

TARRANT COUNTY DRO  
CHILD SUPPORT SERVICES MONITORING PROGRAM  
P.O. BOX 161879, FORT WORTH, TEXAS 76161

**OUT-OF-POCKET HEALTHCARE EXPENSES - UNREIMBURSED**  
**Supporting Documentation**

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

As the Custodial Parent, you are responsible for maintaining well-documented and organized records of the amounts expended for each subject child's health care expenses. In this section a list of documents needed to show proof of health care expenses and a method to track your child(ren)'s health care expenses using an Excel spreadsheet or Word document will be provided.

**Required Documentation: Health Care Expenses**

Create file folders to store documents relating to the subject child(ren)'s health care expenses. The Domestic Relations Office Child Support Monitoring Program (hereinafter DRO/CSMP) 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 prescription labels OR obtain a Patient History printout from your Pharmacy.
3. The Explanation of Benefits (EOB) from the insurance provider (required only if you can access the EOB). The EOB states the Patient's Portion but 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; (3) and proof of payment for the down payment and each monthly payment made thereafter.
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; (b) keep the bill for the anesthesiologist 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; (c) cancelled checks, (not the carbon copy); and/or (d) bank statements for automatic withdrawals. Bank statements must clearly identify the Payee. Receipts must be attached to the corresponding document from the health care provider or insurance provider.

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

The DRO/CSMP requires you to keep track of each subject child's health care expenses. You may use either the spreadsheet provided at the end of this section or re-create the sample spreadsheet shown below using either Excel or Word. If you set up the spreadsheet on your computer, you must set it up to look exactly like the example shown below. It is important that you list each expense separately in chronological order by the Date of Services. For example, if you take all 3 subject children to the doctor on the same day, list them separately on the spreadsheet; if you get 3 prescriptions filled on the same day, list them separately on the spreadsheet. Create a separate spreadsheet/Word document to track any reimbursements you receive from the Non-Custodial Parent.

The DRO/CSMP strongly recommends you update this spreadsheet each time a health care expense is incurred for a child. Keeping your spreadsheet up to date at all times will prevent any unnecessary delays in scheduling a Child Support Review conference or filing legal action.

### Terminology

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

"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.

"Purpose" – It is recommended you use the following generic terms to describe the Purpose for the expense:

Medical Care	Dental Care	Orthodontics	Vision Care
Hospital Care	Counseling	Prescription Drug	Prescription Eyewear
Physical Therapy	Diagnostic Services (i.e., x-rays, lab work)		

"Child" – the child for whom the expense is incurred. Do not list health care expenses for any child who is **not** a subject of this suit.

"Amount Paid by the Custodial Parent" – Your out-of-pocket expenses. **The DRO/CSMP 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've 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.

"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. Read the provisions in your court order to determine if the court set a specific timeline for notifying the Non-Custodial Parent of the child(ren)'s health care expenses. If the order provides a timeline, follow the court order. If your order does not provide a specific timeline, the DRO/CSMP strongly recommends you give the Non-Custodial Parent notice at least once a month. Below are several methods for notifying the Non-Custodial Parent:

1. Our Family Wizard – this method must be ordered by the court
2. If the court did not order the parties to use Our Family Wizard, the DRO/CSMP requires you to send the following items to the Non-Custodial Parent by **certified mail, return receipt requested**:
  - a. A copy of the spreadsheet
  - b. A cover letter notifying the Non-Custodial Parent of his/her portion; and
  - c. Copies of the documentation listed above under the section entitled Required Documentation

If the certified mail is returned to you unclaimed, DO NOT open it. You may follow-up by providing additional copies using, either first class mail, email, or hand-delivery.

**Documents provided to the DRO/CSMP**

If this office begins the process of a Child Support Review or initiating legal action, you will be given a maximum time of **two weeks** to submit the following items to the DRO/CSMP at the P.O. Box address provided above:

1. If you were ordered to use Our Family Wizard, send the DRO/CSMP copies of any notices sent to the Non-Custodial Parent regarding health care expenses, including any attachments (proof).
2. If you are not ordered to use Our Family Wizard, send the DRO/CSMP the following documents:
  - a. Copy of your cover letter to the Non-Custodial Parent
  - b. Copy of your spreadsheet
  - c. Copies of the documentation listed above under the section entitled Required Documentation
  - d. Copies of the postmarked Certified Mail receipt and corresponding return receipt (green card) or any unopened, unclaimed certified mail.

**Sample Spreadsheet**

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

<u>Count</u>	<u>Date of Services</u>	<u>Purpose</u>	<u>Child</u>	<u>Amount Paid by Custodial Parent</u>	<u>Date Copy Last Sent to Non-Custodial Parent</u>
1	10-21-10	medical care	Jeff	\$250.00	11-1-10
2	10-21-10	prescription	Jeff	180.00	11-1-10
3	10-28-10	orthodontic	Kay	500.00	11-1-10
4	11-14-10	vision care	Jeff	690.00	12-1-10
5	11-28-10	orthodontic	Kay	500.00	12-1-10

Total amount paid by Custodial Parent	\$ 2120.00
Non-Custodial Parent’s percentage owed (50%)	\$ 1060.00
Amount paid by Non-Custodial Parent	\$ 50.00

\*Balance due from Non-Custodial Parent \$ 1010.00

\* NCP must owe > \$500 to seek enforcement from our office

Label your supporting documentation to match the Count on your spreadsheet, i.e.:

- any documents supporting Count 1 must be labeled **#1**
- any documents supporting Count 2 must be labeled **#2**
- any documents supporting Count 3 must be labeled **#3** etc.

**\*\*\*\*\* NOTICE TO THE CUSTODIAL PARENT \*\*\*\*\***

The Non-Custodial Parent must owe more than \$500 in unreimbursed medical expenses for this office to attempt enforcement. You may seek assistance from a private attorney at any time for help with unreimbursed medical expenses.

If the Non-Custodial Parent owes reimbursement for health care expenses, it is VERY IMPORTANT that you submit your medical packet to this office in the format and time-period set out below.

If this office begins the process of a Child Support Review or initiating legal action, you will be given a maximum time of TWO WEEKS to submit the medical packet to the DRO/CSMP at the P.O. Box address provided above. Therefore, it is imperative that you keep records of each subject child's health care expenses up to date at all times.

Medical packets must be submitted in the exact format shown below. Any medical packets that are not properly prepared will be returned to you and the DRO/CSMP will NOT include any requests for reimbursement in its legal proceedings.

If a final order is signed without addressing reimbursement for health care expenses existing at the time of the order, the Court may later rule you WAIVED your right to collect reimbursement from the Non-Custodial Parent.

These are the minimum requirements. If your case goes to litigation, additional information may be required.

To complete this document, **EITHER** print out this page and hand-write the information (make additional copies of this page as needed) **OR** copy and paste this spreadsheet onto a blank Word document; type the information directly onto the document (edit to add additional rows as needed); and save the finished spreadsheet on your computer as a Word document. Don't forget to print and send your spreadsheet along with proof to NCP.

NCP Name:

CP Name:

OAG No.:

Child Support Acct#:

Cause No.:

**\*\* List each health care expense in order by Date. List each health care expense separately \*\***

Count	Date of Services	Purpose	Child	Amount Paid by Custodial Parent	Date Copy Last Sent to NCP

Total amount paid by Custodial Parent (CP) \$ \_\_\_\_\_

NCP's portion – 50% (or amount specified in order) of the above \$ \_\_\_\_\_

Total amount paid/reimbursed by Non-Custodial Parent (NCP) \$ \_\_\_\_\_