## SUMMIT COUNTY DOMESTIC RELATIONS COURT EXPLANATION OF HEALTH CARE BILLS

## Instructions: You must bring copies of health care bills, explanation of benefits forms, and proof of payment to the hearing.

Case No. $\qquad$
Name of Child:

| Date of <br> Treatment | Name of Service Provider (e.g., Doctor, <br> Dentist, Therapist, Hospital) and Services <br> Provided | Total Bill | Date Bill Sent <br> to Other Party | Amount <br> Insurance <br> Paid | Amount <br> You Paid |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  | Amount <br> Paid by <br> Other Party | Amount of <br> Unpaid Bill | Amount Due <br> from <br> Other Party |  |
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## Your Name / Signature

Summit County Court of Common Pleas, Domestic Relations Division
Domestic Relations Form 29
Explanation of Health Care BIlls
Approved under Ohio Civil Rule 84
Amended from Supreme Court of Ohio Uniform Domestic Relations Form 29 amended Sep. 21, 2020
KVC/nhd Explanation of Health Care Bills rev. 10-16-2023

