



AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND

500 West Plainfield Road ~ Suite 203 ~ Countryside, IL 60525
Telephone: (708) 482-0110 ~ Toll Free: (800) 704-6270 ~ Fax: (708) 482-9140

Member:	
ID#:	
Patient:	
Service Date:	
Patient DOB	
Claim #	

We have received a claim for treatment that may be the result of an accident or injury. Please provide the information requested below in regard to accident or injury in question. **Please be as specific as possible in answering.**

Was this condition being treated the result of an accident or injury? Yes _____ No _____

What was the date the accident or injury occurred? _____

How did the accident or injury occur? _____

Where did the accident or injury occur? _____

If an adult, is this condition a result of their employment? Yes _____ No _____

Do you feel that another party is responsible for this accident or injury?
Yes _____ No _____

If yes, please provide a description of that party's involvement in the accident or injury.
(Please continue on the back of the letter if necessary). _____

Are you pursuing reimbursement from any other party or insurance carrier in relation to this injury?
Yes _____ No _____

Member Signature

Date