



MCO Selection Form

To select **Spooner Medical Administrators, Inc.** as your managed care organization (MCO), simply complete this form and fax it to Client Services at 1-800-542-9480 or email to clientservices@spoonermai.com

Policy/Application #: _____

Business Name: _____

DBA (if applicable): _____

Contact name: _____
(First) (Last)

Phone number: (____) _____ - _____ Fax number: (____) _____ - _____

E-mail address: _____

Number of Ohio employees: _____ County(ies) of Operation: _____

Address: _____
Street City State Zip Code

MCO Selected: Spooner Medical Administrators, Inc. MCO Number: 10011

Employer Signature: _____ Date: _____

Title: _____

DISCLAIMER – EMPLOYER’S RIGHT TO SELECT: An employer may select any MCO that meets its individual business needs. Selection of the MCO is solely the choice of the employer.

Spooner Medical Administrators, Inc
28301 Ranney Parkway
Westlake, Ohio 44145
1-800-542-9479

Springboro COC