



INDIANA LABORERS WELFARE FUND

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

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

EXPLANATION of SERVICES

Please complete this Explanation of Services Form and return it to the Fund Office within 15 days of receipt. Please be aware that a determination of benefits cannot be made until this completed Explanation of Services form is received in the Fund Office.

Participant:

ID#:

Patient:

Date(s) of Service:

1. Were the services incurred due to the result of complications from a medical procedure or treatment? YES NO
2. If you answered "yes" to question one above, please provide the type of medical procedure or treatment and the date it was incurred:

Signature of Physician

Date

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