

KOSCIUSKO COUNTY PROSECUTOR

MEDICAL EXPENSE WORKSHEET

This form is to be used if you have uninsured medical expenses for a minor child AND the non-custodial parent was ordered to pay a portion of those expenses. Typically, the custodial parent is ordered to pay a certain dollar amount and the after that is met, the parents are each responsible for a percentage of uninsured expenses. You may hear this called the 6% rule. It will be contained in the Order of Support.

1. It is your responsibility to provide the information requested on this worksheet. The Kosciusko Prosecutor's Office will not obtain the information for you, nor will we prepare this worksheet on your behalf.
2. We will attempt to resolve the matter outside of court, and should that not be successful, we will set the matter for hearing. Even if the matter is set for court, an effort will be made to resolve the matter prior to the case being presented to the Judge.
3. You MUST be present at all Court hearings set on this issue unless the Court, or this office, tells you otherwise.
4. You have the right to be represented by your own attorney at all times during this process as the Prosecutor's Office does NOT represent you.
5. You MUST attach copies of the original medical bills along with documentation of the insurance payments to this worksheet in the order you list them on this worksheet. Add more pages if needed.
6. Prior to asking the Kosciusko Prosecutor's Office to assist you, you MUST send the Non-Custodial Parent this completed worksheet and all the bills and insurance payments and request that the Non-Custodial Parent pay their portion. It is highly recommended that you send them to the Non-Custodial Parent in such a manner that you can prove that they were received, for example U.S. Mail, return receipt requested. Only after the parent has refused or failed to pay the same, will the Kosciusko Prosecutor's Office be able to assist you in enforcing your Order.
7. This office will seek a determination of the amount the Non-custodial parent owes no more often than once a year.
8. After an amount has been agreed upon or determined by the Court, a payment agreement must also be made. That agreement will be enforced as part of your child support order.

CUSTODIAL PARTY: _____

NON-CUSTODIAL PARTY: _____

MEDICAL BILLS FOR THE PERIOD FROM _____ to _____.

Section A.

No.	Date of Medical Service	Name of Provider	Child's First Name	Total Amount of Bill	Amount Paid by Insurance	Unreimbursed Amount	Amount You have paid so far
1.							
2.							
3.							
4.							
5.							
6.							
7.							

8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

B. **TOTAL**
BALANCE UNREIMBURSED EXPENSES \$ _____
(Billed amount minus the insurance paid)

C. **LESS CUSTODIAL PARENTS'S 6% share in Order** \$ _____

D. **BALANCE TO BE SPLIT BETWEEN PARTIES** \$ _____

E. **CUSTODIAL PARTY'S SHARE (line D * _____%)** \$ _____

F. **NON-CUSTODIAL PARTY'S SHARE (line D * _____%)** \$ _____

G. **NON-CUSTODIAL PARTY'S PAYMENTS** \$ _____

H. Amount you are seeking from non-custodial party Line F. – Line G. \$ _____

I affirm under penalties of perjury that the above and foregoing is true and correct.

Custodial Parent Signature

Date

Street Address

City, State and Zip Code

Phone Number