

Domestic Relations Section
Court of Common Pleas of Bucks County
100 North Main Street, Doylestown, PA 18901
(215) 340 - 8068

UNREIMBURSED EXPENSE INSTRUCTIONS

Use this checklist to complete all necessary steps for reimbursement of medical and/or additional expenses.

GATHER EXPENSE INFORMATION

- Medical Expenses**
 - Include: insurance co-payments, deductibles, and all expenses incurred for reasonably necessary medical services and supplies, including but not limited to surgical, optical, dental, and orthodontia.
 - Do not include: cosmetic, chiropractic, psychiatric, psychological, or other services unless specified in your Order.
- Additional Expenses**
 - Include: child care, private school tuition, summer camp, and other extraordinary expenses that relate to the child's educational, extra-curricular or developmental activities.
 - Your Order must specify these expenses are considered for reimbursement, otherwise they are ineligible for enforcement.
- Download a Summary of Medical and/or Dental Bills –or– Summary of Additional Expenses from the Bucks County Domestic Relations website:
 - www.buckscounty.gov/582/Forms
- Complete the form in its entirety
 - Each child and/or spouse must be list on their own form. The form(s) must also be broken down by year.
- Attach expense documentation, such as a receipt or an invoice, for each item on the Summary form.

SUBMIT TO OTHER PARTY FOR REIMBURSEMENT

- Medical** expenses must be submitted to the other party no later than March 31st of the year following the calendar year in which the *final bill was received*.
 - You must show that you have paid the first \$250.00 annually per person. For the year in which the Order is entered, the \$250.00 threshold is prorated by counting the number of days from the effective date to the end of the calendar year and multiplying the number of days by \$0.685. For the year in which the support obligation ends, the \$250.00 threshold is prorated by counting the number of days from the start of the calendar year to the effective date of termination and multiplying the number of days by \$0.685.
- Additional** expenses must be submitted to the other party no later than March 31st of the year following the calendar year in which the *expense was incurred*.
- A Summary of Medical and/or Dental Bills –or– Summary of Additional Expenses with copies of the bills for each expense must be submitted to the other party.
- The other party has 30 days to make payment directly to you.
 - Payments for unreimbursed expenses are not paid through PA SCDU.

REQUEST ENFORCEMENT THROUGH DOMESTIC RELATIONS

- Submit your Summary form with supporting documents the following ways:
 - <https://www.buckscounty.gov/1501/Contact-My-DRS-Form>
 - In person or by mail: *Bucks County Domestic Relations Section, 100 N. Main Street, Doylestown, PA 18901*
- An Officer will review your submission and advise if corrections are needed.
- If no corrections are needed, an Officer will forward your submission to the other party with a Case Status letter to request reimbursement within 20 days.
- If the other party fails to reimburse you directly within 20 days, reach out to BCDRS again for further enforcement which can include scheduling the matter for a Contempt Hearing.
- Your attendance is required at the Contempt Hearing on unreimbursed expense matters.