



**Providence Health Plans
Potential Non-Compliance
External Referral Form**

Step 1. Completing this Section is Optional	
Name	
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 Health Plan Compliance Department	
Date Report Received & entered into database	
Completion Date	
Action Taken	

Send by fax: 503- 574-6543 (secure)

Send by mail:

Attention: Chief Compliance Officer and Medicare Compliance Manager
3601 SW Murray Blvd, Suite 10
Beaverton, Oregon 97005