

## HOW TO SUBMIT A COMPLAINT AS A MEDICAID PROVIDER

A Provider may file a complaint at any time with Community Health Choice. Send Complaints to:

**Community Health Choice**  
**Attn: Service Improvement**  
**2636 South Loop West, Ste. 125**  
**Houston, TX 77054**  
**Phone: 713.295.2295**  
**Fax: 713.295.7036**

Email: [ServiceImprovement@CommunityHealthChoice.org](mailto:ServiceImprovement@CommunityHealthChoice.org)

To file a provider complaint with the state, send to: [HPM Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us)