

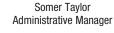
## INDIANA LABORERS WELFARE FUND

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:
Facility:
Name of Medical Doctor (MD) ordering treatment or supervising treatment:
In-Patient:
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:
Provider of Service or their authorized representative signature:

David A. Frye Secretary-Treasurer



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