



# TREATMENT OF WORK-RELATED INJURY OR ILLNESS?

**! IMMEDIATE  
NOTIFICATION  
IS REQUIRED**



Cincinnati: 513.618.1249  
Toll-Free: 888.743.2559



Cincinnati: 513.326.8005  
Toll-Free: 888.626.2667



**SheakleyUniComp**

*Your Ohio Workers'  
Compensation MCO*

# CHANGE HEALTHCARE

*(Pharmacy Benefits Manager)*

Ohio

Bureau of Workers'  
Compensation

1.800.OHIO.BWC

[www.bwc.ohio.gov](http://www.bwc.ohio.gov)



**Submit medical documentation &  
requests for prior authorization to:**

**CINCINNATI:** 513.618.1249

**TOLL-FREE:** 888.743.2559

**FAX:** 513.326.8005 or  
888.626.2667



**Send all bills or notifications  
of treatment to:**

**Sheakley UniComp, Inc.**

Attn: MCO Dept.

1 Sheakley Way  
Cincinnati, OH 45246