

What is the Provider of Excellence Award?

The TriState Provider of Excellence Award recognizes a provider's exceptional dedication to improving the health and well-being of our community. Award recipients value and embody the following qualities:

- Community Impact
- Leadership
- Integrity
- Patient-Centered Care

Each year, for National Doctors' Day, one outstanding provider from TriState Health will win this award based on patient nominations. This

A Tribute to Dr. Richard Weiland

This award honors the legacy of Dr. Richard Weiland, one of the original four primary care providers for the TriState Primary Care Clinics, which was established 2011. Dr. Weiland exemplified TriState's mission and vision through compassionate care and community leadership. He is who the Provider of Excellence awards qualities represent.

A dedicated volunteer at Snake River Medical Clinic and a leader in healthcare, Dr. Weiland spent nearly three decades as the Medical Director of what is now called Elite Home Health and Hospice. His dedication to patient-centered care and his impactful leadership paved the way for what each TriState Provider strives to be in their work. Dr. Weiland passed in 2015 due to complications from heart disease, leaving a lasting legacy throughout the community. At TriState Health, we are honored to have had Dr. Weiland as part of our TriState Family.



Dr. Richard Weiland

Provider of Excellence Award

Place
Stamp
Here

Provider of Excellence Award

Honoring Exceptional Care on
National Doctors' Day



ATTN: Marketing & Communications
1221 Highland Avenue
Clarkston, WA 99403



Anyone can nominate a provider. Nominate today!

- 1** ► Submit an online nomination at TSH.org/DoctorsDay
- 2** ► Submit this nomination into a ballot box located in various locations
- 3** ► Mail this nomination to **TriState Health, ATTN: Marketing & Communications, 1221 Highland Avenue, Clarkston, WA 99403**

All nominations are due by February 28, 2026.

Your Name _____ Date _____ / _____ / _____

Phone _____ Email _____

Name of Provider _____

When nominating, share why your provider deserves to be honored for the care they provide their patients. Nominees should

TriState Marketing & Communications may contact me regarding my nomination/testimonial. Yes No

Yes No

TriState Health may share my nomination/testimonial in its marketing and public relations efforts. Yes No

Yes No

If yes, may they include your name? Yes No

You have the right to revoke this release at any time by giving TriState Health written notice of your revocation and submitting it to the hospital at **TriState Health, ATTN: Marketing & Communications, 1221 Highland Avenue, Clarkston, WA 99403.**



You may also honor your provider by making a monetary donation.

- ▶ To make a donation by **credit card** please go online to TSH.org/DoctorsDay
- ▶ To make a donation by **cash or check** please complete the form below and return to **TriState Health Foundation, P.O. Box 636, Clarkston, WA 99403**

Your Tax-deductible Gift: \$1000 \$500 \$250 \$100 \$50 \$25 Other \$

Your Name _____ **Date** _____ / _____ / _____

Address _____ **City** _____ **State** _____ **Zip** _____

In Honor Of

For questions, please contact the TriState Health Foundation at **509.758.4902** or foundation@tsmh.org.