MEDICAL EXPENSE SUBMISSION FORM

Name of person receiving medical services _____ (one person per worksheet)
Attach copies of bills for all expenses listed

Date of Service	Medical Provider	Total Expense	Paid by insurance	Balance Due
	TOTALS			**$**

If petitioner is plaintiff **- 250**
Outstanding Medical Expense Balance = ____

The respondent is ordered to pay ___**%** of medical expenses

Multiply the respondent ____**%** by the **$**_____ Outstanding Medical Expense Balance

Amount respondent owes = ____