

## MCO Contact Tables

### May 2022

---

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

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

CorVel Ohio MCO, Inc.		www.corvel.com	10008
To Report an Injury	To Submit Medical	To Send Bills	
<b>Phone:</b> 800-275-6463  <b>Fax:</b> 503-205-1753	<b>Address:</b> CorVel Ohio MCO, Inc. P.O. Box 3758 Dublin, Ohio 43016-0389  <b>Medical Documentation Fax:</b> 503-205-1753 877-677-6756  <b>Utilization Management Phone:</b> 800-275-6463  <b>Case Management Manager:</b> Diane Pritchard 800-275-6463 ext. 79397 <a href="mailto:Diane.Pritchard@corvel.com">Diane.Pritchard@corvel.com</a>	<b>Address:</b> CorVel Corporation P.O. Box 3758 Dublin, OH 43016  <b>General Phone Number:</b> 800-275-6463  <b>Billing Fax:</b> 503-205-1753 877-677-6756  <b>Billing Manager:</b> Carla Geary, CPC, Bill Review Manager T 800-275-6463 F 877-677-6756 <a href="mailto:ohiomcobilling@corvel.com">ohiomcobilling@corvel.com</a>  <b>Electronic Billing Info:</b> 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	
<b>General Information:</b> 800-275-6463 <b>Email Address:</b> <a href="mailto:Chris.Herrington@corvel.com">Chris.Herrington@corvel.com</a>			

To Report an Injury	To Submit Medical	To Send Bills
<p><b>Phone:</b> 800-447-6250 ext. 17672</p> <p><b>Fax:</b> 610-964-5227 888-275-9719</p>	<p><b>Address (Utilization/Medical Management):</b> GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p><b>Phone:</b> 800-447-6250 ext. 17637</p> <p><b>Medical Documentation Fax:</b> Fax: 610-964-5227 888-275-9719</p> <p><b>Case Management Supervisor:</b> Cheryl Henderson RN, CCM <a href="mailto:Cheryl.Henderson@genexservices.com">Cheryl.Henderson@genexservices.com</a> - 800-447-6250 ext. 17658</p> <p><b>Manager:</b> Angela Houston, RN, CCM <a href="mailto:Angela.houston@genexservices.com">Angela.houston@genexservices.com</a> 800-447-6250 ext. 17655</p>	<p><b>Address:</b> GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p><b>For Billing Customer Service</b></p> <p><b>Phone:</b> 800-447-6250 ext. 17638</p> <p><b>Billing Fax:</b> 610-964-5227 888-275-9719</p> <p><b>Billing Contacts:</b> Don Dudash, CPC <a href="mailto:Donald.dudash@genexservices.com">Donald.dudash@genexservices.com</a> 800-447-6250 ext. 17638</p> <p>Val Miller <a href="mailto:Valerie.miller@genexservices.com">Valerie.miller@genexservices.com</a> 800-447-6250 ext. 17672</p> <p><b>Electronic Billing Info:</b> 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><b>General Information:</b> 513-346-7880 ext. 17657 or 800-447-6250 ext. 17657</p> <p><b>Email Address:</b> <a href="mailto:joanne.reasinger@genexservices.com">joanne.reasinger@genexservices.com</a></p>		

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

## 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**

Minute Men OhioComp  
2900 Carnegie Ave  
Cleveland, OH 44115

**Medical Documentation Fax:**

216-426-0651  
888-644-7339

**Case Management****Supervisor:**

Lynn Popovich, RN, BSN, CCM  
Phone: 216-426-0646  
Ext 1184

**Address**

Minute Men OhioComp  
2900 Carnegie Ave  
Cleveland, OH 44115

**Billing Fax:**

216-426-0651  
888-644-7339

**Billing Department**

Megan Washington  
Phone: 1-888-644-6266 Ext 1376  
Email: [billinginquiries@minutemenmco.com](mailto:billinginquiries@minutemenmco.com)

**Electronic Billing Info:**

Clearinghouse: Quadax or Relay Health  
Formats accepted: 837 v5010

**Contact:**

Len Stusek (Quadax)  
440-777-6300  
800-527-8133 #2  
[DLDBQTSInsuranceSupportDBQ@changehealthcare.com](mailto:DLDBQTSInsuranceSupportDBQ@changehealthcare.com)

**General Information: Phone: 888-644-6266**

**Email Address: [info@minutemenmco.com](mailto:info@minutemenmco.com)**

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

## 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](mailto: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](mailto:Cindy.ogden@sedgwickmco.com)  
888-627-7586  
614-760-3659  
Shelley Carson  
[carsons@sedgwickmco.com](mailto:carsons@sedgwickmco.com)  
888-627-7586  
614-376-5508

**Billing Fax:**  
888-627-0074

**Electronic Billing Info:**  
Clearinghouse: Change Healthcare  
Formats accepted: X12 837v5010  
Contact: 615-932-3000 or  
[www.changehealthcare.com](http://www.changehealthcare.com)

**General Information:** 888-627-7586

**Email Address:** [medical@sedgwickmco.com](mailto:medical@sedgwickmco.com)



Sheakley UniComp		<a href="http://www.sheakley.com">www.sheakley.com</a>	10002
To Report an Injury	To Submit Medical	To Send Bills	
<b>Phone:</b> 888-743-2559 or 513-618-1249  <b>Fax:</b> 513-326-8005 888-626-2667	<b>Address:</b> Sheakley UniComp One Sheakley Way Cincinnati, OH 45246  <b>Medical Documentation Fax:</b> 513-326-8005 888-626-2667  <b>Case Manager Team Leader:</b> Shonda B. <a href="mailto:shondab@sheakley.com">shondab@sheakley.com</a>  888-743-2559 ext. 7222	<b>Address:</b> Sheakley UniComp One Sheakley Way Cincinnati, OH 45246  <b>Billing Contact:</b> Sara R. <a href="mailto:sarar@sheakley.com">sarar@sheakley.com</a> 888-743-2559 ext. 7217  <b>Billing Fax:</b> 513-326-8005 888-626-2667  <b>Electronic Billing Info:</b> Clearinghouse: Relay Health Formats accepted: 837 v5010 Contact: Ammi K. 888-743-2559 ext. 7104	
<b>General Information: 888-743-2559</b> <b>Email Address: <a href="mailto:mco@sheakley.com">mco@sheakley.com</a></b>			

**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  
Contact:**  
Ed S, RN, CCM  
440-899-2400 ext. 231  
[eds@spoonermai.com](mailto:eds@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](mailto:tonyao@spoonermai.com)

**Electronic Billing Info:**  
Formats accepted: 837 v5010  
Contact: Mike D.  
440-899-2400 ext. 310  
[miked@spoonermai.com](mailto:miked@spoonermai.com)

**General Information: 800-542-9479**

**Email Address:**  
[clientservices@spoonermai.com](mailto:clientservices@spoonermai.com)