



## 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](mailto:clientservices@spoonermai.com)

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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: \_\_\_\_\_

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**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.

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

BCoC