

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: ()		Extension:
Fax number: ()		-
Number of Ohio employees:	County(ies) of O	peration:
MCO Selected: Spooner Medical Admin	nistrators, Inc.	MCO Number: <u>10011</u>
Employer Signature:		Date:
Title:		

Spooner Medical Administrators, Inc

28301 Ranney Parkway Westlake, Ohio 44145 1-800-542-9479 www.SpoonerMAI.com