



Our goal is your success!



Every employer in Ohio is required to have a Managed Care Organization (MCO) to medically manage an employee in the case they get injured on the job. 3-hab will be paid directly by the Ohio Bureau of Workers' Compensation; therefore, there is no out-of-pocket expense to you or impact on your premium.

To choose 3-Hab as your Managed Care Organization (MCO) please complete this form and **fax to 513-985-1381** or **email marthaf@3hab.com**. You may also mail it to: **P.O. Box 429540, Cincinnati, Ohio 45242-9540 Attention: Martha Folchi.**

(Please type or print)

BWC Policy Number: _____

Legal Business Name: _____

Doing Business As: _____

Employer Contact (Print): _____
Name and title

Tax ID number: _____

Email address: _____

Employer Contact (Signature) _____

Date: _____ (THIS MUST BE A REAL SIGNATURE NOT ELECTRONIC)

Phone Number() _____ Fax Number() _____

of employees _____ NAME Counties Operating: _____

We do post accident drug testing? Yes _____ No _____

