SUMMIT COUNTY DOMESTIC RELATIONS COURT EXPLANATION OF HEALTH CARE BILLS

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

Case No.								
Name of Chi	ld:							
Date of Treatment	Name of Service Provider (e.g., Doctor, Dentist, Therapist, Hospital) and Services Provided	Total Bill	Date Bill Sent to Other Party	Amount <u>Insurance</u> <u>Paid</u>	Amount You Paid	Amount Paid by Other Party	Amount of <u>Unpaid Bill</u>	Amount Due from Other Party
							_	
Vous Nome / Signature			Date	Date Total Amount of Claim:				

Your Name / Signature

Summit County Court of Common Pleas, Domestic Relations Division
Domestic Relations Form 29
Explanation of Health Care BIIIs
Approved under Ohio Civil Rule 84
Amended from Supreme Court of Ohio Uniform Domestic Relations Form 29 amended Sep. 21, 2020