

MCO Selection Form 2021

Employer Policy #: _____

Company Name: _____

Doing Business As: _____

Contact Name: _____

of Employees: _____ County of Operation: _____

Phone Number: _____ Fax Number: _____

Email: _____

Mailing Address: _____

City/State/Zip: _____

Name of MCO Selected: **Genex Care for Ohio**

MCO Number: **10042**

Employer Signature: _____

Employer Print Name: _____

Title: _____ Date: _____

If you wish to select Genex Care for Ohio as your Workers' Compensation MCO, please complete and send this form via fax, email, or mail:

Fax: 877.239.5769

Email: joanne.reasinger@genexservices.com or genexcareforohio@genexservices.com

Mail: Genex Care for Ohio

Attention: Jo Anne Reasinger

11590 Century Blvd., Suite 202, Cincinnati, OH 45246

Employers Right to Select. An employer may select any MCO that meets its individual business needs. The MCO selection is solely the employer's choice.