



# INDIANA LABORERS WELFARE FUND

P.O. BOX 1587 TERRE HAUTE, INDIANA 47808-1587

Telephone (812) 238-2551 Toll Free (800) 962-3158

Fax (812) 238-2553 www.IndianaLaborers.org

## SUBSTANCE ABUSE CLAIM FORM

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Medical Doctor ordering or supervising treatment: \_\_\_\_\_

In-Patient:  If in-patient, does your facility have a physician and registered nurse on staff 24 hours per day, 7 days per week?  YES  NO

Out-Patient Therapy:

Out-Patient Medical Treatment only (no therapy):   
 Methadone  Suboxone  Other: \_\_\_\_\_

Is treatment incurred from or related to any court ordered evaluations or treatment from or occurring during an attempt to commit or the commission of a misdemeanor or felony or the willful participation in a public disturbance or riot and as a direct result of driving while legally impaired?  YES  NO

Beginning date of treatment: \_\_\_\_\_

Plan of treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the provider of service In-Network with the Fund's Preferred Provider Organization: Anthem?  
 YES  NO

\_\_\_\_\_  
Signature of Provider or Authorized Representative

\_\_\_\_\_  
Date

---

---

### Officers-Board of Trustees

---

---

Francis J. Gantner  
Chairman

David A. Frye  
Secretary-Treasurer

Somer Taylor  
Administrative Manager

