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| **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 |                                                                                                                                                      |
| **Providence Facey Medical Foundation** | Providence Facey Medical Foundation Resolution Management  
Phone Number: (855) 359-6323  
| N/A                                  | If a patient or family member wishes to lodge a formal complaint with the California’s Department of Managed Health 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/lmrcomplaint/default.aspx?c=1 |                                                                                                                                                      |
| **Providence Medical Institute**  | Providence Medical Institute Resolution Management  
Phone Number: (855) 359-6323  
| N/A                                  | If a patient or family member wishes to 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 |                                                                                                                                                      |
| **St. Johns Physician Partners**  | St. Johns Physician Partners Resolution Management  
Phone Number: (855) 359-6323  
| 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 Number: 888-572-0359  
Fax: 888-572-0359  
Email Address: mailbox.hclc@odhsoha.oregon.gov |                                                                                                                                                      |
| **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                                  | If a patient or family member wishes to 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 |                                                                                                                                                      |
| **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  
| 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 Number: 888-572-0359  
Fax: 888-572-0359  
Email Address: mailbox.hclc@odhsoha.oregon.gov |                                                                                                                                                      |
| **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  
| N/A                                  | If a patient or family member wishes to 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 |                                                                                                                                                      |
| **Providence Medical Group**     | Providence 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 Number: 888-572-0359  
Fax: 888-572-0359  
Email Address: mailbox.hclc@odhsoha.oregon.gov |                                                                                                                                                      |
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<td>Grace Clinic &amp; Grace Surgical Hospital</td>
<td>Grace Clinic Patient Experience Email Address: <a href="mailto:GraceClinicPatientExperience@providence.org">GraceClinicPatientExperience@providence.org</a></td>
<td>N/A</td>
<td>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</td>
</tr>
<tr>
<td>Covenant Medical Group</td>
<td>Covenant Medical Group Administration Phone Number: 806-725-4800 Fax: 806-733-7766 Web Form: <a href="https://www.providence.org/locations/covered-health/cmg/about-us/contact-us">https://www.providence.org/locations/covered-health/cmg/about-us/contact-us</a> Mailing Address: 2215 Nashville Ave. Lubbock, TX 79410</td>
<td>N/A</td>
<td>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</td>
</tr>
<tr>
<td>Providence Medical Group Southwest Washington</td>
<td>Providence Medical Group Southwest Washington Phone Number: (855)234-2498 Mailing Address: PMG SWWA Quality Team 1018 Capitol Way S, Suite 300 Olympia, WA 98501</td>
<td>N/A</td>
<td>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 47857 Olympia, WA 98504-7857 Form: <a href="https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx">https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</a> Email Address: <a href="mailto:hsqacomplaintintake@doh.wa.gov">hsqacomplaintintake@doh.wa.gov</a></td>
</tr>
<tr>
<td>Providence Medical Group NW</td>
<td>Providence Medical Group PMG Risk Management Email Address: <a href="mailto:wanwpmg.safetyqualityhighreliability@providence.org">wanwpmg.safetyqualityhighreliability@providence.org</a> Fax: 425-316-5484 Mailing Address: Providence Medical Group 12830 Bothell-Everett Hwy, Suite 290 Everett, WA 98208</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Swedish Medical Group (SMG)</td>
<td>Swedish Medical Group (SMG) SMG Patient Relations Email Address: <a href="mailto:SMG-PatientRelations@swedish.org">SMG-PatientRelations@swedish.org</a> Phone Number: 206-215-2979</td>
<td>For Medicare beneficiaries who have a concern, please contact KEPRO at 1-888-302-6759 TTY: 1-855-843-4776</td>
<td>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 47857 Olympia, WA 98504-7857 Form: <a href="https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx">https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</a> Email Address: <a href="mailto:hsqacomplaintintake@doh.wa.gov">hsqacomplaintintake@doh.wa.gov</a></td>
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<tr>
<td>INWA Providence Medical Group</td>
<td>INWA Providence Medical Group INWA Clinical Risk &amp; Patient Relations Email Address: <a href="mailto:wecare@providence.org">wecare@providence.org</a> Phone Number: 509-474-3000 Mailing Address: INWA Clinical Risk &amp; Patient Relations 101 W 8th Ave Spokane, WA 99204</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>SEWA Providence Medical Group</td>
<td>SEWA Providence Medical Group Patient Concerns Quality Management Email Address: <a href="mailto:patient.concerns@providence.org">patient.concerns@providence.org</a> Phone Number: 509-897-5866 Mailing Address: SEWA Providence Medical Group 401 W Poplar Street Walla Walla, WA 99362</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kadlec</td>
<td>Kadlec Risk Management Email Address: <a href="mailto:Careconcern@Kadlec.org">Careconcern@Kadlec.org</a> Phone Number: 509-942-2171 Mailing Address: Kadlec Regional Medical Center Attention Patient Relations 898 Swift Blvd. Richland, WA 99352</td>
<td>N/A</td>
<td>Washington State Department of Health Systems Quality Assurance Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Form: <a href="https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx">https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx</a> Email Address: <a href="mailto:hsqacomplaintintake@doh.wa.gov">hsqacomplaintintake@doh.wa.gov</a></td>
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