

MCO Enrollment Form

To enroll with CompManagement Health Systems, Inc. (CHS) as your Managed Care Organization (MCO), simply complete this form and **fax toll-free to (866) 258-5045** or call our customer service department toll-free at (888) 247-7799, option 1. You may also return the form in the postage-paid envelope enclosed. Please mail prior to May 24, 2010 to ensure receipt by filing deadline of May 28th. If you wish to contact BWC directly to make your selection, you may call (800) 859-6631 and follow the prompts. CHS is MCO #10005.

PLEASE PRINT OR TYPE ALL OF THE FOLLOWING INFORMATION

Ohio Workers' Compensation Policy Number(s) (must be included)			
Business Name			
Doing Business As (DBA) (if applicable)			
Contact Name			
Mailing Address			
City, State, Zip			
Phone		Fax	
Number of Employees		County(ies) of Operation	
Name of MCO Selected		MCO Number	
Employer Signature		Date	
Title			
Email Address			

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.

Account Rep Source Insurance Plus Agencies Inc. 114 Court Pomeroy, OH