

# › Ohio Managed Care Organization (MCO) Selection Form

MCO: <b>CareWorks</b>	MCO Number: <b>10010</b>
Ohio BWC Policy Number:	
Legal Business Name:	
DBA (if applicable):	
Address:	
City, State, Zip:	
County(ies) of Operation:	Number of Employees:
Phone:	Fax:
Email:	
Contact Name:	
Contact Title:	
Employer Signature:	Date: ____/____/2019

**To select CareWorks of Ohio as your MCO  
please complete and return to:**

**e.** CWMCO@CareWorksEnroll.com

**f.** 866.293.0183

**p.** 866.293.0184

## **EMPLOYERS RIGHT TO SELECT**

MCO selection is solely the choice of the employer. An employer may select any MCO that meets its individual business needs. There are no direct fees for your MCO services as they are included with your Ohio BWC Premium.