

# Ohio MCO Selection Form



BWC Policy Number \_\_\_\_\_ MCO Selected **CorVel Ohio MCO #10008**

Company/Corporation Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Number of Employees \_\_\_\_\_

Decision Maker's Name

**Submit form via:**

Email: [chris\\_roberts@corvel.com](mailto:chris_roberts@corvel.com)

\_\_\_\_\_

*Please print clearly*

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Decision Maker

\_\_\_\_\_

*Signature*

Date Signed \_\_\_\_\_

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.