

TARRANT COUNTY DOMESTIC RELATIONS OFFICE COMMUNITY SUPERVISION UNIT
FAMILY LAW CENTER, 200 EAST WEATHERFORD STREET, 2ND FLOOR
FORT WORTH, TEXAS 76196-0291
(817) 884-1848

UNREIMBURSED HEALTH INSURANCE PREMIUMS

This section applies only to cases in which, **as a specific term and condition of community supervision**, (a) the Non-Custodial Parent is ordered to provide health insurance, failed to do so, and you, the Custodial Parent, obtained insurance OR (b) the Non-Custodial Parent is ordered to reimburse the cost of health insurance **directly** to you.

Disregard this section if the Non-Custodial Parent is required to make periodic cash medical support payments through the State Disbursement Unit **UNLESS** the Non-Custodial Parent is ordered to pay any cost over the court ordered cash medical support payment **directly** to you.

Disregard this section if you are required to provide health insurance **at your sole cost and expense**.

As the Custodial Parent, it is your responsibility to maintain well-documented and organized records of the amounts expended for the subject child(ren)'s health insurance premiums. In this section the Domestic Relations Office Community Supervision Unit (hereinafter DRO/CSU) will provide a list of documents needed to show proof of insurance coverage and the amounts paid for insurance. You will be provided instructions on how to calculate the actual cost of health insurance for the child(ren) in accordance with the Texas Family Code.

To prove you have/had the subject child(ren) covered by insurance and the amounts expended in premium payments, keep the following documentation in a file folder:

Required Documentation: Proof of health, dental and/or vision insurance through an employer

1. Copy of the policy verifying the names of the dependents and effective dates of coverage
2. Copy of the Cost List verifying the cost for the various plans - Employee Only; Employee + Child; Employee + Family, etc.
3. Copy of each subject child's insurance card
4. Copies of the first and last pay stubs for each effective period of coverage

Required Documentation: Proof of health, dental and/or vision insurance through a private insurance company

1. Copy of the policy verifying the names of the dependents and effective dates of coverage
2. Documentation from the insurance company verifying the cost for the minor dependents only
3. Copy of each subject child's insurance card
4. Copies of cancelled checks OR copies of your bank statements if payments are made via automatic debit OR statements from your insurance provider showing receipt of monthly payments.

Calculating the actual cost of health insurance for the subject child(ren) in accordance with the Texas Family Code

Texas Family Code, §154.182 (b)(3)(b-1), requires the Court to calculate the actual cost of health insurance for the subject child(ren) by first determining if the Custodial Parent has other minor dependents covered under the same health insurance plan. If they are, the Court must divide the total insurance cost to the Custodial Parent by the total number of minor dependents, including the subject child(ren) covered under the plan. The same formula is used to compute the cost for dental and vision insurance.

EXAMPLE 1

In this example, you provide insurance coverage for yourself and 3 subject children. The plan you selected is for Employee + Family. How do you calculate the cost for the 3 subject children?

Referring to the Cost List provided by your employer, subtract the amount you would be required to pay if you had selected the plan for Employee Only. [NOTE: If the Cost List is given in monthly amounts but you are actually paid semi-monthly, bi-weekly or weekly, you will need to convert the monthly amount on the Cost List to semi-monthly, bi-weekly or weekly, depending on how the premiums are being deducted from your wages]:

| | |
|--------------------------------------|-------------------------|
| Employee + Family | \$ 800.00 per month |
| Subtract the cost for Employee Only | <u>- 168.00</u> |
| YOUR COST FOR 3 SUBJECT CHILDREN | \$ 632.00 per month |

EXAMPLE 2

In the first example, your insurance plan covered yourself plus 3 subject children. In this example, you remarry and subsequently add your new spouse and the new child born to you and your new spouse. You now have 2 adults and 4 minor children on your health insurance plan. However, only 3 of the children are the subject of reimbursements for costs. Let's assume you selected the plan for Employee + Family. How do you calculate the cost for the 3 subject children? Referring to the Cost List for the different plans provided by your employer, start with the cost for Employee + Family. From there, subtract the cost for Employee + Spouse. The difference is the cost for the 4 minor children. Take that amount and divide it by the number of minor children to get the "per child" cost of health insurance. Then, take the "per child" amount and multiply that by the number of subject children. [NOTE: If the Cost List is given in monthly amounts but you are actually paid semi-monthly, bi-weekly or weekly, you will need to convert the monthly amount on the Cost List to semi-monthly, bi-weekly or weekly, depending on how the premiums are being deducted from your wages]:

| | |
|--|-------------------------|
| Employee + Family | \$ 800.00 per month |
| Subtract the cost for Employee + Spouse | <u>- 375.00</u> |
| Equals the cost for 4 minor children | 425.00 per month |
| Divided that by total number of children | \div <u>4</u> |
| Equals the cost per child | 106.25 per month |
| Multiply by the number of subject children | <u>x 3</u> |
| YOUR COST FOR 3 SUBJECT CHILDREN | \$ 318.75 PER MONTH |

Tracking the amounts expended for the subject child(ren)'s insurance

Once you determine the actual cost of health insurance for the subject child(ren), keep track of the premium payments. You can use the spreadsheet provided at the end of this section or re-create the following spreadsheet on your own computer using either Excel or Word. If you set up the spreadsheet on your computer you must set it up to look exactly like the example shown below. **List only the amounts paid for the subject child(ren). List each premium payment separately. DO NOT lump an entire year's worth of premium payments together.**

| <u>Date Paid</u> | <u>Amount Paid for Health Insurance</u> | <u>Amount Paid for Dental Insurance</u> | <u>Amount Paid for Vision Insurance</u> |
|------------------|---|---|---|
|------------------|---|---|---|

Keep a separate spreadsheet listing any reimbursements you receive from the Non-Custodial Parent:

| <u>Insurance Reimb. Date Paid</u> | <u>Insurance Reimb. Amount Paid</u> |
|---------------------------------------|---|
|---------------------------------------|---|

Methods for Notifying the Non-Custodial Parent of the Cost for the Subject Child(ren)'s Insurance

It is important that you notify the Non-Custodial Parent of the cost for the subject child(ren)'s insurance and that you include proof of the coverage and cost. Proof should include a copy of the insurance policy or certification, Cost List, schedule of benefits, insurance cards and any other forms necessary for the use of the insurance. Include a cover letter explaining how you computed the cost for the subject child(ren)'s coverage. Keep a copy of your letter as proof that you notified the Non-Custodial Parent of the amounts due. Below are several methods for notifying the Non-Custodial Parent:

1. Our Family Wizard – this method must be ordered by the court
2. If the court did not order the parties to use Our Family Wizard, the DRO/CSU requires you to send the following items to the Non-Custodial Parent by **certified mail, return receipt requested**:
 - a. A copy of the spreadsheet;
 - b. A cover letter notifying the Non-Custodial Parent of his/her portion; and
 - c. Copies of the documentation listed above under the section entitled Required Documentation

Always forward duplicate copies of your notices to the Non-Custodial Parent's Community Supervision Counselor so that the Counselor can follow-up with the Non-Custodial Parent regarding payment.

If the certified mail is returned to you unclaimed, DO NOT open it. You may follow-up by providing additional copies to the Non-Custodial Parent using either first class mail, email or hand-delivery.

Documents provided to the DRO/CSU to be included in a Motion to Revoke Community Supervision

If this office begins the process of initiating legal action to revoke the Non-Custodial Parent's suspended sentence and community supervision, the DRO/CSU will require you to submit a complete and up-to-date insurance reimbursement

packet. You will be give a maximum time of **two weeks** to submit the following items to the DRO/CSU using the address provided above:

1. If you were ordered to use Our Family Wizard, send the copies of any notices sent to the Non-Custodial Parent regarding insurance reimbursements, including any attachments (proof).
2. If you are not ordered to use Our Family Wizard, send the following documents:
 - a. Copy of your up-to-date cover letter to the Non-Custodial Parent;
 - b. Copy of your complete and up-to-date spreadsheet;
 - c. Copies of the documentation listed above under the section entitled Required Documentation
 - d. Copies of the postmarked Certified Mail receipt and corresponding return receipt (green card) and/or any unopened, unclaimed certified mail.

******* NOTICE TO THE CUSTODIAL PARENT *******

If the Non-Custodial Parent owes reimbursement for insurance premiums, it is VERY IMPORTANT that you submit your medical packet to this office in the format and time period set out below.

If this office begins the process of initiating legal action to revoke the Non-Custodial Parent's suspended sentence and community supervision, you will be given a maximum time of TWO WEEKS to submit the medical packet to the DRO/CSU at the address provided above. Therefore, it is imperative that you keep records of the subject child(ren)'s cost for health/dental/vision insurance up-to-date at all times.

Medical packets must be submitted in the exact format shown below. Any medical packets that are not properly prepared will be returned to you and the DRO/CSU will NOT include any requests for reimbursement in its legal proceedings.

If a final order is signed without addressing insurance premium reimbursements existing at the time of the order, the Court may later rule you WAIVED your right to collect reimbursement from the Non-Custodial Parent.

These are the minimum requirements. If your case goes to litigation, additional information may be required.

To complete this document, EITHER print out this page and hand-write the information (make additional copies of this page as needed) OR copy and paste this spreadsheet onto a blank Word document; type the information directly onto the document (edit to add additional rows as needed); and save the finished spreadsheet on your computer as a Word document. Don't forget to print and send your spreadsheet along with proof to NCP and the CSU Counselor)

NCP Name:

CP Name:

OAG No.:

Child Support Acct#:

Cause No.:

**** List only the amounts paid for the subject child. List each premium payment separately ****

| Date Premium Paid by Custodial Parent | Amount Paid Medical Insurance | Amount Paid Dental Insurance | Amount Paid Vision Insurance | Date Notice Last Sent to Non-Custodial Parent |
|--|----------------------------------|---------------------------------|---------------------------------|--|
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Total amount paid by the Custodial Parent \$ _____
Total amount paid by the Non-Custodial Parent \$ _____

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UNREIMBURSED HEALTH CARE EXPENSES

This section applies if, as a specific term and condition of community supervision, the Non-Custodial Parent is ordered to pay a portion of the subject child(ren)'s health care expenses.

As the Custodial Parent, you are responsible for maintaining well-documented and organized records of the amounts expended for each subject child's health care expenses. In this section a list of documents needed to show proof of health care expenses and a method to track your child(ren)'s health care expenses using an Excel spreadsheet or Word document will be provided.

Required Documentation: Health Care Expenses

Create file folders to store documents relating to the subject child(ren)'s health care expenses. The Domestic Relations Office Community Supervision Unit (hereinafter DRO/CSU) requires the following documentation:

1. Physician's Statement. Usually, this is the receipt given to you at the doctor's office at the time of services. The Physician's Statement must clearly state the (a) Patient's Name; (b) Date of Services; and (c) Patient's Payment.
2. For prescriptions, keep copies of the prescription labels OR obtain a Patient History printout from your Pharmacy.
3. The Explanation of Benefits (EOB) from your insurance provider (required only if you can access the EOB). The EOB states the Patient's Portion but is not proof of payment. You must attach proof of payment to an EOB.
4. If you have an ongoing expense like braces keep the following items clipped together: (a) the orthodontic contract which sets forth the amount due for the down payment and the monthly amounts due; (b) the physician's statement for each monthly visit; (3) and proof of payment for the down payment and each monthly payment made thereafter.
5. Billing for surgeries and other hospital stays can be quite complicated. Keep the billing in separate categories. For instance, (a) keep the bill for the physician's fee, EOB and proof of payment together; (b) keep the bill for the anesthesiologist fee, EOB and proof of payment together; (c) keep the bill for lab work, EOB and proof of payment together; etc
6. Proof of payment can consist of copies of the (a) credit card receipts; (b) debit card receipts; (c) cancelled checks, (not the carbon copy); and/or (d) bank statements for automatic withdrawals. Bank statements must clearly identify the Payee. Receipts must be attached to the corresponding document from the health care provider or insurance provider.

Tracking the amounts expended for the subject child(ren)'s health care expenses

The DRO/CSU requires you to keep track of each subject child's health care expenses. You may use either the spreadsheet provided at the end of this section or re-create the sample spreadsheet shown below using either Excel or Word. If you set up the spreadsheet on your computer, you must set it up to look exactly like the example shown below. It is important that you list each expense separately in chronological order by the Date of Services. For example, if you take all 3 subject children to the doctor on the same day, list them separately on the spreadsheet; if you get 3 prescriptions filled on the same day, list them separately on the spreadsheet. Create a separate spreadsheet/Word document to track any reimbursements you receive from the Non-Custodial Parent.

The DRO/CSU strongly recommends you update this spreadsheet each time a health care expense is incurred for a child. Keeping your spreadsheet up-to-date at all times will prevent any unnecessary delays in filing legal action.

Terminology

Below are brief explanations of the different terminology used in the spreadsheet found at the end of this section:

"Date of Services" - the date you took a child to see the doctor/dentist; the date a child was admitted to the hospital; the date a prescription was filled, etc.

"Purpose" – It is recommended you use the following generic terms to describe the Purpose for the expense:

| | | | |
|------------------|--|-------------------|----------------------|
| Medical Care | Dental Care | Orthodontics | Vision Care |
| Hospital Care | Counseling | Prescription Drug | Prescription Eyewear |
| Physical Therapy | Diagnostic Services (i.e., x-rays, lab work) | | |

"Child" – the child for whom the expense is incurred. Do not list health care expenses for any child who **is not** a subject of this suit.

"Amount Paid by the Custodial Parent" – Your out-of-pocket expenses. **The DRO/CSU cannot seek reimbursement for any outstanding balances that are owed directly to the Health Care Provider or for expenses paid by someone other than you or your current spouse.** For example, if the Patient's Portion of a hospital bill is \$1,200.00 but all you've paid to date is \$500.00, all that can be requested is that the Non-Custodial Parent reimburse you for his/her portion of that \$500.00 payment. Another example, if the total cost for the child's braces is \$2,100.00 but you are paying it out at a rate of \$50.00 per month, all that can be requested is that the Non-Custodial Parent reimburse you for his/her portion of the monthly payments.

"Date Copy Last Sent to Non-Custodial Parent" – It is very important that you give the Non-Custodial Parent notice of the health care expenses as soon as possible. Read the provisions in your court order to determine if the court set a specific timeline for notifying the Non-Custodial Parent of the child(ren)'s health care expenses. If the order provides a timeline, follow the court order. If your order does not provide a specific timeline, the DRO/CSU strongly recommends you give the Non-Custodial Parent notice at least once a month. Below are several methods for notifying the Non-Custodial Parent:

1. Our Family Wizard – this method must be ordered by the court
2. If the court did not order the parties to use Our Family Wizard, the DRO/CSU requires you to send the following items to the Non-Custodial Parent by **certified mail, return receipt requested**:
 - a. A copy of the spreadsheet;
 - b. A cover letter notifying the Non-Custodial Parent of his/her portion; and
 - c. Copies of the documentation listed above under the section entitled Required Documentation

Always forward duplicate copies of your notices to the Non-Custodial Parent's Community Supervision Counselor so that the Counselor can follow-up with the Non-Custodial Parent regarding payment.

If the certified mail is returned to you unclaimed, DO NOT open it. You may follow-up by providing the Non-Custodial Parent additional copies using either first class mail, email or hand-delivery.

Documents provided to the DRO/CSU to be included in Motion to Revoke Community Supervision

If this office begins the process of initiating legal action to revoke the Non-Custodial Parent's suspended sentence and community supervision, the DRO/CSU will require you to submit a complete and up-to-date insurance reimbursement packet. You will be give a maximum time of **two weeks** to submit the following items to the DRO/CSU using the address provided above:

1. If you were ordered to use Our Family Wizard, send the DRO/CSU copies of any notices sent to the Non-Custodial Parent regarding health care expenses, including any attachments (proof).
2. If you are not ordered to use Our Family Wizard, send the DRO/CSU the following documents:
 - a. Copy of your cover letter to the Non-Custodial Parent;
 - b. Copy of your complete an up-to-date spreadsheet;
 - c. Copies of the documentation listed above under the section entitled Required Documentation
 - d. Copies of the postmarked Certified Mail receipt and corresponding return receipt (green card) or any unopened, unclaimed certified mail.

Sample Spreadsheet

In this example, the Non-Custodial Parent is ordered to pay fifty percent (50%) of the subject children's health care expenses:

| <u>Count</u> | <u>Date of Services</u> | <u>Purpose</u> | <u>Child</u> | <u>Amount Paid by Custodial Parent</u> | <u>Date Copy Last Sent to Non-Custodial Parent</u> |
|--------------|-------------------------|----------------|--------------|--|--|
| 1 | 10-21-10 | medical care | Jeff | \$25.00 | 11-1-10 |
| 2 | 10-21-10 | prescription | Jeff | 18.00 | 11-1-10 |
| 3 | 10-28-10 | orthodontic | Kay | 50.00 | 11-1-10 |
| 4 | 11-14-10 | vision care | Jeff | 69.00 | 12-1-10 |
| 5 | 11-28-10 | orthodontic | Kay | 50.00 | 12-1-10 |

| | |
|---|-----------|
| Total amount paid by Custodial Parent | \$ 212.00 |
| Minus Total amount paid by Non-Custodial Parent | 0.00 |
| Balance due from Non-Custodial Parent | \$ 106.00 |

Label your supporting documentation to match the Count on your spreadsheet, i.e.:

- any documents supporting Count 1 must be labeled **#1**;
- any documents supporting Count 2 must be labeled **#2**;
- any documents supporting Count 3 must be labeled **#3**; etc.

******* NOTICE TO THE CUSTODIAL PARENT *******

If the Non-Custodial Parent owes reimbursement for health care expenses, it is **VERY IMPORTANT** that you submit your medical packet to this office in the format and time period set out below.

If this office begins the process of initiating legal action to revoke the Non-Custodial Parent's suspended sentence and community supervision, you will be given a maximum time of **TWO WEEKS** to submit the medical packet to the DRO/CSU at the address provided above. Therefore, it is imperative that you keep records of each subject child's health care expenses up-to-date at all times.

Medical packets must be submitted in the exact format shown below. Any medical packets that are not properly prepared will be returned to you and the DRO/CSU will **NOT** include any requests for reimbursement in its legal proceedings.

If a final order is signed without addressing reimbursement for health care expenses existing at the time of the order, the Court may later rule you **WAIVED** your right to collect reimbursement from the Non-Custodial Parent.

These are the minimum requirements. If your case goes to litigation, additional information may be required.

To complete this document, EITHER print out this page and hand-write the information (make additional copies of this page as needed) OR copy and paste this spreadsheet onto a blank Word document; type the information directly onto the document (edit to add additional rows as needed); and save the finished spreadsheet on your computer as a Word document. Don't forget to print and send your spreadsheet along with proof to NCP and the CSU Counselor)

NCP Name: _____ CP Name: _____

OAG No.: _____ Child Support Acct#: _____ Cause No.: _____

**** List each health care expense in order by Date. List each health care expense separately ****

| Count | Date of Services | Purpose | Child | Amount Paid by Custodial Parent | Date Copy Last Sent to NCP |
|-------|------------------|---------|-------|---------------------------------|----------------------------|
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Total amount paid by the Custodial Parent \$ _____

Total amount paid by the Non-Custodial Parent \$ _____