

NOTICE OF SHARED MEDICAL EXPENSES

To: _____

Child Name: _____

Please be advised that I have incurred the following medical or health care costs for our child which are not covered by medical insurance.

Copies of the medical bills and the explanation of insurance benefits are attached to this Notice.

Based upon the current Order for Support, the unreimbursed medical or health care costs have been applied to the \$250 per year per child of uncovered medical expenses which I'm responsible for. The calendar year-to-date unreimbursed medical costs for the child now totals \$_____.

Based upon the current Order for Support, your share of these unreimbursed medical or health care costs is ___%, or \$_____. I am requesting payment/reimbursement within the next 30 calendar days.

Date: _____

Signature

Keep a Copy For Your Records

Note: Effective July 1, 2005, South Dakota statutes allow a parent to utilize small claims court to obtain a judgment for unpaid medical expenses. If a small claims court judgment is obtained and the receiver of support has an open enforcement case with the Division of Child Support, the Division of Child Support can initiate appropriate enforcement actions to collect the judgment amount on behalf of the receiver of support. For information about small claims court procedures and/or to obtain documents, you may contact the clerk of courts or the website at: http://uj.s.sd.gov/Small_Claims/.

If you file a small claims action to obtain a civil judgment for unreimbursed medical expenses, you may be prohibited from seeking a contempt order from the circuit court for non-payment of these medical expenses. If you have questions regarding these two options, it is recommended that you consult an attorney.

It is also recommended that this claim for medical cost reimbursement form and bill(s) for medical costs be mailed or delivered to the other parent within 30 days of receipt of each medical billing by the parent.