**MCO Selection for Ohio Bureau of Workers’ Compensation** | May 1- 26, 2023

2023 OPEN ENROLLMENT FORM

After completion of this form, fax or mail to:

**ProMedica Medical Management**

2545 Farmers Drive, Suite 400

Columbus, Ohio 43235

**Fax: (567) 585-9506**

For more information, call (**888) 202-3515** or visit **promedicamco.com**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Workers’ comp risk/policy number: | | | | | | | | | | |  | | | Date: | | | |  | | | | |
| Company name: | | | | | |  | | | | | | | | | | | | | | | | |
| Doing business as: | | | | | | |  | | | | | | | | | | | | | | | |
| Contact name: | | | | | |  | | | | | | | | | | | | | | | | |
| Number of employees: | | | | | | | | |  | | | | | | | | | | | | | |
| Phone number: | | | | | |  | | | | | | | | | | | | Ext. | |  | | |
| Fax number: | | | | |  | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | |
| County of operation: | | | | | | | |  | | | | | | | | | | | | | | |
| Mailing address: | | | | | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: |  | | | | Zip code: | | | |  | |
| **Name of MCO selected:** | | | | | | | | | | **ProMedica Medical Management** | | | | | **MCO number:** | | | | | | | **10006** |
| Signature: | | | |  | | | | | | | | | | | | Date: | | |  | | | |
| Title: | | |  | | | | | | | | | | | | | | | | | | | |

**Thank you for choosing ProMedica Medical Management!** NOACC

DISCLAIMER **| Employer’s Right to Select**

An employer may select any MCO that meets its individual business needs during open enrollment periods. Selection of the MCO is solely the choice of the employer.