD STREET, SUITE 109, 111 & 113<br>COTTONWOOD AZ 86326 | Tele (928)649-1260<br>Fax: (928)649-3182<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | WICKENBURG COMMUNITY HOSPITAL- BAGDAD<br>700 PALO VERDE ROAD<br>BAGDAD AZ 86321 | Tele (928)684-5529<br>Fax: (928)684-5081<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | YRMC DEL E WEBB OUTPATIENT CENTER<br>3262 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)445-2700<br>Fax: (928)771-5631<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| UNC | YRMC LABORATORY PATIENT SERVICE CENTER<br>1050 GAIL GARDNER WAY<br>PRESCOTT AZ 86305 | Tele (928)717-5264<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YRMC PHLEBOTOMY STATION AT INTERNAL MEDICINE 1<br>3120 CLEARWATER DRIVE<br>PRESCOTT AZ 86301 | Tele (928)445-2700<br>Fax: (928)458-2015<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC | YRMC PRESCOTT CARDIAC DIAGNOSTIC CENTER<br>726 GAIL GARDNER WAY<br>PRESCOTT AZ 86305 | Tele (928)445-2700<br>Fax: (928)458-2015<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM156 | ATLAS, DANI JOELLE<br>1853 ROCKY ROAD<br>PRESCOTT AZ 86305 | Tele (928)308-9656<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM134 | ALEXANDER, KAREN<br>3724 NORTH MEADOWLARK DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)848-4908<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| LM114 | FISHER, MELODY S.<br>3770 W YOUNG RD<br>PRESCOTT AZ 86305 | Tele (928)636-5865<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM062 | MATTHEW, PAULA<br>7598 E PALO VERDE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)776-8033<br>Fax: (928)776-4038<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6567 | A SOBER WAY HOME, INC<br>195 PLAZA DRIVE<br>PRESCOTT AZ 86303 | Tele (928)445-3834<br>Fax: (928)445-3649<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6857 | A SOBER WAY HOME, INC.<br>1579 WEST GURLEY STREET, SUITES A, B, C, D, E<br>PRESCOTT AZ 86303 | Tele (928)445-3834<br>Fax: (928)445-3649<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5780 | ALLIANCE IMAGING<br>3262 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)759-5809<br>Fax: (928)759-5928<br>Capacity : Not Applicable | 08/01/2015 to 07/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6880 | BLUEPRINTS THERAPEUTIC SERVICES, LLC<br>550 SOUTH MONTEZUMA STREET, SUITE A<br>PRESCOTT AZ 86303 | Tele (425)295-1010<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7149 | BRIDGES NETWORK WHIPPLE, THE | | | Tele (928)515-2373 | | 05/01/2016 | to | 04/30/2017 |
| | 1040 WHIPPLE STREET, SUITES 323 - 344 | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5874 | CATHOLIC CHARITIES COMMUNITY SERVICES, INC | | | Tele (928)778-2531 | | 01/01/2016 | to | 12/31/2016 |
| | 434 WEST GURLEY STREET | | | Fax: (928)771-9531 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6889 | CCR-OTC LLC | | | Tele (928)671-0161 | | 10/01/2016 | to | 09/30/2017 |
| | 819 WEST GURLEY STREET, UNIT C | | | Fax: (928)771-0383 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7775 | CHAPTER 5 COUNSELING CENTER, LLC | | | Tele (928)541-0692 | | 08/08/2016 | to | 07/31/2017 |
| | 711 WEST GURLEY STREET | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6345 | CHAPTER 5 COUNSELING CENTER, LLC | | | Tele (928)830-1608 | | 03/01/2016 | to | 02/28/2017 |
| | 822 WEST GURLEY STREET | | | Fax: (928)237-9768 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6530 | CHILD & FAMILY SUPPORT SERVICES, INC | | | Tele (928)775-2500 | | 06/01/2016 | to | 05/31/2017 |
| | 8652 EAST EASTRIDGE, SUITE 103 | | | Fax: (928)775-2800 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6262 | CHINO CLINIC | | | Tele (928)445-5211 | | 02/01/2016 | to | 01/31/2017 |
| | 555 WEST ROAD NORTH | | | Fax: (928)776-8031 | | | | |
| | CHINO VALLEY | AZ | 86323 | Capacity : | Not Applicable | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7269 | CHINO VALLEY MEDICAL CENTER | | | Tele (928)453-4600 | | 05/01/2016 | to | 04/30/2017 |
| | 474 NORTH HIGHWAY 89, SUITE B | | | Fax: ( ) - | | | | |
| | CHINO VALLEY | AZ | 86323 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| | CHINO VALLEY MEDICAL CENTER | | | Tele (928)453-4600 | | | to | |
| | 474 NORTH HIGHWAY 89, SUITE B | | | Fax: ( ) - | | | | |
| | CHINO VALLEY | AZ | 86323 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6727 | CLEAN ADVENTURES OF SOBER LIVING, LLC | | | Tele (928)830-6737 | | 09/01/2016 | to | 08/31/2017 |
| | 534 MADISON AVENUE | | | Fax: (928)776-4781 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7346 | COMPASS RECOVERY CENTER, LLC | | | Tele (928)830-6737 | 10/02/2015 to 09/30/2016 |
| | 711 SOUTH GRANITE STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7457 | CORNERSTONE RECOVERY CENTER | | | Tele (928)515-2441 | 12/01/2016 to 11/30/2017 |
| | 655 WEST GURLEY STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5919 | DECISION POINT CENTER, LLC | | | Tele (928)778-4600 | 07/01/2016 to 06/30/2017 |
| | 505 WEST WHIPPLE STREET | | | Fax: (928)778-2221 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7091 | EMBARK RECOVERY, LLC | | | Tele (877)215-2224 | 08/01/2016 to 07/31/2017 |
| | 3727 KARICIO LANE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5038 | EZ SLEEP LAB- CROSSINGS | | | Tele (928)778-2644 | 02/01/2016 to 01/31/2017 |
| | 3777 CROSSINGS DRIVE | | | Fax: (928)708-0505 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4460 | EZ SLEEP LAB-PRESCOTT VALLEY | | | Tele | (602)934-5600 | 09/01/2016 | to | 08/31/2017 |
| | 7900 EAST FLORENTINE ROAD | | | Fax: | (623)934-5603 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6967 | FREEDOM RECOVERY CENTER, L L C | | | Tele | (928)379-0075 | 01/01/2016 | to | 12/31/2016 |
| | 743 MILLER VALLEY ROAD | | | Fax: | (855)818-0931 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4870 | GLASSFORD HILL MIDDLE SCHOOL ROOM 135 | | | Tele | (928)771-5662 | 06/01/2016 | to | 05/31/2017 |
| | 6901 PANTHER PATH ROAD | | | Fax: | (928)771-5249 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC1862 | GOOD SAMARITAN SOCIETY - PRESCOTT VALLEY | | | Tele | (928)775-0045 | 04/01/2016 | to | 03/31/2017 |
| | 3380 NORTH WINDSONG DRIVE | | | Fax: | (928)775-2777 | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC1205 | GOOD SAMARITAN SOCIETY - PRESCOTT VILLAGE | | | Tele | (928)778-2450 | 01/01/2016 | to | 12/31/2016 |
| | 1030 SCOTT DRIVE, SUITE B | | | Fax: | (928)778-5251 | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7208 | GRANITE CREEK HEALTH AND REHABILITATION CENTER<br>1045 SCOTT DRIVE<br>PRESCOTT AZ 86301 | Tele (928)778-9603<br>Fax: (928)778-5909<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5382 | HEART AND VASCULAR CENTER OF NORTHERN ARIZONA-COTTONWOOD<br>294 WEST STATE ROUTE 89A, SUITE 107<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC2134 | LAKE VALLEY ELEMENTARY SCHOOL - ROOM C7<br>3900 STARLIGHT<br>PRESCOTT VALLEY AZ 86314 | Tele (928)771-5662<br>Fax: (928)771-5249<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7200 | LIFE TRANSFORMATION RECOVERY<br>8521 EAST FLORENTINE ROAD, SUITE B<br>PRESCOTT VALLEY AZ 86314 | Tele (928)515-0044<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7415 | LITTLE CLINIC OF ARIZONA, LLC, THE<br>3100 NORTH GLASSFORD HILL ROAD<br>PRESCOTT VALLEY AZ 86314 | Tele (615)425-4228<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/18/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5752 | NEXTCARE URGENT CARE - PRESCOTT | | | Tele (928)443-5103 | 06/01/2016 to 05/31/2017 |
| | 2062 WILLOW CREEK ROAD | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5578 | NEXTCARE URGENT CARE - VERDE VALLEY | | | Tele (928)634-2574 | 10/01/2016 to 09/30/2017 |
| | 450 SOUTH WILLARD STREET, SUITE 120 | | | Fax: (928)634-2841 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6192 | NEXTCARE URGENT CARE- PRESCOTT VALLEY | | | Tele (928)772-3336 | 12/01/2015 to 11/30/2016 |
| | 3051 NORTH WINDSONG DRIVE | | | Fax: (928)772-3363 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5905 | NORTHLAND CARES | | | Tele (928)776-4612 | 03/01/2016 to 02/28/2017 |
| | 3112 CLERWATER DRIVE, SUITE A | | | Fax: (928)771-1767 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7146 | NORTHLAND CARES | | | Tele (928)776-4612 | 05/01/2016 to 04/30/2017 |
| | 10 SOUTH 6TH STREET | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7203 | PRACTICAL DEVELOPMENT, LLC<br>1965 COMMERCE CENTER CIRCLE, SUITE C<br>PRESCOTT AZ 86301 | Tele (928)227-0381<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7711 | PRESCOTT ADDICTION RECOVERY CENTER<br>1630 SHOUP STREET, SUITE B<br>PRESCOTT AZ 86305 | Tele (928)227-2448<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6470 | PRESCOTT HOUSE, INC<br>214 NORTH ARIZONA AVENUE, BUILDING A & B<br>PRESCOTT AZ 86301 | Tele (928)776-8251<br>Fax: (928)771-2024<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6169 | PRESCOTT VALLEY ORS<br>7600 EAST FLORENTINE ROAD, SUITE 101<br>PRESCOTT VALLEY AZ 86314 | Tele (602)257-9339<br>Fax: (602)257-9339<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC7348 | PROMISE RECOVERY CENTER<br>1470 WEST GURLEY STREET<br>PRESCOTT AZ 86305 | Tele (928)776-0195<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6504 | RECOVERY IN THE PINES | | | Tele (928)445-1232 | 06/01/2016 to 05/31/2017 |
| | 919 12TH PLACE, UNIT 13 | | | Fax: (928)441-1528 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6724 | REFLECTIONS RECOVERY CENTER, LLC | | | Tele (928)350-8275 | 08/01/2016 to 07/31/2017 |
| | 957 BLACK DRIVE, SUITE C | | | Fax: (928)441-2621 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC6085 | SEQUELCARE OF ARIZONA, LLC | | | Tele (928)777-3280 | 12/01/2015 to 11/30/2016 |
| | 8603 EAST EASTRIDGE DRIVE, SUITE A | | | Fax: (928)717-1660 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7799 | SILVER SANDS RECOVERY, LLC | | | Tele (928)231-2449 | 08/25/2016 to 07/31/2017 |
| | 3636 CROSSINGS DRIVE, SUITE C | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC4919 | SIMONMED IMAGING - PRESCOTT VALLEY | | | Tele (602)320-3344 | 09/01/2016 to 08/31/2017 |
| | 3033 NORTH WINDSONG DRIVE, SUITE 102 | | | Fax: (928)775-5709 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3887 | SLEEP DISORDERS CENTER OF PRESCOTT VALLEY<br>3259 NORTH WINDSONG DRIVE, SUITE A<br>PRESCOTT VALLEY AZ 86314 | Tele (928)772-6422<br>Fax: (928)772-6425<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7413 | SOUTHWEST BEHAVIORAL HEALTH SERVICES- PRESCOTT VALLEY<br>7600 EAST FLORENTINE ROAD, SUITE 201<br>PRESCOTT VALLEY AZ 86314 | Tele (602)285-4330<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/19/2015 to 10/31/2016<br>Medcaid_Cert: Certified |
| OTC6634 | SOUTHWEST BEHAVIORAL HEALTH SERVICES, INC. - PRESCOTT VALLEY OUTPATIENT<br>7763 EAST FLORENTINE ROAD, SUITES 101-104<br>PRESCOTT VALLEY AZ 86314 | Tele (602)257-9339<br>Fax: (928)775-7099<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC5976 | SPECTRUM HEALTHCARE GROUP, INC<br>8 EAST COTTONWOOD STREET, BUILDING A<br>COTTONWOOD AZ 86326 | Tele (928)634-2236<br>Fax: (928)634-1221<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC6907 | SPECTRUM HEALTHCARE GROUP, INC<br>452 FINNIE FLATS ROAD, OUTPOST MALL, SUITE F<br>CAMP VERDE AZ 86322 | Tele (928)634-2236<br>Fax: (928)634-1221<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5984 | SPECTRUM HEALTHCARE GROUP, INC. | | | Tele (928)634-2236 | | 04/01/2016 | to | 03/31/2017 |
| | 8 EAST COTTONWOOD STREET | | | Fax: (928)634-8960 | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6633 | SPECTRUM HEALTHCARE GROUP, INC. | | | Tele (928)634-2236 | | 06/01/2016 | to | 05/31/2017 |
| | 651 WEST MINGUS AVENUE | | | Fax: (928)634-1221 | | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7503 | SUMMIT BEHAVIORAL HEALTH OF ARIZONA, LLC | | | Tele (928)231-2449 | | 01/12/2016 | to | 12/31/2016 |
| | 637 HILLSIDE AVENUE | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6941 | TAYLOR COUNSELING SERVICES, INC. | | | Tele (928)445-0744 | | 12/01/2015 | to | 11/30/2016 |
| | 1660 WILLOW CREEK ROAD, SUITE A | | | Fax: (928)445-0537 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC2638 | TERRITORIAL ELEMENTARY SCHOOL | | | Tele (928)771-5662 | | 12/01/2015 | to | 11/30/2016 |
| | 1088 MAHAN LANE, ROOM C 31 | | | Fax: (928)771-5249 | | | | |
| | CHINO VALLEY | AZ | 86323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7950 | THUMB BUTTE MEDICAL CENTER | | | Tele (928)445-7085 | | 11/17/2016 | to | 10/31/2017 |
| | 3124 WILLOW CREEK ROAD | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6393 | THUMB BUTTE MEDICAL CENTER PLLC | | | Tele (928)445-7085 | | 04/01/2016 | to | 03/31/2017 |
| | 6496 EAST STATE ROUTE 69 | | | Fax: (928)445-7095 | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC5658 | THUMB BUTTE OUTPATIENT TREATMENT CENTER | | | Tele (928)778-9667 | | 12/01/2016 | to | 11/30/2017 |
| | 864 DOUGHERTY STREET | | | Fax: (928)771-9620 | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7736 | TRUE ACCOUNTABILITY, LLC | | | Tele (800)994-3751 | | 07/01/2016 | to | 06/30/2017 |
| | 637 HILLSIDE AVENUE, SUITE A | | | Fax: (888)940-6818 | | | | |
| | PRESCOTT | AZ | 86301 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7722 | VERDE VALLEY MEDICAL CLINIC - CAMP VERDE | | | Tele (928)773-2378 | | 06/27/2016 | to | 05/31/2017 |
| | 1298 FINNIE FLATS, SUITE 101 | | | Fax: (928)773-2348 | | | | |
| | CAMP VERDE | AZ | 86322 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4991 | VERDE VALLEY MEDICAL CLINIC - COTTONWOOD<br>450 SOUTH WILLARD STREET, SUITE 115<br>COTTONWOOD AZ 86326 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6253 | VERDE VALLEY MEDICAL CLINIC - ENDOCRINOLOGY<br>294 WEST STATE ROUTE 89A, SUITE 114<br>COTTONWOOD AZ 86326 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 06/27/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6519 | VERDE VALLEY MEDICAL CLINIC - GASTROENTEROLOGY<br>294 WEST STATE ROUTE 89A, SUITE 213<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)649-7914<br>Capacity : Not Applicable | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5414 | VERDE VALLEY MEDICAL CLINIC - GENERAL SURGERY<br>199 SOUTH CANDY LANE, SUITE 1A<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6765 | VERDE VALLEY MEDICAL CLINIC - OCCUPATIONAL MEDICINE<br>450 SOUTH WILLARD STREET, SUITE 101<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5452 | VERDE VALLEY MEDICAL CLINIC - ORTHOPEDICS<br>450 SOUTH WILLARD STREET, SUITE 105<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5660 | VERDE VALLEY MEDICAL CLINIC - UROLOGY<br>294 WEST STATE ROUTE 89A, SUITE 208<br>COTTONWOOD AZ 86326 | Tele (928)773-2378<br>Fax: (928)773-2348<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5759 | VERDE VALLEY MEDICAL CLINIC-NEUROLOGY<br>450 SOUTH WILLARD STREET, SUITE 107<br>COTTONWOOD AZ 86326 | Tele (928)773-2357<br>Fax: (928)639-4632<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6571 | WEST YAVAPAI GUIDANCE CLINIC<br>625 HILLSIDE AVENUE<br>PRESCOTT AZ 86301 | Tele (928)899-7343<br>Fax: (928)776-8031<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| OTC6686 | WEST YAVAPAI GUIDANCE CLINIC - CORTEZ CLINIC<br>505 SOUTH CORTEZ STREET<br>PRESCOTT AZ 86303 | Tele (928)445-5211<br>Fax: (928)776-8031<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7607 | WEST YAVAPAI GUIDANCE CLINIC - FLORENTINE CLINIC<br>3075 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)445-5211<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/07/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6714 | WEST YAVAPAI GUIDANCE CLINIC - WINDHAVEN CENTER<br>3347 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)445-5211<br>Fax: (928)776-8031<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6375 | WEST YAVAPAI GUIDANCE CLINIC - WINDSONG CLINIC<br>3345 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)899-7343<br>Fax: (928)776-8031<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC5123 | YAVAPAI COUNTY COMMUNITY HEALTH SERVICES<br>51 BRIAN MICKELSEN PARKWAY<br>COTTONWOOD AZ 86326 | Tele (928)442-5966<br>Fax: (928)639-8179<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6145 | YRMC MOBILE HEALTH CLINIC<br>1003 WILLOW CREEK ROAD<br>PRESCOTT AZ 86301 | Tele (928)771-5662<br>Fax: (928)771-5249<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

Sub-Type : PIONEERS' HOME

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : PIONEERS' HOME

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| D-0000 | ARIZONA PIONEERS' HOME<br>300 SOUTH MCCORMICK STREET<br>PRESCOTT AZ 86303 | Tele (928)445-2181<br>Fax: (928)778-1148<br>Capacity : 64 | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5350 | COMMUNITY HOSPITAL CLINIC-CONGRESS<br>26750 B SOUTH SANTA FE ROAD<br>CONGRESS AZ 85332 | Tele (928)668-1813<br>Fax: (928)668-1844<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-1500 | GOOD SAMARITAN SOCIETY-PRESCOTT VALLEY<br>3380 NORTH WINDSONG DRIVE<br>PRESCOTT VALLEY AZ 86314 | Tele (928)775-0045<br>Fax: (928)775-2752<br>Capacity : 58 | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| NCI-321 | GOOD SAMARITAN SOCIETY-PRESCOTT VILLAGE<br>1030 SCOTT DRIVE<br>PRESCOTT AZ 86301 | Tele (928)778-2450<br>Fax: (928)778-5251<br>Capacity : 58 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-2728 | GRANITE CREEK HEALTH & REHABILITATION CENTER<br>1045 SCOTT DRIVE<br>PRESCOTT AZ 86301 | Tele (928)778-9603<br>Fax: (928)778-5909<br>Capacity : 128 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2699 | HAVEN OF CAMP VERDE | | | Tele | (928)567-5253 | 02/01/2016 | to | 01/31/2017 |
| | 86 WEST SALT MINE ROAD | | | Fax: | (928)567-3794 | | | |
| | CAMP VERDE | AZ | 86322 | Capacity : | 60 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2707 | HAVEN OF COTTONWOOD, LLC | | | Tele | (928)634-5548 | 02/01/2016 | to | 01/31/2017 |
| | 197 SOUTH WILLARD STREET | | | Fax: | (928)639-9602 | | | |
| | COTTONWOOD | AZ | 86326 | Capacity : | 70 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-358 | MOUNTAIN VIEW MANOR | | | Tele | (928)778-4837 | 08/01/2016 | to | 07/31/2017 |
| | 1045 SANDRETTO DRIVE | | | Fax: | (928)445-8311 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 116 | Medcaid_Cert: | | Certified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| NCI-2651 | PRESCOTT NURSING AND REHABILITATION CENTER | | | Tele | (928)778-9667 | 10/01/2016 | to | 11/30/2017 |
| | 864 DOUGHERTY STREET | | | Fax: | (928)771-9620 | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | 64 | Medcaid_Cert: | | Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9498 | BOAZ, ALLIE JANE | | | Tele | (928)000-0000 | 06/17/2015 | to | 06/30/2017 |
| | EMPLOYER NOY SPECIFIED | | | Fax: | ( ) - | | | |
| | PRESCOTT | AZ | 86304 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9094 | BOUTIN, CYNTHIA D. | | | Tele (928)759-4242 | 09/01/2016 to 08/31/2018 |
| | 3900 STARLIGHT DR | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8439 | BRENNECKE, AUBREY L. | | | Tele (928)607-7544 | 07/01/2016 to 06/30/2018 |
| | 2210 E KIMBERLY WAY | | | Fax: ( ) - | |
| | RIMROCK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8181 | BRIMM, COURTNEY A. | | | Tele (928)445-1309 | 02/01/2016 to 01/31/2018 |
| | PESCOTT SPEECH AND LANGUAGE SERVICES INC | | | Fax: (928)445-0914 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6986 | DAY , RHONDA L | | | Tele (928)710-1233 | 11/01/2015 to 10/31/2017 |
| | 101 S AIRPARK RD STE M | | | Fax: (928)776-8709 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10267 | ELLEN LOUISE DEHNERT | | | Tele (928)000-0000 | 09/07/2016 to 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7858 | FIELD THUNBORG, LISA CHARLEEN | | | Tele (928)899-0440 | 07/01/2016 to 06/30/2018 |
| | 422 N LA PAZ ST | | | Fax: (928)277-0790 | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8155 | KHIN, CLAY C | | | Tele (928)567-4631 | 01/01/2016 to 12/31/2017 |
| | 4810 EAST BEAVER CREEK RD | | | Fax: ( ) - | |
| | BEAVER CREEK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7215 | LOHMILLER, MELANIE L | | | Tele (928)000-0000 | 05/01/2016 to 04/30/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9341 | MCANDREW, KATIE Y. | | | Tele (928)607-7544 | 04/01/2015 to 04/30/2017 |
| | P O BOX 449 | | | Fax: ( ) - | |
| | RIMROCK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8248 | MIGLIN, KELLY A. | | | Tele (928)634-7039 | 04/01/2016 to 03/31/2018 |
| | 1500 S MONTE TESORO ST | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9017 | MONGINI FRANKLIN, MELISSA A | | | Tele (928)607-7544 | 08/01/2016 to 07/31/2018 |
| | 2210 E KIMBERYS WAY | | | Fax: ( ) - | |
| | RIMROCK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9767 | NGON, ANNIE M. | | | Tele (928)710-1233 | 03/17/2016 to 03/16/2018 |
| | 101 S AIRPARK ROAD SUITE M | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8611 | PIPER, SHEREE N | | | Tele (928)710-1233 | 11/01/2015 to 10/31/2017 |
| | 101 S AIRPARK SD STE M | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7996 | SHANNON DIANE CAMPBELL | | | Tele (602)000-0000 | 10/01/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6629 | THOMPSON, JACQELINE B. | | | Tele (928)567-4631 | 02/01/2016 to 01/31/2018 |
| | 4810 E BEAVER CREEK RD | | | Fax: (928)576-5347 | |
| | RIMROCK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9835 | WOLF, JENNIFER LYNN | | | Tele (928)000-0000 | | 02/08/2016 | to | 02/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CAMP VERDE | AZ | 86322 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4549 | AAFEDT, ERIN E. | | | Tele (928)759-8800 | | 09/01/2016 | to | 08/31/2018 |
| | 3700 N WINDSONG DR | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1490 | ADLER, RICHARD M. | | | Tele (928)778-4837 | | 04/01/2016 | to | 03/31/2018 |
| | 1045 SANDRETTO DRIVE | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86305 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0645 | ALEXANDER, JAN W. | | | Tele (928)776-1730 | | 04/01/2016 | to | 03/31/2018 |
| | 125 S RUSH ST | | | Fax: ( ) - | | | | |
| | PRESCOTT | AZ | 86303 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0403 | ANDREWS-JAMES, VALERIE A. | | | Tele (928)759-4000 | | 01/01/2016 | to | 12/31/2017 |
| | 6411 N ROBERT RD | | | Fax: ( ) - | | | | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5062 | ASCOLY, JULIA | | | Tele (928)776-9285 | 04/01/2016 to 03/31/2018 |
| | 3105 CLEARWATER DRIVE SUITE B | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8071 | ATTERHOLT, MOLLY J. | | | Tele (928)710-1093 | 11/01/2015 to 10/31/2017 |
| | 901 W 24TH ST | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9663 | BAUER, STEVEN | | | Tele (727)000-0000 | 09/30/2015 to 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1496 | BEEBE, CONSTANZA | | | Tele (928)778-9603 | 08/01/2016 to 07/31/2018 |
| | 1045 SCOTT DRIVE | | | Fax: (928)778-5909 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8101 | BENWARE-HESSE, LISE K. | | | Tele (928)445-2522 | 01/01/2016 to 12/31/2017 |
| | 3107 CLEARWATER DR | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4557 | BINDER, LINDSAY A. | | | Tele (928)000-0000 | 09/01/2016 to 08/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8931 | BOHNSTEDT, MELISSA A. | | | Tele (928)759-8800 | 10/01/2015 to 10/31/2017 |
| | 3700 N WINDSONG DR | | | Fax: (928)775-7804 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7010 | BOURASSA, TERESA A. | | | Tele (928)445-5400 | 11/01/2015 to 10/31/2017 |
| | 146 S GRANITE ST | | | Fax: ( ) - | |
| | GROOM CREEK | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5433 | BOWERS, ANDREW G | | | Tele (928)899-0374 | 09/01/2016 to 08/31/2018 |
| | 422 N LA PAZ ST | | | Fax: ( ) - | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5198 | BOWERS, JENNIFER LYNN | | | Tele (928)899-0440 | 02/01/2016 to 01/31/2018 |
| | PO BOX 655 | | | Fax: ( ) - | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7657 | BRAUN, STEPHANIE H | | | Tele (520)809-1731 | 03/01/2016 to 02/28/2018 |
| | 7970 N LA CANADA | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9852 | BROWN, PATRICIA ANN | | | Tele (406)000-0000 | 02/16/2016 to 02/15/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7498 | CARLSON-WILLETTE, ANN | | | Tele (760)285-2130 | 11/01/2015 to 10/31/2017 |
| | 1716 ALPINE MEADOWS LANE #103 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9450 | CORDOVA, ANNA M. | | | Tele (928)633-4101 | 06/12/2015 to 06/30/2017 |
| | 515 BREEZY CIRCLE/ P O BOX 427 | | | Fax: ( ) - | |
| | BAGDAD | AZ | 86321 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0036 | CRAIN, RENE A. | | | Tele (928)273-3389 | 12/01/2015 to 11/30/2017 |
| | 2325 SKYLINE DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0391 | CRAWFORD- PRICE, ANN D | | | Tele (928)639-2694 | 01/01/2016 to 12/31/2017 |
| | 101 SOUTH AIRPARK ROAD | | | Fax: (928)776-8709 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6952 | DAVIS, SHAYLEE R. | | | Tele (928)639-6383 | 03/01/2016 to 02/28/2018 |
| | 269 S CANDY LANE | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0028 | DELGADO, CRISTINA | | | Tele (928)639-2694 | 05/01/2016 to 04/30/2018 |
| | ACP DEVELOPMENTAL THERAPY INC | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4657 | DINERMAN, STEVEN | | | Tele (928)713-0018 | 08/01/2016 to 07/31/2018 |
| | 1150 COTTONWOOD SPRING DR | | | Fax: (928)713-0018 | |
| | DEWEY | AZ | 86327 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5632 | DINGEE, TERESA M. | | | Tele (928)759-4040 | 11/01/2016 to 10/31/2018 |
| | 6411 S ROBERT RD | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2140 | DREW, ROBERT P. | | | Tele (928)713-7295 | 04/01/2016 to 03/31/2018 |
| | 4850 COMMANCHE TRAIL | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1378 | EDWARDS, LORI A. | | | Tele (928)649-3390 | 12/01/2015 to 11/30/2017 |
| | 948 S THIRD STREET | | | Fax: (815)550-8541 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0136 | FOSS, LISA N. | | | Tele (928)759-4000 | 12/01/2015 to 11/30/2017 |
| | 6411 N ROBERT RD | | | Fax: (928)759-4020 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7577 | FOULK, BARBARA L. | | | Tele (928)717-3276 | 01/01/2016 to 12/31/2017 |
| | 1845 CAMPBELL STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0672 | FRAHER, CYNTHIA C. | | | Tele (928)636-0363 | 02/01/2016 to 01/31/2018 |
| | 1088 E MAHAN LN | | | Fax: ( ) - | |
| | CHINO VALLEY | AZ | 86323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1524 | FRIEDMAN, PAMELA G. | | | Tele (928)639-2694 | 05/01/2016 to 04/30/2018 |
| | 101 SOUTH AIRPARK ROAD | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2107 | GARCIA, KATHERINE R. | | | Tele (928)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6875 | GLICK, SHERI J. | | | Tele (928)717-3249 | 08/01/2016 to 07/31/2018 |
| | 146 S GRANITE ST | | | Fax: (928)639-8428 | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9308 | HAMELBERG, LAUREN ELIZABETH | | | Tele (888)796-3789 | 02/26/2016 to 02/25/2018 |
| | 197 S WILLARD STREET | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7059 | HART, MORIAH J. | | | Tele (928)776-4349 | 09/01/2016 to 08/31/2018 |
| | 3160 STILLWATER DR | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9118 | HERMAN, HILARY M. | | | Tele (928)639-6383 | 08/20/2014 to 08/31/2017 |
| | 269 S CANDY LANE | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10214 | JAMIE ANN GARLICK | | | Tele (801)000-0000 | 08/31/2016 to 08/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CLARKDALE | AZ | 86324 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2190 | JONES, WYLANTA R. | | | Tele (925)759-5167 | 11/01/2015 to 10/31/2017 |
| | 6411 N ROBERT ROAD | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2122 | KELTON, CASSIDY L. | | | Tele (928)776-9285 | 11/01/2015 to 10/31/2017 |
| | 3160 STILLWATER DRIVE | | | Fax: (928)776-7753 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9903 | KIM, JENNIFER S | | | Tele (928)567-5253 | 04/11/2016 to 04/10/2018 |
| | 86 W SALT MINE RD | | | Fax: ( ) - | |
| | CAMP VERDE | AZ | 86322 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2057 | KING, SHEILA F. | | | Tele (928)713-7346 | 07/01/2016 to 06/30/2018 |
| | 4850 COMMANCHE TRAIL | | | Fax: (866)549-1646 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6216 | KIRBY, WENDY M | | | Tele (410)353-6309 | 05/01/2016 to 04/30/2018 |
| | 1003 WILLOW CREEK | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0557 | KOHLBECK, TONI Z. | | | Tele (928)773-0895 | 01/01/2016 to 12/31/2017 |
| | PO BOX 449 | | | Fax: (928)773-0895 | |
| | RIMROCK | AZ | 86335 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2209 | KRANGEL, MINDY S. | | | Tele (928)776-9285 | 03/01/2016 to 02/28/2018 |
| | 3160 STILLWATER DRIVE | | | Fax: (928)776-7753 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4059 | KUHNER, SUSAN M. | | | Tele (928)776-4349 | 05/01/2016 to 04/30/2018 |
| | 3105 CLEARWATER DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6175 | LYONNAIS, JENNIFER P<br>PO BOX 803 16825 E LEPREHAUN RD<br>DEWEY AZ 86327 | Tele (928)592-8757<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP4466 | MCLAUGHLIN, STACY E<br>DBA STACY MCLAUGHLIN, MA, CCC-SLP<br>RIMROCK AZ 86335 | Tele (928)301-5824<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1461 | MURPHY, LUCIA J.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>PRESCOTT AZ 86303 | Tele (928)445-6608<br>Fax: (928)445-6648<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7493 | MURRAY, ROSEMARY LUCINDA<br>3105 CLEARWATER DR<br>PRESCOTT AZ 86305 | Tele (928)776-4349<br>Fax: (928)776-1369<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP1365 | NEBRIG, LORRIE M.<br>930 DIVISION STREET<br>PRESCOTT AZ 86301 | Tele (928)771-5131<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4510 | PAFFUMI, AMANDA A | | | Tele (480)818-0062 | 08/01/2016 to 07/31/2018 |
| | 3900 N STARLIGHT DR | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0044 | POUQUETTE, COLLEEN ROBBINS | | | Tele (928)445-1309 | 01/01/2016 to 12/31/2017 |
| | 812 VALLEY STREET | | | Fax: (928)445-0914 | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5678 | ROBINSON, SUE A. | | | Tele (928)639-6383 | 12/01/2015 to 11/30/2017 |
| | 269 S CANDY LANE | | | Fax: (928)639-6326 | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2021 | ROLLIN, LISA A. | | | Tele (928)759-5131 | 06/01/2016 to 05/31/2018 |
| | 6411 N ROBERT RD | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4087 | ROWELL, JEANNIE M. | | | Tele (480)000-0000 | 06/01/2016 to 05/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: (480)283-7405 | |
| | CAMP VERDE | AZ | 86322 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8431 | SARGE, MELISSA K | | | Tele (928)776-9285 | 01/30/2015 to 01/31/2017 |
| | 3160 STILLWATER DR | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10146 | SCHILLER, COLLEEN MARIE | | | Tele (928)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5821 | SCHWAB, ANN | | | Tele (928)776-4349 | 06/01/2016 to 05/31/2018 |
| | 3105 CLEARWATER # B | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4184 | SCOTT, CATHERINE M. | | | Tele (928)445-1309 | 12/01/2015 to 11/30/2017 |
| | 812 VALLEY STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1724 | SHAE LYNETTE MORRIS | | | Tele (928)442-5754 | 09/01/2016 to 08/31/2018 |
| | 2970 CENTERPOINTE EAST | | | Fax: (928)776-1369 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8850 | SMITH, KELLY S | | | Tele (928)775-7882 | 06/01/2016 to 05/31/2018 |
| | 6700 NORTH WINDSONG DRIVE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5157 | STERTZBACH, JENNIFER B. | | | Tele (928)776-4349 | 08/01/2016 to 07/31/2018 |
| | 3160 STILLWATER DR | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4450 | SWANNER, KIMBERLY A. | | | Tele (928)277-8013 | 05/01/2016 to 04/30/2018 |
| | 502 HILL AVE | | | Fax: (928)443-9029 | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP2058 | TORP, JEFFREY N. | | | Tele (928)759-4000 | 07/01/2016 to 06/30/2018 |
| | 6411 NORTH ROBERT ROAD | | | Fax: (928)759-4030 | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8810 | VAN ROOYEN, JENNIFER M | | | Tele (928)634-7039 | 05/01/2016 to 04/30/2018 |
| | 1 WILLARD AVE | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0368 | VAN ZILE, AMY J | | | Tele (928)970-1068 | 01/01/2016 to 12/31/2017 |
| | 3105 CLEARWATER DRIVE STE B | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4633 | WARSTLER, BAILEY R. | | | Tele (216)000-0000 | 07/02/2015 to 07/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86303 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8573 | WEINZINGER, MARTI JO | | | Tele (928)776-9285 | 03/07/2016 to 03/06/2018 |
| | 3160 STILLWATER DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5066 | WINGARD, JILL A. | | | Tele (928)771-5131 | 06/01/2016 to 05/31/2018 |
| | 930 DIVISION STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8599 | WULFF, MEGAN L. | | | Tele (928)000-0000 | 11/01/2015 to 10/31/2017 |
| | 3700 WINDSONG DR | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4905 | BAIRD, BRITTANY E. | | | Tele (928)445-2322 | 07/20/2016 to 07/19/2018 |
| | 146 S GRANITE STREET | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5792 | DOOD, JILL A. | | | Tele (928)771-3544 | 02/01/2016 to 01/31/2018 |
| | 2970 CENTERPOINTE EAST DRIVE | | | Fax: (928)771-3549 | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9299 | LEONARD, DEBRA G. | | | Tele (928)759-5130 | 03/20/2015 to 03/31/2017 |
| | 6411 N ROBERT RD | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0596 | LINDBERG, SANDRA L. | | | Tele (928)445-2322 | 06/01/2016 to 05/31/2018 |
| | 1050 N RUTH ST | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5761 | MCMANIGAL, JAYNE R. | | | Tele (928)636-2458 | 01/01/2016 to 12/31/2017 |
| | 650 EAST CENTER | | | Fax: ( ) - | |
| | CHINO VALLEY | AZ | 86323 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0571 | PREVAL, GRACE MARY | | | Tele (928)771-3544 | 01/01/2016 to 12/31/2017 |
| | 215 SOUTH MAIN STREET | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL4663 | REISER, SHAUNA L. | | | Tele (623)206-1826 | 06/01/2016 to 05/31/2018 |
| | 2240 DESERT WILLOW DR | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5356 | RODRIGUEZ, CYNTHIA G. | | | Tele (928)427-9850 | 05/01/2016 to 04/30/2018 |
| | 26400 S TENDERFOOT HILL RD | | | Fax: (928)427-9840 | |
| | CONGRESS | AZ | 85332 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5297 | VOSS, STEPHANIE MARIE | | | Tele (928)771-3544 | 04/01/2016 to 03/31/2018 |
| | 2970 CENTER POINT E DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1362 | WINSLOW, NANCY M. | | | Tele (928)771-3544 | 05/01/2016 to 04/30/2018 |
| | 2970 CENTERPOINTE EAST DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : TEMPORARY HEARING AID DISPENSER

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD8605 | KRISTINA ALEXANDRA KLECKNER | | | Tele (928)778-5898 | 10/01/2016 to 09/30/2017 |
| | 1020 S ANDRETTO DRIVE SUITE B | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1868 | LISA DANG ANDREWS | | | Tele (928)776-0340 | 11/18/2016 to 11/17/2017 |
| | 3911 HWY 69 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| THAD9508 | MICHELE MANSELL | | | Tele (928)776-0340 | 06/01/2016 to 06/30/2017 |
| | 3911 HIGHWAY 69 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1868 | TODD EDWARD MCLAREN | | | Tele (928)776-0340 | 11/18/2016 to 11/17/2017 |
| | 3911 HWY 69 | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86301 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10293 | ALLISON ARLENE SEIBEL | | | Tele (928)567-5253 | 09/30/2016 to 09/29/2017 |
| | 86 W SALT MINE ROAD | | | Fax: ( ) - | |
| | CAMP VERDE | AZ | 86322 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP10251 | NICOLE MARIE KNIGHT | | | Tele (928)759-8800 | 09/02/2016 to 09/01/2017 |
| | 3700 N WINGSONG DRIVE | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9798 | PERKINS, MARLA B. | | | Tele (928)776-9285 | 02/05/2016 to 02/04/2017 |
| | 3160 STILLWATER DRIVE | | | Fax: ( ) - | |
| | PRESCOTT | AZ | 86305 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9216 | RUSCH-REVERDIAU, THEA S. | | | Tele (928)759-4000 | 02/01/2016 to 01/31/2017 |
| | 6411 N ROBERT RD | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| TSLP9866 | TRUJILLO, KATHERINE JEAN | | | Tele (928)639-6383 | 03/11/2016 to 03/10/2017 |
| | 269 S CANDY LANE | | | Fax: ( ) - | |
| | COTTONWOOD | AZ | 86326 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : UNCLASSIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| UNC7488 | LA LUNA BIRTH & WOMEN'S CENTER | | | Tele (928)777-8474 | 12/01/2016 to 11/30/2017 |
| | 7598 EAST PALO VERDE STREET, SUITE A & B | | | Fax: ( ) - | |
| | PRESCOTT VALLEY | AZ | 86314 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YAVAPAI Total = 487

Sub-Type : UNCLASSIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC6944 | LA LUNA BIRTH & WOMEN'S CENTER<br>703 SOUTH MAIN STREET, SUITE B 4<br>COTTONWOOD AZ 86326 | Tele (928)634-8680<br>Fax: (888)349-6394<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| UNC5625 | PALLIATIVE CARE SERVICES<br>314 NORTH ALARCON STREET<br>PRESCOTT AZ 86301 | Tele (928)775-2290<br>Fax: (928)775-2123<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

ST/County AZ - YUMA Total = 308

Sub-Type : ADULT DAY HEALTH CARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL3382D | DAYBREAK ADULT DAY HEALTH CARE<br>321 SOUTH 15TH AVENUE<br>YUMA AZ 85364 | Tele (928)783-8316<br>Fax: (928)783-8317<br>Capacity : 51 | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC3889 | ENDOSCOPY CENTER OF YUMA<br>1030 WEST 24TH STREET, SUITE I<br>YUMA AZ 85364 | Tele (615)240-3820<br>Fax: (615)234-1720<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : AMBULATORY SURGICAL CENTER - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | SOUTHWESTERN EYE CENTER<br>2149 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (480)892-8400<br>Fax: (480)833-6246<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OSC5356 | TUSCANY SURGICAL CENTER, LLC<br>2851 SOUTH AVENUE B, SUITE 2801<br>YUMA AZ 85364 | Tele (928)817-8900<br>Fax: (928)817-8907<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |
| OSC6912 | YUMA SURGERY CENTER, LLC<br>275 WEST 28TH STREET, SUITE 2<br>YUMA AZ 85364 | Tele (928)329-5011<br>Fax: (928)345-2950<br>Capacity : 10 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| | YUMA VALLEY AMBULATORY PAIN SERVICES, INC<br>2270 SOUTH RIDGE VIEW DRIVE, SUITE #207<br>YUMA AZ 85364 | Tele (928)783-4640<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Certified |

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL5080C | BEE HIVE HOMES<br>1843 WEST 25TH STREET<br>YUMA AZ 85364 | Tele (928)344-4932<br>Fax: (928)344-0392<br>Capacity : 17 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : ASSISTED LIVING CENTER-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL3212C | BEE HIVE HOMES<br>1839 WEST 25TH STREET<br>YUMA AZ 85364 | Tele (928)317-3086<br>Fax: (928)317-3091<br>Capacity : 13 | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| AL9065C | COPPER PLACE<br>12234 E NORTH FRONTAGE ROAD<br>YUMA AZ 85367 | Tele (928)305-0892<br>Fax: (928)342-1768<br>Capacity : 53 | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| AL7476C | EMERALD SPRINGS RETIREMENT AND ASSISTED LIVING COMMUNITY<br>1475 SOUTH 46TH AVENUE<br>YUMA AZ 85364 | Tele (928)329-7707<br>Fax: (928)329-7717<br>Capacity : 200 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING CENTER-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9904C | VETERANS ASSISTED LIVING OF YUMA<br>2600 SOUTH 4TH AVENUE<br>YUMA AZ 85364 | Tele (928)388-6868<br>Fax: (928)388-6869<br>Capacity : 202 | 03/02/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL9542H | A SPECIAL PLACE CARE HOME<br>4240 WEST 21 LANE<br>YUMA AZ 85364 | Tele (928)276-9836<br>Fax: (928)276-9727<br>Capacity : 6 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4620H | AFFECTIONATE CARE ASSISTED LIVING | | | Tele (928)342-1205 | 02/01/2016 to 01/31/2017 |
| | 11847 SOUTH SANDRA AVENUE | | | Fax: (928)305-6390 | |
| | YUMA | AZ | 85367 | Capacity : 9 | Medcaid_Cert: Not Ceritified |
| AL9708H | DALLA MAE HOME CARE | | | Tele (928)248-4182 | 06/01/2016 to 05/31/2017 |
| | 13690 EAST 55TH DRIVE | | | Fax: (928)366-1671 | |
| | YUMA | AZ | 85367 | Capacity : 5 | Medcaid_Cert: Not Ceritified |
| AL9319H | FOOTHILLS ADULT CARE HOME | | | Tele (928)305-8888 | 04/01/2016 to 03/31/2017 |
| | 12447 SOUTH SANDRA AVENUE | | | Fax: (928)325-0368 | |
| | YUMA | AZ | 85367 | Capacity : 10 | Medcaid_Cert: Not Ceritified |
| AL6096H | GRACE'S PLACE ASSISTED LIVING HOME | | | Tele (928)722-6670 | 09/01/2016 to 08/31/2017 |
| | 447 EAST VILLA STREET | | | Fax: (928)627-1656 | |
| | SAN LUIS | AZ | 85349 | Capacity : 10 | Medcaid_Cert: Certified |
| AL8156H | IRONWOOD ESTATE ASSISTED LIVING | | | Tele (928)305-6270 | 09/01/2016 to 08/31/2017 |
| | 11893 SOUTH IRONWOOD DRIVE | | | Fax: (928)305-6272 | |
| | YUMA | AZ | 85367 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9658H | KINDRED HOMES YUMA LLC | | | Tele (928)726-2522 | 02/01/2016 to 01/31/2017 |
| | 5238 EAST 47TH STREET | | | Fax: (928)726-6343 | |
| | YUMA | AZ | 85365 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL9659H | KINDRED HOMES YUMA LLC | | | Tele (928)317-2857 | 02/01/2016 to 01/31/2017 |
| | 2686 EAST COUNTY 15 1/2 STREET | | | Fax: (928)726-2151 | |
| | YUMA | AZ | 85365 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL8283H | LOS ALAMOS ASSISTED LIVING HOME | | | Tele (928)627-0992 | 01/01/2017 to 12/31/2017 |
| | 2671 EAST EDAIS STREET | | | Fax: (928)627-1656 | |
| | SAN LUIS | AZ | 85349 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL2632H | PARADISE COVE | | | Tele (928)373-0293 | 04/01/2016 to 03/31/2017 |
| | 1526 SOUTH 8TH AVENUE | | | Fax: (928)782-5654 | |
| | YUMA | AZ | 85364 | Capacity : 9 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AL4243H | PARADISE OASIS | | | Tele (928)329-0481 | 03/01/2016 to 02/28/2017 |
| | 8691 SOUTH MOHAVE LANE | | | Fax: (928)782-5654 | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : ASSISTED LIVING HOME-DIRECTED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6854H | SWEET CARE ASSISTED LIVING HOME<br>2211 WEST 18TH PLACE<br>YUMA AZ 85364 | Tele (928)276-9543<br>Fax: (928)259-7009<br>Capacity : 5 | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : ASSISTED LIVING HOME-PERSONAL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AL6391H | SUNNY DAYS<br>2934 WEST 30TH PLACE<br>YUMA AZ 85364 | Tele (928)344-9198<br>Fax: (928)344-9198<br>Capacity : 3 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BEHAVIORAL HEALTH INPATIENT FACILITY - INPT BH SUBACUTE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| IFBH6906 | HORIZON HEALTH AND WELLNESS, INC.<br>3180 EAST 40TH STREET<br>YUMA AZ 85365 | Tele (480)474-5603<br>Fax: (480)671-4541<br>Capacity : 16 | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH3480 | LIGHT HOUSE<br>3250 B EAST 40TH STREET, ROOMS A & C<br>YUMA AZ 85365 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : 24 | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Certified |
| BH4835 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS<br>726 WEST JACKSON STREET<br>SOMERTON AZ 85350 | Tele (928)783-6069<br>Fax: (928)782-0061<br>Capacity : 5 | 03/17/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : BH RESIDENTIAL FACILITY - ADULT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4508 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS<br>2620 SOUTH 16TH DRIVE<br>YUMA AZ 85364 | Tele (928)783-6069<br>Fax: (928)782-0061<br>Capacity : 3 | 02/01/2017 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : BH RESIDENTIAL FACILITY - CHILD

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| BH4848 | ZAREPHATH YUMA HOUSE<br>11680 EAST 36TH STREET<br>YUMA AZ 85367 | Tele (480)518-6826<br>Fax: (480)361-9144<br>Capacity : 8 | 03/28/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-16472 | ADVENTURE KIDS PRESCHOOL L. L. C.<br>1901 SOUTH 7TH AVENUE<br>YUMA AZ 85364 | Tele (928)539-9988<br>Fax: ( ) -<br>Capacity : 59 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-0366 | AZ WESTERN COLLEGE CHILD DEVELOPMENT LEARNING LAB<br>9500 SOUTH AVENUE 8E<br>YUMA AZ 85366 | Tele (928)344-7564<br>Fax: ( ) -<br>Capacity : 88 | 03/01/2014 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15486 | BIENESTAR CHILD DEVELOPMENT CENTER<br>1504 LIBERTY ST<br>SAN LUIS AZ 85349 | Tele (928)627-9342<br>Fax: (928)627-9315<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16423 | BIG RED BARN | | | Tele (928)783-3815 | 02/01/2016 to 01/31/2019 |
| | 2175 SOUTH ARIZONA AVENUE | | | Fax: (928)783-3835 | |
| | YUMA | AZ | 85364 | Capacity : 152 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15673 | BRIGHT BEGINNINGS | | | Tele (928)341-1230 | 01/01/2014 to 12/31/2016 |
| | 7985 E 24TH STREET | | | Fax: (928)341-1053 | |
| | YUMA | AZ | 85365 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17319 | BUBBLES CHILDCARE & PRESCHOOL | | | Tele (928)257-7643 | 08/17/2015 to 07/31/2018 |
| | 1403 SOUTH 5TH AVENUE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 38 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14022 | BUSY BEE'Z PRESCHOOL & CHILD CARE | | | Tele (928)783-4677 | 05/01/2014 to 04/30/2017 |
| | 2375 S AVE A | | | Fax: (928)726-5911 | |
| | YUMA | AZ | 85364 | Capacity : 59 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15353 | C P L C/ E H S BIENSTAR FIRST STEP | | | Tele (928)722-7242 | 06/01/2016 to 05/31/2019 |
| | 690 NORTH 10TH AVENUE | | | Fax: (928)627-0069 | |
| | SAN LUIS | AZ | 85349 | Capacity : 29 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15352 | C P L C/ E H S LAS CASITAS | | | Tele (928)627-4970 | 06/01/2016 to 05/31/2019 |
| | 541 6TH AVENUE | | | Fax: (928)627-8711 | |
| | SAN LUIS | AZ | 85349 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-15351 | C.P.L.C./RANCHO VIEJO - M E H S/RANCHO VIEJO C C P | | | Tele (928)627-4970 | 08/01/2016 to 07/31/2019 |
| | 930 S AVENUE C | | | Fax: (928)627-7168 | |
| | YUMA | AZ | 85364 | Capacity : 42 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17301 | CAPSTONE QUEST ACADEMY | | | Tele (928)919-7203 | 07/13/2015 to 06/30/2018 |
| | 1220 SOUTH 4TH AVENUE | | | Fax: (928)919-7205 | |
| | YUMA | AZ | 85364 | Capacity : 185 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17302 | CAPSTONE QUEST ACADEMY | | | Tele (928)329-1100 | 07/08/2015 to 06/30/2018 |
| | 2098 SOUTH 3RD AVENUE | | | Fax: (928)329-9177 | |
| | YUMA | AZ | 85364 | Capacity : 93 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-11289 | CASA DE NINOS | | | Tele (928)782-7770 | 03/01/2016 to 02/28/2019 |
| | 585 EAST 16TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 99 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-9811 | CHICANOS POR LA CAUSA - ARIZONA MIGRANT & SEAS | | | Tele | (928)627-5701 | 10/01/2014 | to | 09/30/2017 |
| | 649 NORTH 9TH AVENUE | | | Fax: | (928)627-0310 | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 103 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-12247 | CHICANOS POR LA CAUSA - E C D | | | Tele | (928)783-2363 | 12/01/2014 | to | 11/30/2017 |
| | 1875 SOUTH 45TH AVENUE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 170 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-8283 | CHICANOS POR LA CAUSA - SAN LUIS MIGRANT | | | Tele | (928)627-7254 | 08/01/2014 | to | 07/31/2017 |
| | 1770 "D" STREET | | | Fax: | (602)307-9752 | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 100 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6742 | CHICANOS POR LA CAUSA - SAN LUIS MIGRANT H START | | | Tele | (928)627-2037 | 12/01/2014 | to | 11/30/2017 |
| | 1522 EAST C STREET | | | Fax: | (928)627-1234 | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 52 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6741 | CHICANOS POR LA CAUSA - SOMERTON MIGRANT & SEASONA | | | Tele | (928)627-2002 | 12/01/2014 | to | 11/30/2017 |
| | 435 EAST JACOBS | | | Fax: | (602)307-9752 | | | |
| | SOMERTON | AZ | 85350 | Capacity : | 88 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-16369 | CHILDREN'S DAY CARE CENTER | | | Tele (928)276-4862 | 08/01/2015 to 07/31/2018 |
| | 1701 SOUTH AVENUE B SUITE 101-103 | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 82 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-7626 | CORNERSTONE PRESCHOOL | | | Tele (928)782-1995 | 02/01/2014 to 01/31/2017 |
| | 1098 SOUTH 5TH AVENUE | | | Fax: (928)782-3568 | |
| | YUMA | AZ | 85364 | Capacity : 126 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-3186 | DESERT TRAILS LEARNING CENTER | | | Tele (928)329-9109 | 12/01/2014 to 11/30/2017 |
| | 802 WEST 19TH STREET | | | Fax: (928)329-9191 | |
| | YUMA | AZ | 85364 | Capacity : 76 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-10843 | EL CASTILLO DEL NINO | | | Tele (928)366-9447 | 09/01/2015 to 08/31/2018 |
| | 1409 ARDEN AVENUE | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : 16 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-17141 | FIRST CHRISTIAN CHURCH PRESCHOOL | | | Tele (928)726-5616 | 01/21/2015 to 12/31/2017 |
| | 3261 SOUTH AVENUE 6E | | | Fax: (928)726-0613 | |
| | YUMA | AZ | 85365 | Capacity : 40 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5739 | HAND IN HAND CHRISTIAN PRESCHOOL<br>150 WEST 28TH STREET<br>YUMA AZ 85364 | Tele (928)344-2519<br>Fax: (928)343-0033<br>Capacity : 68 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-9645 | HAPPY TRAILS PRESCHOOL DAYCARE<br>11607 SOUTH FORTUNA ROAD<br>YUMA AZ 85367 | Tele (928)345-9199<br>Fax: (928)345-9191<br>Capacity : 208 | 02/01/2014 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15891 | HARVEST PRESCHOOL & CHILD CARE CENTER<br>1793 SOUTH 1ST AVENUE<br>YUMA AZ 85364 | Tele (928)276-4286<br>Fax: (928)783-4543<br>Capacity : 36 | 08/01/2014 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-15306 | HARVEST PRESCHOOL AND CHILDCARE CENTER-SAN LUIS<br>1945 JUAN SANCHEZ BLVD SUITE 5B<br>SAN LUIS AZ 85349 | Tele (928)782-2052<br>Fax: (928)276-9681<br>Capacity : 59 | 03/01/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17157 | IMMACULATE CONCEPTION PRESCHOOL<br>501 SOUTH AVENUE B<br>YUMA AZ 85364 | Tele (928)783-5225<br>Fax: (928)343-0172<br>Capacity : 48 | 07/08/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14047 | JARDIN ANGELICAL | | | Tele (928)783-3318 | 07/01/2015 to 06/30/2018 |
| | 4240 W DAISY ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 38 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-6128 | KELLAND'S KIDDIE COLLEGE | | | Tele (928)344-6274 | 08/01/2014 to 07/31/2017 |
| | 2430 SOUTH 1ST AVENUE | | | Fax: (928)344-3708 | |
| | YUMA | AZ | 85364 | Capacity : 103 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-15644 | KIDS LAND ACADEMY | | | Tele (928)539-7272 | 12/01/2013 to 11/30/2016 |
| | 2600 WEST 24TH STREET | | | Fax: (928)247-9827 | |
| | YUMA | AZ | 85364 | Capacity : 88 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-12109 | PRESCHOOL EXPRESS | | | Tele (928)782-3290 | 07/01/2014 to 06/30/2017 |
| | 2464 W 8TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 85 | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| CDC-17464 | ST. FRANCIS OF ASSISI SCHOOL | | | Tele (928)782-1539 | 05/17/2016 to 04/30/2019 |
| | 700 WEST 18TH STREET | | | Fax: (928)782-0403 | |
| | YUMA | AZ | 85364 | Capacity : 25 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-8819 | THE LEARNING PAD CHRISTIAN PRESCHOOL<br>12716 NORTH FRONTAGE ROAD<br>YUMA AZ 85367 | Tele (928)345-1520<br>Fax: (928)342-8127<br>Capacity : 59 | 10/01/2015 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17544 | THE TREEHOUSE KIDS CLUB<br>1730 SOUTH 4TH AVENUE<br>YUMA AZ 85364 | Tele (928)783-8733<br>Fax: (928)783-8734<br>Capacity : 59 | 03/14/2016 to 02/28/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-10208 | W.A.C.O.G. - 24TH STREET HEAD START<br>183 E 24TH STREET<br>YUMA AZ 85364 | Tele (928)782-1886<br>Fax: ( ) -<br>Capacity : 40 | 09/01/2014 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-5122 | W.A.C.O.G. - CARLISLE HEAD START CENTER<br>241 NORTH CONGRESS AVENUE<br>SOMERTON AZ 85350 | Tele (928)627-3922<br>Fax: ( ) -<br>Capacity : 25 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-14690 | W.A.C.O.G. - CARVER HEAD START CENTER<br>1341 WEST 5TH STREET<br>YUMA AZ 85364 | Tele (928)217-7157<br>Fax: ( ) -<br>Capacity : 89 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-4753 | W.A.C.O.G. - FOOTHILLS HEAD START<br>2950 S AVENUE 10 E<br>YUMA AZ 85365 | Tele (928)305-1652<br>Fax: ( ) -<br>Capacity : 107 | 08/01/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-2092 | W.A.C.O.G. - HEAD START - HELPING HAND<br>384 SOUTH 13TH AVENUE<br>YUMA AZ 85364 | Tele (928)783-4706<br>Fax: ( ) -<br>Capacity : 84 | 10/01/2016 to 09/30/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3834 | W.A.C.O.G. - ORANGE GROVE HEAD START<br>3525 W COUNTY 16TH 1/2 STREET<br>SOMERTON AZ 85350 | Tele (928)627-2601<br>Fax: ( ) -<br>Capacity : 25 | 01/01/2016 to 12/31/2018<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-17734 | W.A.C.O.G. - PECAN GROVE HEAD START<br>600 SOUTH 21ST AVENUE<br>YUMA AZ 85364 | Tele (928)502-8050<br>Fax: ( ) -<br>Capacity : 23 | 09/23/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-3736 | W.A.C.O.G. - RANCHO VIEJO HEAD START<br>930 SOUTH AVENUE C<br>YUMA AZ 85364 | Tele (928)782-3621<br>Fax: ( ) -<br>Capacity : 155 | 11/01/2015 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-2008 | W.A.C.O.G. - SAN LUIS HEAD START | | | Tele | (928)627-3981 | 05/01/2016 | to | 04/30/2019 |
| | 720 WEST JUAN SANCHEZ BLVD | | | Fax: | (928)627-8179 | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 120 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-3804 | W.A.C.O.G. - WELLTON HEAD START | | | Tele | (928)785-4118 | 01/01/2016 | to | 12/31/2018 |
| | 29126 SAN JOSE AVENUE | | | Fax: | ( ) - | | | |
| | WELLTON | AZ | 85356 | Capacity : | 20 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-4596 | W.A.C.O.G. - YUMA EAST HEAD START | | | Tele | (928)783-0473 | 02/01/2015 | to | 01/31/2018 |
| | 840 EAST 22ND STREET | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-5123 | W.A.C.O.G. - YUMA WEST HEAD START CENTER | | | Tele | (928)782-0007 | 08/01/2015 | to | 07/31/2018 |
| | 2505 WEST 20TH STREET | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-15058 | WONDERKIDZ PRESCHOOL | | | Tele | (928)782-7777 | 12/01/2015 | to | 11/30/2018 |
| | 2332 SOUTH ARIZONA AVENUE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 55 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| CDC-14660 | Y CHILD CARE HL SUVERKRUP | | | Tele (928)317-0522 | 05/01/2015 to 04/30/2018 |
| | 1590 AVENUE C | | | Fax: (928)726-5476 | |
| | YUMA | AZ | 85364 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-11707 | Y KIDZ - GARY KNOX | | | Tele (928)317-0522 | 02/01/2014 to 01/31/2017 |
| | 2926 SOUTH 21ST DRIVE | | | Fax: (928)726-5476 | |
| | YUMA | AZ | 85364 | Capacity : 59 | Medcaid_Cert: Not Ceritified |
| CDC-12554 | YOUNG MINDS PRESCHOOL L L C | | | Tele (928)783-4979 | 03/01/2015 to 02/28/2018 |
| | 1881 SOUTH 4TH AVENUE SUITE A | | | Fax: (928)783-5952 | |
| | YUMA | AZ | 85364 | Capacity : 118 | Medcaid_Cert: Not Ceritified |
| CDC-1514 | YUMA LUTHERAN SCHOOL | | | Tele (928)726-8410 | 09/01/2015 to 08/31/2018 |
| | 2555 ENGLER AVENUE | | | Fax: ( ) - | |
| | YUMA | AZ | 85365 | Capacity : 73 | Medcaid_Cert: Not Ceritified |
| CDC-3223 | YUMA PRESCHOOL | | | Tele (928)344-0670 | 08/01/2014 to 07/31/2017 |
| | 870 WEST 32ND STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 85 | Medcaid_Cert: Not Ceritified |

Sub-Type : CHILD CARE PUBLIC SCHOOL

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-11544 | C.S.D.#13 - GREAT BEGINNINGS<br>930 AVENUE C<br>YUMA AZ 85364 | Tele (928)373-3549<br>Fax: (928)373-3959<br>Capacity : 185 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6931 | G.E.S.D. #32 - SAN LUIS PRESCHOOL<br>1055 NORTH MAIN STREET<br>SAN LUIS AZ 85349 | Tele (928)627-6960<br>Fax: ( ) -<br>Capacity : 154 | 07/01/2015 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17312 | S.S.D.#11 - DESERT SONORA ELEMENTARY SCHOOL<br>301 CARLISLE AVENUE<br>SOMERTON AZ 85350 | Tele (928)341-6300<br>Fax: (928)341-6350<br>Capacity : 40 | 08/07/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17311 | S.S.D.#11 - ORANGE GROVE ELEMENTARY SCHOOL<br>3525 W COUNTRY 16 1/2 ST<br>SOMERTON AZ 85350 | Tele (928)341-6200<br>Fax: (928)341-6250<br>Capacity : 54 | 08/04/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-17310 | S.S.D.#11 - TIERRA DEL SOL ELEMENTARY SCHOOL<br>1002 NORTH SOMERTON AVENUE<br>SOMERTON AZ 85350 | Tele (928)341-6400<br>Fax: (928)341-6450<br>Capacity : 59 | 08/07/2015 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| CDC-12461 | S.S.D.#11 - VALLE DEL ENCANTO PRESCHOOL<br>400 N CAESAR CHAVEZ AVENUE<br>SOMERTON AZ 85350 | Tele (928)341-6700<br>Fax: ( ) -<br>Capacity : 130 | 02/01/2016 to 01/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-7903 | Y.E.S.D.#1 - DESERT MESA PRESCHOOL/DISCOVERY CLUB<br>2350 SOUTH AVENUE 7 1/2 E<br>YUMA AZ 85364 | Tele (928)341-9700<br>Fax: (928)783-7807<br>Capacity : 59 | 08/01/2016 to 07/31/2019<br>Medcaid_Cert: Not Ceritified |
| CDC-6479 | Y.E.S.D.#1 - NORTHEND PRESCHOOL<br>600 NORTH 21ST AVENUE<br>YUMA AZ 85364 | Tele (928)782-4351<br>Fax: (928)783-7807<br>Capacity : 136 | 06/01/2015 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |
| CDC-6386 | Y.E.S.D.#1 - OTONDO - DISCOVERY CLUB<br>2251 OTONDO DRIVE<br>YUMA AZ 85364 | Tele (928)210-4074<br>Fax: (928)783-7807<br>Capacity : 59 | 11/01/2014 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| CDC-9561 | Y.E.S.D.#1 - PALMCROFT - DISCOVERY CLUB<br>901 PALMCROFT DRIVE<br>YUMA AZ 85364 | Tele (928)210-4089<br>Fax: (928)783-7807<br>Capacity : 59 | 09/01/2016 to 08/31/2019<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : CHILD CARE PUBLIC SCHOOL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| CDC-6385 | Y.E.S.D.#1 - ROLLE - DISCOVERY CLUB | | | Tele | (928)726-2307 | 10/01/2014 | to | 09/30/2017 |
| | 2711 SOUTH ENGLER AVENUE | | | Fax: | (928)783-7807 | | | |
| | YUMA | AZ | 85364 | Capacity : | 59 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-9145 | ALICIAS DAY CARE | | | Tele | (928)329-8987 | 11/01/2015 | to | 10/31/2018 |
| | 2036 SOUTH 46TH AVENUE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17754 | ARCOIRIS CHILD CARE PRESCHOOL | | | Tele | (928)627-0494 | 10/03/2016 | to | 09/30/2019 |
| | 1944 EAST SAN FRANCISCO STREET | | | Fax: | ( ) - | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-16291 | ERCILIA NEBLINA | | | Tele | (928)782-0380 | 01/01/2016 | to | 12/31/2018 |
| | 4047 WEST 21ST PLACE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-14195 | ESTRELLITA DAY CARE | | | Tele | (928)722-5242 | 10/01/2014 | to | 09/30/2017 |
| | 2038 EAST MENDEZ STREET | | | Fax: | ( ) - | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11862 | FALY'S CHILD CARE | | | Tele (928)783-5539 | 02/01/2014 to 01/31/2017 |
| | 2243 WEST 17TH PLACE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11775 | HAPPY FACE DAY CARE | | | Tele (928)726-9515 | 12/01/2016 to 11/30/2019 |
| | 1739 WEST 26TH DRIVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11610 | HI KIDS CHILDCARE PRE SCHOOL | | | Tele (928)627-0108 | 02/01/2014 to 01/31/2017 |
| | 1456 BABBIT LANE | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-16989 | IRENE'S CHILD CARE | | | Tele (928)344-8531 | 09/16/2014 to 08/31/2017 |
| | 2467 DONNA AVENUE | | | Fax: ( ) - | |
| | YUMA | AZ | 85365 | Capacity : 6 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-13460 | KIDS SPACE | | | Tele (928)343-1685 | 02/01/2014 to 01/31/2017 |
| | 1453 SOUTH PAGENT AVENUE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-11913 | LITTLE STAR CHILD CARE | | | Tele (928)726-0481 | 04/01/2014 to 03/31/2017 |
| | 1733 WEST 26TH DRIVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-14587 | LUZ'S CHILD CARE | | | Tele (928)317-9373 | 03/01/2015 to 02/28/2018 |
| | 4123 W 21ST STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-17761 | LYDIA'S DAYCARE | | | Tele (928)783-5743 | 10/28/2016 to 09/30/2019 |
| | 1702 WEST 1ST STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-10928 | MAGIC RAINBOW | | | Tele (928)329-6369 | 02/01/2016 to 01/31/2019 |
| | 4329 WEST 20TH PLACE | | | Fax: (928)329-6369 | |
| | YUMA | AZ | 85364 | Capacity : 10 | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SGH-15984 | MELINAS CHILD CARE | | | Tele (928)782-9162 | 12/01/2014 to 11/30/2017 |
| | 3179 WEST 27TH LANE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : 5 | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : CHILD CARE SMALL GROUP HOME

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-13508 | SUNSHINE DAYCARE | | | Tele | (928)726-4313 | 08/01/2016 | to | 07/31/2019 |
| | 1719 WEST 25TH STREET | | | Fax: | (928)726-4313 | | | |
| | YUMA | AZ | 85364 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-16033 | TERESA E ELIZARRARAS/ ANGELS PLACE | | | Tele | (928)783-6511 | 11/01/2014 | to | 10/31/2017 |
| | 1436 SOUTH 12TH DRIVE | | | Fax: | (928)783-2335 | | | |
| | YUMA | AZ | 85364 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SGH-17769 | YUMIS DAY CARE | | | Tele | (928)314-0024 | 11/10/2016 | to | 10/31/2019 |
| | 4053 SOUTH BRITTLEBUSH AVENUE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85365 | Capacity : | 10 | Medcaid_Cert: | | Not Ceritified |

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH0876 | ARIZONA MENTOR / DEL SOL | | | Tele | (928)782-3868 | 11/01/2016 | to | 10/31/2018 |
| | 1972 WEST 20TH LANE | | | Fax: | (928)782-3868 | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DDH1818 | ARIZONA MENTOR / LISBON | | | Tele | (928)329-0636 | 11/01/2016 | to | 10/31/2018 |
| | 3789 WEST 26TH PLACE | | | Fax: | (928)329-0636 | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | | Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1939 | ARIZONA MENTOR / NAPLES | | | Tele (928)726-3717 | 11/01/2016 to 10/31/2018 |
| | 4039 SOUTH JOJOBA AVENUE | | | Fax: (928)726-3717 | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1834 | ARIZONA MENTOR / SONORA | | | Tele (928)314-3199 | 11/01/2016 to 10/31/2018 |
| | 3439 WEST 26TH STREET | | | Fax: (928)314-3199 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1746 | ARIZONA MENTOR / WILD ROSE | | | Tele (928)259-7171 | 11/01/2016 to 10/31/2018 |
| | 6263 EAST 42ND STREET | | | Fax: (928)259-7171 | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH1154 | RISE SERVICES INC. / VILLA DEL SOL | | | Tele (928)344-8926 | 03/01/2016 to 02/28/2018 |
| | 3619 WEST 12TH PLACE | | | Fax: (480)497-8387 | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DDH497 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / 22ND STREET | | | Tele (928)329-9864 | 01/01/2016 to 12/31/2017 |
| | 2751 WEST 22ND STREET | | | Fax: (928)782-0061 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH1304 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / 28H PLACE - CASITAS<br>3006 WEST 28TH PLACE<br>YUMA AZ 85364 | Tele (928)726-2414<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2052 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / 2ND STREET<br>1226 WEST 2ND STREET<br>YUMA AZ 85364 | Tele (928)783-9206<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH0902 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / 9TH AVENUE<br>1203 S 9TH AVENUE<br>YUMA AZ 85364 | Tele (928)782-6493<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2358 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / JACKSON STREET<br>636 SOUTH JACKSON STREET<br>SOMERTON AZ 85350 | Tele (928)627-1895<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH0501 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / PALMCROFT<br>1020 PALMCROFT DR<br>YUMA AZ 85364 | Tele (928)726-1045<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH502 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / PALO VERDE<br>301 PALO VERDE<br>YUMA AZ 85364 | Tele (928)341-1615<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH1552 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS / SHARON LANE<br>4717 SHARON LANE<br>SOMERTON AZ 85350 | Tele (928)627-1602<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| DDH2402 | SAGUARO FOUNDATION COMMUNITY LIVING PROGRAMS/ AVENUE B<br>274 N AVENUE B SUITE A<br>SOMERTON AZ 85350 | Tele (928)627-6697<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : DD GROUP HOMES 2 YEAR

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DDH499 | SAGUARO FOUNDATION FOR COMMUNITY LIVING PROGRAMS / MARY AVENUE<br>2783 S MARY AVENUE<br>YUMA AZ 85364 | Tele (928)344-1534<br>Fax: (928)782-0061<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1870 | COX, CHRISTOPHER W.<br>2450 SOUTH 4TH AVE #107<br>YUMA AZ 85364 | Tele (928)344-1556<br>Fax: (928)317-3093<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA1840 | CRITTENDEN, MELINDA<br>3111 SOUTH 4TH AVENUE<br>YUMA AZ 85364 | Tele (928)783-4476<br>Fax: (928)782-6722<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| DA9464 | JIREGNA, MAHALET CANDACE<br>AZ PRACTICE ADDR NOT REGISTERED<br>YUMA AZ 85365 | Tele (913)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/06/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| DA7296 | NELSON, JOHN P<br>2450 S 4TH AVE SUITE 600<br>YUMA AZ 85364 | Tele (928)317-0429<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA7053 | ROBISON, MATTHEW A.<br>2450 S 4TH AVENUE SUITE 600<br>YUMA AZ 85364 | Tele (928)317-0429<br>Fax: (602)771-4837<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : END STAGE RENAL DISEASE FACILITIES - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7045 | SHELLING DIALYSIS, LLC<br>1197 SOUTH REDONDO CENTER DRIVE<br>YUMA AZ 85365 | Tele (928)329-4340<br>Fax: (928)783-5018<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4721 | SOUTH YUMA DIALYSIS<br>7179 EAST 31ST PLACE<br>YUMA AZ 85365 | Tele (928)317-0517<br>Fax: (928)726-9155<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3619 | YUMA DIALYSIS<br>2130 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)783-2365<br>Fax: (928)783-6870<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| | SUNSET COMMUNITY HEALTH CENTER<br>2060 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)344-4216<br>Fax: (928)314-4355<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : FEDERALLY QUALIFIED HEALTH CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4014 | SUNSET COMMUNITY HEALTH CENTER - SAN LUIS<br>815 EAST JUAN SANCHEZ BOULEVARD<br>SAN LUIS AZ 85349 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2017 |
| OTC7637 | SUNSET COMMUNITY HEALTH CENTER, INC.<br>675 SOUTH AVENUE B<br>YUMA AZ 85364 | Tele (928)819-8999<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/24/2016 to 02/28/2017 |
| OTC0814 | SUNSET COMMUNITY HEALTH CENTER, INC.<br>10425 WILLIAMS STREET<br>WELLTON AZ 85356 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 02/01/2017 to 01/31/2018 |
| OTC0046 | SUNSET COMMUNITY HEALTH CENTER-SOMERTON<br>115 NORTH SOMERTON AVENUE<br>SOMERTON AZ 85350 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2017 |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD5887 | ARELLANO, LAURA<br>1462 S PACIFIC AVE<br>YUMA AZ 85365 | Tele (928)343-4099<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 02/01/2016 to 01/31/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1718 | CALVERT, REY C. | | | Tele (928)343-4099 | 06/01/2016 to 05/31/2018 |
| | 1462 S PACIFIC AVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4825 | COGSWELL, SHAWN P. | | | Tele (928)314-4644 | 10/01/2015 to 09/30/2017 |
| | 1355 W 16TH ST STE 8 | | | Fax: (928)314-4894 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADE8757 | GOMEZ, RONALD D | | | Tele (928)726-7046 | 01/27/2015 to 01/31/2017 |
| | 182 E 16TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD532 | GURNEY, RICK | | | Tele (928)342-6000 | 08/01/2016 to 07/31/2018 |
| | 11665 S FORTUNA RD #A | | | Fax: ( ) - | |
| | YUMA | AZ | 85367 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD1586 | HAZLETT, GLENDA J. | | | Tele (928)726-7112 | 08/01/2016 to 07/31/2018 |
| | 550 E 32ND STREET #1 | | | Fax: (928)726-5878 | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD1546 | HEARING AID SPECIALISTS, INC. | | | Tele (520)726-7112 | | 09/01/2016 | to | 08/31/2018 |
| | 550 EAST 32ND STREET SUITE 1 | | | Fax: (928)726-5878 | | | | |
| | YUMA | AZ | 85365 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| BHAD7127 | HEARING LAB TECHNOLOGY, LLC | | | Tele (928)343-4099 | | 05/01/2016 | to | 04/30/2018 |
| | 1462 SOUTH PACIFIC AVE | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85365 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD7609 | KRUEGER, SARA T | | | Tele (928)344-1968 | | 01/01/2016 | to | 12/31/2017 |
| | 1025 W 24TH ST STE 1 | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1355 | SCHAPIRO, BURTON D. | | | Tele (623)726-1046 | | 04/01/2016 | to | 03/31/2018 |
| | 182 EAST 16TH STREET SUITE A | | | Fax: (928)726-2577 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5886 | TIBBLES, MARK D. | | | Tele (928)581-3036 | | 01/01/2016 | to | 12/31/2017 |
| | 11411 S FORTUNA RD STE 200 | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85365 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD1585 | TINA MARIE KISER<br>550 E 32ND STREET SUITE #1<br>YUMA AZ 85365 | Tele (928)726-7112<br>Fax: (928)726-5878<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| BHAD7698 | YUMA HEARING INC<br>1025 W 24TH STREET SUITE 1<br>YUMA AZ 85365 | Tele (928)344-1968<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA6964 | ACACIA HOME HEALTH, INC.<br>250 WEST 24TH STREET, SUITES C AND E<br>YUMA AZ 85364 | Tele (928)726-9163<br>Fax: (928)726-1040<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| HHA4586 | AMEDISYS HOME HEALTH<br>1380 SOUTH CASTLE DOME AVENUE, SUITE 107<br>YUMA AZ 85365 | Tele (928)341-1300<br>Fax: (928)344-1454<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |
| HHA4959 | CARING TOUCH HOME CARE, LLC<br>2692 SOUTH AVENUE B, SUITE 2<br>YUMA AZ 85364 | Tele (928)783-2188<br>Fax: (928)783-2189<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : HOME HEALTH AGENCY - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7766 | EMCOMPASS HOME HEALTH OF THE WEST, LLC<br>2281 WEST 24TH STREET, SUITE 7<br>YUMA AZ 85364 | Tele (928)317-1300<br>Fax: (928)317-1315<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA5479 | VITAL WELLNESS HOME HEALTH<br>2755 SOUTH 4TH AVE, BLDG 3 , SUITE 101<br>YUMA AZ 85364 | Tele (928)782-3365<br>Fax: (928)783-5205<br>Capacity : Not Applicable | 06/02/2015 to 07/31/2016<br>Medcaid_Cert: Certified |

## Sub-Type : HOSPICE - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC5642 | ARIZONA BEST HOSPICE, LLC<br>250 WEST 24TH STREET, SUITE P<br>YUMA AZ 85364 | Tele (928)783-0705<br>Fax: (928)783-4349<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Certified |
| HSPC4172 | HOSPICE COMPASSUS-YUMA<br>1025 WEST 24TH STREET SUITE 15<br>YUMA AZ 85364 | Tele (928)344-6100<br>Fax: (928)317-0311<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| HSPC0003 | HOSPICE OF YUMA<br>1824 SOUTH 8TH AVENUE<br>YUMA AZ 85364 | Tele (928)343-2222<br>Fax: (928)217-2260<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HSPC7676 | DESTINY ROSE HOSPICE | | | Tele (928)920-6086 | | 05/11/2016 | to | 04/30/2017 |
| | 291 SOUTH MAIN STREET SUITE G2 | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - NON-PARTICIPATING

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| FED ONLY | US ARMY HOSPITAL-YUMA | | | Tele (602)333-3333 | | | to | |
| | YUMA PROVING GROUNDS | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - REHABILITATION

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SH3378 | YUMA REHABILITATION HOSPITAL | | | Tele (928)726-5000 | | 02/17/2016 | to | 07/31/2018 |
| | 901 WEST 24TH STREET | | | Fax: (928)726-5001 | | | | |
| | YUMA | AZ | 85364 | Capacity : | 41 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HOSPITAL - SHORT TERM

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| H0097 | YUMA REGIONAL MEDICAL CENTER | | | Tele (928)336-7600 | | 04/01/2016 | to | 03/31/2019 |
| | 2400 SOUTH AVENUE A | | | Fax: (928)336-7337 | | | | |
| | YUMA | AZ | 85364 | Capacity : | 405 | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

# Licensed Facilities

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ST/County AZ - YUMA Total = 308

## Sub-Type : LVL 4 RURAL SUBSTANCE ABUSE TRANSITIONAL

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SABH6424 | FIRST STEP CENTER | | | Tele | (928)783-9362 | 07/01/2016 | to | 06/30/2017 |
| | 944 SOUTH ARIZONA AVENUE, BUILDING 300 | | | Fax: | (928)329-6020 | | | |
| | YUMA | AZ | 85364 | Capacity : | 16 | Medcaid_Cert: | Certified | |

## Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | FOOTHILLS IMAGING CENTER | | | Tele | (928)305-6211 | | to | |
| | 11142 SOUTH SCOTTSDALE DRIVE | | | Fax: | (928)305-2210 | | | |
| | YUMA | AZ | 85367 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | YRMC CANCER CENTER | | | Tele | (928)317-2518 | | to | |
| | 2375 SOUTH RIDGEVIEW DRIVE | | | Fax: | ( ) - | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | YRMC OUTPATIENT CENTER | | | Tele | (928)336-7304 | | to | |
| | 1320 WEST 24TH STREET | | | Fax: | (928)336-7465 | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC | YRMC WOUND CARE CENTER | | | Tele | (928)336-2030 | | to | |
| | 1501 WEST 24TH STREET | | | Fax: | (928)726-0345 | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

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ST/County AZ - YUMA Total = 308

Sub-Type : MED-SINGLE GROUP LICENSURE/OTC

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YUMA REGIONAL MEDICAL CENTER CARDIAC AND PULMONARY REHABILITATION<br>1501 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)336-1015<br>Fax: (928)336-7103<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YUMA REGIONAL MEDICAL CENTER CENTER FOR BONE AND JOINT HEALTH<br>1501 WEST 24TH STREET, SUITE C<br>YUMA AZ 85364 | Tele (928)336-7054<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YUMA REGIONAL MEDICAL CENTER DIAGNOSTIC-WOMEN'S HEALTH SPECIALIST<br>2911 SOUTH 8TH AVENUE<br>YUMA AZ 85364 | Tele (928)336-2080<br>Fax: (928)726-0345<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YUMA REGIONAL MEDICAL CENTER OUTPATIENT DIAGNOSTIC IMAGING<br>1501 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)336-7375<br>Fax: (928)336-7337<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OSC | YUMA REGIONAL MEDICAL CENTER OUTPATIENT SURGERY CENTER<br>1501 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)336-2800<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

**Sub-Type : MED-SINGLE GROUP LICENSURE/OTC**

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC | YUMA REGIONAL MEDICAL CENTER TRANSISTIONAL CARE SERVICES | Tele (928)336-2165 | to |
| | 2451 SOUTH AVENUE A SUITE 104 | Fax: ( ) - | |
| | YUMA AZ 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

**Sub-Type : OUTPATIENT TREATMENT CENTER**

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC4675 | 5-MINUTE WALK - IN CLINIC | Tele (928)627-4825 | 08/01/2016 to 07/31/2017 |
| | 1962 EAST JUAN SANCHEZ BOULEVARD, SUITE C-2 | Fax: (928)627-9105 | |
| | SAN LUIS AZ 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6318 | ACHIEVE HUMAN SERVICES, INC. | Tele (928)341-0335 | 06/01/2016 to 05/31/2017 |
| | 3220 EAST 40TH STREET | Fax: (928)329-8950 | |
| | YUMA AZ 85365 | Capacity : Not Applicable | Medcaid_Cert: Certified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6843 | ANEWAY COUNSELING | Tele (928)783-1505 | 11/01/2015 to 10/31/2016 |
| | 3795 WEST 22ND LANE, SUITE 14 | Fax: (928)783-1038 | |
| | YUMA AZ 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7691 | ARIZONA COUNSELING & TREATMENT SERVICES | Tele (928)919-2373 | 05/27/2016 to 04/30/2017 |
| | 10318 WILLIAM STREET | Fax: (927)783-9262 | |
| | WELLTON AZ 85356 | Capacity : Not Applicable | Medcaid_Cert: Certified |

# Licensed Facilities

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7690 | ARIZONA COUNSELING & TREATMENT SERVICES<br>2545 SOUTH ARIZONA AVENUE, BUILDINGS A - D<br>YUMA AZ 85364 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC7695 | ARIZONA COUNSELING & TREATMENT SERVICES<br>679 NORTH FIRST AVENUE, SUITE E<br>SAN LUIS AZ 85349 | Tele (928)376-0220<br>Fax: (928)783-9262<br>Capacity : Not Applicable | 05/27/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| OTC6420 | ARIZONA'S CHILDREN ASSOCIATION<br>3780 SOUTH 4TH AVENUE, SUITE J & K<br>YUMA AZ 85365 | Tele (602)234-3733<br>Fax: (602)234-1252<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC7656 | BANNER UNIVERSITY - DIAMOND CHILDREN'S PEDIATRIC CARDIOLOGY - YUMA SPECIALTY<br>2851 SOUTH AVENUE B, BUILDING 20, SUITE 2001<br>YUMA AZ 85364 | Tele (520)694-5437<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/11/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6081 | CATHOLIC COMMUNITY SERVICES IN WESTERN ARIZONA<br>690 EAST 32ND STREET<br>YUMA AZ 85365 | Tele (928)341-9400<br>Fax: (928)726-4400<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |

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Thursday, December 01, 2016

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6002 | COMMUNITY BRIDGES, INC - YUMA OUTPATIENT SERVICES CENTER<br>3250 EAST 40TH STREET, SUITE C<br>YUMA AZ 85365 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Certified |
| OTC6468 | COMMUNITY HEALTH ASSOCIATES<br>2851 SOUTH AVENUE B, BUILDING 29 A, SUITE 2902<br>YUMA AZ 85364 | Tele (928)376-0026<br>Fax: (928)782-2298<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC6600 | COMMUNITY HEALTH ASSOCIATES - SAN LUIS<br>1938 EAST JUAN SANCHEZ BOULEVARD, SUITE 4<br>SAN LUIS AZ 85349 | Tele (928)376-0026<br>Fax: (928)728-2298<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC6458 | COMMUNITY HEALTH ASSOCIATES - YUMA<br>2851 SOUTH AVENUE B, BLDG 4A & 4B, STE 1101 & 1102<br>YUMA AZ 85364 | Tele (928)376-0026<br>Fax: (928)782-2298<br>Capacity : Not Applicable | 06/01/2016 to 05/31/2017<br>Medcaid_Cert: Certified |
| OTC7579 | FAMILY BEHAVIORAL INTEGRATED SERVICES<br>1130 EAST MAIN STREET<br>SOMERTON AZ 85350 | Tele (928)627-9222<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/19/2016 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

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ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7777 | HELPING ASSOCIATES, INC.<br>3250-A EAST 40TH STREET<br>YUMA AZ 85365 | Tele (520)836-1029<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/09/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC7052 | HELPING OURSELVES PURSUE ENRICHMENT INC<br>201 SOUTH 1ST AVENUE<br>YUMA AZ 85364 | Tele (520)770-1197<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6214 | HORIZON HEALTH AND WELLNESS, INC<br>3180 E 40TH STREET<br>YUMA AZ 85365 | Tele (480)983-0065<br>Fax: (480)671-4541<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC6212 | HORIZON HEALTH AND WELLNESS, INC.<br>791 SOUTH 4TH AVENUE, SUITE A<br>YUMA AZ 85364 | Tele (480)474-5603<br>Fax: (520)421-2708<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Certified |
| OTC6660 | HORIZON HEALTH AND WELLNESS, INC.<br>791 SOUTH 4TH AVENUE, SUITE B<br>YUMA AZ 85364 | Tele (480)474-5603<br>Fax: (520)421-2708<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |

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Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC6194 | LARA AND ASSOCIATES, PLLC COUNSELING AGENCY<br>220 EAST 16TH STREET, SUITE D<br>YUMA AZ 85364 | Tele (928)782-2800<br>Fax: (928)782-9600<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6332 | LIGHTHOUSE<br>3250 B EAST 40TH STREET, ROOM B<br>YUMA AZ 85365 | Tele (480)831-7566<br>Fax: (480)831-7563<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Certified |
| OTC6222 | MENTALLY ILL KIDS IN DISTRESS ( M I K I D )<br>3780 SOUTH 4TH AVENUE, SUITE 3B<br>YUMA AZ 85365 | Tele (602)253-1240<br>Fax: (602)840-3409<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7443 | NORTHSIDE MEDICAL CLINIC- NORTHSIDE<br>1394 WEST 16TH STREET<br>YUMA AZ 85364 | Tele (480)776-1630<br>Fax: (902)539-0053<br>Capacity : Not Applicable | 12/01/2016 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5360 | PALM VIEW REHABILITATION AND CARE CENTER<br>2222 SOUTH AVENUE A<br>YUMA AZ 85364 | Tele (928)783-8831<br>Fax: (928)782-5370<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |

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ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC6975 | PATHWAYS OF ARIZONA, INC. | | | Tele (520)748-7108 | | 12/01/2015 | to | 11/30/2016 |
| | 3818 WEST 16TH STREET | | | Fax: (520)748-1458 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Certified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC7659 | PHOENIX CHILDREN'S HOSPITAL SPECIALTY CARE - YUMA | | | Tele (928)336-1303 | | 04/11/2016 | to | 03/31/2017 |
| | 2851 SOUTH AVENUE B, BULIDING 20, SUITE 2001 | | | Fax: (928)336-1305 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC4451 | PINNACLE HEALTHCARE | | | Tele (928)341-4544 | | 08/01/2016 | to | 07/31/2017 |
| | 4343 EAST 31ST PLACE | | | Fax: (928)341-4514 | | | | |
| | YUMA | AZ | 85365 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC1175 | PRIMECARE CENTRAL | | | Tele (928)343-0488 | | 11/01/2016 | to | 10/31/2017 |
| | 284 WEST 32ND STREET, SUITE 436 | | | Fax: (928)782-0401 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| OTC3676 | PRIMECARE FOOTHILLS | | | Tele (928)343-0488 | | 02/01/2016 | to | 01/31/2017 |
| | 11142 SOUTH SCOTTSDALE DRIVE | | | Fax: (928)782-0401 | | | | |
| | YUMA | AZ | 85367 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3678 | PRIMECARE VALLEY | | | Tele (928)343-0488 | 02/01/2016 to 01/31/2017 |
| | 2377 SOUTH 22ND DRIVE | | | Fax: (928)782-0401 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7702 | PURE IMAGE ULTRASOUND | | | Tele (928)276-4917 | 05/26/2016 to 04/30/2017 |
| | 2281 WEST 24TH STREET, SUITE #5 | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC7730 | SAN LUIS URGENT CARE | | | Tele (928)550-5514 | 06/21/2016 to 05/31/2017 |
| | 1233 NORTH MAIN STREET, SUITE 1 | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC3905 | SAN LUIS WALK-IN CLINIC, INC. - MOBILE CLINIC | | | Tele (928)722-6112 | 08/01/2016 to 07/31/2017 |
| | 1896 EAST BABBIT LANE | | | Fax: (928)722-6113 | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| OTC5044 | SCHC SCHOOL HEALTH PROGRAM - PECAN GROVE | | | Tele (928)819-8999 | 04/01/2016 to 03/31/2017 |
| | 600 SOUTH 21ST AVENUE | | | Fax: (928)539-5579 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC5046 | SCHC SCHOOL HEALTH PROGRAM - RANCHO VIEJO<br>930 SOUTH AVENUE C<br>YUMA AZ 85364 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5045 | SCHC SCHOOL HEALTH PROGRAM MOBILE UNIT<br>2060 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5528 | SCHC SCHOOL HEALTH PROGRAM-SOMERTON SCHOOL BASE CLINIC<br>1011 NORTH SOMERTON AVENUE, ROOM 907<br>SOMERTON AZ 85350 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7877 | SOUTH COUNTY DIAGNOSTIC SERVICES, LLC<br>1233 NORTH MAIN STREET, SUITE 1B<br>SAN LUIS AZ 85349 | Tele (928)550-5103<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/24/2016 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4965 | SOUTHWEST ONCOLOGY CENTERS-YUMA, LLC<br>1951 WEST 25TH STREET, SUITE F<br>YUMA AZ 85364 | Tele (818)879-9600<br>Fax: (818)879-9607<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7008 | SOUTHWEST PET/CT INSTITUTE<br>1320 W 24TH STREET<br>YUMA AZ 85364 | Tele (818)879-9600<br>Fax: (818)879-9607<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC7539 | STI PHYSICAL THERAPY AND REHABILITATION - FOOTHILLS<br>11361 SOUTH FOOTHILLS BOULEVARD ROAD, SUITE 2<br>YUMA AZ 85367 | Tele (602)547-1836<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/20/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |
| OTC5793 | STI PHYSICAL THERAPY AND REHABILITATION - YUMA<br>3970 WEST 24TH STREET, SUITE 108<br>YUMA AZ 85364 | Tele (928)783-0555<br>Fax: (602)547-0508<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC3908 | SUNSET COMMUNITY HEALTH CENTER, INC.<br>2060 WEST 24TH STREET<br>YUMA AZ 85364 | Tele (928)819-8999<br>Fax: (928)539-5579<br>Capacity : Not Applicable | 01/01/2017 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6996 | TELECARE YUMA ACT<br>1595 SOUTH 1ST AVENUE<br>YUMA AZ 85364 | Tele (928)329-5855<br>Fax: (510)217-9632<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC0285 | YUMA COUNTY PUBLIC HEALTH SERVICES DISTRICT<br>2200 WEST 28TH STREET, SUITE 137<br>YUMA AZ 85364 | Tele (928)317-4550<br>Fax: (928)317-4620<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5671 | YUMA FREE CLINIC, INC<br>2451 SOUTH AVENUE A, SUITE F-101, D102<br>YUMA AZ 85364 | Tele (928)246-8516<br>Fax: ( ) -<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |
| OTC7616 | YUMA REGIONAL MEDICAL CENTER CARDIOVASCULAR AND THORACIC SURGERY CLINIC<br>1501 WEST 24TH STREET, SUITE 202<br>YUMA AZ 85364 | Tele (928)336-1675<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/18/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC5751 | YUMA REGIONAL MEDICAL CENTER FAMILY MEDICINE CENTER<br>2851 SOUTH AVENUE B, BUILDING 25<br>YUMA AZ 85364 | Tele (928)336-7275<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |
| OTC7453 | YUMA REGIONAL MEDICAL CENTER OPHTHALMOLOGY<br>2270 SOUTH RIDGEVIEW DRIVE, SUITE #303<br>YUMA AZ 85364 | Tele (928)336-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/07/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : OUTPATIENT TREATMENT CENTER

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC7040 | YUMA REGIONAL MEDICAL CENTER PEDIATRICS<br>2270 RIDGEVIEW DRIVE, SUITE 201<br>YUMA AZ 85364 | Tele (928)336-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Not Ceritified |
| OTC6931 | YUMA REGIONAL MEDICAL CENTER SPECIALTY CLINICS<br>2851 SOUTH AVENUE B, BUILIDNG 20<br>YUMA AZ 85364 | Tele (928)336-2434<br>Fax: (928)336-2435<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2017<br>Medcaid_Cert: Certified |
| OTC7267 | YUMA REGIONAL MEDICAL CENTER WOMEN'S HEALTH - SAN LUIS<br>845 B STREET<br>SAN LUIS AZ 85349 | Tele (928)336-7600<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |
| OTC4519 | YUMA SLEEP ASSOCIATES, LLC<br>2299 SOUTH ELKS LANE<br>YUMA AZ 85364 | Tele (928)344-0810<br>Fax: (928)726-4186<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2016<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : PORTABLE X-RAY SUPPLIERS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NONE | SIMPLY MOBILE XRAY<br>3661 WEST 12TH LANE<br>YUMA AZ 85364 | Tele (928)261-6379<br>Fax: (928)276-4834<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : RURAL HEALTH CLINICS - MEDICARE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| OTC3530 | SAN LUIS WALK-IN CLINIC - FAMILY & ADULT CENTER<br>1896 EAST BABBIT LANE<br>SAN LUIS AZ 85349 | Tele (928)722-6112<br>Fax: (928)722-6113<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |
| OTC3969 | SAN LUIS WALK-IN CLINIC, INC.-URGENT CARE & FAMILY CENTER<br>214 WEST MAIN STREET<br>SOMERTON AZ 85350 | Tele (928)627-1120<br>Fax: (928)627-8315<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2017<br>Medcaid_Cert: Certified |

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| NCI-2719 | HAVEN OF YUMA<br>2470 SOUTH ARIZONA AVENUE<br>YUMA AZ 85364 | Tele (928)344-8541<br>Fax: (928)344-0823<br>Capacity : 120 | 11/01/2016 to 10/31/2017<br>Medcaid_Cert: Certified |
| NCI-391 | LIFE CARE CENTER OF YUMA<br>2450 SOUTH 19TH AVENUE<br>YUMA AZ 85364 | Tele (928)344-0425<br>Fax: (928)344-4526<br>Capacity : 128 | 05/01/2016 to 04/30/2017<br>Medcaid_Cert: Certified |
| NCI-253 | PALM VIEW REHABILITATION & CARE<br>2222 SOUTH AVENUE A<br>YUMA AZ 85364 | Tele (928)783-8831<br>Fax: (928)329-0149<br>Capacity : 143 | 03/01/2016 to 02/28/2017<br>Medcaid_Cert: Certified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : SKILLED NURSING FACILITY/NURSING FACILITY DUAL CERTIFIED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| NCI-365 | YUMA NURSING CENTER | | | Tele (928)726-6700 | 10/01/2016 to 09/30/2017 |
| | 1850 WEST 25TH STREET | | | Fax: (928)344-1413 | |
| | YUMA | AZ | 85364 | Capacity : 120 | Medcaid_Cert: Certified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6730 | ACERO, MANUELA N. | | | Tele (928)210-2339 | 11/01/2015 to 10/31/2017 |
| | 3802 W 16 ST | | | Fax: (928)726-9058 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8004 | ALVIDREZ, KIMBERLY | | | Tele (928)782-2052 | 09/01/2016 to 08/31/2018 |
| | 4525 S COLLEGE AVE | | | Fax: (928)783-5642 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA6729 | ANDREA JEAN AUZA | | | Tele (928)210-2339 | 09/13/2016 to 09/12/2018 |
| | 3802 W 16TH STREET | | | Fax: (928)276-3825 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9712 | ANGULO, MAYTE | | | Tele (928)000-0000 | 11/02/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7469 | ARMSTRONG-SARNES, MARLEE E | | | Tele (928)502-7700 | 09/01/2016 to 08/31/2018 |
| | 2345 ARIZONA AVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10148 | ESCOBAR, SARA | | | Tele (928)502-4600 | 07/29/2016 to 07/28/2018 |
| | 3150 S AVENUE A | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9569 | FERNANDEZ, DORINA | | | Tele (928)000-0000 | 07/22/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8805 | FORD-HARRIS DEUNDREA M | | | Tele (800)000-0000 | 06/01/2016 to 05/31/2018 |
| | 1802 W PARKSIDE LN | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7255 | GERMAINE, CORY A.J. | | | Tele (480)662-1049 | 06/01/2016 to 05/31/2018 |
| | 6273 E 45TH PL | | | Fax: ( ) - | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9797 | GONZALEZ, EVELYN | | | Tele (928)000-0000 | 01/11/2016 to 01/10/2018 |
| | AZ PRACTICCE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9795 | GONZALEZ, PATRICIA | | | Tele (928)000-0000 | 02/04/2016 to 02/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8565 | KATYA GUADALUPE MADRID | | | Tele (928)341-6040 | 10/01/2016 to 09/30/2018 |
| | 343 NORTH CARLISLE AVE | | | Fax: (928)341-6099 | |
| | SOMERTON | AZ | 85350 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA8559 | LISA JOY NICKLE | | | Tele (928)502-4300 | 10/01/2016 to 09/30/2018 |
| | 1450 W 6TH STREET | | | Fax: (928)502-8289 | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA7547 | LOMELI, GRECIA C. | | | Tele (928)373-3400 | 04/01/2016 to 03/31/2018 |
| | 4250 W 16TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9533 | LOVELL, JENNIFER A. | | | Tele (928)000-0000 | | 07/29/2015 | to | 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9242 | MARQUEZ, ALEJANDRA | | | Tele (928)373-3400 | | 01/13/2015 | to | 01/31/2017 |
| | 4250 W 16TH STREET | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA8891 | MARTINEZ, ANDREA M | | | Tele (928)502-8500 | | 06/01/2016 | to | 05/31/2018 |
| | 450 W 6TH STREET | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9552 | MORALES VILLEGAS, ROSARIO A. | | | Tele (928)000-0000 | | 07/22/2015 | to | 07/31/2017 |
| | AZ PRACTIVE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA7017 | PEDRO, IMELDA M. | | | Tele (928)210-2339 | | 12/01/2015 | to | 11/30/2017 |
| | 3802 W 16TH STREET | | | Fax: (928)726-9058 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA10012 | SILVA, BRYANDA<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAN LUIS AZ 85349 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/19/2016 to 05/18/2018<br>Medcaid_Cert: Not Ceritified |
| SLPA8738 | WILLIS, ALMA A<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAN LUIS AZ 85349 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8515 | ANDREA MARIE GARDENHIRE<br>211 E 26TH PL<br>YUMA AZ 85364 | Tele (928)343-2521<br>Fax: (928)343-2582<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7055 | ARNOLD, KATHRYN E.<br>340 W 32ND SUITE 329<br>YUMA AZ 85364 | Tele (615)975-3104<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP4051 | ATCHLEY, CORINNA D.<br>1380 S CASTLE DOME AVE SUITE 107<br>YUMA AZ 85364 | Tele (928)341-1300<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6551 | AVERETT, APRIL R. | | | Tele (928)502-4300 | 07/30/2015 to 07/31/2017 |
| | 450 W 6TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5885 | BOARDMAN, ROSANNA M. | | | Tele (928)373-3530 | 06/01/2016 to 05/31/2018 |
| | 4250 WEST 16TH PLACE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9315 | BUSTON, ASHLEY A. | | | Tele (813)000-0000 | 03/11/2015 to 03/31/2017 |
| | 901 W 24TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6890 | BUTCHER, ALYSON D. | | | Tele (928)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7046 | CASTILLO, CRISTINA C. | | | Tele (928)210-2339 | 04/01/2016 to 03/31/2018 |
| | 4250 W 16TH ST | | | Fax: (928)726-9058 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0038 | DEFRANCO, SHARON A. | | | Tele (928)342-6771 | 12/01/2015 to 11/30/2017 |
| | EMPLOYEE ADDRESS NOT SPECIFIED | | | Fax: (928)342-6771 | |
| | YUMA | AZ | 85367 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1323 | DIDIO, REBECCA L. | | | Tele (928)388-8321 | 04/01/2016 to 03/31/2018 |
| | 2222 SOUTH AVENUE A | | | Fax: (928)783-3597 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8001 | ESPINOZA, ROCHELLE N. | | | Tele (928)373-3451 | 03/01/2016 to 02/28/2018 |
| | 4250 W 16TH STREET | | | Fax: (928)373-3498 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7061 | FELIX, EDITH | | | Tele (928)783-8831 | 07/01/2016 to 06/30/2018 |
| | 2222 SOUTH AVENUE A | | | Fax: (928)783-1007 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0892 | GARREN, AMY | | | Tele (928)210-2339 | 05/01/2016 to 04/30/2018 |
| | 3802 W 16TH STREET | | | Fax: (928)276-3825 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP0412 | GATES-BREEN, JENNIFER J.<br>2281 WEST 24TH STREET SUITE 10<br>YUMA AZ 85364 | Tele (928)336-7039<br>Fax: (928)336-7473<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLP10130 | GEERTSEMA, JULIA DISHAROON<br>AZ PRACTICE ADDR NOT REGISTERED<br>YUMA AZ 85365 | Tele (228)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7097 | HAYMON, JESSICA L.<br>ARIZONA PRACTICE ADDRESS NOT REGISTERED<br>YUMA AZ 85364 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9731 | JOANNA MEIYEE WONG<br>2281 W 24TH STREET SUITE 10<br>YUMA AZ 85364 | Tele (928)344-1656<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/12/2016 to 10/11/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7098 | JOHNSON, BROOKE LEE<br>3150 SOUTH AVENUE A<br>YUMA AZ 85364 | Tele (928)502-4600<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/21/2016 to 01/20/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8279 | KULKA, TAMI J. | | | Tele (928)341-6041 | | 07/30/2015 | to | 07/31/2017 |
| | 215 N CARLISE AVE | | | Fax: ( ) - | | | | |
| | SOMERTON | AZ | 85350 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7389 | LUCERO, ANNE R. | | | Tele (928)341-6000 | | 02/01/2016 | to | 01/31/2018 |
| | 215 N CARLISLE AVE | | | Fax: (928)341-6099 | | | | |
| | SOMERTON | AZ | 85350 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7322 | MARIA DEL CARMEN CORRAL | | | Tele (928)373-3400 | | 09/28/2016 | to | 09/27/2018 |
| | 4250 W 16TH ST | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9096 | MARTIN, ELIZABETH T. | | | Tele (928)502-6753 | | 07/15/2015 | to | 07/31/2017 |
| | 221 E 26TH PLACE | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8633 | MAYEFSKY, SARAH | | | Tele (928)726-5000 | | 03/20/2015 | to | 03/31/2017 |
| | YUMA REHABILITATION HOSPITAL | | | Fax: (928)344-3614 | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8527 | MCCAVE, SARAH A. | | | Tele (719)581-9694 | 09/01/2016 to 08/31/2018 |
| | ARIZONA PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | YUMA | AZ | 85367 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP5801 | MORENO, ALEXIS PILAR | | | Tele (928)210-2339 | 11/01/2015 to 10/31/2017 |
| | 3802 W 16TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85365 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP6598 | NELSON, KALIN E. | | | Tele (928)373-3400 | 11/01/2015 to 10/31/2017 |
| | 4250 W 16TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP10155 | NERI, NATALIE ANN | | | Tele (928)726-5000 | 07/14/2016 to 07/13/2018 |
| | 901 W 24TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| SLP8503 | PORCHAS, DALILA M | | | Tele (928)722-7064 | 08/01/2016 to 07/31/2018 |
| | 1453 N MAIN STREET | | | Fax: ( ) - | |
| | SAN LUIS | AZ | 85349 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8000 | PRAY, KRISTIE L. | | | Tele (928)373-3400 | 03/01/2016 to 02/28/2018 |
| | 4250 W 16TH ST | | | Fax: (928)782-6831 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7239 | RICHARDSON, NATHAN | | | Tele (801)455-9231 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7914 | ROSALES-TERRAZAS, ROCIO | | | Tele (915)345-9700 | 08/01/2016 to 07/31/2018 |
| | 3526 W 27TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8288 | STRAIT-GILG, GRACIE M. | | | Tele (928)783-4003 | 07/01/2016 to 06/30/2018 |
| | 201 S 3RD AVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0388 | TRUETT, CAROL PIERCE | | | Tele (928)785-3311 | 01/01/2016 to 12/31/2017 |
| | PO BOX 517 | | | Fax: ( ) - | |
| | WELLTON | AZ | 85356 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6108 | VARKEY, BINY M. | | | Tele (928)344-0425 | 02/01/2016 to 01/31/2018 |
| | 2450 SOUTH 19TH AVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6905 | VASQUEZ - MCCALL, VANESSA | | | Tele (928)341-6700 | 07/01/2016 to 06/30/2018 |
| | 215 N CARSLILE AVE | | | Fax: ( ) - | |
| | SOMERTON | AZ | 85350 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9124 | WISHIEWSKI, LAUREN M. | | | Tele (928)336-7039 | 07/23/2015 to 07/31/2017 |
| | 2281 W 24TH ST STE 10 | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9363 | BARNICLE, ALANA L. | | | Tele (928)502-4300 | 04/27/2015 to 04/30/2017 |
| | 450 E 6TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL0619 | EFROYMSON, GLENICE K. | | | Tele (928)919-7204 | 09/01/2016 to 08/31/2018 |
| | 1220 S 4TH AVE | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8782 | NEWHARD, PETRONELLA D | | | Tele (928)502-8743 | 04/01/2016 to 03/31/2018 |
| | 450 W 6TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL1090 | NOBLE, KATHLEEN H. | | | Tele (928)373-3400 | 06/01/2016 to 05/31/2018 |
| | 4250 W 16TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5343 | PEDRO, IMELDA M. | | | Tele (928)210-2339 | 04/01/2016 to 03/31/2018 |
| | 3802 W 16TH STREET | | | Fax: (928)276-3825 | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL9359 | RODRIGUEZ, FRANCES C. | | | Tele (928)502-4300 | 04/23/2015 to 04/30/2017 |
| | 450 W 6TH STREET | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL8043 | ROUFF, MARY C. | | | Tele (928)502-4300 | 10/01/2015 to 09/30/2017 |
| | 450 W 6TH ST | | | Fax: ( ) - | |
| | YUMA | AZ | 85364 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

## Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL1402 | TIMLIN, ELKE E. | | | Tele (928)502-7192 | | 01/01/2016 | to | 12/31/2017 |
| | 450 6TH STREET | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPL8280 | VILLAESCUSA, CLAUDIA M. | | | Tele (928)341-6000 | | 05/01/2016 | to | 04/30/2018 |
| | 301 N CARLISLE AVE | | | Fax: (928)341-6090 | | | | |
| | SOMERTON | AZ | 85350 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : TEMPORARY HEARING AID DISPENSER

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| THAD9256 | CARL NELSON KRUEGER | | | Tele (928)344-1968 | | 02/01/2016 | to | 01/31/2017 |
| | 1025 24TH STREET SUITE 1 | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85366 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| THAD9715 | MARIA CARMEN MOLINA | | | Tele (928)342-6000 | | 10/21/2015 | to | 10/31/2016 |
| | 11665 S FORTUNA ROAD | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85367 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| THAD9722 | SEAN P RODGERSON | | | Tele (928)344-1968 | | 10/26/2015 | to | 10/31/2016 |
| | 1025 W 24TH STREET SUITE 1 | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County AZ - YUMA Total = 308

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| TSLP9610 | FRANKS, ANDREA DAWN | | | Tele (928)502-8150 | | 01/26/2016 | to | 01/25/2017 |
| | 550 W 5TH AVENUE | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| TSLP10011 | GILLIAM, KAYLA DIANE | | | Tele (928)726-5000 | | 05/19/2016 | to | 05/18/2017 |
| | 901 W 24TH STREET | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| TSLP8715 | MENDEZ, RICARDO RIVAS | | | Tele (928)627-6540 | | 06/30/2016 | to | 06/29/2017 |
| | 1453 N MAIN STREET | | | Fax: ( ) - | | | | |
| | SAN LUIS | AZ | 85349 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| TSLP10067 | SMITH, JENNIFER DAWN | | | Tele (928)344-0425 | | 06/08/2016 | to | 06/07/2017 |
| | 2450 S 19TH DRIVE | | | Fax: ( ) - | | | | |
| | YUMA | AZ | 85364 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - ALAMEDA Total = 2

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA10242 | EMMALEE MAE KNEAFSEY | | | Tele (510)000-0000 | | 10/06/2016 | to | 10/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ALBANY | CA | 94706 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - ALAMEDA Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6275 | LAURA EILEEN SHIPLEY<br>AZ PRACTICE ADDR NOT REGISTERED<br>CASTRO VALLEY CA 94546 | Tele (412)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/02/2016 to 09/01/2018<br>Medcaid_Cert: Not Ceritified |

ST/County CA - CONTRA COSTA Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9347 | BARRETT, JILLIAN G<br>NO EMPLOYE SPECIFIED<br>DANVILLE CA 94526 | Tele (925)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/23/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

ST/County CA - FRESNO Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6243 | BYBEE, DIANE B<br>1111 VAN NESS AVE<br>FRESNO CA 93721 | Tele (559)265-3000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |
| SLP10347 | RHONDA HONORA STEHMAN<br>AZ PRACTICE ADDR NOT REGISTERED<br>CLOVIS CA 93613 | Tele (559)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/08/2016 to 11/07/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - FRESNO Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9895 | WEST, KRISTEN GORSUCH<br>AZ PRACTICE ADDR NOT REGISTERED<br>TOLLHOUSE CA 93667 | Tele (559)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/25/2016 to 03/24/2018<br>Medcaid_Cert: Not Ceritified |

ST/County CA - KERN Total = 2

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA8217 | TOLENTINO, RICHARD B.<br>1300 17TH ST CITY CENTRE<br>BAKERSFIELD CA 93301 | Tele (661)636-4000<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9781 | SMILEY, MICHELLE R.<br>AZ PRACTICE ADDR NOT REGISTERED<br>BAKERSFIELD CA 93308 | Tele (707)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/21/2015 to 12/20/2017<br>Medcaid_Cert: Not Ceritified |

ST/County CA - LOS ANGELES Total = 11

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA7985 | CHOULES, CORALEE<br>1100 N STATE ST<br>LOS ANGELES CA 90033 | Tele (323)409-5073<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - LOS ANGELES Total = 11

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA4430 | MELISSA JEANNE WAIT | | | Tele (877)829-0026 | | 09/01/2016 | to | 08/31/2018 |
| | 28515 WESTINGHOUSE PL | | | Fax: (602)546-0849 | | | | |
| | SANTA CLARITA | CA | 91355 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR10216 | ROBERT CHARLES HANLEY, SR. | | | Tele (562)000-0000 | | 09/07/2016 | to | 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LAKEWOOD | CA | 90713 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD577 | WAGNER, RICHARD J. | | | Tele (310)891-1068 | | 05/01/2016 | to | 04/30/2018 |
| | 2751 SKYPARK DRIVE | | | Fax: (310)891-1067 | | | | |
| | TORRANCE | CA | 90505 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : MIDWIFE

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| LM170 | MISTY ADRIAANSE | | | Tele (520)219-6394 | | 06/01/2016 | to | 05/31/2018 |
| | 352 HERMOSA AVE | | | Fax: ( ) - | | | | |
| | LONG BEACH | CA | 90802 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5367 | HERRERAS, RAUL | | | Tele (323)268-5000 | | 07/01/2016 | to | 06/30/2018 |
| | 1720 CESAR CHAVEZ AVE | | | Fax: ( ) - | | | | |
| | BOYLE HEIGHTS | CA | 90033 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - LOS ANGELES Total = 11

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7429 | ROCHA, LILLIAN M. | | | Tele (505)000-0000 | 04/20/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | LOS ANGELES | CA | 90036 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9356 | ROCHA, RICARDO S. | | | Tele (480)000-0000 | 04/20/2015 to 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | LOS ANGELES | CA | 90036 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8860 | SCHMITTEL, DANE K. | | | Tele (888)223-8002 | 06/01/2016 to 05/31/2018 |
| | 355 REDONDO AVE | | | Fax: ( ) - | |
| | LONG BEACH | CA | 90814 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9732 | WALTERS, SUSAN M. | | | Tele (928)713-7346 | 10/29/2015 to 10/31/2017 |
| | 6711 FOREST LAWN DRIVE SIUTE 205 | | | Fax: ( ) - | |
| | LOS ANGELES | CA | 90068 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9891 | WHITT, ERICA RENEE | | | Tele (909)000-0000 | 03/25/2016 to 03/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | WHITTIER | CA | 90604 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County CA - MARIN Total = 2

Sub-Type : SPEECH LANGUAGE ASSISTANT

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - MARIN Total = 2

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA10153 | SBRAGIA, GINA MARIE<br>AZ PRACTICE ADDR NOT REGISTERED<br>NOVATO CA 94945 | Tele (415)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/22/2016 to 07/21/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP5601 | LEVY, TRISTEN JOHNSON<br>313 HOLLY DRIVE<br>SAN RAFAEL CA 94903 | Tele (415)686-2042<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

ST/County CA - MONTEREY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6674 | ROSE, MARY A.<br>EMPLOYER NOT SPECIFIED<br>SALINAS CA 93908 | Tele (831)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/27/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

ST/County CA - ORANGE Total = 5

Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM140 | BALGAS, DELRAE Y.<br>P O BOX 5265<br>ORANGE CA 92863 | Tele (714)486-6765<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - ORANGE Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7719 | BARCLAY, AMANDA B. | | | Tele (949)836-3023 | 07/01/2016 to 06/30/2018 |
| | 1301 PROVIDENCE AVE | | | Fax: ( ) - | |
| | ORANGE | CA | 92868 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9849 | LANGE, KAGRAN ELIZABETH | | | Tele (949)487-9500 | 02/11/2016 to 02/10/2018 |
| | 27101 PUERTA REAL SUITE 450 | | | Fax: ( ) - | |
| | MISSION VIEJO | CA | 92691 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9879 | SCHWARTZ, ELSIE NEWMAN | | | Tele (619)000-0000 | 03/09/2016 to 03/08/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | IRVINE | CA | 92618 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9862 | WAGNER, LORI VELJI | | | Tele (631)000-0000 | 02/26/2016 to 02/25/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SEAL BEACH | CA | 90740 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County CA - PLACER Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR4641 | LARRY OLIN HILL | | | Tele (661)000-0000 | 09/01/2016 to 08/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | ROCKLIN | CA | 95765 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - RIVERSIDE Total = 5

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD604 | MOHR, ALAN D | | | Tele (915)442-6966 | 02/01/2016 to 01/31/2018 |
| | P O BOX 954 | | | Fax: ( ) - | |
| | MURRIETA | CA | 92564 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA9428 | MEETER, AMY JEAN | | | Tele (951)779-1966 | 06/15/2015 to 06/30/2017 |
| | 6848 MAGNOLIA AVE SUITE 200 | | | Fax: ( ) - | |
| | RIVERSIDE | CA | 92506 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9864 | HOUGHTON, LISA ABSHER | | | Tele (951)765-5100 | 03/23/2016 to 03/22/2018 |
| | 1791 W ACACIA AVE | | | Fax: ( ) - | |
| | HEMET | CA | 92545 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9466 | VITTORINO, ANTHONY P. | | | Tele (847)000-0000 | 06/15/2015 to 06/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | TEMECULA | CA | 92590 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6027 | WENBERG, GREG M. | | | Tele (951)925-9171 | 09/01/2016 to 08/31/2018 |
| | 1717 WEST STETSON | | | Fax: ( ) - | |
| | HEMET | CA | 92544 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN BERNARDINO Total = 7

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA10215 | KELSEY MARIE WILLIAMS<br>AZ PRACTICE ADDR NOT REGISTERED<br>REDLANDS CA 92374 | Tele (423)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/08/2016 to 08/07/2018<br>Medcaid_Cert: Not Ceritified |
| DA10304 | NASIM EJRAEI SEISAN<br>AZ PRACTICE ADDR NOT REGISTERED<br>LOMA LINDA CA 92357 | Tele (925)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/03/2016 to 10/02/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD6220 | RUZICKA, TERRANCE ALAN<br>9613 CHURCH STREET<br>RANCHO CUCAMONGA CA 91730 | Tele (909)466-9008<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10097 | ABDALLA. KAITLYN ELIZABETH<br>AZ PRACTICE ADDR NOT REGISTERED<br>VICTORVILLE CA 92392 | Tele (760)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/24/2016 to 06/23/2018<br>Medcaid_Cert: Not Ceritified |
| SLP10241 | HELEN ANN THOMPSON<br>AZ PRACTICE ADDR NOT REGISTERED<br>ADELANTO CA 92301 | Tele (760)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/18/2016 to 10/17/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN BERNARDINO Total = 7

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8622 | JONNI JEAN VINDIOLA<br>AZ PRACTICE ADDR NOT REGISTERED<br>BIG BEAR CITY CA 92314 | Tele (760)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/15/2016 to 11/14/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9980 | WOOLPERT, DARIN KING<br>AZ PRACTICE ADDR NOT REGISTERED<br>REDLANDS CA 92373 | Tele (858)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/04/2016 to 05/03/2018<br>Medcaid_Cert: Not Ceritified |

ST/County CA - SAN DIEGO Total = 10

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9998 | LYNNE MICHELLE BAUM<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAN MARCOS CA 92078 | Tele (619)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/25/2016 to 04/30/2018<br>Medcaid_Cert: Not Ceritified |
| DA4392 | MCARTHUR, AMY E<br>34800 BOB WILSON DR<br>SAN DIEGO CA 92134 | Tele (619)524-4047<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |
| DA6557 | SANITIAGO, DOUGLAS<br>34800 BOB WILSON DR<br>SAN DIEGO CA 92134 | Tele (614)532-7890<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN DIEGO Total = 10

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9476 | ZELL, TALYA LEEMOR<br>AZ PRACTICE ADDR NOT REGISTERED<br>CARLSBAD CA 92009 | Tele (954)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/01/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR10081 | LYNN ALISON CALLAWAY<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAN MARCOS CA 92069 | Tele (760)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/24/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLPA9401 | MITCHELL, KATHERINE E.<br>EMPLOYER NOT SPECIFIED<br>SAN DIEGO CA 92131 | Tele (619)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/21/2015 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| SLPA8308 | STEHLE, MYRA FALCONER<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAN DIEGO CA 92119 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/11/2016 to 04/10/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9681 | BECK, JAMI N.<br>11772 SORRENTO VALLEY ROAD SUITE 250<br>SAN DIEGO CA 92121 | Tele (800)683-1209<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/24/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN DIEGO Total = 10

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9285 | BINELI, NAOMI BRANDIS | | | Tele (520)000-0000 | | 02/11/2015 | to | 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | SAN DIEGO | CA | 92108 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9543 | OGLIVIE, TRIANNA K. | | | Tele (480)000-0000 | | 07/10/2015 | to | 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SAN DIEGO | CA | 92106 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - SAN FRANCISCO Total = 5

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9815 | JOHN NICHOLAS GARDI | | | Tele (303)681-5465 | | 04/06/2016 | to | 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SAN FRANCISCO | CA | 94127 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8616 | AUBERTINE, JANE S | | | Tele (415)512-9000 | | 11/01/2015 | to | 10/31/2017 |
| | 580 MARKET ST 6TH FLOOR | | | Fax: ( ) - | | | | |
| | SAN FRANCISCO | CA | 94104 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN FRANCISCO Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7924 | MAMIKONIAN, ADRIAN S. | | | Tele (415)223-7716 | | 12/01/2014 | to | 12/31/2016 |
| | 580 MARKET STREET 6TH FLOOR | | | Fax: ( ) - | | | | |
| | SAN FRANCISCO | CA | 94104 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10182 | SUDA, HOLLY MARIE | | | Tele (415)512-9000 | | 08/03/2016 | to | 08/02/2018 |
| | 180 MONTGOMERY STREET | | | Fax: ( ) - | | | | |
| | SAN FRANCISCO | CA | 94104 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7754 | WATSON, TRACY J. | | | Tele (415)415-9000 | | 05/01/2016 | to | 04/30/2018 |
| | 580 MARKET STREET | | | Fax: ( ) - | | | | |
| | SAN FRANCISCO | CA | 94104 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - SAN JOAQUIN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7814 | ERLINE, SARAH D. | | | Tele (209)000-0000 | | 08/01/2016 | to | 07/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LINDEN | CA | 95236 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - SAN LUIS OBISPO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County CA - SAN LUIS OBISPO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4053 | MILIKICH, MELODY | | | Tele (805)473-4663 | | 02/24/2015 | to | 02/28/2017 |
| | 345 S HALCYON RD | | | Fax: ( ) - | | | | |
| | ARROYO GRANDE | CA | 93420 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - SAN MATEO Total = 2

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA805 | SHAPPELL, PATRICIA W. | | | Tele (650)802-0400 | | 01/01/2014 | to | 12/31/2017 |
| | 1501 INDUSTRIAL ROAD | | | Fax: ( ) - | | | | |
| | SAN CARLOS | CA | 94070 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7316 | KLASSEN, STEPHANIE A. | | | Tele (480)000-0000 | | 07/01/2016 | to | 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | REDWOOD CITY | CA | 94065 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CA - SANTA CLARA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9619 | KORNHUBER, KATHARINA | | | Tele (917)000-0000 | | 09/15/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MOUNTAIN VIEW | CA | 94040 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - ADAMS Total = 3

# Licensed Facilities

Thursday, December 01, 2016

ST/County CO - ADAMS Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6113 | NUCCI, NATALIE B. | | | Tele (303)364-3757 | | 03/01/2016 | to | 02/28/2018 |
| | 15701 E 1ST AVE | | | Fax: ( ) - | | | | |
| | AURORA | CO | 80011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6429 | STICKNEY, ANGELA M. | | | Tele (720)542-5590 | | 03/23/2015 | to | 03/31/2017 |
| | 8780 CIRCLE DRIVE | | | Fax: ( ) - | | | | |
| | WESTMINSTER | CO | 80030 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8804 | WILLIAMSON, KERRY, F | | | Tele (303)504-9945 | | 05/01/2016 | to | 04/30/2018 |
| | 5750 DCT PARKWAY SUITE 170 | | | Fax: (303)504-6646 | | | | |
| | AURORA | CO | 80011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - ARAPAHOE Total = 2

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1782 | DYHRKOPP, PAULA J. | | | Tele (602)796-4074 | | 06/01/2016 | to | 05/31/2018 |
| | 13059 E PEAKVIEW AVE | | | Fax: (480)816-0188 | | | | |
| | CHERRY HILLS VILLAGE | CO | 80111 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County CO - ARAPAHOE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9351 | KING, AMANDA I. | | | Tele (303)888-4840 | | 05/29/2015 | to | 05/28/2017 |
| | 2851 S PARKER ROAD #426 | | | Fax: ( ) - | | | | |
| | AURORA | CO | 80014 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - ARCHULETA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1811 | FIELDS, RILLA T. | | | Tele (970)385-3498 | | 02/01/2016 | to | 01/31/2018 |
| | 281 SAWYER DR STE 200 | | | Fax: ( ) - | | | | |
| | PAGOSA SPRINGS | CO | 81147 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - BOULDER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7760 | MILLS, PEGGY L. | | | Tele (720)561-6689 | | 08/01/2016 | to | 07/31/2018 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | BOULDER | CO | 80303 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - DENVER Total = 6

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1653 | HUART, STEVEN A. | | | Tele (303)399-8020 | | 02/01/2016 | to | 01/31/2018 |
| | 1055 CLEMONT STREET | | | Fax: ( ) - | | | | |
| | DENVER | CO | 80220 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CO - DENVER Total = 6

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5658 | ALBERTSON, KATHERINE A. | | | Tele (608)000-0000 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | DENVER | CO | 80231 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9198 | FAZENBAKER, RAE M. | | | Tele (866)302-0073 | 11/18/2014 to 11/30/2016 |
| | 10901 W 120TH AVE STE 380 | | | Fax: ( ) - | |
| | DENVER | CO | 80218 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP9617 | KENNEDY, MARY K. | | | Tele (720)446-0775 | 10/26/2015 to 10/31/2017 |
| | 700 N COLORADO BLVD #318 | | | Fax: ( ) - | |
| | DENVER | CO | 80206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP8773 | PEREZ, KATHE S. | | | Tele (303)722-2181 | 05/01/2016 to 04/30/2018 |
| | 630 W 7TH AVE #B | | | Fax: ( ) - | |
| | DENVER | CO | 80204 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLP5955 | STEVENS, HOLLY J. | | | Tele (623)000-0000 | 06/09/2015 to 06/08/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | DENVER | CO | 80206 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County CO - EL PASO Total = 1

Sub-Type : MIDWIFE - CPM

# Licensed Facilities

Thursday, December 01, 2016

ST/County CO - EL PASO Total = 1

Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM153 | HALE, NEDRA LOUISE<br>16191 OLD FOREST POINT APT #107<br>MONUMENT CO 80132 | Tele (720)454-5718<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/01/2016 to 03/31/2018 |

ST/County CO - LARIMER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10259 | REBECCA LYNN LEE<br>AZ PRACTICE ADDR NOT REGISTERED<br>FORT COLLINS CO 80526 | Tele (970)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 10/05/2016 to 10/04/2018 |

ST/County CO - MONTEZUMA Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9720 | CURTIS, PATRICIA A.<br>AZ PRACTICE ADDR NOT REGISTERED<br>CORTEZ CO 81321 | Tele (970)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 10/19/2015 to 10/31/2017 |
| SLP5361 | HOUSER, TAMI W.<br>11302 RD 29<br>CORTEZ CO 81321 | Tele (970)570-9695<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 02/01/2016 to 01/31/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County CO - MONTEZUMA Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7025 | LEDERER, TRACYE A. | | | Tele (970)000-0000 | | 01/27/2015 | to | 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | CORTEZ | CO | 81321 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP2118 | LINDA ANN DROBINSKE-BAKER | | | Tele (970)000-0000 | | 09/13/2016 | to | 09/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | DOLORES | CO | 81323 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |
| License # | Name | | | Contact Information | | License/Approval Dates | | |
| SLP8732 | SPINNEY, SHARON L. | | | Tele (970)903-8001 | | 03/01/2016 | to | 02/28/2018 |
| | 20615 ROAD G | | | Fax: (970)564-9689 | | | | |
| | ARRIOLA | CO | 81321 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CO - WELD Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9756 | EDITH MARY BURNS | | | Tele (303)000-0000 | | 11/30/2015 | to | 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ERIE | CO | 80516 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County CT - MIDDLESEX Total = 1

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County CT - MIDDLESEX Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR9018 | KRYSTYNA EWA BORKOWSKI<br>AZ PRACTICE ADDR NOT REGISTERED<br>CLINTON CT 06413 | Tele (860)886-1451<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/27/2016 to 10/26/2018<br>Medcaid_Cert: Not Ceritified |

ST/County CT - NEW HAVEN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10268 | CARLA MARIE RAAD<br>AZ PRACTICE ADDR NOT REGISTERED<br>MIDDLEBURY CT 06762 | Tele (203)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/13/2016 to 09/12/2018<br>Medcaid_Cert: Not Ceritified |

ST/County DC - DISTRICT OF COLUMBIA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8638 | KRISSINGER, JULIANNE L<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>WASHINGTON DC 20007 | Tele (610)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County DE - NEW CASTLE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP1389 | ELLINGSEN, MARY E.<br>113 BARKSDALE PROFESSIONAL CTR<br>NEWARK DE 19711 | Tele (520)620-3415<br>Fax: (215)963-0143<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County FL - ALACHUA Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10152 | KELLY, CHERI LEE<br>5535 S WILLIAMSON BLVD SUITE 774<br>PORT ORANGE FL 32128 | Tele (866)302-0073<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/12/2016 to 07/11/2018 |
| SLP9223 | MARGARET J WAGLE<br>5535 S WILLIAMS BLVD STE 774<br>PORT ORANGE FL 32128 | Tele (800)330-7711<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/07/2015 to 01/31/2017 |

ST/County FL - BROWARD Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9799 | TISDALE, MATTHEW R.<br>1580 SAWGRASS CORPORATE PKWY SUITE 100<br>SUNRISE FL 33323 | Tele (858)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/19/2016 to 01/18/2018 |

ST/County FL - HILLSBOROUGH Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8690 | ISBELL, STEPHANIE A.<br>REFLECTX STAFFING<br>TAMPA FL 33607 | Tele (850)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/01/2016 to 12/31/2017 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County FL - HILLSBOROUGH Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9438 | SCOTT, CHRISTI L. | | | Tele (800)839-7979 | | 06/04/2015 | to | 06/03/2017 |
| | 2701 NROCKY POINT DR | | | Fax: ( ) - | | | | |
| | TAMPA | FL | 33607 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County FL - MIAMI-DADE Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA7540 | DONALDSON, LINDA L | | | Tele (973)000-0000 | | 11/01/2015 | to | 10/31/2017 |
| | 1101 BRICKELL AVE 17TH FLOOR | | | Fax: ( ) - | | | | |
| | MIAMI | FL | 33131 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County FL - ORANGE Total = 4

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9524 | CULLEN, SUSAN E. | | | Tele (800)774-7785 | | 06/30/2015 | to | 06/30/2017 |
| | 12124 HIGH TECH AVE SUITE 300 | | | Fax: ( ) - | | | | |
| | ORLANDO | FL | 32817 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8295 | LOUISON, ERIE J | | | Tele (770)255-9618 | | 05/01/2016 | to | 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ORLANDO | FL | 32817 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County FL - ORANGE Total = 4

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10074 | MORRIS, KALIE BRIANNE | | | Tele (407)296-1600 | 06/13/2016 to 06/12/2018 |
| | 411 N DILLARD STREET | | | Fax: ( ) - | |
| | WINTER GARDEN | FL | 34787 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4564 | SHIDELER, ANN M | | | Tele (321)397-7970 | 10/01/2015 to 09/30/2017 |
| | EMPLOYER ADDRESS NOT SPECIFIED | | | Fax: ( ) - | |
| | WINTER PARK | FL | 32792 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County FL - PALM BEACH Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6818 | LIU, GRACE C. | | | Tele (800)347-2264 | 07/01/2016 to 06/30/2018 |
| | 6551 PARK OF COMMERCE BLVD | | | Fax: ( ) - | |
| | BOCA RATON | FL | 33487 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7435 | MICHAELANNE ROBERTS PELLEYA | | | Tele (561)395-1911 | 12/01/2016 to 11/30/2018 |
| | P O BOX 812127 | | | Fax: ( ) - | |
| | BOCA RATON | FL | 33481 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8689 | MORRISON, HEATHER M. | | | Tele (617)943-3545 | 01/01/2016 to 12/31/2017 |
| | 6551 PARK OF COMMERCE BLVD | | | Fax: ( ) - | |
| | BOCA RATON | FL | 33487 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County FL - PINELLAS Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR8830 | CREASEY, DEVIN J<br>1200 STARKEY ROAD<br>LARGO FL 33771 | Tele (623)977-0506<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

ST/County FL - SAINT LUCIE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10333 | JENNIFER ANN LUCAS<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>FORT PIERCE FL 34949 | Tele (513)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/28/2016 to 10/27/2018<br>Medcaid_Cert: Not Ceritified |
| SLP5617 | SHIPPS, DAVID F.<br>448 NW BROOKVILLE CT<br>PORT SAINT LUCIE FL 34986 | Tele (480)463-0111<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County FL - SANTA ROSA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10373 | TOMMI ANN WILDE<br>AZ PRACTICE ADDR NOT REGISTERED<br>HAROLD FL 32563 | Tele (407)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/28/2016 to 11/27/2018<br>Medcaid_Cert: Not Ceritified |

ST/County FL - SARASOTA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County FL - SARASOTA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8663 | SCHULTZ, LYNETTE C. | | | Tele (941)342-8024 | | 01/01/2016 | to | 12/31/2017 |
| | 5741 BEE RIDGE ROAD, SUITE 110 | | | Fax: (941)342-8026 | | | | |
| | SARASOTA | FL | 34233 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County FL - VOLUSIA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2110 | WOODGATE, LISA J. | | | Tele (386)231-3470 | | 08/01/2016 | to | 07/31/2018 |
| | 301 MEMORIAL MEDICAL PKWY | | | Fax: ( ) - | | | | |
| | DAYTONA BEACH | FL | 32117 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County GA - CARROLL Total = 1

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9380 | ROCKHILL, COURTNEY A. | | | Tele (623)000-0000 | | 05/12/2015 | to | 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | WHITESBURG | GA | 30185 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County GA - COWETA Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9384 | DAVIS, JEFFREY K. | | | Tele (801)000-0000 | | 05/19/2015 | to | 05/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | NEWNAN | GA | 30265 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County GA - DEKALB Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY LIMITED

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPL5993 | RILEY, DORIS I. | | | Tele (800)849-5502 | 08/01/2016 to 07/31/2018 |
| | 1979 LAKESIDE PARKWAY #800 | | | Fax: ( ) - | |
| | TUCKER | GA | 30084 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County GA - FULTON Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8433 | MARTINS, JEANNINE M. | | | Tele (401)419-4112 | 07/01/2016 to 06/30/2018 |
| | 6600 PEACHTREE DUNWOODY RD | | | Fax: ( ) - | |
| | ATLANTA | GA | 30328 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9227 | WALTERS, JEAN-MARIE | | | Tele (404)352-2020 | 01/02/2015 to 01/31/2017 |
| | 2020 PEACHTREE RD NW | | | Fax: ( ) - | |
| | ATLANTA | GA | 30309 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County GA - GWINNETT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7907 | PHILLIPS, SUSAN K. | | | Tele (404)858-7387 | 09/01/2016 to 08/31/2018 |
| | 724 FRIARS HEAD DRIVE | | | Fax: ( ) - | |
| | SUWANEE | GA | 30024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County GA - NEWTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County GA - NEWTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10325 | SABRENIA WEST ROBERTS<br>AZ PRACTICE ADDR NOT REGISTERED<br>COVINGTON GA 30016 | Tele (678)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/24/2016 to 10/23/2018<br>Medcaid_Cert: Not Ceritified |

ST/County GA - RICHMOND Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9489 | KRYGER, MARISSA S.<br>1 FREEDOM WAY<br>AUGUSTA GA 30904 | Tele (406)733-0188<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/02/2015 to 07/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County GU - GUAM Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA4594 | FRIEDMAN, RACHEL H.<br>PSC 490 BPX 7607<br>SANTA RITA GU 96915 | Tele (671)344-9443<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County HI - HONOLULU Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD1760 | MANABE, OSAMU<br>1245 KUALA STREET SUITE 104<br>PEARL CITY HI 96782 | Tele (808)483-4131<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County HI - MAUI Total = 2

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1407 | WOHLERS, BRANDON S. | | | Tele (808)877-1518 | | 06/01/2016 | to | 05/31/2018 |
| | 89 HOOKEIE STREET SUITE 102 | | | Fax: (808)877-3208 | | | | |
| | KAHULUI | HI | 96732 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5181 | BUCK, JENNIFER M. | | | Tele (480)248-5182 | | 08/01/2016 | to | 07/31/2018 |
| | 160 KEONEKAI RD #19-202 | | | Fax: ( ) - | | | | |
| | KIHEI | HI | 96753 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IA - FLOYD Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9217 | MARTH, KATELYNN E. | | | Tele (641)000-0000 | | 12/19/2014 | to | 12/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | RUDD | IA | 50471 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IA - LINN Total = 2

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA10083 | LINAE MARIA SMITH | | | Tele (319)000-0000 | | 06/07/2016 | to | 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MARION | IA | 52302 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County IA - LINN Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9546 | NOVAK, SARAH J. | | | Tele (319)000-0000 | | 08/18/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CEDAR RAPIDS | IA | 52402 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IA - SIOUX Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5799 | SEVERSON, DEBRA DEE | | | Tele (712)737-3730 | | 03/01/2016 | to | 02/28/2018 |
| | 127 ALBANY AVE SE | | | Fax: ( ) - | | | | |
| | ORANGE CITY | IA | 51041 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IA - STORY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10345 | BONNIE SUE YEGGE | | | Tele (515)000-0000 | | 11/04/2016 | to | 11/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | AMES | IA | 50010 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County ID - CANYON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4459 | MARIANA ELIZABETH MARITATO | | | Tele (208)649-5036 | | 10/01/2016 | to | 09/30/2018 |
| | 718 MAIN ST SUITE 1A | | | Fax: ( ) - | | | | |
| | CALDWELL | ID | 83605 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County ID - KOOTENAI Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8798 | ANNE ROSHELLE JENSVOLD | | | Tele (307)000-0000 | | 09/28/2016 | to | 09/27/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | HAUSER | ID | 83854 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - CHAMPAIGN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8614 | HANSEN, LUANN T | | | Tele (217)000-0000 | | 10/01/2015 | to | 09/30/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | CHAMPAIGN | IL | 61822 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - COLES Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD571 | CLARK, JUDY A. | | | Tele (217)258-6656 | | 02/01/2016 | to | 01/31/2018 |
| | 1401 WABASH AVE | | | Fax: ( ) - | | | | |
| | MATTOON | IL | 61938 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - COOK Total = 8

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1572 | WINSTON, RANDI L. | | | Tele (602)402-2954 | | 11/01/2015 | to | 10/31/2017 |
| | 500 COMMERCE DRIVE | | | Fax: (623)321-1164 | | | | |
| | SCHAUMBURG | IL | 60173 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - COOK Total = 8

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9697 | HUANG, SHERRI | | | Tele (312)000-0000 | 11/03/2015 to 11/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHICAGO | IL | 60616 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10020 | HUTTON, JUDITH CAROL | | | Tele (647)673-6767 | 05/24/2016 to 05/23/2018 |
| | 8131 MONTICELLO AVENUE | | | Fax: ( ) - | |
| | SKOKIE | IL | 60076 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9625 | MILLHOUSE, KRISTINA C. | | | Tele (847)000-0000 | 08/20/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | HOFFMAN ESTATES | IL | 60169 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9900 | OESER, KATELYN THERESE | | | Tele (708)000-0000 | 04/05/2016 to 04/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | SCHAUMBURG | IL | 60173 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10039 | REED, ANGELA DANIELLE | | | Tele (816)289-8048 | 06/01/2016 to 05/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHICAGO | IL | 60640 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - COOK Total = 8

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9452 | RUECK, ALENA J. | | | Tele (708)636-2000 | 06/15/2015 to 06/30/2017 |
| | 6135 W 108TH STREET | | | Fax: ( ) - | |
| | CHICAGO RIDGE | IL | 60415 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9541 | STALEY, GREGORY A. | | | Tele (773)000-0000 | 07/28/2015 to 07/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHICAGO | IL | 60659 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County IL - DU PAGE Total = 6

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA5904 | ERIN MICHELLE RAMCKE | | | Tele (480)263-3115 | 09/01/2016 to 08/31/2018 |
| | 4520 WEAVER PARKWAY | | | Fax: ( ) - | |
| | WARRENVILLE | IL | 60555 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9694 | SCHAFFER, SALLY A. | | | Tele (630)303-5380 | 09/21/2015 to 09/30/2017 |
| | 215 SHUMAN BLVD SUITE 401 | | | Fax: ( ) - | |
| | NAPERVILLE | IL | 60563 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - DU PAGE Total = 6

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9941 | BOLLINGER, PAMELA C. | | | Tele (815)000-0000 | | 04/26/2016 | to | 04/25/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BLOOMINGDALE | IL | 60108 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9294 | FREIER, DANIELLE M. | | | Tele (630)000-0000 | | 02/20/2015 | to | 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | NAPERVILLE | IL | 60540 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9878 | HICKEY, KATHARINE ROSE | | | Tele (513)000-0000 | | 03/22/2016 | to | 03/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LISLE | IL | 60532 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9997 | WARNER, KRISTEN ANN | | | Tele (530)000-0000 | | 05/17/2016 | to | 05/16/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ROSELLE | IL | 60172 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - KANE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7406 | OLLE, KATRINA E | | | Tele (630)299-7444 | | 01/01/2016 | to | 12/31/2017 |
| | 1480 RECKINGER ROAD | | | Fax: ( ) - | | | | |
| | AURORA | IL | 60505 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - LAKE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10057 | CHRISTENSEN, ROSS DAVID | | | Tele (815)000-0000 | | 06/07/2016 | to | 06/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | FOX LAKE | IL | 60020 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - MACON Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9157 | MAY, ASHLEY D | | | Tele (217)875-5555 | | 10/16/2014 | to | 10/31/2016 |
| | 2605 N WATER ST STE 101 | | | Fax: ( ) - | | | | |
| | BEARSDALE | IL | 62526 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - MCHENRY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7350 | DOROTHEA ELLEN GILLILAND | | | Tele (841)658-2540 | | 09/01/2016 | to | 08/31/2018 |
| | 1100 HUNTINGTON DR | | | Fax: ( ) - | | | | |
| | ALGONQUIN | IL | 60102 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - MCLEAN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6051 | KARHOFF-BURNETT, MARSHA L. | | | Tele (309)838-6556 | | 10/01/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BLOOMINGTON | IL | 61704 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - PEORIA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10144 | HINTON, FRANCIS | | | Tele (309)000-0000 | | 07/25/2016 | to | 07/24/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | PEORIA | IL | 61604 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - PUTNAM Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8640 | READ, CATHERINE M. | | | Tele (618)000-0000 | | 03/12/2015 | to | 03/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | LAKE THUNDERBIRD | IL | 61560 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - SAINT CLAIR Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9321 | LUBSEN, TINA L | | | Tele (618)303-6982 | | 02/17/2015 | to | 02/28/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ENGLEMANN | IL | 62258 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - WILL Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9910 | SCHERER, SUSAN MICHELLE | | | Tele (815)741-7779 | | 04/15/2016 | to | 04/14/2018 |
| | 1207 N LARKIN AVENUE | | | Fax: ( ) - | | | | |
| | JOLIET | IL | 60435 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IL - WILL Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2097 | VONDRASEK, NICOLE M. | | | Tele (480)000-0000 | | 02/01/2016 | to | 01/31/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | NAPERVILLE | IL | 60564 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IL - WINNEBAGO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10115 | BUNCH, KYLA NIKOL | | | Tele (815)988-0516 | | 06/24/2016 | to | 06/23/2018 |
| | 550 S MULFORD ROAD | | | Fax: ( ) - | | | | |
| | ROCKFORD | IL | 61108 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - HAMILTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9330 | LAKE, JOSLIN | | | Tele (317)674-1062 | | 04/01/2015 | to | 04/30/2017 |
| | 14701 CUMBERLAND RD | | | Fax: ( ) - | | | | |
| | NOBLESVILLE | IN | 46060 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - HENDRICKS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9933 | STANICH, ALEXANDRA MARJORIE | | | Tele (317)000-0000 | | 04/22/2016 | to | 04/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BROWNSBURG | IN | 46112 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County IN - JOHNSON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7451 | SUSAN STROM WILKINS | | | Tele (317)865-0803 | | 09/01/2016 | to | 08/31/2018 |
| | 4674 RUNNING BROOK TERRACE | | | Fax: ( ) - | | | | |
| | GREENWOOD | IN | 46143 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - LAKE Total = 3

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9297 | SANDERS, BARBARA JOYCE | | | Tele (219)942-8881 | | 02/23/2015 | to | 02/28/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | HOBART | IN | 46342 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8574 | CLAUSEN, CAROL L. | | | Tele (219)000-0000 | | 10/01/2016 | to | 09/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | HAMMOND | IN | 46322 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10183 | PETERSEN, JAMIE LYNN | | | Tele (812)000-0000 | | 08/03/2016 | to | 08/02/2018 |
| | 24 JOLIET STREET | | | Fax: ( ) - | | | | |
| | DYER | IN | 46311 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - MARION Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County IN - MARION Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8838 | DAVIS, STEPHEN P. | | | Tele (855)776-3427 | | 06/01/2016 | to | 05/31/2018 |
| | 833 COUNTRY LANE | | | Fax: ( ) - | | | | |
| | INDIANAPOLIS | IN | 46217 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - MONROE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5514 | STEURY, LAUREN T. | | | Tele (812)353-5252 | | 11/01/2015 | to | 10/31/2017 |
| | 601 W 2ND ST | | | Fax: ( ) - | | | | |
| | BLMGTN | IN | 47403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County IN - MORGAN Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1872 | FRY, MARK D. | | | Tele (619)000-0000 | | 05/01/2016 | to | 04/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MARTINSVILLE | IN | 46151 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County KS - LYON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9189 | CAMPBELL, NICOLE L. | | | Tele (580)000-0000 | | 12/01/2014 | to | 12/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | EMPORIA | KS | 66801 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County KY - JEFFERSON Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9271 | BARIMO, JOSEPH P. | | | Tele (561)000-0000 | 02/03/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | LOUISVILLE | KY | 40299 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9971 | BERRY, JODY ANN | | | Tele (715)000-0000 | 06/07/2016 to 06/06/2018 |
| | 680 SOUTH FOURTH STREET | | | Fax: ( ) - | |
| | LOUISVILLE | KY | 40202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1638 | SAWYER, LISA J. | | | Tele (480)206-5193 | 05/01/2016 to 04/30/2018 |
| | 680 SOUTH 4TH STREET | | | Fax: (480)584-4782 | |
| | LOUISVILLE | KY | 40202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County LA - LAFAYETTE Total = 2

Sub-Type : MIDWIFE - CPM

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| LM195 | ELIZALDE-ROBINSON, LYNETTE M. | | | Tele (337)501-2916 | 10/06/2015 to 10/31/2017 |
| | 124 CLOVER LEAF DRIVE | | | Fax: ( ) - | |
| | LAFAYETTE | LA | 70508 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County LA - LAFAYETTE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6668 | ANDERSON JOYCE J | | | Tele (337)482-6965 | | 03/01/2016 | to | 02/28/2018 |
| | 104 UNIVERSITY CIRCLE | | | Fax: ( ) - | | | | |
| | LAFAYETTE | LA | 70503 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County LA - ORLEANS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10366 | BELEN AMAYA LOPEZ | | | Tele (575)000-0000 | | 11/21/2016 | to | 11/20/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | NEW ORLEANS | LA | 70115 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County LA - SAINT MARTIN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9197 | COMEAUX, MISTY M. | | | Tele (337)332-2105 | | 12/15/2014 | to | 12/31/2016 |
| | 625 CORPORATE BLVD | | | Fax: ( ) - | | | | |
| | BREAUX BRIDGE | LA | 70517 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MA - ESSEX Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9208 | COMERCHERO, SHERRY R. | | | Tele (617)000-0000 | | 01/06/2015 | to | 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | HAVERHILL | MA | 01832 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MA - HAMPDEN Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9528 | DEFIELD, CRYSATL A. | | | Tele (800)218-9280 | 07/22/2015 to 07/31/2017 |
| | 136 WILLIAM STREET | | | Fax: ( ) - | |
| | SPRINGFIELD | MA | 01105 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9662 | EDWARDS, ERIN K. | | | Tele (413)788-2171 | 08/31/2015 to 08/31/2017 |
| | 136 WILLIAM STREET | | | Fax: ( ) - | |
| | SPRINGFIELD | MA | 01105 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP0122 | FITZGERALD, KAREN A. | | | Tele (800)218-9280 | 12/01/2015 to 11/30/2017 |
| | 136 WILLIAM STREET | | | Fax: ( ) - | |
| | SPFLD | MA | 01105 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9607 | GANNON, SUSAN E. | | | Tele (413)788-2171 | 09/01/2015 to 09/30/2017 |
| | 136 WILLIAM STREET | | | Fax: ( ) - | |
| | SPRINGFIELD | MA | 01105 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9591 | PLUMB, JACQUELINE E. | | | Tele (413)788-2171 | 08/03/2015 to 08/31/2017 |
| | 136 WILLIAMS STREET | | | Fax: ( ) - | |
| | SPRINGFIELD | MA | 01105 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County MA - NORFOLK Total = 2

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County MA - NORFOLK Total = 2

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5596 | MARIO, ROBERT N. | | | Tele (781)979-0800 | 01/01/2016 to 12/31/2017 |
| | 35 KNOB HILL CIR | | | Fax: ( ) - | |
| | CANTON | MA | 02021 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7226 | BRESNAHAN NOYES, MARY L. | | | Tele (781)975-0016 | 05/01/2016 to 04/30/2018 |
| | 401 LINDEN PONDS WAY | | | Fax: ( ) - | |
| | COHASSET | MA | 02025 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County MA - PLYMOUTH Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9613 | SPACH, STEFANIE L. | | | Tele (508)000-0000 | 08/17/2015 to 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGITERED | | | Fax: ( ) - | |
| | MATTAPOISETT | MA | 02739 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County MA - SUFFOLK Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9281 | LIFVERGREN, ANNA B. | | | Tele (617)000-0000 | 02/09/2015 to 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | JAMAICA PLAIN | MA | 02130 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County MA - WORCESTER Total = 1

# Licensed Facilities

Thursday, December 01, 2016

ST/County MA - WORCESTER Total = 1

Sub-Type : MIDWIFE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM154 | BYRNES, LIA NANCY<br>22 MONTAGUE STREET<br>WORCESTER MA 01603 | Tele (520)275-0790<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2015 to 02/28/2017 |

ST/County MD - BALTIMORE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9899 | MARTIN, TAMMY LYNN<br>AZ PRACTICE ADDR NOT REGISTERED<br>BALTIMORE MD 21236 | Tele (410)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/19/2016 to 04/18/2018 |

ST/County MD - BALTIMORE CITY Total = 14

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8522 | BECKER, NICHOLAS S.<br>3600 CLIPPER MILL RD STE 330<br>BALTIMORE MD 21211 | Tele (888)509-3113<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 08/01/2016 to 07/31/2018 |

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP0829 | HILL, AMY L.<br>3600 CLIPPER MILL RD #330<br>BALTIMORE MD 21211 | Tele (602)373-3136<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/01/2016 to 02/28/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MD - BALTIMORE CITY Total = 14

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10127 | LANCIAULT, CATHERINE ELIZABETH | | | Tele (800)511-9395 | 06/29/2016 to 06/28/2018 |
| | 2709 JEREMY COURT | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5754 | LAZEAR, LARA A. | | | Tele (410)929-7243 | 01/01/2016 to 12/31/2017 |
| | 3600 CLIPPER MILL ROAD SUITE 330 | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8437 | LISA ANN MOORE | | | Tele (800)382-6010 | 11/01/2016 to 10/31/2018 |
| | 1001 FLEET ST, 5TH FLOOR | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6091 | MAKINS, ASHLEY J | | | Tele (410)369-0000 | 05/01/2016 to 04/30/2018 |
| | 3600 CLIPPER MILL ROAD SUITE 330 | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10122 | MANDEL, MIRIAM | | | Tele (888)511-9395 | 06/24/2016 to 06/23/2018 |
| | 2709 JEREMY COURT SUITE A | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21209 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MD - BALTIMORE CITY Total = 14

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6953 | MARTIN, JESSICA L | | | Tele (623)445-3943 | 01/01/2016 to 12/31/2017 |
| | 1001 FLEET STREET | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4170 | MORRIS, EDITH R. | | | Tele (480)766-6404 | 08/01/2016 to 07/31/2018 |
| | 1001 FLEET ST 5TH FLOOR | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP7407 | ROOSE, KATHERINE A. | | | Tele (410)369-0000 | 07/01/2016 to 06/30/2018 |
| | 3600 CLIPPER MILL RD SUITE 330 | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP6066 | SPALETA, YESENIA | | | Tele (410)369-0000 | 06/01/2016 to 05/31/2018 |
| | 3600 CIPPER MILL RD SUITE 330 | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21211 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9282 | VARGAS CASTRO, MARISSA L. | | | Tele (855)568-3232 | 02/10/2015 to 02/28/2017 |
| | 1001 FLEET STREET 5TH FLOOR | | | Fax: ( ) - | |
| | BALTIMORE | MD | 21202 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MD - BALTIMORE CITY Total = 14

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8929 | WEIBE, STEPHANIE, J | | | Tele (410)369-0000 | | 04/29/2015 | to | 04/30/2017 |
| | 3600 CLIPPER MILL RD SUITE 330 | | | Fax: ( ) - | | | | |
| | BALTIMORE | MD | 21211 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6841 | WOODHEAD, RACHAEL A. | | | Tele (410)369-0000 | | 12/01/2015 | to | 11/30/2017 |
| | 3600 CLIPPER MILL RD STE 330 | | | Fax: ( ) - | | | | |
| | BALTIMORE | MD | 21211 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MD - MONTGOMERY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10371 | CARMEN SYLVIA COSENTINO | | | Tele (302)000-0000 | | 11/23/2016 | to | 11/22/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | NORTH BETHESDA | MD | 20852 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MD - PRINCE GEORGES Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9834 | GASKINS, KATHERINE P | | | Tele (301)000-0000 | | 02/04/2016 | to | 02/04/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | BOWIE | MD | 20715 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County ME - CUMBERLAND Total = 1

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County ME - CUMBERLAND Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD8123 | GAUTHIER, CHRISTOPHER P. | | | Tele (207)893-2930 | | 12/01/2015 | to | 11/30/2017 |
| | 885 ROOSEVELT TRAIL | | | Fax: ( ) - | | | | |
| | WINDHAM | ME | 04062 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County ME - PENOBSCOT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9169 | LORRIANN MAHAN | | | Tele (207)000-0000 | | 10/21/2014 | to | 10/31/2016 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | OLD TOWN | ME | 04468 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MI - HOUGHTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9253 | MILLER, KRISTEN L. | | | Tele (906)000-0000 | | 02/17/2015 | to | 02/28/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | CHASSELL | MI | 49916 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MI - INGHAM Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9985 | KIMBERLY ANN PAYNE SINCLAIR | | | Tele (517)974-7797 | | 04/19/2016 | to | 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | EAST LANSING | MI | 48823 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MI - KENT Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6263 | ADRIAN PETER TROTMAN<br>2900 CHARLEVOIX DR STE 200<br>GRAND RAPIDS MI 49546 | Tele (888)325-8064<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP0027 | KOLE, CORRINE L.<br>2900 CHARLEVOIX DRIVE SE, SUITE 200<br>GRAND RAPIDS MI 49546 | Tele (800)634-1077<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

ST/County MI - OAKLAND Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10046 | LANDSMAN, BARBARA BAYLA<br>AZ PRACTICE ADDR NOT REGISTERED<br>DETROIT MI 48237 | Tele (248)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/06/2016 to 06/05/2018<br>Medcaid_Cert: Not Ceritified |
| SLP9483 | PARKER, WENDY J.<br>27240 HAGGERTY RD SUITE E15<br>FARMINGTON HILLS MI 48331 | Tele (248)488-0350<br>Fax: ( ) -<br>Capacity : Not Applicable | 06/24/2015 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

ST/County MI - SAGINAW Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County MI - SAGINAW Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10294 | MICHELE ELIZABETH SMITH | | | Tele (989)000-0000 | | 10/04/2018 | to | 10/03/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SAGINAW | MI | 48603 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MI - WAYNE Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9661 | OLEN, STPHANIE OLGA | | | Tele (313)792-8960 | | 09/29/2015 | to | 09/30/2017 |
| | 3231 S GILLEY ROAD | | | Fax: ( ) - | | | | |
| | DEARBORN | MI | 48124 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9616 | SCHMIER, ILANA R. | | | Tele (313)792-8960 | | 08/14/2015 | to | 08/31/2017 |
| | 3101 GULLEY ROAD | | | Fax: ( ) - | | | | |
| | DEARBORN | MI | 48124 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9592 | SEMETKO, AMANDA L. | | | Tele (734)000-0000 | | 08/03/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | GROSSE ILE | MI | 48138 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MN - HENNEPIN Total = 7

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County MN - HENNEPIN Total = 7

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA8600 | CHASITY SHEA MOORE | | | Tele (866)418-6928 | 10/01/2016 to 09/30/2018 |
| | 6425 FLYING CLOUD DR | | | Fax: (952)828-6974 | |
| | EDEN PRAIRIE | MN | 55344 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA9177 | CLAIRE COLLORD JOHNSON | | | Tele (513)000-0000 | 11/01/2016 to 10/31/2018 |
| | HI HEALTH INNOVATIONS | | | Fax: ( ) - | |
| | EDEN PRAIRIE | MN | 55344 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1538 | LANGER-ROEDEL, KIMBERLY | | | Tele (623)000-0000 | 06/01/2016 to 05/31/2018 |
| | 6700 WASHINGTON AVE S | | | Fax: ( ) - | |
| | EDEN PRAIRIE | MN | 55344 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA0082 | SMITH, ALISA | | | Tele (950)769-8212 | 06/01/2016 to 05/31/2018 |
| | 8001 BLOOMINGTON FREEWAY | | | Fax: ( ) - | |
| | BLOOMINGTON | MN | 55420 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD4979 | ANTONIO FRANCISCO CALDERON | | | Tele (602)513-6818 | 12/01/2016 to 11/30/2018 |
| | 5000 CHESHIRE PARKWAY NORTH | | | Fax: ( ) - | |
| | PLYMOUTH | MN | 55446 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MN - HENNEPIN Total = 7

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9164 | CASSANDRA LYNN REYNA | | | Tele (956)000-0000 | | 11/01/2016 | to | 10/31/2018 |
| | 6425 FLYING CLOUD DR | | | Fax: ( ) - | | | | |
| | EDEN PRAIRIE | MN | 55344 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9467 | SCHOBORG, JULIA A. | | | Tele (612)668-0000 | | 06/08/2015 | to | 06/30/2017 |
| | 1250 W BROADWAY AVE | | | Fax: ( ) - | | | | |
| | MINNEAPOLIS | MN | 55411 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MN - SHERBURNE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10289 | MARY MCDEVITT KRALJIC | | | Tele (763)000-0000 | | 09/27/2016 | to | 09/26/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | ELK RIVER | MN | 55330 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MN - STEARNS Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA0095 | FANGER, JULIE M. | | | Tele (320)255-6370 | | 09/01/2016 | to | 08/31/2018 |
| | 4801 VETERANS DR | | | Fax: ( ) - | | | | |
| | SAINT CLOUD | MN | 56303 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MO - ADAIR Total = 1

# Licensed Facilities

Thursday, December 01, 2016

ST/County MO - ADAIR Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0713 | HOLLOWAY, PATRICIA ANN | | | Tele (573)471-2544 | | 02/01/2016 | to | 01/31/2018 |
| | P O BOX 1935 | | | Fax: (573)471-3884 | | | | |
| | SIKESTON | MO | 63830 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MO - JACKSON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10270 | ANGELA KAY BURTON | | | Tele (816)000-0000 | | 09/13/2016 | to | 09/12/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BLUE SPRINGS | MO | 64015 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MO - JASPER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9335 | LAURA M CARTER | | | Tele (417)000-0000 | | 04/20/2015 | to | 04/30/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | WEBB CITY | MO | 64870 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MO - POLK Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9203 | PARSONS, MICHELLE L. | | | Tele (417)000-0000 | | 11/25/2014 | to | 11/30/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | FAIR PLAY | MO | 65649 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MO - SAINT LOUIS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0207 | TRIPLETT, BECKY U | | | Tele (314)989-8100 | | 04/01/2016 | to | 03/31/2018 |
| | SPECIAL SCHOOL DISTRICT | | | Fax: (636)980-1946 | | | | |
| | TOWN AND COUNTRY | MO | 63131 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MO - SCOTT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9086 | PORTER, JESSICA C | | | Tele (573)471-2544 | | 09/30/2015 | to | 09/30/2017 |
| | 1102 SIKES AVE | | | Fax: ( ) - | | | | |
| | SIKESTON | MO | 63801 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MS - DE SOTO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9209 | JONES, PRISCILLA L. | | | Tele (662)349-6660 | | 12/08/2014 | to | 12/31/2016 |
| | 2611 CENTRAL PARKWAY | | | Fax: ( ) - | | | | |
| | OLIVE BRANCH | MS | 38654 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MS - JACKSON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9897 | KUTZA, KRITEN MARIE | | | Tele (228)392-6882 | | 03/25/2016 | to | 03/24/2018 |
| | 4347 WEST GAY ROAD | | | Fax: ( ) - | | | | |
| | OCEAN SPRINGS | MS | 39564 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County MT - LINCOLN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9140 | PETERSON, CAROLYN S. | | | Tele (406)000-0000 | | 10/06/2014 | to | 10/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | LIBBY | MT | 59923 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MT - MISSOULA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10150 | EUSTANCE, JANE LIND | | | Tele (406)000-0000 | | 07/14/2016 | to | 07/13/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | MISSOULA | MT | 59808 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County MT - YELLOWSTONE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10348 | MATTHEW JOHN KELKER | | | Tele (575)000-0000 | | 11/08/2016 | to | 11/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BILLINGS | MT | 59102 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9369 | PRICE, KRISTY C. | | | Tele (406)000-0000 | | 05/04/2015 | to | 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | BILLINGS | MT | 59101 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - DURHAM Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County NC - DURHAM Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1495 | LOISELLE, LOUISE | | | Tele (984)209-0283 | | 06/01/2016 | to | 05/31/2018 |
| | MED-EL NORTH AMERICA | | | Fax: ( ) - | | | | |
| | DURHAM | NC | 27713 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - GUILFORD Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA9921 | FRYMARK, EMIL J | | | Tele (336)000-0000 | | 02/11/2015 | to | 02/28/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | GREENSBORO | NC | 27407 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - NEW HANOVER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10357 | MARISSA ANN KING | | | Tele (843)000-0000 | | 11/17/2016 | to | 11/16/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | WILMINGTON | NC | 28403 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - ROBESON Total = 1

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD9235 | MOUSER, SARAH ERVIN | | | Tele (910)000-0000 | | 02/27/2015 | to | 02/28/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | BIGGS PARK | NC | 28358 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NC - ROWAN Total = 1

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD0093 | TAYLOR, CHRISTOPHER D. | | | Tele (704)638-3325 | | 11/01/2015 | to | 10/31/2017 |
| | 1601 BRENNER AVE | | | Fax: ( ) - | | | | |
| | SALISBURY | NC | 28144 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - WAKE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9666 | REID, BILLYE JO | | | Tele (919)926-1466 | | 09/03/2015 | to | 09/30/2017 |
| | 503 US HIGHWAY 70E SUITE C | | | Fax: ( ) - | | | | |
| | GARNER | NC | 27529 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NC - WAYNE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9406 | TUTEN, LAURIE E. | | | Tele (610)000-0000 | | 05/22/2015 | to | 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | GOLDSBORO | NC | 27530 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County ND - BURLEIGH Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10346 | KYLIE DENISE HARDMEYER | | | Tele (701)000-0000 | | 11/08/2016 | to | 11/07/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BISMARCK | ND | 58505 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County ND - STARK Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9196 | KOPPINGER, RACHEL M. | | | Tele (701)000-0000 | 12/08/2014 to 12/31/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | DICKINSON | ND | 58601 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NE - DOUGLAS Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8259 | BRUAN, MATTHEW R. | | | Tele (402)891-1118 | 05/01/2016 to 04/30/2018 |
| | AUREUS MEDICAL GROUP | | | Fax: ( ) - | |
| | OMAHA | NE | 68154 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8908 | FRANZLUEBBERS, ERICA M | | | Tele (402)000-0000 | 07/01/2016 to 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | WATERLOO | NE | 68069 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9247 | HUMPHREY, MELISSA R. | | | Tele (800)856-0375 | 01/21/2015 to 01/31/2017 |
| | 13609 CALIFORNIA ST STE 200 | | | Fax: ( ) - | |
| | OMAHA | NE | 68154 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9153 | KELLY J HYLLAND | | | Tele (800)259-9897 | 10/06/2014 to 10/31/2016 |
| | 13934 GOLD CIRCLE | | | Fax: ( ) - | |
| | MILLARD | NE | 68144 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NE - DOUGLAS Total = 5

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7484 | NELSON, REINA R. | | | Tele (402)334-6076 | | 11/01/2015 | to | 10/31/2017 |
| | 11623 ARBOR ST | | | Fax: ( ) - | | | | |
| | OMAHA | NE | 68144 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NE - SCOTTS BLUFF Total = 3

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD8556 | BLACKBURN, CHAD B | | | Tele (608)632-5633 | | 06/01/2016 | to | 05/31/2018 |
| | 106 W 27TH ST | | | Fax: (308)632-5939 | | | | |
| | SCOTTSBLUFF | NE | 69361 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5897 | MILLER, KAY L. | | | Tele (308)632-5633 | | 06/01/2016 | to | 05/31/2018 |
| | 106 W 27TH P O BOX 238 | | | Fax: (308)632-5939 | | | | |
| | SCOTTSBLUFF | NE | 69363 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD5898 | RONALD LYLE MILLER | | | Tele (308)632-5633 | | 06/01/2016 | to | 05/31/2018 |
| | 106 W 27TH P O BOX 238 | | | Fax: (308)632-5939 | | | | |
| | SCOTTSBLUFF | NE | 69361 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NH - ROCKINGHAM Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County NH - ROCKINGHAM Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9588 | GREGORY, JULIANA M. | | | Tele (800)995-2673 | 08/26/2015 to 08/31/2017 |
| | 2 KEEWAYDIN DRIVE | | | Fax: ( ) - | |
| | SALEM | NH | 03079 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NJ - MERCER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8520 | ENGEL, ELLEN K. | | | Tele (888)274-2742 | 09/01/2016 to 08/31/2018 |
| | 103 CARNEGIE CENTER SUITE 104 | | | Fax: ( ) - | |
| | PRINCETON | NJ | 08540 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NJ - MIDDLESEX Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA6761 | TAGHVAEI, NAVID | | | Tele (800)766-4500 | 06/01/2016 to 05/31/2018 |
| | 10 CONSTITUTION AVE | | | Fax: ( ) - | |
| | PISCATAWAY | NJ | 08855 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NJ - SOMERSET Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA7911 | LISA CATHLEEN HUSTON | | | Tele (480)538-3200 | 09/01/2016 to 08/31/2018 |
| | 580 HOWARD AVE | | | Fax: ( ) - | |
| | SOMERSET | NJ | 08873 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NM - BERNALILLO Total = 5

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA6643 | BALLACHANDA, BOPANNA B.<br>7920 WYOMING SUITE A<br>ALBUQUERQUE NM 87109 | Tele (505)299-4327<br>Fax: (505)299-4328<br>Capacity : Not Applicable | 04/01/2016 to 03/31/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR9366 | JOHN M NUSSBAUMER<br>AZ PRACTICE ADDR NOT REGISTERED<br>ALBUQUERQUE NM 87120 | Tele (505)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/07/2015 to 04/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9887 | GUTIERREZ, MICHELLE MARIN<br>6400 UPTOWN BLVD NE<br>ALBUQUERQUE NM 87110 | Tele (505)880-3700<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/11/2016 to 04/10/2018<br>Medcaid_Cert: Not Ceritified |
| SLP8204 | MACDOUGALL, MARY V.<br>AZ PRACTICE ADDRESS NOT REGISTERED<br>SANTA FE NM 87508 | Tele (970)999-9999<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |
| SLP8988 | SMITH, ALEXANDRA M<br>5200 COPPER AVE<br>ALBUQUERQUE NM 87108 | Tele (505)266-5557<br>Fax: ( ) -<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NM - CURRY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9353 | LACRY, CLARISSA R. | | | Tele (575)769-4490 | | 04/17/2015 | to | 04/30/2017 |
| | 1600 SUTTER | | | Fax: ( ) - | | | | |
| | CLOVIS | NM | 88101 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NM - DONA ANA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6096 | LAL, KIRAN K. | | | Tele (575)522-1110 | | 01/01/2016 | to | 12/31/2017 |
| | 2884 ROAD RUNNER | | | Fax: ( ) - | | | | |
| | LAS CRUCES | NM | 88011 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NM - GRANT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9429 | ARMSTRONG, JAMES R. | | | Tele (575)694-4263 | | 06/24/2015 | to | 06/30/2017 |
| | 35 CYGNET ROAD | | | Fax: ( ) - | | | | |
| | SILVER CITY | NM | 88061 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NM - RIO ARRIBA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9186 | BUSCH, MICHELE M. | | | Tele (575)000-0000 | | 11/03/2014 | to | 11/30/2016 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | CHAMA | NM | 87520 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NM - SAN JUAN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8525 | MONTOYA, ISABELLE K<br>701 WEST APACHE STREET<br>FARMINGTON NM 87401 | Tele (505)327-7777<br>Fax: (505)327-7779<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County NM - SANDOVAL Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP0303 | FRANKLIN, BARBARA S<br>2410 19TH ST SE<br>RIO RANCHO NM 87124 | Tele (505)452-4220<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County NM - VALENCIA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP5966 | TEPPER, SHERRIE L.<br>44 PINSBAARI RD<br>PUEBLO OF ACOMA NM 87034 | Tele (505)552-6671<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County NV - CHURCHILL Total = 2

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD984 | SCHWENDEMANN, ERNEST L.<br>AZ PRACTICE ADDR NOT REGISTERED<br>HENDERSON NV 89052 | Tele (702)363-8524<br>Fax: ( ) -<br>Capacity : Not Applicable | 03/01/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NV - CHURCHILL Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7153 | BAUGHMAN, CAMILLA B<br>9121 W RUSSELL ROAD, SUITE 112<br>LAS VEGAS NV 89148 | Tele (702)262-7536<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County NV - CLARK Total = 12

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA3024 | ALWAYS BETTER CARE HOME HEALTH<br>3650 SOUTH POINT CIRCLE, SUITE 116<br>LAUGHLIN NV 89029 | Tele (702)298-0555<br>Fax: (702)298-0577<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| HHA4402 | KINDRED AT HOME<br>315 CALAIS DRIVE, SUITE A<br>MESQUITE NV 89027 | Tele (702)346-7565<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/12/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |
| HHA4779 | MESA VIEW HOME CARE, LLC<br>330 FALCON RIDGE PARKWAY, BUILDING 200, SUITE A<br>MESQUITE NV 89027 | Tele (702)346-2460<br>Fax: (702)346-2460<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2017<br>Medcaid_Cert: Certified |

Sub-Type : AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County NV - CLARK Total = 12

## Sub-Type : AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AUD6755 | MOCHIZUKI, KEVIN S.<br>9811 W CHARLESTON BLVD #2-641<br>LAS VEGAS NV 89117 | Tele (855)864-4322<br>Fax: (866)540-2867<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2018<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD1269 | ERNO, RENEE M.<br>1132 ESSEX AVE UNIT 53 BOX 3<br>HENDERSON NV 89015 | Tele (702)825-8008<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/01/2016 to 08/31/2018<br>Medcaid_Cert: Not Ceritified |
| HADE9322 | KIMBERLY RENE JEFFREYS<br>AZ PRACTICE ADDR NOT REGISTERED<br>LAS VEGAS NV 89145 | Tele (509)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/10/2015 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC4401 | KINDRED HOSPICE<br>315 CALAIS DRIVE, SUITE B<br>MESQUITE NV 89027 | Tele (702)346-7565<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/12/2016 to 05/31/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : MIDWIFE - CPM

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| LM176 | THOMAS, JOYCE LYNN<br>1350 E FLAMINGO RD #517<br>LAS VEGAS NV 89119 | Tele (909)489-7077<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/23/2016 to 02/28/2018<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NV - CLARK Total = 12

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10108 | KIER, HADASSAH | | | Tele (347)000-0000 | 06/22/2016 to 06/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | HENDERSON | NV | 89012 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9002 | SHECKLER-SCOTT, LYN | | | Tele (702)000-0000 | 08/01/2016 to 07/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | |
| | LAS VEGAS | NV | 89110 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP4163 | VETTER, TIFFANY S | | | Tele (480)760-5710 | 09/01/2016 to 08/31/2018 |
| | 2711 W WINDMILL LN | | | Fax: (602)239-4548 | |
| | LAS VEGAS | NV | 89123 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9809 | WELCH, MARY KATHERYN | | | Tele (702)877-0808 | 01/25/2016 to 01/24/2018 |
| | 2820 CHARLESTON BLVD UNIT D38 | | | Fax: ( ) - | |
| | LAS VEGAS | NV | 89102 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NY - DUTCHESS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9458 | ANGEVINE, KRISTIN E. | | | Tele (845)486-4460 | 06/10/2015 to 06/09/2017 |
| | 144 TODD HILL ROAD | | | Fax: ( ) - | |
| | LAGRANGEVILLE | NY | 12540 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NY - ERIE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9396 | WILLIAMS, DANIELLE L. | | | Tele (888)317-0494 | 06/17/2015 to 06/30/2017 |
| | 5570 MAIN STREET | | | Fax: ( ) - | |
| | WILLIAMSVILLE | NY | 14221 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NY - KINGS Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9334 | CONNRS, BARBARA A. | | | Tele (718)851-3300 | 04/20/2015 to 04/30/2017 |
| | 649 39TH STREET | | | Fax: ( ) - | |
| | BROOKLYN | NY | 11232 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10287 | JAMIE ANTONETTE HOUY | | | Tele (646)000-0000 | 09/22/2016 to 09/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | BROOKLYN | NY | 11201 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County NY - NASSAU Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9794 | KURK, CINDY | | | Tele (516)371-1818 | 01/07/2016 to 01/06/2018 |
| | 385 PEARSALL AVENUE #1 | | | Fax: ( ) - | |
| | CEDARHURST | NY | 11516 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NY - NASSAU Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9251 | SCHMITZ, LEIGH | | | Tele (516)422-7840 | | 01/20/2015 | to | 01/31/2017 |
| | 225 CROSSWAYS PARK DR | | | Fax: ( ) - | | | | |
| | WOODBURY | NY | 11797 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NY - NEW YORK Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9755 | CHEN, WEN L | | | Tele (516)000-0000 | | 12/07/2015 | to | 12/07/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | NEW YORK | NY | 10017 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NY - ORANGE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP2041 | CROWLEY, KATHLEEN | | | Tele (845)938-2313 | | 07/01/2016 | to | 06/30/2018 |
| | 705 A BARRY ROAD | | | Fax: (845)938-3352 | | | | |
| | WEST POINT | NY | 10996 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County NY - SUFFOLK Total = 3

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1545 | GOLDFRIED, DARA S. | | | Tele (631)920-7058 | | 06/01/2016 | to | 05/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTED | | | Fax: ( ) - | | | | |
| | DIX HILLS | NY | 11746 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County NY - SUFFOLK Total = 3

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA1750 | SHAW, JANELLE R. | | | Tele (800)221-0188 | | 03/01/2016 | to | 02/28/2018 |
| | 185 COMMERCE DR | | | Fax: (602)876-2393 | | | | |
| | HAUPPAUGE | NY | 11788 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10353 | LAUREN ASHLEY FARRELL | | | Tele (631)000-0000 | | 11/15/2016 | to | 11/14/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BAY SHORE | NY | 11706 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - CLERMONT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9629 | DUFRESNE, PAMELA A. | | | Tele (513)000-0000 | | 08/26/2015 | to | 08/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | CINCINNATI | OH | 45245 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - FRANKLIN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8491 | KATHERINE GALLO GLICK | | | Tele (614)000-0000 | | 09/20/2016 | to | 09/19/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | HILLIARD | OH | 43026 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - GEAUGA Total = 1

# Licensed Facilities

Thursday, December 01, 2016

ST/County OH - GEAUGA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10256 | TRISHA BETH RAY | | | Tele (440)000-0000 | 09/02/2016 to 09/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CHARDON | OH | 44024 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County OH - HAMILTON Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5664 | COOPER, PAMELA J. | | | Tele (513)984-1800 | 09/01/2016 to 08/31/2018 |
| | 411 OAK STREET | | | Fax: ( ) - | |
| | CINCINNATI | OH | 45219 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9350 | RAPKING, CANDACE I. | | | Tele (513)363-0000 | 04/29/2015 to 04/30/2017 |
| | 2651 BURNET AVENUE | | | Fax: ( ) - | |
| | CINCINNATI | OH | 45219 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10197 | RICHARDS, CHANEL ASHLEY | | | Tele (317)000-0000 | 08/17/2016 to 08/16/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | CINCINNATI | OH | 45208 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County OH - HOLMES Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County OH - HOLMES Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0808 | PREDEBON, SHERI A. | | | Tele (602)295-9987 | | 07/01/2016 | to | 06/30/2018 |
| | 2143 TOWNSHIP RD | | | Fax: ( ) - | | | | |
| | MILLERSBURG | OH | 44654 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - LAKE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9362 | SWEZEY, MEGAN E. | | | Tele (412)000-0000 | | 05/06/2015 | to | 05/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | WICKLIFFE | OH | 44092 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - MONTGOMERY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4766 | MAYHEW, PATRICIA E. | | | Tele (937)866-4461 | | 07/01/2016 | to | 06/30/2018 |
| | 29 S 6TH STREET | | | Fax: ( ) - | | | | |
| | MIAMISBURG | OH | 45342 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OH - PORTAGE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8366 | ALEXANDRA ALAINE HOLOMUZKI-ZGONC | | | Tele (330)225-4182 | | 11/01/2016 | to | 10/31/2018 |
| | 3724 CENTER RD | | | Fax: ( ) - | | | | |
| | KENT STATE UNIVERSIT | OH | 44242 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County OH - PORTAGE Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP6424 | PAGE, KRISTEN W.<br>AZ PRACTICE ADDR NOT REGISTERED<br>AURORA OH 44202 | Tele (480)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/21/2016 to 01/20/2018 |

ST/County OH - TRUMBULL Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9473 | HAGBERG, ERIC NELSON<br>AZ PRACTICE ADDR NOT REGISTERED<br>BROOKFIELD OH 44403 | Tele (330)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 06/22/2015 to 06/30/2017 |

ST/County OH - WARREN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10213 | BRIANNE CRANE ALLEN<br>AZ PRACTICE ADDR NOT REGISTERED<br>LEBANON OH 45036 | Tele (937)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 09/27/2016 to 09/26/2018 |

ST/County OH - WAYNE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP4820 | LEGASPI, JEREMY J.<br>1022 HEYL ROAD<br>WOOSTER OH 44691 | Tele (602)717-5506<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/01/2016 to 03/31/2018 |

# Licensed Facilities

Thursday, December 01, 2016

ST/County OK - ADAIR Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10103 | JENNIFER LEE CHARITY BOECHER | | | Tele (310)000-0000 | | 06/16/2016 | to | 06/15/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | STILWELL | OK | 74960 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OK - COMANCHE Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9348 | GAMMON, TAYLER R | | | Tele (580)000-0000 | | 03/17/2015 | to | 03/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | FLETCHER | OK | 73541 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OK - MUSKOGEE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP4790 | CALE, SHANNA R. | | | Tele (918)683-2914 | | 08/01/2016 | to | 07/31/2018 |
| | 5800 W OKMULGEE DR | | | Fax: ( ) - | | | | |
| | BACONE | OK | 74401 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County OK - OKLAHOMA Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR4294 | ROBERT GLEN GAMMON | | | Tele (580)000-0000 | | 10/20/2015 | to | 10/31/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | OKLAHOMA CITY | OK | 73120 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County OK - TULSA Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA1514 | DUKE, VIKKI J.<br>4564 S HARVARD STE A<br>TULSA OK 74135 | Tele (918)745-9052<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 01/01/2016 to 12/31/2017 |

ST/County OR - CLACKAMAS Total = 4

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9310 | HEDRICK, MARK WILLIAM<br>AZ PRACTICE ADDR NOT REGISTERED<br>CLACKAMAS OR 97015 | Tele (888)739-2241<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 03/10/2015 to 03/31/2017 |
| DA6879 | PUTERSKI, EILEEN A.<br>8800 SE SUNNSIDE DR #300N<br>CARVER OR 97015 | Tele (503)659-5115<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 12/01/2015 to 11/30/2017 |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP5226 | KEENEY, DENISE N.<br>ARIZONA PRACTICE ADDRESS NOT REGISTERED<br>WILSONVILLE OR 97070 | Tele (480)650-1152<br>Fax: (480)650-1152<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 10/01/2016 to 09/30/2018 |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County OR - CLACKAMAS Total = 4

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| TSLP9228 | LARSON, TAMMY N.<br>25117 SW PARKWAY STE D<br>WILSONVILLE OR 97070 | Tele (888)757-3422<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/05/2015 to 01/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County OR - COOS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9807 | GEER, ASHLET M.<br>AZ PRACTICE ADDR NOT REGISTERED<br>BANDON OR 97411 | Tele (916)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/19/2016 to 01/18/2018<br>Medcaid_Cert: Not Ceritified |

ST/County OR - DESCHUTES Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7586 | DENOVITZ, ALISHA L.<br>AZ PRACTICE ADDR NOT REGISTERED<br>BEND OR 97707 | Tele (503)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 01/19/2016 to 01/18/2018<br>Medcaid_Cert: Not Ceritified |

ST/County OR - JACKSON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7132 | ALETHEA LYNN HALSTEAD<br>2825 E BARNETT RD<br>MEDFORD OR 97504 | Tele (541)789-7000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/01/2015 to 11/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County OR - MULTNOMAH Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9147 | FAITH R PURNELL<br>AZ PRACTICE ADDR NOT REGISTERED<br>PORTLAND OR 97212 | Tele (801)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/22/2014 to 10/31/2016<br>Medcaid_Cert: Not Ceritified |
| SLP9939 | KASCH, AMY ALICE<br>AZ PRACTICE ADDR NOT REGISTERED<br>PORTLAND OR 97233 | Tele (503)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 04/26/2016 to 04/25/2018<br>Medcaid_Cert: Not Ceritified |
| SLP7921 | LACEY-MOREY, CARA R.<br>550 NE SCOTT AVE<br>GRESHAM OR 97030 | Tele (503)703-2964<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/01/2016 to 07/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County PA - ALLEGHENY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10246 | KRISTY LYNN DONALD<br>AZ PRACTICE ADDR NOT REGISTERED<br>PITTSBURGH PA 15234 | Tele (412)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 09/30/2016 to 09/29/2018<br>Medcaid_Cert: Not Ceritified |

ST/County PA - BUCKS Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County PA - BUCKS Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA1719 | COOK, JODI A. | | | Tele (510)673-7809 | 04/01/2016 to 03/31/2018 |
| | 126 HILLBORN DRIVE | | | Fax: ( ) - | |
| | NEWTOWN | PA | 18940 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County PA - BUTLER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9841 | SCIALABBA, KATRAH COURTNEY | | | Tele (724)000-0000 | 02/02/2016 to 02/01/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | BUTLER | PA | 16001 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County PA - CHESTER Total = 6

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8577 | JILL KATHLEEN AIGNER | | | Tele (608)000-0000 | 12/01/2016 to 11/30/2018 |
| | 101 E STATE ST | | | Fax: ( ) - | |
| | KENNETT SQ | PA | 19348 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9337 | LA BOMBARD, REBECCA L. | | | Tele (800)578-7906 | 04/27/2015 to 04/30/2017 |
| | 200 SKILES BLVD | | | Fax: ( ) - | |
| | WEST CHESTER | PA | 19382 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County PA - CHESTER Total = 6

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6249 | MILLER, JASON D | | | Tele (610)455-4055 | | 11/01/2015 | to | 10/31/2017 |
| | 200 SKILES BLVD | | | Fax: ( ) - | | | | |
| | WEST CHESTER | PA | 19382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9539 | PITTERMAN, SHARI A. | | | Tele (800)578-7906 | | 07/16/2015 | to | 07/31/2017 |
| | 200 SKILES BLVD | | | Fax: ( ) - | | | | |
| | WEST CHESTER | PA | 19382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7392 | TATE, VIRGINIA M. | | | Tele (800)578-7906 | | 12/01/2015 | to | 11/30/2017 |
| | 200 SKILES BOULEVARD | | | Fax: (866)511-3169 | | | | |
| | WEST CHESTER | PA | 19382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : TEMPORARY SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| TSLP9789 | LEET, KORTNEY E. | | | Tele (800)578-7906 | | 12/18/2015 | to | 12/17/2016 |
| | 200 SKILES BLVD | | | Fax: ( ) - | | | | |
| | WEST CHESTER | PA | 19382 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County PA - DAUPHIN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County PA - DAUPHIN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6020 | KREMPASKY, MELISSA M. | | | Tele (717)000-0000 | | 09/09/2015 | to | 09/30/2017 |
| | 500 UNIVERSITY DRIVE | | | Fax: ( ) - | | | | |
| | HERSHEY | PA | 17033 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County PA - LANCASTER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10367 | SVJETLANA VITOR | | | Tele (717)000-0000 | | 11/22/2016 | to | 11/21/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LANCASTER | PA | 17603 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County PA - NORTHAMPTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLPA9309 | SPEICHER, LAUREN E. | | | Tele (484)000-0000 | | 03/23/2015 | to | 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | BETHLEHEM | PA | 18018 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County PA - WAYNE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9165 | JOSEPH M SWINGLE | | | Tele (570)000-0000 | | 10/21/2014 | to | 10/31/2016 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LAKE ARIEL | PA | 18436 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County SC - ORANGEBURG Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9331 | BUTLER, AUDRA D. | | | Tele (803)000-0000 | | 03/25/2015 | to | 03/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | ORANGEBURG | SC | 29115 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County SC - YORK Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9222 | RABISH, ANDREA J. | | | Tele (803)000-0000 | | 01/09/2015 | to | 01/31/2017 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | BETHEL | SC | 29710 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County SD - MEADE Total = 1

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD0028 | WILLIAMS, LORI M. | | | Tele (602)720-7178 | | 07/01/2016 | to | 06/30/2018 |
| | 113 COMANCHE RD | | | Fax: (602)263-1635 | | | | |
| | FORT MEADE | SD | 57741 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County SD - MINNEHAHA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9898 | OSTER, AMANDA MAE | | | Tele (605)000-0000 | | 04/05/2016 | to | 04/04/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BRANDON | SD | 57005 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County TN - DAVIDSON Total = 2

Sub-Type : AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| AUD6982 | SOUTHWICK, TARA L.<br>3100 WEST END AVE SUITE 800<br>NASHVILLE TN 37203 | Tele (615)345-5400<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2016 to 10/31/2018<br>Medcaid_Cert: Not Ceritified |

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA7106 | STANTON CLIVE JONES<br>AZ PRACTICE ADDR NOT REGISTERED<br>NASHVILLE TN 37203 | Tele (615)345-5400<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/05/2016 to 10/04/2018<br>Medcaid_Cert: Not Ceritified |

ST/County TN - HAMILTON Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9624 | PARISH, ELIZABETH B.<br>AZ PRACTICE ADDR NOT REGISTERED<br>CHATTANOOGA TN 37405 | Tele (931)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 08/20/2015 to 08/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County TN - LINCOLN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9970 | HASTINGS, GRACE ANN<br>AZ PRACTICE ADDR NOT REGISTERED<br>TAFT TN 38488 | Tele (615)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 05/05/2016 to 05/04/2018<br>Medcaid_Cert: Not Ceritified |

ST/County TN - SHELBY Total = 1

# Licensed Facilities

Thursday, December 01, 2016

ST/County TN - SHELBY Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9462 | WILLIAMS, SHERICA A. | | | Tele (901)937-6302 | | 06/08/2015 | to | 06/07/2017 |
| | 8119 MAMPHIS-ARLINGTON RD | | | Fax: ( ) - | | | | |
| | MEMPHIS | TN | 38133 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TN - WILLIAMSON Total = 1

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD7092 | SHEDD, MONICA L. | | | Tele (615)346-8738 | | 04/01/2016 | to | 03/31/2018 |
| | 214 CENTERVIEW DRIVE SUITE 100 | | | Fax: (888)468-6511 | | | | |
| | BRENTWOOD | TN | 37027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TX - COLLIN Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9291 | CANFIELD, DOROTHY L. | | | Tele (808)482-3749 | | 03/02/2015 | to | 03/31/2017 |
| | 7160 DALLAS PARKWAY STE 400 | | | Fax: ( ) - | | | | |
| | PLANO | TX | 75024 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP6719 | LI, KANG | | | Tele (972)447-9800 | | 11/01/2015 | to | 10/31/2017 |
| | 5212 VILLAGE CREEK | | | Fax: ( ) - | | | | |
| | PLANO | TX | 75093 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TX - DALLAS Total = 7

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - DALLAS Total = 7

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HADR8799 | BOTHWELL, JEREMY R | | | Tele (800)785-6052 | 05/01/2016 to 04/30/2018 |
| | 3385 ROY ORR BLVD | | | Fax: ( ) - | |
| | GRAND PRAIRIE | TX | 75050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD5325 | REDL, TAMMY L. | | | Tele (469)371-9077 | 04/01/2016 to 03/31/2018 |
| | 3385 ROY ORR BLVD | | | Fax: ( ) - | |
| | GRAND PRAIRIE | TX | 75050 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP5224 | EVANDER, JENNIFER L. | | | Tele (800)282-0300 | 07/01/2016 to 06/30/2018 |
| | 5001 STATESMAN DR | | | Fax: ( ) - | |
| | IRVING | TX | 75063 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9771 | HEADRICK, AIMEE L. | | | Tele (866)221-5405 | 12/16/2015 to 12/15/2017 |
| | 1755 WITTINGTON PLACE SUITE 175 | | | Fax: ( ) - | |
| | DALLAS | TX | 75234 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP10250 | JULIE SUZANNE STONE | | | Tele (214)000-0000 | 09/07/2016 to 09/06/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | RICHARDSON | TX | 75080 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - DALLAS Total = 7

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9907 | KRAMER, KARA ELIZABETH<br>FOUR HICKORY CENTRE 1755 WITTINGTON PLACE STE 175<br>DALLAS TX 75234 | Tele (866)221-5405<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/11/2016 to 04/10/2018 |
| SLP10157 | PATTY, DAYNA KATHLENE<br>AZ PRACTICE ADDR NOT REGISTERED<br>DALLAS TX 75214 | Tele (940)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 07/19/2016 to 07/18/2018 |

ST/County TX - DENTON Total = 2

Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HADR10028 | ROSALINA COLE<br>AZ PRACTICE ADDR NOT REGISTERED<br>JUSTIN TX 76247 | Tele (469)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 06/07/2016 to 06/30/2018 |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9906 | PRIEM, LAUREN ALLEY<br>3000 NORTH I-35<br>DENTON TX 76201 | Tele (940)898-7000<br>Fax: ( ) -<br>Capacity : Not Applicable Medcaid_Cert: Not Ceritified | 04/27/2016 to 04/26/2018 |

ST/County TX - EL PASO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - EL PASO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8224 | DAWSON, RONALD E. | | | Tele (915)000-0000 | | 06/01/2016 | to | 05/31/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | EL PASO | TX | 79927 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TX - GUADALUPE Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA5972 | TEUFERT-AUTREY, SARA | | | Tele (520)000-0000 | | 07/01/2016 | to | 06/30/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SCHERTZ | TX | 78154 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TX - HARRIS Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9214 | BERENBERG, PHYLLIS | | | Tele (713)000-0000 | | 01/07/2015 | to | 01/31/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | | | | |
| | HOUSTON | TX | 77056 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP0273 | MILLS, MARGARET S. | | | Tele (520)979-4411 | | 12/01/2015 | to | 11/30/2017 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | HOUSTON | TX | 77005 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County TX - HIDALGO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - HIDALGO Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9865 | FLORES, MELISSA MARISOL | | | Tele (956)683-7770 | 03/09/2016 to 03/08/2018 |
| | 300 S 2ND STREET | | | Fax: ( ) - | |
| | MC ALLEN | TX | 78501 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County TX - MCLENNAN Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1616 | ELASSAD, CAROL A. | | | Tele (254)751-2403 | 06/01/2016 to 05/31/2018 |
| | 6901 MEDICAL PARKWAY | | | Fax: ( ) - | |
| | WACO | TX | 76712 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County TX - MONTGOMERY Total = 3

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| AUD9564 | DITTY, KAREN M | | | Tele (832)455-6261 | 07/09/2015 to 07/31/2017 |
| | 17450 ST LUKES WAY STE 150 | | | Fax: ( ) - | |
| | CONROE | TX | 77384 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9250 | JAMES, UNIQUE D. | | | Tele (281)364-2000 | 02/20/2015 to 02/28/2017 |
| | 18550 I-45 SOUTH | | | Fax: ( ) - | |
| | CONROE | TX | 77384 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - MONTGOMERY Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP10374 | SHELLEY NICOLE BLANCO<br>AZ PRACTICE ADDR NOT REGISTERED<br>MONTGOMERY TX 77356 | Tele (972)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/28/2016 to 11/27/2018<br>Medcaid_Cert: Not Ceritified |

ST/County TX - POTTER Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA7006 | LARSON, CHERILYN L.<br>6010 AMARILLO BLVD WEST<br>AMARILLO TX 79106 | Tele (806)355-9703<br>Fax: ( ) -<br>Capacity : Not Applicable | 11/01/2015 to 10/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County TX - ROCKWALL Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP9768 | GODFREY, SEAN K.<br>AZ PRACTICE ADDR NOT REGISTERED<br>ROCKWALL TX 75032 | Tele (504)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/14/2015 to 12/13/2017<br>Medcaid_Cert: Not Ceritified |
| SLP7612 | JOHNSON, OLGA Y<br>6700 HERITAGE PKWY<br>HEATH TX 75087 | Tele (928)000-0000<br>Fax: ( ) -<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County TX - TARRANT Total = 3

Sub-Type : SPEECH LANGUAGE ASSISTANT

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - TARRANT Total = 3

Sub-Type : SPEECH LANGUAGE ASSISTANT

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLPA10271 | ANDREA LEA JOHNSON | | | Tele (817)000-0000 | 09/16/2016 to 09/15/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | FORT WORTH | TX | 76123 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |
| License # | Name | | | Contact Information | License/Approval Dates |
| SLPA9447 | JOHNSON, LISA A. | | | Tele (918)000-0000 | 06/04/2015 to 06/03/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | MANSFIELD | TX | 76063 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9631 | BLAIR, MARY M. | | | Tele (817)421-1313 | 09/15/2015 to 09/30/2017 |
| | 1005 E IRA WOODS | | | Fax: ( ) - | |
| | GRAPEVINE | TX | 76051 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County TX - TRAVIS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9436 | PIZANO, CECELIA | | | Tele (202)000-0000 | 06/05/2015 to 06/04/2017 |
| | EMPLOYER NOT SPECIFIED | | | Fax: ( ) - | |
| | AUSTIN | TX | 78745 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County TX - WILLIAMSON Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County TX - WILLIAMSON Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| DA10113 | LAURA SUSAN COCO | | | Tele (512)000-0000 | 06/29/2016 to 06/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | |
| | AUSTIN | TX | 78729 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County UT - DAVIS Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9036 | MEGHAN ELIZABETH GRANGE | | | Tele (801)294-1167 | 09/01/2016 to 08/31/2018 |
| | 280 N MAIN ST #2 | | | Fax: ( ) - | |
| | BOUNTIFUL | UT | 84010 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County UT - SALT LAKE Total = 3

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| HAD8796 | PHANGIA, HANSEN H | | | Tele (801)293-6749 | 06/01/2016 to 05/31/2018 |
| | 4215 SOUTH RIVERBOAT ROAD #200 | | | Fax: ( ) - | |
| | MURRAY | UT | 84123 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9432 | BALT, STEPHANIE P. | | | Tele (877)496-3332 | 05/29/2015 to 05/28/2017 |
| | 13048 W 6575 SOUTH | | | Fax: ( ) - | |
| | BLUFFDALE | UT | 84065 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County UT - SALT LAKE Total = 3

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7324 | SINGH, SERENA K.<br>10808 S RIVER FRONT PKWY SUITE 304<br>S JORDAN UT 84095 | Tele (877)496-3332<br>Fax: (877)496-3332<br>Capacity : Not Applicable | 01/01/2016 to 12/31/2017<br>Medcaid_Cert: Not Ceritified |

ST/County UT - SUMMIT Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP8656 | ROBLES, MARIBEL<br>1640 W REDSTONE CENTER DR SUITE 200<br>PARK CITY UT 84098 | Tele (866)474-6677<br>Fax: (866)474-6677<br>Capacity : Not Applicable | 02/01/2016 to 01/31/2018<br>Medcaid_Cert: Not Ceritified |

ST/County UT - WASHINGTON Total = 9

Sub-Type : ARIZONA HOME HEALTH AGENCY ONLY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HHA7213 | ENCOMPASS HOME HEALTH OF SOUTHERN UTAH<br>640 EAST 700 SOUTH, SUITE 303A<br>SAINT GEORGE UT 84770 | Tele (435)634-9300<br>Fax: (435)652-1677<br>Capacity : Not Applicable | 08/01/2016 to 06/30/2017<br>Medcaid_Cert: Certified |
| | GENTIVA HEALTH SERVICES<br>50 EAST 100TH SOUTH, SUITE 200<br>ST GEORGE UT 84770 | Tele (435)628-5277<br>Fax: (435)673-0432<br>Capacity : Not Applicable | to<br>Medcaid_Cert: Not Ceritified |

Sub-Type : DISPENSING AUDIOLOGISTS

# Licensed Facilities

Thursday, December 01, 2016

ST/County UT - WASHINGTON Total = 9

## Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| DA9775 | MONTGOMERY-EARL, PAMELA<br>AZ PRACTICE ADDR NOT REGISTERED<br>SAINT GEORGE UT 84770 | Tele (435)628-3192<br>Fax: ( ) -<br>Capacity : Not Applicable | 12/28/2015 to 12/27/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HEARING AID DISPENSERS

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HAD7176 | BAIN, JENNIFER<br>157 E RIVERSIDE DR STE 3D<br>ST GEORGE UT 84790 | Tele (435)674-9900<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : HOSPICE - OUTOFSTATE

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| HSPC7212 | ENCOMPASS HOSPICE OF SOUTHERN UTAH<br>640 EAST 700 SOUTH, SUITE 101<br>SAINT GEORGE UT 84770 | Tele (435)634-9300<br>Fax: (435)652-1677<br>Capacity : Not Applicable | 07/01/2016 to 06/30/2017<br>Medcaid_Cert: Not Ceritified |

## Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | Contact Information | License/Approval Dates |
|---|---|---|---|
| SLP7968 | FEWELL, KERRY L.<br>2044 S MESA PALMS<br>ST GEORGE UT 84770 | Tele (435)673-5353<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2016 to 09/30/2018<br>Medcaid_Cert: Not Ceritified |
| License # | Name | Contact Information | License/Approval Dates |
| SLP4016 | HESS, MATTHEW<br>616 S RIVER RD STE 220<br>SAINT GEORGE UT 84790 | Tele (435)673-5496<br>Fax: ( ) -<br>Capacity : Not Applicable | 10/01/2015 to 09/30/2017<br>Medcaid_Cert: Not Ceritified |

# Licensed Facilities

Thursday, December 01, 2016

ST/County UT - WASHINGTON Total = 9

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9578 | NELSON, REBECCA E. | | | Tele (435)215-4084 | | 08/18/2015 | to | 08/31/2017 |
| | 321 N MALL DRIVE, SUITE L103 | | | Fax: ( ) - | | | | |
| | ST GEORGE | UT | 84790 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP1422 | OQUIST, KERSTIN E. | | | Tele (928)875-9050 | | 02/01/2016 | to | 01/31/2018 |
| | 1630 E 2450 S #63 | | | Fax: ( ) - | | | | |
| | ST GEORGE | UT | 84790 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County VA - CHESTERFIELD Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9745 | FIELDS-WITHERSPOON. YOLANDA G. | | | Tele (804)447-5240 | | 11/12/2015 | to | 11/30/2017 |
| | 10417 SEACLIFF LANE | | | Fax: ( ) - | | | | |
| | RICHMOND | VA | 23236 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County VA - LOUDOUN Total = 2

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR9984 | CAROLINE ELIZABETH BALES | | | Tele (703)000-0000 | | 04/12/2016 | to | 04/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LEESBURG | VA | 20176 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

# Licensed Facilities

Thursday, December 01, 2016

ST/County VA - LOUDOUN Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9673 | HENDRICKSON, CHRISTINE L. | | | Tele (703)000-0000 | | 09/08/2015 | to | 09/30/2017 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | LEESBURG | VA | 20176 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County VA - STAFFORD Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP7737 | DELDUCA, MARIA T. | | | Tele (520)265-3991 | | 08/01/2016 | to | 07/31/2018 |
| | 44 BLOSSOM WOOD COURT | | | Fax: (520)265-3004 | | | | |
| | STAFFORD | VA | 22554 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WA - KING Total = 4

Sub-Type : AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD8717 | MCCALL, KIRSTEN R | | | Tele (425)757-7801 | | 02/01/2016 | to | 01/31/2018 |
| | 13906 SE 158TH ST | | | Fax: (425)254-0367 | | | | |
| | RENTON | WA | 98058 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| AUD8800 | MCDANIEL, MARY M | | | Tele (206)706-7352 | | 05/01/2016 | to | 04/30/2018 |
| | 8043 11TH AVE NW | | | Fax: (206)706-7356 | | | | |
| | SEATTLE | WA | 98117 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : HEARING AID DISPENSERS

# Licensed Facilities

Thursday, December 01, 2016

ST/County WA - KING Total = 4

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HAD1886 | ANTHIS, MARK CHRISTIAN | | | Tele (425)427-3530 | | 02/01/2016 | to | 01/31/2018 |
| | 845 LAKE DRIVE | | | Fax: (714)534-3910 | | | | |
| | ISSAQUAH | WA | 98027 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP9969 | JOHNSON, JESSICA NEL | | | Tele (402)000-0000 | | 04/29/2016 | to | 04/28/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | SEATTLE | WA | 98154 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WA - KITSAP Total = 1

Sub-Type : DISPENSING AUDIOLOGISTS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| DA7480 | KUMIKO TANYA DUNN | | | Tele (360)613-1784 | | 09/01/2016 | to | 08/31/2018 |
| | 10000 MICKELBERRY RD NW | | | Fax: ( ) - | | | | |
| | SILVERDALE | WA | 98383 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WA - THURSTON Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP5591 | JUNG, KRISTEN J. | | | Tele (480)000-0000 | | 04/01/2016 | to | 03/31/2018 |
| | AZ PRACTICE ADDRESS NOT REGISTERED | | | Fax: ( ) - | | | | |
| | TUMWATER | WA | 98501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County WA - THURSTON Total = 2

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10272 | SHERI RENEE DUBINER | | | Tele (908)000-0000 | | 10/11/2016 | to | 10/10/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | OLYMPIA | WA | 98501 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WI - OUTAGAMIE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP8274 | SIPPL, TRACY J. | | | Tele (920)000-0000 | | 05/01/2016 | to | 04/30/2018 |
| | NO EMPLOYER SPECIFIED | | | Fax: ( ) - | | | | |
| | HOFA PARK | WI | 54165 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WI - PORTAGE Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| SLP10136 | MUNDSCHAU, LAURA KATHERINE | | | Tele (715)000-0000 | | 07/06/2016 | to | 07/05/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | STEVENS POINT | WI | 54481 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

ST/County WI - RACINE Total = 1

Sub-Type : HEARING AID DISPENSERS

| License # | Name | | | Contact Information | | License/Approval Dates | | |
|---|---|---|---|---|---|---|---|---|
| HADR10354 | KYLE JAMES ROANHOUSE | | | Tele (623)000-0000 | | 10/31/2016 | to | 10/30/2018 |
| | AZ PRACTICE ADDR NOT REGISTERED | | | Fax: ( ) - | | | | |
| | BURLINGTON | WI | 53105 | Capacity : | Not Applicable | Medcaid_Cert: | Not Ceritified | |

# Licensed Facilities

Thursday, December 01, 2016

ST/County WI - WOOD Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP1640 | DIECK, PAULA K. | | | Tele (715)424-1600 | 12/01/2015 to 11/30/2017 |
| | 130 130 STRAWBERRY LANE | | | Fax: ( ) - | |
| | WISCONSIN RAPIDS | WI | 54494 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County WV - MERCER Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9764 | MCLEAN, ELLEN L. | | | Tele (304)487-8148 | 12/10/2015 to 12/09/2017 |
| | 120 TWELTH STREET | | | Fax: ( ) - | |
| | PRINCETON | WV | 24740 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County WV - RANDOLPH Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP9184 | BALL, ERIN B. | | | Tele (304)637-3520 | 11/06/2014 to 11/30/2016 |
| | 911 GORMAN AVE STE 7 | | | Fax: ( ) - | |
| | ELKINS | WV | 26241 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |

ST/County WY - NATRONA Total = 1

Sub-Type : SPEECH LANGUAGE PATHOLOGY

| License # | Name | | | Contact Information | License/Approval Dates |
|---|---|---|---|---|---|
| SLP8813 | SHRIVER, CARLA J. | | | Tele (307)000-0000 | 05/01/2016 to 04/30/2018 |
| | SHRIVER THERAPY GROUP | | | Fax: ( ) - | |
| | CASPER | WY | 82604 | Capacity : Not Applicable | Medcaid_Cert: Not Ceritified |