

## CRITERIA TO SUBMIT FOR REIMBURSEMENT OF MEDICAL EXPENSES (CONTINUED)

The submitting party must send copies of all bills to the other party by certified mail **no later than March 31<sup>st</sup> of the year following the calendar year in which the final bill was received by the party seeking payment** (PA R.C.P. 1910.16-6). The exact amount owed and to whom it is owed should be clearly stated. Please retain all mailing receipts.

The submitting party must allow 30 days for the other party to make payment or payment arrangements before an enforcement request can be made to the DRS.

## ENFORCEMENT OF MEDICAL SUPPORT

The Domestic Relations Section's Compliance Unit is responsible for medical support enforcement. If the support order requires a party to provide health insurance coverage for the child(ren) and the party fails to do so, the party may be held in contempt of court.

The Compliance Unit may only assist with the collection of medical bills if all instructions are followed and all submission requirements have been met (See *Criteria to Submit for Reimbursement of Medical Expenses*).

If full payment or payment arrangements have not been made within 30 days, the submitting party may notify the Domestic Relations Section by sending:

- A copy of the certified mail receipt
- Copies of all relevant medical bills
- Completed medical expense forms
- Insurance company statements
- Proof that the first \$250.00/person per calendar year deductible was met

Completed medical expense forms and accompanying documents should be sent by mail to:

*Attn: Compliance Unit  
Domestic Relations Section  
Berks County Services Center  
633 Court St, 6<sup>th</sup> Floor  
Reading, PA 19601-4316*

**All medical expense reimbursement requests MUST be submitted to the Domestic Relations Section NO LATER THAN May 31<sup>st</sup> of the year following the calendar year in which the final bill was received.**



## MEDICAL SUPPORT

Berks County Domestic Relations Section  
Berks County Services Center  
633 Court Street, 6<sup>th</sup> Floor  
Reading PA 19601-4316  
Phone: (610) 478-2900  
Fax: (610) 478-6585  
Email: [Support.Berks@PACSES.com](mailto:Support.Berks@PACSES.com)  
[www.berkspa.gov/departments/dro](http://www.berkspa.gov/departments/dro)

## OVERVIEW

The Code of Federal Regulations requires that the guideline used by Pennsylvania to calculate child support must provide for the child(ren)'s health care needs through health insurance coverage and cash medical support. Cash medical support may be co-payments, health insurance premiums, and medical bills including dental and vision care.

## **ESTABLISHING MEDICAL SUPPORT**

When a support order is entered, one or both parties will be ordered to provide health insurance coverage for the child(ren) and/or spouse based on the facts presented at the conference or hearing. Medical Assistance or other state-funded medical coverage is not considered applicable medical coverage for child support purposes. The non-custodial parent bears the initial responsibility to provide health insurance coverage for the child(ren) if it's available at a reasonable cost.

Coverage is considered reasonable if the cost to the parent responsible for providing medical coverage:

- 1) Does not exceed 5% of his/her monthly net income; and
- 2) When added to the amount of child support does not exceed 50% of his/her monthly net income.

The cost of the premium will be allocated between parties based on the proportion of their respective incomes, and will be reflected in the amount of the support order.

Parties must notify the Domestic Relations Section any time there is a change in health insurance coverage. Either party may then file a Petition to Modify the support order to consider any change to the cost of the health insurance premiums.

## **COMMUNICATION & COOPERATION**

Communication and cooperation between parties is essential! Parties must provide each other with the following:

- Copy of insurance card and/or name of the health insurance provider and policy and group number
- Mailing address for claims
- Five copies of claims forms
- Benefit booklet or coverage contract
- Any other additional documentation or information necessary to be able to utilize the coverage.

## **MEDICAL EXPENSES**

In addition to insurance co-payments and deductibles, medical expenses may also include expenses incurred for reasonable and necessary medical services and supplies, such as surgical, dental, optical, and orthodontia.

Cosmetic, chiropractic, psychiatric, and/or psychological are not included in the expenses that are to be split between the parties, unless specifically stated in a parties' support order.

## **CRITERIA TO SUBMIT FOR REIMBURSEMENT OF MEDICAL EXPENSES**

Parties must follow insurance company policies. All medical bills must be submitted to all available insurance plans. If a claim is denied by the insurance company for failure to follow policy, the other party cannot be made responsible for payment of any portion of the bill.

All medical expenses for which a party is seeking reimbursement must be logged on a Medical Expense Form. The form can be found in the Domestic Relations Section office or on our website.

The Plaintiff is responsible for the first \$250.00 of medical expenses per person/per calendar year. The Plaintiff must provide proof that this amount was met. During the first calendar year that the support order is entered, the deductible is prorated. For example, if the support order is effective July 1<sup>st</sup>, the deductible is \$126.03 per person until December 31<sup>st</sup>.

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