



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 of Facility:

Name of Medical Doctor (MD) ordering treatment or supervising treatment:

In-Patient: ☐ If in-patient does your facility have a physician on staff and have registered nurses on staff 24/7: ☐ YES ☐ NO

Out-Patient Therapy: ☐

Out-Patient Medication Treatment only (no therapy): ☐
☐ Methadone ☐ Suboxone ☐ Other:

Is treatment from or related to court or due to legal issues? ☐ YES ☐ NO

If due to legal issues - ☐ Self Referral or ☐ Attorney Referral

Beginning date of treatment:

Plan of treatment:

Is the provider of service in-network with the Fund's Preferred Provider Organization, Anthem?

☐ YES ☐ NO

Provider of Service or their authorized representative signature:

Officers-Board of Trustees

Francis J. Gantner
Chairman

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Administrative Manager

