

## Medical and Extracurricular Reimbursement Request Requirements

In order for our office to accept a reimbursement request, it must follow specific guidelines. Use the list below to make sure your request meets these requirements:

- Follow your insurance company's rules and **submit all medical expenses to insurance**. If your bill or claim is denied by your insurance, you must include the explanation of benefits provided by your insurance company in your reimbursement request.
- The law requires that you have served, or attempted to serve, the other party **no later than March 31<sup>st</sup>** of the year following the calendar year in which the party seeking payment received the final bill.
- Acceptable forms of service are certified mail, regular mail, email, text, or a parenting app. **You must include the completed Affidavit of Service in your reimbursement request.**
- Once the other party is served notice of the expenses, they have 30 days from the date of service to pay their share of the expense. **Do not submit your packet to our office until that 30-day period has ended and payment or an agreed payment plan is not made.** The other party must pay you **directly**, not through the Domestic Relations Office or PA SCUDU.
- Reimbursement requests must be submitted to our office by **June 1<sup>st</sup>** of the year after the expenses were paid in order to be considered for reimbursement. **We will only accept requests via paper mail, or hand delivery.** Please allow our office 30-60 days after submitting your request for us to process your packet. Parties will be notified of the results by mail.
- **Requests that do not comply with the requirements of our office will be returned to you, and our office will not retain any copies.** You are able to correct your mistakes or missing information and resubmit it, provided you are still within established deadlines as directed by our office.
- The **Medical Enforcement Form** and/or the **Extracurricular Enforcement Form** must be completed in full, and each expense you are claiming reimbursement for must be listed on the chart. If needed, you can make copies of the chart for additional space. Please use a separate form for each person.
- Our office will determine if you are responsible for and have met the \$250 (or prorated) annual expense. This amount will be deducted from your submission to determine the total amount owed to you.
- You must provide proof of payment for all expenses included in the request, in the form of receipts or invoices. These must include **the date of the appointment or registration, the name of the patient or participant, the total amount owed, the total amount you paid, and the date you made the payment.** For medical expenses, it must also include the amount covered by insurance.
- Any payments made for **prescriptions** must include the date, name of the medication, and the patient it was prescribed to. Most pharmacies keep a log in their records that includes this information, and will provide it to you upon request.
- Medical and extracurricular requests must be for **"reasonably necessary services and supplies"**. If something is not considered reasonably necessary, you must include a referral, prescription, or note from the medical provider or organization stating the necessity of the request.
- Our office will only accept reimbursement for expenses that have **already been paid**. **\*\*This does not apply to large on-going unreimbursed bills where payment plans have been established with the medical facility, large bills will only be considered for the \$250.00 once.**
- **Employer Funded HSAs:** All employer-funded health-savings accounts, should be considered "reimbursement" of medical expenses. Parties are to seek reimbursement from the HSA prior to seeking reimbursement from the other party. *Webb v. Webb, No. 2012-5-0390, slip op. 21 Mar 2023.* Therefore, any expenses that could be submitted to the HSA should not in fact be deemed "unreimbursed," and therefore the \$250 does not apply. HSA should be deemed to be allocated *per person* when there are multiple beneficiaries.
- After we have reviewed your request, a notice will be mailed to both parties with the amount owed and the time frame in which payment must be made. **You are responsible for notifying our office if you have not been reimbursed once the allowed time has passed.** If no payment has been made, an enforcement conference will be scheduled. **Both parties are required to participate.** If you have a PFA or other domestic abuse protection in place against the other party, please contact our office to make appropriate arrangements.

### To Avoid Resubmission:

Be thorough. If you're not sure what to include, or if you have any questions regarding the reimbursement requirements or process, call our office and request to speak with the Enforcement department so we can assist you.

COURT OF COMMON PLEAS  
DOMESTIC RELATIONS SECTION

Michael L. Anderson  
Director



(717) 228-4480  
(717) 274-8358 Fax

Mailing Address:

Lebanon Co. Courthouse, 400 S 8<sup>th</sup> Street, Room 202, Lebanon, PA 17042

Plaintiff:

\_\_\_\_\_

Vs.

Defendant: \_\_\_\_\_

PACSES CASE ID: \_\_\_\_\_

DOCKET NO: \_\_\_\_\_-DR-\_\_\_\_\_

**Affidavit of Service**

The undersigned hereby certifies that on \_\_\_\_\_ a copy of the within and foregoing Medical and/or Extracurricular Support Enforcement Request was served to the opposing party via:

- Certified Mail
- Regular Mail
- Personal Service
- Parenting App
- Text
- Email

I, \_\_\_\_\_, hereby verify that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information, and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand the statements herein are made subject to the penalties of 18 Pa.C.S.§4904 (relating to unsworn falsification to authorities).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



