



Physician-Led Medical Claim Management

Managed Care Organization Selection & Enrollment Form

Ohio law requires all employers to designate a Managed Care Organization (MCO) to oversee medical treatment for employees injured on the job. 3-hab is paid directly by the Ohio Bureau of Workers' Compensation, meaning there is no cost to you and no impact on your premium.

How to Select 3-hab as Your MCO

To designate 3-hab as your MCO, complete this form and submit it via one of the following methods:

Fax: (513) 985-1381 | **Email:** info@3hab.com

(Please type or print all responses clearly)

BWC Policy Number:

Legal Business Name:

Doing Business As:

Tax ID number:

Employer Contact (Print Name):

Employer Title:

Email address: _____ Phone Number _____ Fax Number _____

Employer Contact (Signature)

_____ Date: _____

of Employees _____ Counties of Operation: _____

We do post-accident drug testing? Yes ☐ No ☐

**An employer may select any MCO that meets its individual business needs during the open enrollment period from April 28, 2025 through May 23, 2025. Selection of the MCO is solely the choice of the employer.*



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