



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:

Officers-Board of Trustees

Francis J. Gantner
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Somer Taylor
Administrative Manager

