Office of Child Support: Out of Pocket Medical Expenses Worksheet

Description

This fillable template can be used to request reimbursement from the other party for a child's out of pocket medical expenses – typically, this includes those items not covered by insurance. It is important to review the medical support section of your child support order to determine the following:

- In some cases, the first $200 each year for out of pocket medical expenses is assigned to the person receiving support.
- If there is a shared responsibility for these unreimbursed medical expenses, what percentage is attributed to each party.

Be sure to check how these items listed above may apply to your case before starting to complete the template worksheet as the information will be requested and featured.

Instructions

Please complete this Out of Pocket Medical Expenses Worksheet for each child with as much detail as possible and include copies of all supporting documentation available:

- Copies of all bills received that are related to this expense or time period
- Proof of any payments that you have made related to this expense or time period
- Any other supporting documentation related to this expense or time period

Step 1:

Prepare a packet with the Out of Pocket Medical Expenses Worksheet along with all supporting documentation for each child and mail it to the other party via certified return-receipt mail.

Step 2:

Make a copy for your own records and keep the original green card and return-receipt (if received) from the certified mailing.

If needed, you may submit a complete copy of your Out of Pocket Medical Expenses Worksheet with supporting documentation packet, along with a copy of the green card from the certified return-receipt mailing to the Vermont Office of Child Support for help with filing an enforcement action with the court. Please note that these out of pocket medical expenses must be paid in full before OCS can file for any enforcement actions.

If you have any questions, please contact us at 800-786-3214.

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This is to notify you of the unreimbursed medical expenses which have been incurred by our child, _____, which have been paid by me. Our Child Support Order indicates that you are responsible for a portion of these unreimbursed medical expenses as detailed below. Please make a payment to me for your share of these expenses within 30 days from the date of this notice. If no payment has been received after 30 days this will be referred to the Office of Child Support for a potential enforcement action.

Thank you.

Child Support Order Details:

Obligor Name: _____ **Obligee Name**: _____

Is Obligee solely responsible for the first $200/yr for out of pocket health expenses? ☐ Yes ☐ No

The parties share unreimbursed expenses as follows:

- Obligor's % share of Unreimbursed Expenses: _____ %
- Obligee's % share of Unreimbursed Expenses: _____ %

Out of Pocket Medical Expenses (Table 1):

Date of Service	Provider Name	Cost of Service	Insurance Payment	Unreimbursed Balance	Balance Paid?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
	Totals:				

For additional out of pocket medical expenses, please use Table 2 on the following page.

Balance and % Share of Unreimbursed Medical Expenses:

- Total Unreimbursed Balance (Table 1, above): $_____
- Total Unreimbursed Balance (Table 2, next page): $_____
- Less $200, if applicable: $_____
- Adjusted Unreimbursed Balance: $_____

Obligor's share of costs: %_____ times $_____ Adjusted Unreimbursed Balance

Total Amount Owed	$	As of this date:

Additional Out of Pocket Medical Expenses (Table 2):

Office of Child Support: Out of Pocket Medical Expenses Worksheet

Child Name: _____

Obligor Name: _____ **Obligee Name**: _____

Date of Service	Provider Name	Cost of Service	Insurance Payment	Unreimbursed Balance	Balance Paid?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
	Totals:				