**Case Management Election Vocational Rehabilitation**

# Ohio Workers’ Compensation

I hereby select Peak Performance of Cambridge, Ltd. and/or their representatives as exclusive providers for my Workers’ Compensation related Case Management Services. Case Management Services may be provided for *Remain at Work*, *Job Retention*, and *Return to Work.*

**Injured Worker’s Name:**

**Telephone Number:**

**Claim Number:**

**Social Security Number:**

**MCO:**

**Attorney:**



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Injured Worker’s Signature Date