



## McIntosh Lawyers, PC

Joe McIntosh, Esquire  
Attorneys & Counselors at Law

23 West Second Street  
Media, PA 19063  
Tel. 610-566-1700  
Fax 610-565-7944

E-mail [Joe@McIntoshLawyers.com](mailto:Joe@McIntoshLawyers.com)  
[www.McIntoshLawyers.com](http://www.McIntoshLawyers.com)

Admitted to:  
Pennsylvania  
U.S. Tax Court  
U.S. Court of Federal Claims  
U.S. Court of International Trade  
U.S. Court of Appeals Federal Circuit  
U.S. District Court  
U.S. Court of Appeals  
U.S. Supreme Court

LL.M. in Taxation  
Master of Laws  
LL.M. in Trial Advocacy  
Master of Laws  
M.B.A.  
Laura Vickers  
Legal Assistant

### Instructions for Completing the Summary of Medical Bills Form

1. Place the name of the dependent in which you are seeking reimbursement. You will need to do one for each child and spouse (if spousal support is included).
2. Complete the itemized bills line for each bill you are seeking reimbursement.
3. Please keep the bills in order as you label them.
4. Add up the right column (balance due) and place the total due in the total amount due field.
5. Deduct \$250 from the total amount due.
6. Place the final amount due minus the \$250 in the defendant's responsibility field.
7. Sign and date the form.
8. Mail a copy of the form and a copy of the bills by first class United States mail and certified mail, return receipt requested, to the other party and the Domestic Relations Office:

<p><a href="#"><u>Buck County</u></a> <a href="#"><u>Domestic Relations</u></a> 100 North Main Street Doylestown, PA 18901 phone 215-340-8068 fax 215-348-6633</p>	<p><a href="#"><u>Delaware County</u></a> <a href="#"><u>Domestic Relations</u></a> P.O. Box 543 Media, PA 19063 phone 610-891-4314 fax 610-891-1959</p>	<p><a href="#"><u>Philadelphia</u></a> <a href="#"><u>Domestic Relations</u></a> 1501 Arch Street Philadelphia, PA 19102 Phone 215-686-7466 Fax 215-686-9198</p>
<p><a href="#"><u>Chester County</u></a> <a href="#"><u>Domestic Relations</u></a> Chester County Justice Center 201 West Market Street P.O. Box 2746 West Chester, PA 19380 phone 610-344-6215 fax 610-344-6977</p>	<p><a href="#"><u>Montgomery County</u></a> <a href="#"><u>Domestic Relations</u></a> P.O. Box 311 Norristown, PA 19404 phone 610-278-3646 fax 610-239-9637</p>	



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### **Instructions on Receiving Compensation for Out of Pocket Medical Expenses**

#### **What types of bills are eligible for compensation?**

- Insurance co-payments and deductibles
- Surgical
- Dental
- Optical
- Orthodontia

#### **What types of bills are not eligible for compensation unless court ordered?**

- Cosmetic
- Chiropractic
- Psychiatric
- Psychological

#### **How long may I hold on the bills before requesting compensation?**

All bills for a one (1) year period must be submitted to the other party for compensation by March 31 of the following year. For example all out of pocket medical expenses for 2017 must be requested by March 31, 2018.

#### **Does the plaintiff receive reimbursement for all out of pocket expenses?**

The plaintiff (unless ordered otherwise) is responsible for the first \$250 per year per child or spouse (if spousal support). Therefore, no reimbursement request should be made for medical bills that do not exceed \$250.

#### **Service Instructions:**

- Send the medical bills to the person you are seeking reimbursement from by first class United States mail and certified mail, return receipt requested, to the other party and Domestic Relations. The other party will have 30 days to make arrangements with you or the provider to satisfy the expenses.
- If arrangements are not made within 30 days, contact Domestic Relations to begin enforcement. Please follow the instruction sheet.

Summary of Medical Bills

Name of Dependant: \_\_\_\_\_

Plaintiff's %: \_\_\_\_\_ Defendant's %: \_\_\_\_\_

Itemized Bills:

Payable To: (Name of Health Care Provider)	Amount Paid By Insurance:	Balance Due: (Amount Not Paid By Insurance)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount: \_\_\_\_\_

Deductible: (\$250)

Multiply percentage of non-paying party: \_\_\_\_\_%

Amount Due: \_\_\_\_\_

I verify that the statements made are true and correct to the best of my knowledge. I understand that false statements herein are made to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date