



*Court of Common Pleas of the 41st Judicial District of Pennsylvania
Juniata County Branch*



DOMESTIC RELATIONS SECTION

Courthouse Annex
30 North Main Street
PO Box 68
Mifflintown, Pa 17059
Phone: (717) 436-7750
Fax: (717) 436-7751

C. Joseph Rehkamp, President Judge

Kathy A. Morrow, Judge

Shari R. Copenhaver, Director

Vickie Cluck, Administrative Specialist
Brenda Clark, Caseworker
Abby Yorks, Caseworker
Ronda Haldeman, Administrative Officer

POLICY REGARDING UNREIMBURSED MEDICAL BILLS

1. The Plaintiff should pay all unreimbursed medical bills.
2. After Plaintiff has paid more than \$250.00 per year for each child or spouse, Plaintiff should obtain from the Domestic Relations Section or download from this website a "Summary of Medical and/or Dental Bills" form.
3. The Plaintiff should complete the Summary form, attach copies of each bill listed, attach proof of payment of each bill listed, and mail the form, together with all attachments and a written request for Defendant to pay his/her share of the unreimbursed bills in excess of \$250.00 per year, per child or spouse. The form and all attachments should be mailed to Defendant, **by certified mail – return receipt requested**. (The Defendant's percentage share of unreimbursed medical bills is indicated on page 3 of your Court Order.)
4. If no response is received from Defendant after thirty (30) days, Plaintiff should contact the Domestic Relations Section to request enforcement. (Plaintiff must provide the Domestic Relations Section with a copy of the completed "Summary of Medical/Dental Bills" form, all attachments, and the signed postal green card showing that Defendant received the certified mail.
5. In the event that Defendant fails to sign for the certified mail and the mail is returned to Plaintiff, Plaintiff should provide the Domestic Relations Section with the complete certified mailing, as returned by the Post Office. The Domestic Relations Section will then forward all documents to Defendant by regular mail.
6. The Domestic Relations Section will take appropriate enforcement action to collect the Defendant's share of the medical expenses either by scheduling the Defendant for Court or by adding the Defendant's share of the medical expenses to the arrears and adjusting the payment toward arrears.

In the Court of Common Pleas of Juniata County, Pennsylvania

Phone: (717) 436-7750

Fax: (717) 436-7751

Plaintiff Name: _____
 Defendant Name: _____
 Docket Number: _____
 PACSES Case Number: _____
 Other State ID Number: _____

NOTE: All correspondence must include the PACSES Case Number.

Summary of Medical and/or Dental Bills

The following bill(s) has/have been paid by _____ and he/she is requesting reimbursement from _____ of the share of these bills. Copies of the bill(s) and verification of personal and insurance payment(s) are attached.

THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE ORIGINAL BILL AND PROOF OF PAYMENT OF THAT BILL. DOCUMENTATION OF MEDICAL EXPENSES MUST BE PROVIDED TO THE OTHER PARTY NO LATER THAN MARCH 31ST OF THE YEAR FOLLOWING THE CALENDAR IN WHICH THE FINAL MEDICAL BILL WAS RECEIVED.

Person Treated: _____ Date of Support Order: _____
(Name of Spouse or Dependent Child) (Effective Date)

From Page 3 of the Support Order, please indicate the following percentage shares:

Plaintiff's Share of Unreimbursed Medical Expenses: _____ (% amount)
 Defendant's Share of Unreimbursed Medical Expenses: _____ (% amount)

Date of Service	Full Name Of Health Care Provider	Total Amount Billed	Amount Paid By Insurance	Amount Paid By Plaintiff	TOTALS
TOTAL AMOUNT PAID BY PLAINTIFF					
Less Plaintiff's share per person, per year					\$250.00
TOTAL AMOUNT TO BE ALLOCATED BETWEEN THE PARTIES					
Plaintiff's Share					
Defendant's Share					

I verify that the statements made are true and correct to the best of my knowledge. I understand that false statements herein are made under the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date

Signature