

# MCO Contact Tables

## Dec 2023

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3-HAB	www.3hab.com	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>Provider Relations Contact:</b> Jennifer R. 800-869-1871 <a href="mailto:Jenniferr@3hab.com">Jenniferr@3hab.com</a></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>		

AultComp MCO, Inc.		10016
To Report an Injury	To Submit Medical	To Send Bills
<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 B. 330-830-4919</p> <p><b>Provider Relations Contact:</b> Denette E. 330-830-4919 <a href="mailto:aultcompmco@aultcompmco.com">aultcompmco@aultcompmco.com</a></p>	<p><b>Address:</b> Aultcomp PO Box 36149 Canton, OH 44735-6149</p> <p><b>General Billing Inquiries:</b> 888-738-5800 330-830-4900</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> 330-830-4902 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>		

## To Report an Injury

**Phone:**

800-275-6463

**Fax:**

877-677-6756

## To Submit Medical

**Address:**

CorVel Ohio MCO, Inc.  
P.O. Box 3758  
Dublin, Ohio 43016-0389

**Medical****Documentation Fax:**

877-677-6756

**Utilization Management****Phone:**

800-275-6463

**Case Management Manager:**

Jane Hook  
800-275-6463 ext. 62657  
[Jane\\_Hook@corvel.com](mailto:Jane_Hook@corvel.com)

**Provider Relations Contact:**

Candace Davis  
800-275-6463 ext. 62688  
[Candace\\_Davis@corvel.com](mailto:Candace_Davis@corvel.com)

## To Send Bills

**Address:**

CorVel Corporation  
P.O. Box 3758  
Dublin, OH 43016

**General Phone Number:**

800-275-6463

**Billing Fax:**

877-677-6756

**Billing Manager:**

Carla Geary, CPC, Bill Review  
Manager  
T 800-275-6463 F 877-677-6756  
[ohiomcobilling@corvel.com](mailto: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: Christine Herrington

**General Information:** 800-275-6463**Email Address:** [Chris\\_Herrington@corvel.com](mailto:Chris_Herrington@corvel.com)

To Report an Injury	To Submit Medical	To Send Bills
<p><b>Phone</b> 888-644-6266 216-426-0646</p> <p><b>FAX</b> 216-426-0651 888-644-7339</p>	<p><b>Address</b> MinuteMen OhioComp 3740 Carnegie Ave., Suite B200 Cleveland, OH 44115</p> <p><b>Medical Documentation Fax:</b> 216-426-0651 888-644-7339</p> <p><b>Case Management Supervisor:</b> Lynn Popovich, RN, BSN, CCM Phone: 216-426-0646 ext. 1184</p> <p><b>Provider Relations Contact:</b> Joan Kafiti Phone: 1- 888-644-6266 ext. 1333 Email: <a href="mailto:joan.k@minutemenmco.com">joan.k@minutemenmco.com</a> Fax: 1-888-644-7339</p>	<p><b>Address</b> MinuteMen OhioComp 3740 Carnegie Ave, Suite B200 Cleveland, OH 44115</p> <p><b>Billing Fax:</b> 216-426-0651 888-644-7339</p> <p><b>Billing Department</b> Megan Washington Phone: 1-888-644-6266 ext. 1376 Email: <a href="mailto:billinginquiries@minutemenmco.com">billinginquiries@minutemenmco.com</a></p> <p><b>Electronic Billing Info:</b> Clearinghouse Contacts: Quadax: <a href="http://www.quadax.com">www.quadax.com</a> Carisk Intelligent Clearinghouse: <a href="http://www.cariskpartners.com/intelligent-clearinghouse-provider/">www.cariskpartners.com/intelligent-clearinghouse-provider/</a> Change Healthcare: <a href="http://www.changehealthcare.com">www.changehealthcare.com</a></p>
<p><b>General Information: Phone: 888-644-6266</b> <b>Email Address: <a href="mailto:info@minutemenmco.com">info@minutemenmco.com</a></b></p>		

Occupational Health Link Inc.		www.oehtmco.com	10017
<b>To Report an Injury</b>		<b>To Submit Medical</b>	<b>To Send Bills</b>
<b>Phone:</b> 888-844-0039  <b>Fax:</b> 614-318-1095 888-240-6381	<b>Address:</b> Occupational Health Link 557A Sunbury Road Delaware, OH 43015  <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@oehtmco.com">bryonyb@oehtmco.com</a>  <b>Provider Relations Contact:</b> Crystal Webb, CPC <a href="mailto:providerrelations@oehtmco.com">providerrelations@oehtmco.com</a> 888-844-0039 ext. 1035	<b>Address:</b> Occupational Health Link 557A Sunbury Road Columbus, OH 43015  <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@oehtmco.com">crystalw@oehtmco.com</a> 888-844-0039 ext. 1035	
<b>General Information: 888-844-0039 Email</b> <b>Address: <a href="mailto:karenc@oehtmco.com">karenc@oehtmco.com</a></b>			

**To Report an Injury**

**Phone:**

614-799-0898 or 888-202-3515  
(8:00 a.m. - 5:00 p.m.)  
After hours, select option 3

**Address:**

ProMedica Medical Management  
2545 Farmers Drive, Suite 400  
Columbus, OH 43235

**Corporate Address:**

200 Madison Ave.  
Toledo, OH 43604

**Fax:**

614-889-6246  
888-303-6294

**To Submit Medical**

**Address:**

ProMedica Medical Management  
2545 Farmers Drive, Suite 400  
Columbus, OH 43235

**Medical Documentation Fax:**

614-889-6246  
888-303-6294

**Case Management:**

Karla Rowe  
888-202-3515 ext. 282342  
[karlar@promedicamco.com](mailto:karlar@promedicamco.com)

**Provider Relations Contact:**

Gail Nicholas, CPC  
Phone: 888-202-3515 ext. 300563  
Email: [gailn@promedicamco.com](mailto:gailn@promedicamco.com)

**To Send Bills**

**Address:**

ProMedica Medical Management  
2545 Farmers Drive, Suite 400  
Columbus, OH 43235

**Billing Fax:**

614-889-6246  
888-303-6294

**Billing Contact:**

Barb Durigon  
888-202-3515 ext. 301785  
[barbd@promedicamco.com](mailto:barbd@promedicamco.com)

**Electronic Billing Info:** Contact: Kristie  
Kamerer 888-202-3515 ext. 301713

**General Information: 888-202-3515**

**Email Address:** [annec@promedicamco.com](mailto:annec@promedicamco.com)

## To Report an Injury

## To Submit Medical

## To Send Bills

**Phone** (24 hours)  
888-627-7586 Option #2

**Fax:**  
888-711-9284

**Website:**  
<http://www.sedgwickmco.com/>

**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  
[Debra.faulkner@sedgwickmco.com](mailto:Debra.faulkner@sedgwickmco.com)  
513-774-5892

**Provider Relations Contact:**  
Peggy Morrison  
[Peggy.Morrison@sedgwickmco.com](mailto:Peggy.Morrison@sedgwickmco.com)  
614-376-5561

**Address:**  
Sedgwick MCO  
P.O. Box 1040  
Dublin, OH 43017

**Billing Customer  
Service Phone:**  
888-627-7586 Option #3

**Billing Contacts:**  
Jennifer Amann  
[Jennifer.Amann@sedgwickmco.com](mailto:Jennifer.Amann@sedgwickmco.com)  
888-627-7586  
513-774-5966

Shelley Carson  
[Shelley.carson@sedgwickmco.com](mailto:Shelley.carson@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)

## To Report an Injury

**Phone:**

888-743-2559 or  
513-618-1249

**Fax:**

513-326-8005  
888-626-2667

## To Submit Medical

**Address:**

Sheakley UniComp One  
Sheakley Way Cincinnati, OH  
45246

**Medical Documentation Fax:**

513-326-8005  
888-626-2667

**Case Manager Team Leader:**

Shonda B.  
[shondab@sheakley.com](mailto:shondab@sheakley.com)  
888-743-2559 ext. 7222

**Provider Relations Contact:**

Debby M.  
[debbym@sheakley.com](mailto:debbym@sheakley.com)  
888-734-2559 ext. 7140

## To Send Bills

**Address:**

Sheakley UniComp One  
Sheakley Way Cincinnati, OH  
45246

**Billing Contact:**

Pamela Y.  
[pamelay@sheakley.com](mailto:pamelay@sheakley.com)  
888-743-2559 ext. 7208

**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](mailto:mco@sheakley.com)**



**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:**

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)

**Provider Relations Contact:**

Tonya O., CPC, CPC-H  
440-899-2400 ext. 226  
[tonyao@spoonermai.com](mailto:tonyao@spoonermai.com)

**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)