



Your Managed Care Organization (MCO)

1-800-869-1871

www.3hab.com

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 _____

*An employer may select any MCO that meets its individual business needs during the open enrollment period of 5/1/23 through 5/26/23. Selection of the MCO is solely the choice of the employer.



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Case
Management
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