Medical Group	Medical Group Contact Info	Accreditation Contact Info	State Health Department Contact Info
Providence Medical Group	Providence Medical Group Providence Medical Group Alaska Patient Experience Email Address: Patient.ExperienceAK@providence.org Phone Number: 907-212-3615 Mailing Address: Providence Medical Group 3300 Providence Dr Suite B301 Anchorage, AK 99502	N/A	If a patient or family member wishes to lodge a formal complaint with Alaska Department of Health and Social Services, they may do so by mail, email, fax, phone or in-person: Alaska Department of Health and Social Services Health Facilities Licensing & Certification Attn: Complaint Coordinator 4601 Business Park Blvd., Bldg. K Anchorage, AK 99503 Phone Number: 907-334-2483 Fax: 907-334-2682 Email Address: DHCS.HFLC@hss.soa.directak.net
		ornia	
Mission Heritage Medical Group	Mission Heritage Medical Group Patient Service Center Email Address: ServiceNeeds@stjoe.org Phone Number: (800)627-8106 Monday-Friday 8:00AM - 5:00PM		
Providence Facey Medical Foundation	Providence Facey Medical Foundation Resolution Management Phone Number: (855) 359-6323		
Providence Medical Institute	Providence Medical Institute Resolution Management Phone Number: (855) 359-6323		
St. Johns Physician Partners	St. Johns Physician Partners Resolution Management Phone Number: (855) 359-6323		If a patient or family member wishes to lodge a formal complaint with the California's Department of Managed Health
St. Jospeh Heritage Medical Group	St. Jospeh Heritage Medical Group Patient Service Center Email Address: ServiceNeeds@stjoe.org Phone Number: (800)627-8106 Monday-Friday 8:00AM - 5:00PM	N/A	Care, they may do so by mail, email, phone or fax: Department of Managed Health Care 980 9th Street, Suite 500 Sacramento, CA 95814 Fax: 916-255-5241 Online Form: https://wpso.dmhc.ca.gov/imrcomplaint/def ault.aspx?c=1
St. Jude Heritage Medical Group	St. Jude Heritage Medical Group Patient Service Center Email Address: ServiceNeeds@stjoe.org Phone Number: (800)627-8106 Monday-Friday 8:00AM - 5:00PM		
St. Mary's High Desert Medical Group	St. Mary's High Desert Medical Group Patient Service Center Email Address: ServiceNeeds@stjoe.org Phone Number: (800)627-8106 Monday-Friday 8:00AM - 5:00PM		
Providence Medical Group	Providence Medical Group Patient Service Center Email Address: ServiceNeeds@stjoe.org Phone Number: (800)627-8106 Monday-Friday 8:00AM - 5:00PM		
	Mor	ntana	If a patient or family member wishes to
Providence Medical Group – Montana	Providence Medical Group – Montana Providence St. Patrick Hospital WMT Clinical Risk and Safety Department Email Address: Mtcareconcerns@providence.org Phone Number:406-329-5865 Mailing Address: 500 W Broadway Street Missoula, MT 59802	Health Care 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 847.853.6060 info@aaahc.org Submit a Concern Complaint Form can be accessed here: https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form3.5.21.pdf Email to: complaints@aaahc.org	lodge a formal complaint with the Montana Department of Public Health and Human Services (DPHHS), they may do so by mail, email, phone or fax: Montana Department of Public Health and Human Services PO Box 202953 2401 Colonial Drive 2nd Floor Helena, MT 59620-2953 Phone Number: 406-444-2099 Fax: 406-444-3456 Email Address: MTSSAD@mt.gov
	Ore	egon	
Providence Oregon Medical Group	Providence Oregon Medical Group PMG Risk and Safety Department Phone Number: (503) 893-6958 Mailing Address: PMG Risk and Safety Department 4400 NE Halsey Street, Building 2, Suite 490 Portland, OR 97213	N/A	If a patient or family member wishes to lodge a formal complaint with the Oregon Health Authority, they may do so by mail, email, phone or fax: Oregon Health Authority Health Care Regulation and Quality Improvement P.O. Box 14450 Portland, OR 97293 Phone: 971-673-0540 Fax: 971-673-0556 Email Address: mailbox.hclc@odhsoha.oregon.gov

Medical Group	Medical Group Contact Info	Accreditation Contact Info	State Health Department Contact Info
	Texas/Ne	w Mexico	
Grace Clinic & Grace Surgical Hospital	Grace Clinic Patient Experience Email Address: GraceClinicPatientExperience@providence.o rg Phone Number: 806-744-7223	N/A	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may do so either by phone, fax, or mail to: Health Family Compliance Group/MC 1979 Texas Department of State Health Services 1100 W. 49th Street Austin, TX 78756 Fax: (512) 834-6653 Complaint Hotline: 1-888-973-0022
Covenant Medical Group	Covenant Medical Group Administration Phone Number: 806-725-4800 Fax: 806-723-7766 Web Form: https://www.providence.org/locations/cove nant-health/cmg/about-us/contact-us Mailing Address: 2215 Nashville Ave. Lubbock, TX 79410	P.O. Box 2018 Austin, TX 78768 New Mexico Medical Board Email Address: nmbme@state.nm.us Phone Number: (505) 476-7220 Fax: (505) 476-7233 Online Complaint Form: https://www.nmmb.state.nm.us/complaints _form.shtmlnm.us Complaint Form can be accessed here: https://www.tmb.state.tx.us/page/place-a-complaint Mailing Address: New Mexico Medical Board 2055 S. Pacheco Building 400	If a patient or family member wishes to lodge a formal complaint with the Texas Department of Health, they may do so either by phone, fax, or mail to: Health Family Compliance Group/MC 1979 Texas Department of State Health Services 1100 W. 49th Street Austin, TX 78756 Fax: (512) 834-6653 Complaint Hotline: 1-888-973-0022
	Washi	ington	
Providence Medical Group Southwest Washington	Providence Medical Group Southwest Washington PMG SWWA Quality Team Phone Number: (855)234-2498 Mailing Address: PMG SWWA Quality Team 1018 Capitol Way S, Suite 300 Olympia, WA 98501	N/A	If a patient or family member wishes to lodge a formal complaint with the Washington State Department of Health, they may do so by mail, online form, or Email Address: Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857Olympia, WA 98504-7857 Form: https://fortress.wa.gov/doh/providercredent ialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov
Providence Medical Group NW	Providence Medical Group PMG Risk Management Email Address: wanwpmg.safetyqualityhighreliability@providence.org Fax: 425-316-5484 Mailing Address: Providence Medical Group 12800 Bothell-Everett Hwy, Suite 290 Everett, WA 98208		N/A
Swedish Medical Group (SMG)	Swedish Medical Group (SMG) SMG Patient Relations Email Address: SMG- PatientRelations@swedish.org Phone Number: 206-215-2979	For Medicare beneficiaries who have a concern, please contact KEPRO at 1-888-305-6759 TTY: 1-855-843-4776	If a patient or family member wishes to lodge a formal complaint with the Washington State Department of Health, they may do so by mail, online form, or Email Address: Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857Olympia, WA 98504-7857 Form: https://fortress.wa.gov/doh/providercredent ialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov

Medical Group	Medical Group Contact Info	Accreditation Contact Info	State Health Department Contact Info			
Washington						
INWA Providence Medical Group	INWA Providence Medical Group INWA Clinical Risk & Patient Relations Email Address: wecare@providence.org Phone Number: 509-474-3000 Mailing Address: INWA Clinical Risk & Patient Relations 101 W 8th Ave Spokane, WA 99204	N/A	N/A			
SEWA Providence Medical Group	SEWA Providence Medical Group Patient Concerns Quality Management Email Address: patient.concerns@providence.org Phone Number: 509-897-5866 Mailing Address: SEWA Providence Medical Group 401 W Poplar Street Walla Walla, WA 99362		N/A			
Kadlec	Kadlec Risk Management Email Address: Careconcern@Kadlec.org Phone Number: 509-942-2171 Mailing Address: Kadlec Regional Medical Center Attention Patient Relations 888 Swift Blvd. Richland, WA 99352	N/A	If a patient or family member wishes to lodge a formal complaint with the Washington State Department of Health, they may do so by mail, online form, or Email Address: Washington State Department of Health Health Systems Quality Assurance Complaint Intake P.O. Box 47857Olympia, WA 98504-7857 Form: https://fortress.wa.gov/doh/providercredent ialsearch/ComplaintIntakeForm.aspx Email Address: hsqacomplaintintake@doh.wa.gov			