



The Health Plan MCO Enrollment Form

Employer's Right to Select

An employer may select any MCO that meets its individual needs. The MCO selection is solely the employer's choice.

MCO Selected: **The Health Plan**

MCO Number: **10060**

Mail to: **The Health Plan
P.O. Box 97
St. Clairsville, OH 43950**

Fax to: **1.888.847.6927 Attn: Kristie K.**

Policy Number

Business Name

DBA (if applicable)

Contact Name

Phone #

Extension

Address

City

State

ZIP Code

Number of Employees

County(s) of operation

Employer Signature

Date