

**Providence Medicare Advantage Plans
Potential Non-Compliance
External Referral Form**

Step 1. Completing this section is optional	
Name	
Phone number	() -
Step 2. Please complete this section to the best of your ability	
Date of incident (Please indicate when incident occurred and for how long)	
What occurred?	
Why did the incident occur?	
How did the incident occur?	
This section to be completed by the Providence Medicare Advantage Plans Compliance Department	
Date report received and entered into database	
Completion date	
Action taken	

Send by mail:
Attention: Medicare Compliance Officer
4400 NE Halsey Street, Bldg. #2
Portland, Oregon 97213