



UNREIMBURSED EXPENSE INSTRUCTION SHEET

This process is only applicable to unreimbursed expenses that are covered in your Domestic Relations Support Order.

1. **Per rule 1910.16-6(c)(1), unreimbursed medical expenses include: insurance co-payments and deductibles and all expenses incurred for reasonably necessary medical services and supplies including; but not limited to, surgical, dental and optical services and orthodontia. Medical expenses do NOT include cosmetic, chiropractic, psychiatric, psychological or other services unless specifically directed in the order of court.**
2. The plaintiff is required to pay the first \$250 in out-of-pocket medical expenses per year/per person before the defendant has to pay their proportionate share. Include all medical expenses on the attached summary sheet along with the bills and proof of payments showing the \$250 has been met.
3. **Per rule 1910.16.6(d), if expenditures for needs outside the scope of typical child-rearing expenses, e.g. summer camp, private school tuition are specifically covered in your support order the below procedure shall be followed.**
4. **Per rule 1910.16-6(c)(3) and 1910.16(d)(2), documentation of unreimbursed expenses that either party seeks to have allocated between the parties shall be provided to the other party NOT later than March 31 of the year following the calendar year in which the final bill was received by the party seeking allocation. For purposes of subsequent enforcement, these expenses need not be submitted to the Domestic Relations Office prior to March 31.**
5. The Petitioner should send a completed unreimbursed packet to the Respondent by Certified Mail, return receipt requested. The completed packet should consist of the attached summary sheet, bills from the provider displaying patient's name, services rendered, and proof of payments made. You must allow the Respondent 30days to remit payment or to make payment arrangements to satisfy their share of the out of pocket expenses.
6. If the Respondent fails to remit payment or make payment arrangements within 30days, please send the following to the Domestic Relations Office to request an unreimbursed expense contempt conference:
 - Three unstapled copies of the packet that was provided to the Respondent
 - Proof of Service to the Respondent via certified mail

*Email or correspondence via Our Family Wizard does not constitute service.
7. Do not submit unreimbursed packets to the Domestic Relations Office until the 30days have passed.
8. Requests must be made in a complete and organized manner or the packet will be returned.
9. All expenses that you are seeking reimbursement for must be paid in full. The Domestic Relations Office cannot order a Respondent to pay a provider directly for **unreimbursed medical expenses** unless ordered **by the trier-of-fact** pursuant to PA RCP 1910.16-6(c).
10. Out-of-network medical expenses that were not incurred due to an emergency or other compelling factors may not be reimbursed.
11. The attached summary sheet shall only have one person per page and expenses must be in chronological order. Medical expenses and extracurricular expenses/tuition/child care shall be listed on separate summary sheets.

Unreimbursed expenses may not be emailed or faxed to Domestic Relations Office

Date of Service <i>(Date order)</i>	Provider	Name <i>(one person per page)</i>	Total Amount of Bill	Amount paid by Petitioner	Amount owed by Respondent

