

MCO Enrollment Form

Due by May 23rd, 2014

To enroll with CompManagement Health Systems (CHS) as your Managed Care Organization (MCO) simply fill in the form below and submit via:

- E-mail – sales@chsmco.com
- Fax – 1-866-258-5045
- Mail – P.O. Box 1040 Dublin, OH 43017

To speak with a Customer Service Representative call us toll-free at 1-888-247-7799

PLEASE PRINT OR TYPE THE FOLLOWING:

Employer Policy number(s) (must be included): _____

Business Name: _____

DBA (if applicable): _____

Contact Name: _____
(first) (mi) (last)

Phone Number: _____ - _____ - _____ Extension: _____
(area code)

Number of Employees: _____ County(ies) of Operation: _____

Name of MCO Selected: **CompManagement Health Systems, Inc.** MCO Number: **10005**

Employer Signature: _____ **Date:** _____

Title: _____

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

Employer Mailing Address: _____

City _____ State _____ Zip _____

Fax Number: _____ - _____ - _____ Preferred Method of Contact _____

Email Address: _____