Medical Support

What is Medical Support?

The term “Medical” includes reasonable expenses for medically necessary services and supplies such as:

- Insurance Co-Payments and Deductibles
- Surgical
- Dental
- Optical Services
- Orthodontics (for Orders entered on or after 4/1/99)
- Prescriptions

Services that are NOT covered (unless specifically stated in your Order) are:

- Chiropractic Services
- Cosmetic Surgery
- Psychiatric/Psychological Services

The custodial parent is responsible to pay the first $250.00 annually (per child and/or spouse) in un-reimbursed medical expenses. Then the remaining un-reimbursed medical expenses for the children and/or spouse are ordinarily divided between the parties in proportion to their net incomes.
**Guidelines for Medical Coverage**

The non-custodial parent bears the initial responsibility of providing health care coverage for the children if it is available at a reasonable cost on an employment-related or other group basis. If either or both parties must supply or maintain medical insurance coverage, they must provide to each other or other party the following:

1. Name of the health care coverage provider(s)
2. Any applicable identification numbers or cards
3. Address to which claims should be mailed
4. All documentation regarding guidelines and participating health care providers, including a copy of the benefit booklet or coverage contract
5. Five copies of any Claim forms

If the child or spouse receives State Medical Assistance (i.e. ACCESS), the parties may be required to provide health insurance.

The non-custodial parent may be responsible for Medicaid birth-related expenses to the birth of the parties child.

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**Communication and Cooperation Between Parties is ESSENTIAL!**

**How to get payment for medical expenses**

- Parties must follow the insurance company rules. All bills must be submitted to all available insurance plans. If a claim is denied by the insurance company for failure to follow their rules, the other party cannot be made responsible for the share of the cost.
- Documentation must be provided to show that the first $250.00 per person/per calendar year has been met.
- The party with the medical bills should send copies of the bills and insurance statements to the other party by regular mail as well as certified mail or a certificate of mailing. The exact amount owed and to whom, should be clearly stated. (the Medical Data Sheet on this website may be used). A certified mail receipt card will be returned to
the sender as proof the bills were received by the Obligor. Please keep this mail receipt.

- The party who is responsible to pay the bill should send the payment to the other party by check or money order so payment can be verified.

**Enforcement of medical payment**

If full payment or payment arrangements have not been made within 30 days, notify the Domestic Relations Department by sending:

- Copies of the medical bills
- Insurance company statements
- Verification that the $250.00 per person/per calendar year deductible was paid
- Copy of the certified mail receipt and/or certificate of mailing
- Completed MEDICAL DATA SHEET

Completed Medical Data Sheets and supporting documentation should be mailed within 6 months after service has been performed to:

**Domestic Relations Office**
230 East Market Street, Suite 300
Clearfield, PA 16830

The Domestic Relations Section will contact the party responsible for payment and establish a schedule for repayment or schedule and enforcement hearing.

This guide is intended to be instructive as to the general procedures of the Clearfield County Domestic Relations Office and should be used for informational purposes only.