

HEALTH CARE EXPENSE WORKSHEET

CHILD'S NAME: _____

DATE OF SERVICE:		XXXXXXXXXX
NAME OF PROVIDER:		XXXXXXXXXX
WHAT EXPENSE WAS FOR:		XXXXXXXXXX
ORIGINAL TOTAL CHARGE BY PROVIDER:		\$
AMOUNT INSURANCE PAID:		- \$
UNINSURED AMOUNT:		= \$
SUBTRACT any balance of "ordinary" uninsured health care expenses¹		- \$
UNINSURED "EXTRAORDINARY" HEALTH CARE EXPENSE TO BE DIVIDED BETWEEN PARENTS	=	* \$
EACH PARENT'S PERCENTAGE OF "EXTRAORDINARY" HEALTH CARE EXPENSES UNDER COURT ORDER	MOTHER _____ %	FATHER _____ %
EACH PARENT'S PORTION OF TOTAL UNINSURED BILL (multiply the amount in the box above* by each parent's percentage)	\$	\$
SUBTRACT any amounts already paid to the health care provider by each parent ON THIS BILL	- \$	- \$
AMOUNT EACH PARENT OWES TO THE PROVIDER AND/OR TO THE OTHER PARENT AS REIMBURSEMENT (if the number is negative, then that parent is owed money by the other parent)	= \$	=\$

Prepared by (Circle one): MOTHER FATHER

Provided to other parent on: _____ How provided: _____

A COPY OF THE BILL AND ANY "EXPLANATION OF BENEFITS" FROM THE INSURANCE COMPANY MUST BE ATTACHED

¹ **Ordinary Expenses:** "Ordinary uninsured health care expenses" are uninsured health care expenses equal to the total cash medical support amount owed by the parents during the calendar year, and shall be paid by the child support obligee.