

**MCO Contact Tables
April 2009**

1-888-OHIOCOMP		10041
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-644-6266 216-426-0646 FAX 216-426-0651 888-644-7339	Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115 FAX 216-426-0651 888-644-7339 Case Management Supervisor & Phone: Melodie Russ, RNC, CCM Phone: 216-426-0646 ext 147	Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115 FAX 216-426-0651 888-644-7339
General Information: Phone: 888-644-6266 Email Address: 888ohiocomp@1-888-ohiocomp.com		

3-HAB www.3hab.com		10013
To Report an Injury	To Submit Medical	To Send Bills
Phone 513-221-3422, or 800-869-1871 (24 hrs.) FAX 513-221-2008, or 800-869-1872	Address 3-HAB Attn. Care Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 FAX 513-221-2008, or 800-869-1872 Case Management Supervisor & Phone: David J. Greenfield, MD 800-869-1871	Address 3-HAB Attn. Billing Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 FAX 513-221-2008, or 800-869-1872 Electronic Billing: Bob Haines 800-869-1871
General Information: 800-869-1871 Email Address: info@3hab.com		

AdvoCare Incorporated www.advocare-inc.com		10026
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-659-4025, or 216-514-1451 (Mon. - Fri., 7:30 a.m.-5 p.m.) FAX 216-514-1227 877-514-1227	Address AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 FAX 216-514-1227 877-514-1227 Case Management Supervisor & Phone: Rochelle Garrett, RN,BSN,CCM 216- 514-1451 X234.	Address AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 FAX 216-514-1227 877-514-1227
General Information: 800-659-4025 Email Address: kagnich@advocare-inc.com		

AultComp		10016
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-738-5800, or 330-830-4919 FAX 330-830-4900 877-738-0058	Address Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 FAX 330-830-4900 877-738-0058 Case Management Supervisor & Phone: Nancy Toussant RN, COHN-S 330-830-4919	Address Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 Billing Inquiries: 330-830-4919 FAX 330-830-4900 877-738-0058 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 330-830-4919 Email Address: AULTCOMP@AULTMAN.COM		

CareWorks www.careworks.com		10010
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-627-7586 Option #2 FAX 888-711-9284	Address CareWorks P.O. Box 182726 Columbus, OH 43218 FAX 888-711-9284 Utilization Management FAX 888-627-0074 Utilization Management Phone 888-627-7586 Option #1 State Fund Administration Coordinator Vicki Blevins 614-760-3830 614-760-3614 (fax)	Address CareWorks P.O. Box 94748 Cleveland, OH 44101 Phone 888-627-7586 Option 5
General Information: Phone: 888-627-7586 Email Address: vicki.blevins@careworks.com		

Comp One		10073
To Report an Injury	To Submit Medical	To Send Bills
Phone 877-281-9821 ext. 113 or 330-259-0083 ext. 113 FAX 877-283-0921 or 330-259-0095	Address 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 FAX 877-283-0921 or 330-259-0095 Case Management Supervisor & Phone: Pam Webb, RN, B.A., C.D.M.S. 877-281-9821 ext. 115 or 330-259-0083 ext. 115	Address 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 FAX 877-283-0921 or 330-259-0095 Billing contact: Paulette S. 877-281-9821 ext. 114
General Information: Phone: 877-281-9821 or 330-259-0083 Email Address: DianneL@componemco.com		

CompManagement Health Systems, Inc. www.chsmco.com		10005
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-247-7799 (24 hrs.) FAX (General) 800-334-4229 FAX (All Appeal Information) 866-746-2621	Address CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 FAX 800-334-4229 Customer Service Phone: 888-247-7799 Case Management Supervisor & Phone: Angie Flynn Angie.Flynn@sedgwickcms.com 513-774-5891	Address CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 Customer Service 888-247-7799 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 888-247-7799 Email Address: boltr@chsmco.com		

CorVel Corporation www.corvel.com		10008
To Report an Injury	To Submit Medical	To Send Bills
Phone: Cleveland 800-275-6463 Toledo 800-665-3090 Cincinnati 888-794-4040 Columbus 800-987-5515 FAX: Cleveland 440-887-9541 Toledo 419-865-6841 Cincinnati 513-794-4053 Columbus 614-793-0747	Address: Cleveland: CorVel Corporation 7530 Lucerne Drive #400 Cleveland, Ohio 44130 FAX 440-885-2194 Toledo: 5555 Airport Hwy., Suite 145 Toledo, OH 43615 FAX 419-865-6845 Cincinnati: P.O. Box 429365 Cincinnati, OH 45242 FAX 513-794-4055 Columbus: P.O. Box 3578 Dublin, OH 43016 FAX 614-793-0747 TCM/UM Managers: Cleveland: Cathy Ambrose, MEd, CRC, CCM 440-663-3100 Cincinnati and Columbus Marilyn Estep, R.N., CCM 513-794-4040 Toledo: Joyce Carlen, R.N., CCM 419-865-6401	Address: Cleveland: CorVel Corporation PO Box 30306 Cleveland, OH 44130 FAX 440-663-3251 All bills are handled in the Cleveland Office.
Bill Inquiry: 440-663-3100 General Information: Phone: 800-275-6463 Fax: 877-677-6756 Email Address: Duane_Szymanski@CorVel.com		

GatesMcDonald Health Plus, Inc. www.gmcdhealthplus.com		10009
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-642-7587, option 1 (24 hrs.) FAX 888-329-6261 website: www.gmcdhealthplus.com	Address GatesMcDonald Health Plus P.O. Box 182720 Columbus, OH 43218-2720 FAX 888-329-6261 Case Management Supervisor & Phone: North Region Tina Jackson RN, CCM 614-677-0573 South Region Maryellen Zoerner, RN, CCM 614-677-0564	Address Gates McDonald Health Plus P.O. Box 182720 Columbus, OH 43218-2720 FAX 888-329-6261 Billing Contact – Curtis Bryant Email curtisb@gatesmcdonald.com Phone - 614-677-5691 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 800-642-7587 option 2 Email Address: MCOREP@gatesmcdonald.com Website: www.gmcdhealthplus.com		

GENEX Care for Ohio www.genexservices.com		10042
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-447-6250 ext.7650 FAX 888-275-9719	Address (For Medical Management and PreCertification) GENEX Care for Ohio 1329 E. Kemper Rd. Bldg 400 Suite 4218 Cincinnati, OH. 45246 Phone 800-447-6250 ext. 7639 FAX 888-275-9719 Case Management Supervisor & Phone: Sandra Simons RN, CCM 800-447-6250 ext. 7658	Address GENEX Care for Ohio 1329 Kemper Rd. Bldg 400 Suite 4218 Cincinnati, OH. 45246 For Billing Customer Service Phone 800-447-6250 ext. 7641 FAX 888-275-9719
General Information: Phone 513-346-7880 ext. 7658 800-447-6250 ext. 7658		Employer Services: 513-346-7880 ext 7657 800-447-6250 ext 7657
Email Address: Sandv.Simons@genexservices.com		Email Address: Katie.Miracle@genexservices.com

Health Management Solutions www.hmssolutions.com		10006
To Report an Injury	To Submit Medical	To Send Bills
Phone 614-799-0898, or 888-202-3515 (8:00 a.m.- 5:00 p.m.) After hours, select option 3 FAX 614-799-0869 or 888-303-6294	Address Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 FAX 614-799-0869 or 888-303-6294 Anne Grossman Csazar, Sr. VP 888-202-3515 ext 107	Address Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 FAX 614-799-0869 or 888-303-6294 Anne Grossman Csazar, Sr. VP 888-202-3515 ext. 107
General Information: Phone: 888-202-3515 Email Address: Fuller1200@aol.com		

Klais & Company, Inc. www.klais.com		10025
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-659-4025 (Advocare) (8 a.m.- 5 p.m.) FAX 877-867-8615	Address Klais and Company, Inc. Attention: Workers' Compensation 1867 West Market St. Akron, OH 44313-6977 FAX 877-867-8615 Case Management Supervisor & Phone: Rochelle Garrett 800-659-4025 x234	Address Klais and Company, Inc. Attention: Workers' Compensation 1867 West Market St. Akron, OH 44313-6977 Phone 800-331-1096 FAX 877-867-8615
General Information: Phone: 330-867-8443 x324 800-331-1096 x324 Email Address: DebbieV@Klais.com		

Medical Administrators, Inc.		10011
To Report an Injury	To Submit Medical	To Send Bills
Phone 440-899-2400 800-542-9479 FAX 440-899-2411 800-542-9480	Address Medical Administrators, Inc. 28301 Ranney Parkway Westlake, Ohio 44145 FAX 440-899-2411 800-542-9480 Case Management Supervisor & Phone: Lisa Lachendro 440-899-2400 ext. #223	Address Medical Administrators, Inc. 28301 Ranney Parkway Westlake, Ohio 44145 FAX 440-899-2411 800-542-9480 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 800-542-9479 Email Address: lisal@medadmin.com		

Mercy Work Solutions, Inc. www.mercyweb.org		10030
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-222-5691 or 419-251-0479 (24 hrs.) FAX 419-251-0049 877-251-0049 Director: Jennifer Atkins 419-251-8976 Manager: Deborah Curry 419-251-0488	Address Mercy Work Solutions, Inc. P.O. Box 4802 Toledo, OH 43610 FAX 419-251-0049 877-251-0049 Case Management Supervisor & Medical Director Harvey Popovich MD, MPH 419-251-2475	Address Mercy Work Solutions, Inc. P.O. Box 4802 Toledo, OH 43610 FAX 419-251-0049 877-251-0049 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 888-222-5691 or 419-251-0479 Email Address: debbie_curry@mhsnr.org		

Ohio Employee Health Partnership www.oehpmco.com		10017
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-844-0039 FAX 888-240-6381	Address Ohio Employee Health Partnership <i>1105 Schrock Suite 210,</i> <i>Columbus Ohio 43229</i> FAX 614-825-1459 888-240-6381 Case Management Julie Perkins, RN 1-888-844-0039 ext 1005 Email: juliep@oehpmco.com	Address Ohio Employee Health Partnership <i>1105 Schrock Suite 210,</i> <i>Columbus Ohio 43229</i> PHONE 888-844-0039 FAX 877-605-8311 Billing email: billing@oehpmco.com
General Information: Phone: 888-844-0039 Email Address: karenc@oehpmco.com		

Premier Managed Care Services, Inc. www.premiermco.com		10015
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-510-4155, or 614-430-3650 (24 hrs.) FAX 614-430-3873 or 888-510-4316	Address Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 FAX 614-430-3873 or 888-510-4316 Case Management Julie Perkins, RN 1-888-844-0039 ext 1005 Email: juliep@oehpmco.com	Address Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 FAX 614-430-3873 or 888-510-4316
General Information: Phone: 800-510-4155 Email Address: Kimm@premiermco.com		

Sheakley UniComp www.sheakley.com		10002
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-743-2559, or 513-326-8003 FAX 888-626-2667 or 513-326-8005	Address Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 FAX 888-626-2667 or 513-326-8005 Case Management Supervisor & Phone: Deborah Wehmeyer 513-326-8003	Address Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 888-743-2559 Email Address: mco@sheakley.com		

The Health Plan www.healthplanmwcp.com		10060
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-847-7810, or 740-695-7678 FAX 877-847-6927	Address The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 FAX 877-847-6927 Case Management Supervisor & Phone: Pam Rodrigues, R.N., C.C.M. 330-834-2314 888-847-7810 Email : prodriques@healthplan.org	Address The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 FAX 877-847-6927
General Information: Phone: 888-847-7810 Email Address: prodriques@healthplan.org		

University Hospitals CompCare		www.universitycompcare.com	10052
To Report an Injury	To Submit Medical	To Send Bills	
Phone 800-818-7273 FAX 800-654-3849	Address University CompCare P.O. Box 12778 Cleveland, OH 44112 FAX 800-654-3849 Case Management Contact Information: Mary Gaffney, Manager 216-767-8813	Address University CompCare P.O. Box 12778 Cleveland, OH 44112 FAX 800-654-3849 Billing Issues: Loretta Dawson, Manager, Claims Services, 216-767-8805 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM	
General Information: Phone: 800-818-7273 Email Address: compcare @uhhospitals.org			

Vantage Occupational Health Plan		http://www.ohpinc.com/wedo.html	10061
To Report an Injury	To Submit Medical	To Send Bills	
Phone 877-847-5459 614-717-4705 FAX 800-946-7922 614-717-4709	Address Vantage Occupational Health Plan P.O. Box 1549 Dublin, OH 43017 FAX 800-946-7922 614-717-4709 Case Management Supervisor & Phone: Barbara Wright RN, CDMS 614-717-4705 x 226	Address Vantage Occupational Health Plan, P.O. Box 1549 Dublin, OH 43017 FAX 800-946-7922 614-717-4709 Billing Customer Service Claims Processing Manager: Kacey Cavinee 614-717-4706 x 224	
General Information: Phone: 877-847-5459 Email Address: bwright@ohpinc.com			