

# HEALTH CARE EXPENSE WORKSHEET

**CHILD'S NAME:** \_\_\_\_\_

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