

# Education material request form

*To help us best serve your individual needs, please complete this form to request educational materials from Sedgwick Managed Care Ohio.*

**Fax completed form to 888.358.5319**

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Check the items you would like to order and the quantity for each:**

<b>Item</b>	<b>Quantity</b>
<input type="checkbox"/> Injury Reporting Packet	_____
<input type="checkbox"/> MCO ID card	_____
<input type="checkbox"/> BWC First Report of Injury (FROI) form	_____
<input type="checkbox"/> Fraud Warning Signs	_____
<input type="checkbox"/> Internet Injury Reporting	_____
<input type="checkbox"/> Internet Provider Search	_____

You can search for healthcare providers in both the Sedgwick Managed Care Ohio provider network and the Ohio Bureau of Workers' Compensation's certified provider network in the "Find a provider" section at [sedgwickmco.com](http://sedgwickmco.com).

**Questions?** Call 888.627.7586