

# NEW MEXICO PIPE TRADES TRUST FUNDS ADMINISTRATIVE OFFICES

HEALTH AND WELFARE TRUST FUND  
6301 Indian School Rd. Ste. 660  
Albuquerque, NM 87110

JOINT APPRENTICESHIP TRAINING FUND  
877-624-6254  
FAX 505-884-7968

Member # \_\_\_\_\_

Member name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Service \_\_\_\_\_

THIS IS TO ACKNOWLEDGE THAT WE HAVE RECEIVED A CLAIM FOR THE ABOVE PATIENT. IN ORDER TO DETERMINE OUR LIABILITY, WE MUST ASK YOU TO ANSWER ALL OF THE QUESTIONS BELOW. PLEASE RETURN YOUR COMPLETED FORM TO THE ADDRESS ABOVE.

How did the injury occur?

When did the injury Occur? (Date and Time)

Where did the injury occur? (work/school/other. Please specify location).

Was a police report filed? If so, please submit a copy.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Your claim cannot be processed until we are in receipt of this information. Please return as soon as possible to avoid processing delays or you may be responsible for payment of this claim.