

## HEALTH CARE EXPENSE WORKSHEET

CHILD'S NAME: \_\_\_\_\_

DATE of service: \_\_\_\_\_

NAME of provider: \_\_\_\_\_

WHAT expense was for: \_\_\_\_\_

ORIGINAL total charge by provider: \$ \_\_\_\_\_

MINUS amount insurance paid: - \$ \_\_\_\_\_

EQUALS uninsured amount: = \$ \_\_\_\_\_

SUBTRACT any balance of "ordinary" health care expense amount<sup>1</sup>: - \$ \_\_\_\_\_

EQUALS uninsured "extraordinary" health care expense to be divided between parents: = \$

EACH parent's percentage of "extraordinary" health care expenses under court order <sup>2</sup> :	MOTHER %	FATHER %
	_____	_____

MULTIPLY each parent's portion of total uninsured bill (amount in gray box) by each parent's percentage:	\$ _____	\$ _____
--	----------	----------

SUBTRACT any amounts already paid to the health care provider by each parent ON THIS BILL:	-\$ _____	\$ _____
--	-----------	----------

EQUALS 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 (check one): ☐ Mother ☐ Father

PROVIDED to other parent on: \_\_\_\_\_

HOW provided: \_\_\_\_\_

\*\*\*COPIES OF HEALTH CARE BILL AND ANY "EXPLANATION OF BENEFITS" FROM THE INSURANCE COMPANY MUST BE ATTACHED\*\*\*

---

<sup>1</sup>**Ordinary Expenses:** The first \$100.00 per calendar year per child of uninsured health care expenses, including deductibles and co-pays under insurance, shall be deemed "ordinary health care expenses" and shall be paid by the residential parent of the child.

<sup>2</sup>**Extraordinary Expenses:** Any health care expenses in excess of \$100.00 per calendar year per child shall be deemed "extraordinary health care expenses".