

MEDICAL EXPENSE NOTIFICATION

To: _____

Via: _____ Ordinary US Mail
_____ Certified Mail
_____ Registered Mail
_____ Hand Delivery
_____ Facsimile

Medical service provider: _____
(name and address) _____

Amount of bill: _____
Amount paid or covered by insurance: _____
Uninsured portion: _____

Applied to parent's yearly \$100.00
of medical expenses? _____ Yes Amount applied: \$ _____
_____ No, parent has already paid first \$100.00 for this child

Remaining expense to be paid: \$ _____ Mother's portion: \$ _____
Father's portion: \$ _____

Invoice or copy of payment check attached: _____ Yes _____ No /If not, why not?

Payment due to: _____ Parent _____ Provider
Payment due no later than: _____

Notes:

(NOTICE:

To the parent submitting medical bills: Please remember to submit to the other parent the medical bills which are applied to the first \$100.00 per year per child which is your responsibility, even though the other parent owes no money on those bills. This will avoid confusion as to whether you have met your obligation when you do have bills which are the other parent's responsibility. Please keep copies of this notice and the support documentation sent to the other party, for your records.)