



## Managed Care Organization (MCO) ENROLLMENT FORM

To select Sheakley UniComp as your Managed Care Organization, please complete, sign, and submit this form.

Please type or print the following information. All fields required unless otherwise noted.

### COMPANY INFORMATION

|  |       |                     |
|--|-------|---------------------|
| Legal Company Name                     |       | BWC Policy #        |
| DBA (if applicable)                    |       | FEIN                |
| Street Address                         |       |                     |
| City                                   | State | ZIP                 |
| Ohio County (or Counties) of Operation |       | Number of Employees |

### CONTACT INFORMATION

|               |                          |                       |
|---------------|--------------------------|-----------------------|
| Contact Name  |                          | Email Address         |
| Office Number | Mobile Number (optional) | Fax Number (optional) |

### MCO SELECTION

|   |                            |
|---|----------------------------|
| MCO Name<br><b>SHEAKLEY UNICOMP, INC.</b> | MCO Number<br><b>10002</b> |
|---|----------------------------|

Employer Signature (Physical Signature required by Ohio BWC)

Date

#### Submit via email, fax, or mail to:



**Email:** andreak@sheakley.com



**Fax:** 513.672.4515



**Mail:** 9987 Carver Road, Suite 300  
Cincinnati, OH 45242

#### DISCLAIMER - Employer's Right to Select

An employer may select any MCO that meets its individual business needs during the open enrollment period. Selection of an MCO is solely the choice of the employer.



For more information on our managed care services, contact Andrea Kiener at:

**888.743.2559 x7004** (Toll-Free) or **513.618.1204**