

**TREATMENT OF WORK RELATED
INJURIES OR ILLNESSES**

Immediate Notification is Required:
888.743.2559 or 513.326.8003
Fax: 888.626.2667



Sheakley UniComp
An Ohio Workers' Compensation MCO

POLICY: 34300051-0

LAKE COUNTY EDUCATIONAL SERVICE CEN

SUBMIT MEDICAL
DOCUMENTATION &
REQUESTS FOR PRIOR
AUTHORIZATION TO:

Phone: 888.743.2559
or 513.326.8003
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

CATAMARAN:
(Pharmacy Benefits Manager)

1-800-OHIO BWC
www.bwc.ohio.gov