



# 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 \_\_\_\_\_



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