

WASHINGTON COUNTY DOMESTIC RELATIONS SECTION

PROCEDURE FOR COLLECTION OF UNREIMBURSED MEDICAL EXPENSES

Pursuant to Rule 1910.16-6 (c)(1) of the Pennsylvania Support Guidelines, medical expenses include insurance co-payments and deductibles and all expenses incurred for reasonably necessary medical services and supplies, including but not limited to surgical, dental, optical services and orthodontia. Medical expenses do not include cosmetic, chiropractic, psychiatric or psychological services unless specifically directed in the order of court.

Unless otherwise ordered, Court Orders entered for support obligations define medical expenses as annual unreimbursed expenses in excess of \$250. All unreimbursed medical expenses should be submitted on a regular basis, every four to six months if the expenses are higher than normal or once a year if the expenses would be considered routine medical treatment.

Expenses must be submitted for collection no later than March 31st of the following year from which they accrued. Expenses submitted later than March 31st, may be waived by the Court due to the untimely submission by the party seeing reimbursement.

The Domestic Relations Section procedure for collection of these expenses is as follows:

1. Expenses must be itemized on the attached sheet and copies of the submitted bills must be attached.
2. The petitioner (person requesting reimbursement) must provide proof that the first \$250.00 has been paid by providing verification of expenses and payment of same (bills/ payment receipts).
3. Upon completion of steps 1 and 2, the petitioner will mail a copy of all items to the respondent (the person responsible for paying medical expenses) by certified mail. In the event the respondent's address is confidential, the petitioner may bring the packet to the Domestic Relations Section for mailing.
4. The respondent has 30 days from receipt of the medical packet to make payment arrangements or to pay the balance in full. In the event the respondent does not pay, the petitioner shall provide copies to the Domestic Relations Section along with proof of the certified mailing at which time contempt proceedings will be scheduled against the respondent.

INSTRUCTIONS FOR COMPLETING THE MEDICAL EXPENSE SUBMISSION FORM

Each form must contain submissions for only one person (spouse/child). Collections for more than one person must be submitted on separate forms. Failure to comply with this will result in the form being returned. If the expenses exceed the number of lines available, submit multiple forms listing all expenses and calculate the balance owed on the last form.

When submitting unreimbursed medical expenses for collection, the petitioner (person seeking reimbursement) must include proof the first \$250.00/per person/per year has been paid. The petitioner should review the current support obligation to determine the calculated percentage each party is responsible for over the initial \$250.00.

Petitioner = party seeing reimbursement for medical expenses
Respondent = party responsible for paying unreimbursed medical expenses

1. **Date of Service:** The date the person was seen by the physician or medical facility.
2. **Medical Provider:** The name of the physician or facility that provided the service.
3. **Total Expense:** The total fee charged for the service.
4. **Paid by Insurance:** The amount paid by any other party other than the petitioner or the respondent including insurance companies and discounted services.
5. **Balance Due:** The remaining balance after the reduction for any payments made under by insurance
6. **Bills Submitted For:** The name of the person that the medical services were provided for – child or spouse.
7. **Totals:** Add the totals for each column at the bottom - Total Expense, Paid by Insurance, and Balance Due.
8. **Subtract \$250.00 as required from the amount in the Balance Due column.**
9. **Outstanding Medical Expense Balance = Balance Due - \$250.** Write this amount in the associated box.
10. **% Respondent is to pay:** The existing Court Order has a percentage owed by each party on unreimbursed medical expenses after the first \$250.00 is paid. List the respondent's percentage here.
11. **Amount owed by Respondent:** Multiply the outstanding medical expense balance by the % owed by the respondent to determine the amount owed and write it in the last box on the form.