Office of Child Support: Out of Pocket Medical Expenses Worksheet

This is to notify you of the unreimbursed medical expenses which have been incurred by our child, Carolina Blue, 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: Oxford Blue **Obligee Name**: Mahogany Brown

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: 50 %
- Obligee's % share of Unreimbursed Expenses: 50 %

Out of Pocket Medical Expenses (Table 1):

Date of Service	Provider Name	Cost of Service	Insurance Payment	Unreimbursed Balance	Balance Paid?
5/15/2025	Timberlane	135.00	0.00	135.00	☑ Yes ☐ No
6/10/2025	Dr Spock co-pay			25.00	☑ Yes ☐ No
6/10/2025	Kinney Drug	35.00	0.00	35.00	☑ Yes ☐ No
6/17/2025	Dr Spock co-pay			25.00	☑ Yes ☐ No
7/20/2025	Dr Spock co-pay			25.00	☑ Yes ☐ No
	Totals:			245.00	

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): $245.00
- Total Unreimbursed Balance (Table 2, next page): $150.00
- Less $200, if applicable: $-200.00
- Adjusted Unreimbursed Balance: $195.00

Obligor's share of costs: %50 times $195.00 Adjusted Unreimbursed Balance

Total Amount Owed	$ 97.50	As of this date: 9/15/2025

Additional Out of Pocket Medical Expenses (Table 2):

Office of Child Support: Out of Pocket Medical Expenses Worksheet

Child Name: Carolina Blue

Obligor Name: Oxford Blue **Obligee Name**: Mahogany Brown

Date of Service	Provider Name	Cost of Service	Insurance Payment	Unreimbursed Balance	Balance Paid?
8/5/2025	Timberlane	250.00	100.00	150.00	☑ 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:			150.00	