



Workers' Compensation Identification Card

Treatment of Work Related Injuries or Illnesses

Immediate Notification Is Required:

(513) 618-1515

Fax: (888) 626-2667



Sheakley

UniComp

An Ohio Workers' Compensation MCO



Submit Medical Documentation & Requests for Prior Authorization to:

Phone: (513) 618-1515

Fax: (888) 626-2667 or (513) 326-8005

Send all Bills or Notification of Treatment to:

Sheakley UniComp, Inc.

Attn: MCO Dept.

One Sheakley Way

Cincinnati, OH 45246

SXC Health Solutions: 1-800-OHIO BWC

www.ohiobwc.com

Policy #: **33100001-0**

