Request for Unreimbursed Medical Expense for 200__

Expenses incurred for:_____(Only one person per worksheet) Court Order Dated _____

Plaintiff's allocated share _____% Defendant's allocated share _____%

Date of Service	This bill covers the 1st $250.00/year (X)	Type of Service	Total Bill	Provider's Name	Amount of Insurance payment	Balance Due
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					
	( )					

HEALTH INSURANCE COVERAGE INFORMATION MUST BE COMPLETED BE THE PERSON FILING FOR MEDICAL SUPPORT ENFORCEMENT. INDICATE WHO PROVIDES THE COVERAGE AND THE TYPE IN EFFECT FOR THE DEPENDANT NOTED ABOVE:

PLAINTIFF	( ) YES	( ) NO	IF YES, CHECK TYPE	( ) MEDICAL	( ) DENTAL	( ) VISION	( ) PRESCRIPTION
SPOUSE OF PLAINTIFF	( ) YES	( ) NO	IF YES, CHECK TYPE	( ) MEDICAL	( ) DENTAL	( ) VISION	( ) PRESCRIPTION
DEFENDANT	( ) YES	( ) NO	IF YES, CHECK TYPE	( ) MEDICAL	( ) DENTAL	( ) VISION	( ) PRESCRIPTION
SPOUSE OF DEFENDANT	( ) YES	( ) NO	IF YES, CHECK TYPE	( ) MEDICAL	( ) DENTAL	( ) VISION	( ) PRESCRIPTION
OTHER _____	( ) YES	( ) NO	IF YES, CHECK TYPE	( ) MEDICAL	( ) DENTAL	( ) VISION	( ) PRESCRIPTION

EXPLANATION OF BENEFITS ATTACHED ( ) YES ( ) NO IF NO, REASON: _____

I, _____, verify that the facts set forth in the forgoing medical enforcement form, including all attachments thereto, are true and correct to the best of my knowledge, information and belief. I understand false statements herein are made subject ot the penalties of 18 Pa C.S.Section 4904 relating to unsworn falsification to authorities.

Date _____ Signature: _____

Notice to the party receiving this Medical Enforcement Form: You have 14 calendar days from the date this was filed in York Domestic Relations to refute the allegations in this request by filing a written reply with the York Domestic Relations at **45 N George St. Suite 2100, York PA 17401.** Any reply will be considered in an order resolving the request. You may send a check for the amount due to the plaintiff and notify this office.

If necessary; parties may be directed to appear for a conference to resolve the request. Rev 11/8/06