



MCO Selection Form

Employer Policy #: _____

Company Name: _____

Doing Business As: _____

Contact Name: _____

Of Employees: _____ County of Operation: _____

Phone Number: (_____) _____ - _____ Ext.: _____

Fax Number: (_____) _____ - _____

Email: _____

Mailing Address: _____

City/State/Zipcode: _____

Name of MCO Selected: GENEX Care for Ohio MCO Number: 10042

Employer Signature: _____

Title: _____ Date: _____

If you wish to select GENEX Care for Ohio as your Workers' Compensation MCO, please complete and send this form via fax, email, or mail:

Fax: 877-239-5769

Email: Katie.miracle@genexservices.com

Mail: GENEX Care for Ohio, Attention: Katie Miracle
1329 E. Kemper Road, Suite 4218
Cincinnati, OH 45246

***Employers Right to Select. An employer may select any MCO that meets its individual business needs. The MCO selection is solely the employer's choice.*