

In the Court of Common Pleas of Bucks County, Pennsylvania
Domestic Relations Section
100 North Main Street, Doylestown, PA 18901
(215) 340-8068
csbucks@pacses.com

Unreimbursed Medical Expenses Information Sheet

1. If you are the custodial parent you are responsible for the first \$250.00 per calendar year per person of unreimbursed medical expenses unless otherwise stated in the court order. The first \$250.00 must be documented on the attached 'Summary of Medical and/or Dental Bills' form.
 - Note: For the year in which the initial support order is entered the \$250.00 threshold will be prorated by counting the number of days from the effective date to the end of the calendar year and multiplying the number of days by .685. The sum is the dollar amount the plaintiff must pay in unreimbursed medical costs before asking for defendant's share.
2. Medical Bills are to be submitted no later than March 31 of the year following the calendar year in which the final bill was received by the party seeking allocation.
3. Do not include bills relating to Cosmetic, Chiropractic, and Psychiatric/Psychological services unless specifically outlined in your current support order.
4. You must complete the attached 'Summary of Medical and/or Dental Bills' form with this letter and submit it to the other party with all of the required documentation. A separate form is required for each member (by calendar year) if you are seeking reimbursement for more than one person (and more than one year). If the other party does not reimburse you for his/her portion of unreimbursed medical costs, follow Steps 4 through 9.
5. You must complete the attached 'Summary of Medical and/or Dental Bills' form with this letter and return it to the Domestic Relations Office with all of the required documentation; see below for submission instructions. Your request will be returned if the required documentation is not included.
6. Upon receipt of the 'Summary of Medical and/or Dental Bills' form and the required documentation, your request will be reviewed consistent with the terms of your current support order.
7. After review, the form and bills will be sent to the other party requesting payment of the bills within 20 days.
8. As the requesting party, you are responsible to notify the Domestic Relations Office if the bills submitted have not been satisfied within the 20-day time frame.
9. If further action is required to resolve payment of the bills, a contempt hearing will be scheduled for unreimbursed medical bills totaling a minimum of \$100.

Document Submission:

Visit the *Bucks County Domestic Relations Homepage* for a direct link to upload your documents for electronic submission. Images must be in PDF format.

OR

Mail document copies to:

Bucks County Domestic Relations Section
100 N Main Street
Doylestown, PA 18901

