AULTCOMP MCO

A WORKERS' COMPENSATION MANAGED CARE ORGANIZATION

MCO Selection Form

Complete this form, then email, mail or fax to us using the contact information found below. Remember to keep a copy for your records.

Employer policy number: ☐☐☐☐☐☐☐☐ *(Use the policy number found on your certificate of coverage.)*

Company name: _____

Doing business as: _____

Contact name: _____

Number of employees: _____

Phone number with extension: _____–_____–_____ ext. _____

Fax number: _____–_____–_____

County of operation: ☐☐ _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____

Name of MCO selected: **AultComp MCO**

MCO number: 1 0 0 1 6

Employer's signature: _____

Employer name (print): _____

Employer title: _____

Date: M M – D D – Y Y Y Y

If you have any questions, please contact AultComp MCO at 330-830-4919 or 1-888-738-5800

AultComp MCO, Inc. • PO Box 4817 • Massillon, OH 44648

Email: aultcompmco@aultcompmco.com

FAX: 330-830-4902

WWW.AULTCOMPMCO.COM

Employer's right to select: An employer may select any MCO that meets its individual business needs. The MCO selection is solely the employer's choice.

Reviewed 4/13/2016