



# MCO Enrollment/Selection Form

To enroll with Frank Gates Managed Care Services, please complete this form and return via fax or email to: **Fax: 866-918-3764 / Email: [enroll@frankgatesmcs.com](mailto:enroll@frankgatesmcs.com)**

BWC Policy Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_ MI \_\_\_\_\_  
First (Printed or Typed) Last (Printed or Typed)

Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of MCO Selected **Frank Gates Managed Care Services** MCO Number: **10061**  
5 Digit Number

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Frank Gates MCS is proud to endorsed by more than 30  
Ohio chamber, business & trade associations.***

### **EMPLOYER'S RIGHT TO SELECT**

An employer may select any MCO that meets its individual business needs during enrollment periods. Selection of the MCO is solely the choice of the employer.

**We know managed care.  
Get to know us.**