

LEBANON COUNTY DOMESTIC RELATIONS SECTION
POLICIES FOR THE COLLECTION OF MEDICAL BILLS

If your order includes that the other party is to pay a portion of unreimbursed medical bills, the following applies:

Medical bills eligible for reimbursement include, but are not limited to, office copays and prescription medications. It is important to note that the insurance provided must be used and in-network services must be chosen in order to seek reimbursement. Our office will not assist with enforcement of medical bills incurred when going out of the provided insurer's network or choosing a healthcare provider not included in the insurance plan coverage. Please be aware that if insurance is dropped by the party court-ordered to provide insurance, that party is responsible for 100% of the bills during the period of time without the court-ordered insurance.

Medical bills also include orthodontic bills. However, if the date of the start of orthodontic services is before the initial effective date of a support order, these bills are not eligible for reimbursement. Orthodontic bills should be submitted to the other party regularly and not held until payment for services has been paid in full, as it may be too late for reimbursement.

Medical bills do not include cosmetic, chiropractic, psychiatric or psychological services unless specifically directed in the court order; also, prescription medications tied to these services are not included for reimbursement.

*Initially reimbursement of medical bills **must** be handled by you and the other party and not through the Domestic Relations Office.* Submit them to all available insurances first. Then send them to the other party, along with a letter requesting that he/she pay you or the provider directly. We suggest mailing the letter and copies of bills by certified or certified restricted mail, the receipt may be used as proof of mailing.

If the other party refuses to make arrangements for reimbursement within four weeks after you submitted them to him/her, only then can you request that our office become involved in collection of the medical bills.

IF YOU MUST REQUEST ENFORCEMENT OF THE BILLS THROUGH OUR OFFICE, YOU MUST PROVIDE THE FOLLOWING OR NO ACTION CAN BE TAKEN:

1. IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SIGN A HIPAA RELEASE FORM ALLOWING US TO SEND THE BILLS TO THE OTHER PARTY. YOU MAY COME TO THE OFFICE TO SIGN ONE, OR WE CAN MAIL YOU A COPY TO BE SIGNED AND NOTARIZED.
2. Proof that the plaintiff paid the first \$250.00 per person, per year.
3. **Proof that you forwarded the bills to the other party, including a copy of the letter to the other party NO LATER THAN MARCH 31st OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE FINAL BILL WAS RECEIVED BY THE PARTY SEEKING REIMBURSEMENT.**
4. 1 legible copy of the original bill(s). Failure to provide a copy will result in a \$.25/page fee per each page copied.
5. Copy of insurance information regarding the bills (copy of explanation of benefits).
6. A completed Summary of Medical Bills form. If you do not have any of these forms, you may call our office and request them.

WE WILL ADVISE THE OTHER PARTY TO REIMBURSE YOU DIRECTLY FOR THE MEDICAL BILLS FOR WHICH YOU ARE REQUESTING COLLECTION.