sedgwick
MANAGED CARE OHIO

Enrollment form

To enroll with Sedgwick Managed Care Ohio (Sedgwick MCO), simply fill in the form, sign and submit it to us.

Please complete the following:

Employer policy number (required): _____

Business name: _____

DBA (if applicable): _____

Contact name: _____

Phone number: _____

Number of employees: _____

County/ies of operation: _____

MCO selected: **Sedgwick Managed Care Ohio**

MCO number: **10005**

Employer mailing address: _____

City, state, zip: _____

Fax number: _____

Email address: _____

Preferred method of contact: _____

Date: _____

Employer signature: _____

Submit the completed, signed form via email, fax or mail.

Email:
sales@sedgwickmco.com
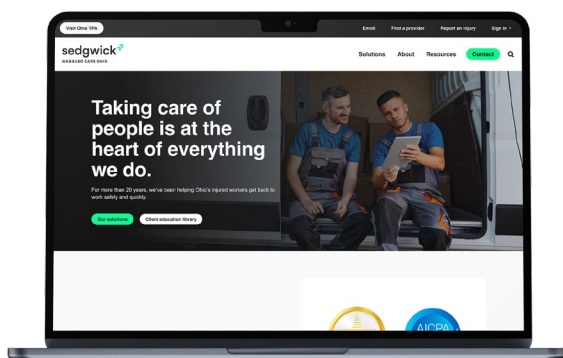
Fax:
866-258-5045

Mail:
P.O. Box 1040
Dublin, OH 43017

To speak with a customer service representative, call us at: 888-627-7586

DISCLAIMER – Employer's right to select

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

Find out why choosing Sedgwick MCO makes sense for your organization.

Visit **sedgwickmco.com** to learn more.