**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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.