

MCO Contact Tables

January 2021

1-888-OHIOCOMP		10041
To Report an Injury	To Submit Medical	To Send Bills
<p>Phone 888-644-6266 216-426-0646</p> <p>FAX 216-426-0651 888-644-7339</p>	<p>Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p>Medical Documentation Fax: 216-426-0651 888-644-7339</p> <p>Case Management Supervisor: Lynn Popovich, RN, BSN, CCM Phone: 216-426-0646 Ext 1184</p>	<p>Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p>Billing Fax: 216-426-0651 888-644-7339</p> <p>Billing Department Megan Washington Phone: 1-888-644-6266 Ext 1376 Email: billinginquiries@1-888-ohiocomp.com</p> <p>Electronic Billing Info: Clearinghouse: Quadax or Relay Health Formats accepted: 837 v5010 Contact: Len Stusek (Quadax) 440-777-6300 800-527-8133 #2 DLDBQTSHInsuranceSupportDBQ@changehealthcare.com</p>
<p>General Information: Phone: 888-644-6266 Email Address: info@1-888-ohiocomp.com</p>		

3-HAB		www.3hab.com	10013
To Report an Injury		To Submit Medical	To Send Bills
<p>Phone 513-221-3422, or 800-869-1871</p> <p>FAX 513-221-2338 800-869-1872</p>	<p>Address 3-HAB Attn. Care Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540 info@3hab.com</p> <p>Medical Documentation Fax: 513-221-2338 800-869-1872</p> <p>Case Management Supervisor: Nicole C. 800-869-1871 ext.3207</p>	<p>Address 3-HAB Attn. Billing Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540 info@3hab.com</p> <p>Billing Fax: 513-221-2338 800-869-1872</p> <p>Billing Supervisor Melony R. melonyr@3hab.com 800-869-1871 ext 3252</p> <p>Electronic Billing Info: Clearinghouse: Alveo Formats accepted: 5010 Contact: Brigott Dawn 800-327-1213 bdawn@alveohealth.com</p>	
<p>General Information: 800-869-1871 Email Address: info@3hab.com</p>			

AultComp MCO, Inc.		10016
To Report an Injury	To Submit Medical	To Send Bills
<p>Phone: 888-738-5800 or 330-830-4919</p> <p>Fax: 330-830-4900 877-738-0058</p>	<p>Address: Aultcomp PO Box 36149 Canton, OH 44735-6149</p> <p>Medical Documentation Fax: 330-830-4900 877-738-0058</p> <p>Case Management Supervisor: Vicki Bouscher 330-830-4919</p>	<p>Address: Aultcomp PO Box 36149 Canton, OH 44735-6149</p> <p>General Billing Inquiries: 888-738-5800 330-830-4919</p> <p>Billing Contact: Lisa O. lisa.o.1@aultcompmco.com 330-830-4919 x117</p> <p>Billing Fax: 330-830-4900 877-738-0058</p> <p>Electronic Billing Info: Clearinghouse used: Alveo Formats accepted: ANSI 837</p> <p>Contact: Todd Cropper 888-738-5800 ext. 112 Brigott Dawn 800-327-1213</p>
<p>General Information: 330-830-4919</p>		

CorVel Ohio MCO, Inc.		www.corvel.com	10008
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 800-275-6463 Fax: 503-205-1753	Address: CorVel Ohio MCO, Inc. P.O. Box 3758 Dublin, Ohio 43016-0389 Medical Documentation Fax: 503-205-1753 877-677-6756 Utilization Management Phone: 800-275-6463 Case Management Manager: Diane Pritchard 800-275-6463 ext. 79397 Diane_Pritchard@corvel.com	Address: CorVel Corporation P.O. Box 3758 Dublin, OH 43016 General Phone Number: 800-275-6463 Billing Fax: 503-205-1753 877-677-6756 Billing Manager: Carla Geary, CPC, Bill Review Manager T 800-275-6463 F 877-677-6756 ohiomcobilling@corvel.com Electronic Billing Info: Clearinghouse: Insuraware Data Services, Trizetto/Cognizant Formats accepted: NSF 2003; X.12 formats 837, 835, 276, 277, 278, 824; versions 3051, 5010, 6010 Contact: Derek Scranton, Compliance Manager	
General Information: 800-275-6463 Email Address: Chris_Herrington@corvel.com			

GENEX Care for Ohio		www.genexservices.com	10042
To Report an Injury	To Submit Medical	To Send Bills	
<p>Phone: 800-447-6250 ext. 17672</p> <p>Fax: 610-964-5227 888-275-9719</p>	<p>Address (Utilization/Medical Management): GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p>Phone: 800-447-6250 ext. 17637</p> <p>Medical Documentation Fax: Fax: 610-964-5227 888-275-9719</p> <p>Case Management Supervisor: Cheryl Henderson RN, CCM Cheryl.Henderson@genexservices.com 800-447-6250 ext. 17658</p> <p>Manager: Angela Houston, RN, CCM Angela.houston@genexservices.com 800-447-6250 ext. 17655</p>	<p>Address: GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p>For Billing Customer Service Phone: 800-447-6250 ext. 17638</p> <p>Billing Fax: 610-964-5227 888-275-9719</p> <p>Billing Contacts: Don Dudash, CPC Donald.dudash@genexservices.com 800-447-6250 ext. 17638</p> <p>Val Miller Valerie.miller@genexservices.com 800-447-6250 ext. 17672</p> <p>Electronic Billing Info: Clearinghouse: Jopari Acct. # J1895 Formats accepted: EDI ANSI X12 837 versions 4010 and 5010 Contact: Colleen Berry, Director, Payer Technologies 925-429-4821</p>	
<p>General Information: 513-346-7880 ext. 17657 or 800-447-6250 ext. 17657 Email Address: joanne.reasinger@genexservices.com</p>			

Health Management Solutions		www.hmssolutions.com	10006
To Report an Injury	To Submit Medical	To Send Bills	
<p>Phone: 614-799-0898 or 888-202-3515 (8:00 a.m. - 5:00 p.m.) After hours, select option 3</p> <p>Address: Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p>Corporate Address: 1901 Indian Wood Circle Maumee, OH 43537</p> <p>Fax: 614-889-6246 888-303-6294</p>	<p>Address: Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p>Medical Documentation Fax: 614-889-6246 888-303-6294</p> <p>Case Management: Anne Grossman Cszasz 888-202-3515 ext. 300507 Anneg@hmssolutions.com</p>	<p>Address: Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p>Billing Fax: 614-889-6246 888-303-6294</p> <p>Billing Contact: Anne Grossman Cszasz 888-202-3515 ext. 300507 Anneg@hmssolutions.com</p> <p>Electronic Billing Info: Contact: Michael Pulsfort (614)889-8061</p>	
<p>General Information: 888-202-3515 Email Address: Anneg@hmssolutions.com</p>			

Occupational Health Link Inc.		www.oehpmco.com	10017
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 888-844-0039 Fax: 614-318-1095 888-240-6381	Address: Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235 Medical Documentation Fax: 614-318-1095 888-240-6381 Case Management Supervisor: Bryony Burton 888-844-0039 ext. 1014 bryonyb@oehpmco.com	Address: Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235 Phone: 888-844-0039 Billing Fax: 614-318-1095 877-605-8311 Billing Team Email: Crystal Webb, CPC crystalw@oehpmco.com 888-844-0039 ext. 1035	
General Information: 888-844-0039 Email Address: karenc@oehpmco.com			

Sedgwick Managed Care Ohio			www.sedgwickmco.com			10005		
To Report an Injury			To Submit Medical			To Send Bills		
Phone (24 hours) 888-627-7586 Option #2 Fax: 888-711-9284 Website: https://sedgwickmco.com/intro/			Address: Sedgwick MCO P.O. Box 1040 Dublin, OH 43017 Medical Documentation Fax: 888-627-0074 Customer Service Phone: 888-627-7586 Case Management Supervisor: Deb Faulkner faulknerd@sedgwickmco.com 513-774-5892			Address: Sedgwick MCO P.O. Box 1040 Dublin, OH 43017 Billing Customer Service Phone: 888-627-7586 Option #3 Billing Contacts: Cindy Ogden Cindy.ogden@sedgwickmco.com 888-627-7586 614-760-3659 Judy Barrie Judy.barrie@sedgwickmco.com 888-627-7586 Billing Fax: 888-627-0074 Electronic Billing Info: Clearinghouse: Change Healthcare Formats accepted: X12 837v5010 Contact: 615-932-3000 or www.changehealthcare.com		
General Information: 888-627-7586 Email Address: medical@sedgwickmco.com								

Sheakley UniComp		www.sheakley.com	10002
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 888-743-2559 or 513-618-1249 Fax: 513-326-8005 888-626-2667	Address: Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 Medical Documentation Fax: 513-326-8005 888-626-2667 Case Manager Team Leader: Shonda Bedel shondab@sheakley.com 888-743-2559 ext. 7222	Address: Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 Billing Contact: Kimberly Hairston kimberlyh@sheakley.com 888-743-2559 ext. 7010 Billing Fax: 513-326-8005 888-626-2667 Electronic Billing Info: Clearinghouse: Relay Health Formats accepted: 837 v5010 Contact: Ammi K. 888-743-2559 ext. 7104	
General Information: 888-743-2559 Email Address: mco@sheakley.com			

To Report an Injury

Phone:
440-899-2400
800-542-9479

Fax:
440-899-2411
800-542-9480

To Submit Medical

Address:
Spooner Medical Administrators,
Inc.
28301 Ranney Parkway
Westlake, OH 44145

Medical Documentation Fax:
440-899-2411
800-542-9480

**Case Management
Supervisor:**
Ed S, RN, CCM
440-899-2400 ext. 231
edwards@spoonermai.com

To Send Bills

Address:
Spooner Medical Administrators,
Inc.
28301 Ranney Parkway
Westlake, OH 44145

Billing Fax :
440-899-2411
800-542-9480

Billing Contact:
Tonya O., CPC, CPC-H
440-899-2400 ext. 226
tonyao@spoonermai.com

Electronic Billing Info:
Formats accepted: 837 v5010
Contact: Mike D.
440-899-2400 ext. 310
miked@spoonermai.com

General Information: 800-542-9479
Email Address: lisal@spoonermai.com