



Physician-Led Medical Claim Management

Managed Care Organization Selection & Enrollment Form

Ohio law requires all employers to designate a Managed Care Organization (MCO) to oversee medical treatment for employees injured on the job. 3-hab is paid directly by the Ohio Bureau of Workers' Compensation, meaning there is no cost to you and no impact on your premium.

How to Select 3-hab as Your MCO

To designate 3-hab as your MCO, complete this form and submit it via one of the following methods:

Fax: (513) 985-1381 | **Email:** info@3hab.com

(Please type or print all responses clearly)

BWC Policy Number:

Legal Business Name:

Doing Business As:

Tax ID number:

Employer Contact (Print Name):

Employer Title:

Email address: _____ Phone Number: _____ Fax Number: _____

Employer Contact (Signature)

_____ Date: _____

of Employees _____ Counties of Operation: _____

We do post-accident drug testing? Yes ☐ No ☐



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Expertise that drives better client retention.

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INITIALS