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OUT-OF-POCKET MEDICAL EXPENSE – UNREIMBURSED

Supporting Documentation

This section applies if the Non-Custodial Parent/Custodial Parent is ordered to pay a portion of the subject child(ren)'s health care expenses.

Our office policy is that we will not enforce any medical bills dating **no further than two (2) years from the date the application is submitted and the party must owe more than \$500.00 in unreimbursed medical expenses.** For example, if your Divorce Decree was signed on January 1, 2010 and your medical bills are dated from March 15, 2015 we will review all medical bills submitted and inform you which bills be denying, if any, and which we will enforce.

As the Custodial Parent, you are responsible for maintaining well-documented and organized records of the amounts expended for each child's health care expenses. In this section, you are given a list of documents needed to show proof of health care expenses and a method to track your child(ren)'s health care expenses by using the Medical Demand Letter and Spreadsheet for Out-of-Pocket Medical Expenses.

Required Documentation: Health Care Expenses:

The Domestic Relations Office Enforcement Division (hereinafter Enforcement Division) requires the following documentation:

1. **Physician's Statement.** Usually, this is the receipt given to you at the doctor's office at the time of services. The Physician's Statement must clearly state the (a) Patient's Name; (b) Date of Services; and (c) Patient's Payment.
2. For **prescriptions**, keep copies of the Pharmacy prescription receipt.
3. The Explanation of Benefits (EOB) from your insurance provider (required only if you can access the EOB). The EOB states the Patient's portion of **but it is not** proof of payment. You must attach proof of payment to an EOB.

4. If you have an ongoing expense like braces keep the following items clipped together:
 - (a) the orthodontic contract which sets forth the amount due for the down payment and the monthly amounts due; (b) the physician's statement for each monthly visit; (c) keep the bill for lab work, EOB and proof of payment together, etc.
5. Billing for surgeries and other hospital stays can be quite complicated. Keep the billing in separate categories. For instance, (a) keep the bill for the physician's fee, EOB and proof of payment together; (c) keep the bill for lab work, EOB and proof of payment together, etc.
6. Proof of payment can consist of copies of the (a) credit card receipts; (b) debit card receipts; and (c) cancelled checks, (not the carbon copy).

Tracking the amounts expended for the subject child(ren)'s health care expenses:

The Enforcement Division requires you to keep track of each child's health care expenses. You may use the Spreadsheet for Out-of-Pocket Medical Expenses. It is important that you list each expense separately in chronological order by the Date of Service. For example, if you take all three (3) children to the doctor on the same day, list them separately on the spreadsheet; if you get three (3) prescriptions filled on the same day, list them separately on the spreadsheet.

Terminology:

Below are brief explanations of the different terminology used in the spreadsheet found at the end of this section:

1. **Date of Services** – the date you took a child to see the doctor/dentist; the date a child was admitted to the hospital; the date a prescription was filled, etc.
2. **Services Provided** – it is recommended you use the following generic terms to describe the services provided for the expense:

Medical care	Dental Care	Orthodontics	Vision Care
Hospital care	Counseling	Prescription Drugs	Prescription Eyewear
Physical Therapy	Diagnostic Services (i.e., x-rays, lab work)		
3. **“Child”** – the child for whom the expense is incurred. Do not list health care expenses for any child who is not subject to the case.
4. **“Amount Paid by the Custodial Parent”** – The parent's out of pocket expenses. The Enforcement Division cannot seek reimbursement for any outstanding balances that are owed directly to the Health Care Provider or for expenses paid by someone other than you or your current spouse. For example, if the patient's portion of a hospital bill is \$1,200.00 but all you have paid to date is \$500.00, all that can be requested is that the Non-Custodial parent reimburse you for his/her portion of that \$500.00 payment. Another example, if the total cost for the child's braces is \$2,100.00 but you are paying it out at a rate of \$50.00 per month, all that can be

requested is that the Non-Custodial Parent reimburse you for his/her portion of the monthly payments.

5. **“Date copy last sent to Non-Custodial Parent”** – It is very important that you give the Non-Custodial Parent notice of the health care expenses as soon as possible. **Please read the provisions in your court order** to determine if the court set a specific timeline for notifying the Non-Custodial Parent notice of the unreimbursed medical expenses.

Documents provided to the Enforcement Division along with your Application to Enforce Child and Medical Support

When you submit your Application to Enforce Child and Medical Support to address the issue of reimbursement for health care expenses provide the following:

- a. Copy of your Medical Demand letter to the Non-Custodial Parent;
- b. Copy of Spreadsheet for Out-of-Pocket Medical Expenses;
- c. Copies of the medical bills and proof of payment that are attached to the Spreadsheet for Out-of-Pocket Medical Expenses;
- d. Copy of the post marked mail receipt, or any unclaimed mail.

SAMPLE SPREADSHEET

In this example, the Non-Custodial Parent is ordered to pay fifty percent (50%) of the children’s health care expenses:

Count	Date of Bill	Service Provided	Name of Child	Amount paid by Custodial Parent	Date Submitted to Non-Custodial Parent
1	10/21/12	doctor visit	Carmen	\$25.00	11-1-12
Total amount paid by Custodial Parent				\$25.00	
Minus total amount paid by Non-Custodial Parent				\$0.00	
Balance due from Non-Custodial Parent				\$12.50	

Please label supporting documentation to match the number (#) on your spreadsheet, i.e.:
-any documents supporting Number 1 must be labeled #1;
- any documents supporting Number 2 must be labeled #2; etc.

[DATE]

Re: In the Interest of _____, Child(ren)
Cause No. _____

Dear _____:

As you are aware, the parent-child order requires that you reimburse me _____% of all uninsured medical expenses.

I am enclosing copies of uninsured medical expenses which I have paid during the period of _____ to _____
As you will see from the enclosed Medical Expense Log, your share of the expenses is \$ _____ and is due within 30 days of the date of this letter.

Please remit payment to me through the El Paso County Domestic Relations Office, 500 E. San Antonio, Rm LL-108, El Paso, Texas 79901, together with a copy of this letter.

Thank you for your cooperation in this matter.

Sincerely,

Address _____
