

# HMS Enrollment Form

**Open Enrollment is from May 2<sup>nd</sup> to May 27<sup>th</sup>, 2016.**

Please take a few moments to complete this form and return the information via one of the methods listed below.

Fax or Mail directly to:  
Health Management Solutions, Inc.  
2545 Farmers Drive, Suite 400  
Columbus, Ohio 43235

Or...  
Phone: 1-888-202-3515  
Fax: 1-614-923-7696  
www.hmssolutions.com

Workers' Comp Risk / Policy #: \_\_\_\_\_ Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Contact name: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Phone number with extension: (    )    -     ext.

Fax number: (    )    -

County of operation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State:   Zip code:

Name of MCO selected: Health Management Solutions MCO # 10006

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**DISCLAIMER**  
**EMPLOYER'S RIGHT TO SELECT**

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

Thank You for Choosing Health Management Solutions (HMS) as your MCO.