

HEALTH CARE EXPENSE WORKSHEET

CHILD'S NAME: _____

DATE OF SERVICE:		
NAME OF PROVIDER:		
WHAT EXPENSE WAS FOR :		
ORIGINAL TOTAL CHARGE BY PROVIDER:		\$
AMOUNT INSURANCE PAID:		- \$
UNINSURED AMOUNT:		= \$
EACH PARENT'S PERCENTAGE OF UNINSURED HEALTH CARE EXPENSES UNDER COURT ORDER	Name: _____ _____ %	Name: _____ _____ %
EACH PARENT'S PORTION OF TOTAL UNINSURED BILL (multiply the amount in the gray box above by each parent's percentage)	\$	\$
SUBTRACT any amounts already paid to the health care provider by each parent ON THIS BILL	- \$	- \$
AMOUNT EACH PARENT OWES TO THE PROVIDER AND/OR TO THE OTHER PARENT AS REIMBURSEMENT (if the number is negative, then that parent is owed money by the other parent)	= \$	= \$

Prepared by: _____

Provided to other parent on: _____ How Provided: _____

*****COPIES OF THE HEALTH CARE BILL AND ANY "EXPLANATION OF BENEFITS" FROM THE INSURANCE COMPANY MUST BE ATTACHED*****