

Cause Number _____

Exhibit _____. Medical Support Order

THE COURT ORDERS, as additional child support, that so long as the obligation to support the child/ren continues, the parents are ORDERED to provide medical support as set forth below:

A. Availability of Health Insurance

The Court makes the following findings regarding the availability of health insurance:

(Check box A1 or A2 and enter the requested information.)

A1. Health insurance for the children is available at reasonable cost to Obligor through:

(Note: Cost is reasonable if it is not more than 9% of Obligor's monthly resources for all of Obligor's children.)

Obligor's work or membership in a union, trade association, or other organization.

The actual cost of the health insurance is \$ _____ per month.

Obligee's work or membership in a union, trade association, or other organization.

The actual cost of the health insurance is \$ _____ per month.

another source available to Obligor.

The actual cost of the health insurance is \$ _____ per month.

another source available to Obligee.

The actual cost of the health insurance is \$ _____ per month.

(Note: If health insurance for children is available to Obligee, and Obligee has other children covered by the same plan, then to determine the actual cost of insuring children in this case, divide the total cost of insuring all children covered by the number of children insured, then multiply that amount by the number of children in this case.)

A2. Private health insurance for the children is not available to either parent at reasonable cost.

The child/ren is/are is not/are not currently covered by Medicaid.

The child/ren is/are is not/are not currently covered by C.H.I.P.

The cost, if any, is \$ _____ per month per year.

(Check only if applicable.)

Good cause exists to make an order that does not follow the priorities set out in Texas Family Code Section 154.182 for the following reasons:

B. Orders Regarding Health Care Coverage

(Check one, either B1, B2 or B3 and enter the requested information)

B1. Obligor to Provide and Pay for Health Insurance

THE COURT ORDERS Obligor, _____, as additional child support, to get health insurance for the child/ren within 15 days of the date of this order through: (check one)

Obligor's work or membership in a union, trade association, or other organization.

another source available to Obligor.

Obligor is ORDERED to pay, as additional child support, all costs of such health insurance, including but not limited to enrollment fees and premiums.

The health insurance ordered must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

Obligor is ORDERED to keep such health insurance in full force and effect on each child, who is the subject of this suit, so long as the obligation to support each child continues.

Obligor is ORDERED to give Obligee the following within 30 days of the date of this order:

- Obligor's social security number and the name and address of Obligor's employer, and
- the name of the insurance carrier, the policy number, and proof the child/ren are covered, and
- a copy of the insurance policy and list of benefits covered, and
- insurance membership cards for the child/ren, and
- any forms needed to use the health insurance, and
- any forms needed to submit a claim.

Obligor is ORDERED to give Obligee the following within 3 days of receipt:

- any insurance checks or other payments for medical expenses paid by Obligee and
- any explanations of benefits relating to medical expenses paid or incurred by Obligee.

If health insurance benefits for the child/ren are changed in any way, Obligor is ORDERED to give Obligee information about the change and any new forms needed to use the insurance within 15 days of the change.

If health insurance benefits are cancelled, Obligor is ORDERED to get new health insurance for the children within 15 days of the date of cancellation. The new insurance must equal or exceed the prior level of coverage.

If Obligor is eligible for dependent health coverage but fails to apply to obtain coverage for the child/ren, the insurer is ORDERED to enroll the child/ren on application of Obligee or others as authorized by law. (See *Texas Insurance Code, Section 1504.051*)

B2. Obligee to Provide Health Insurance / Obligor to Reimburse Cost

THE COURT ORDERS Obligee, _____, as additional child support, to get health insurance for the child/ren within 15 days of the date of this order through: (check one)

Obligee's work or membership in a union, trade association, or other organization.

another source available to Obligee.

The health insurance ordered must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

Obligee is ORDERED to keep such health insurance in full force and effect on each child, who is the subject of this suit, so long as the obligation to support each child continues.

Obligee is ORDERED to give Obligor the following within 30 days of the date of this order:

- Obligee's social security number and the name and address of Obligee's employer, and
- the name of the insurance carrier, the policy number, and proof the child/ren are covered, and
- a copy of the insurance policy and list of benefits covered, and
- insurance membership cards for the child/ren, and

- any forms needed to use the health insurance, and
- any forms needed to submit a claim.

Obligee is ORDERED to give Obligor the following within 3 days of receipt:

- any insurance checks or other payments for medical expenses paid by Obligor and
- any explanations of benefits relating to medical expenses paid or incurred by Obligor.

If health insurance benefits for the child/ren are changed in any way, Obligee is ORDERED to give Obligor information about the change and any new forms needed to use the insurance within 15 days of the change.

If health insurance benefits are cancelled, Obligee is ORDERED to get new health insurance for the children within 15 days of the date of cancellation. The new insurance must equal or exceed the prior level of coverage.

If Obligee is eligible for dependent health coverage but fails to apply to obtain coverage for the child/ren, the insurer is ORDERED to enroll the child/ren on application of Obligor or others as authorized by law. (See Texas Insurance Code, Section 1504.051)

As additional child support, the Court ORDERS Obligor, _____, to pay Obligee cash medical support of \$ _____ per month for reimbursement of health insurance premiums. The 1st payment is due on _____ (month / day / year). A like payment is due on the 1st day of each month after that until child support is terminated for each child.

Obligor is ORDERED to send all cash medical support payments to the Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265, for distribution according to law.

The Court ORDERS that money paid by Obligor directly to Obligee or spent while in possession of the children does NOT count as cash medical support.

The Court ORDERS that the cash medical support provisions of this order shall be an obligation of the estate of Obligor and shall not terminate on his/her death.

B3. Obligee to Apply for Coverage Under a Government Medical Assistance Program or Health Plan / Obligor to Reimburse Cost

THE COURT ORDERS Obligee, _____, to apply on behalf of each child for coverage under a governmental medical assistance program or health plan (i.e. Medicaid or C.H.I.P) within 15 days of the date this decree or order is signed by the Court. If the children are already covered under such a program or plan, the Court ORDERS Obligee to continue such coverage.

When such health coverage is obtained, Obligee is ORDERED to maintain the coverage in full force and effect on each child by paying all applicable fees required for the coverage, including but not limited to enrollment fees and premiums for as long as the children are eligible for such coverage.

Obligee is ORDERED to give the Office of the Attorney General Child Support Division a copy of the insurance policy and list of benefits covered within 30 days of the date of this order.

Obligee is ORDERED to give Obligor the following within 30 days of the date of this order:

- the name of the insurance company and the policy number, and
- a copy of the insurance policy and list of benefits covered, and
- insurance membership cards for the child/ren, and

- any forms needed to use the health insurance, and
- any forms needed to submit a claim.

Obligee is ORDERED to give Obligor the following within 3 days of receipt:

- any insurance checks or other payments for medical expenses paid by Obligor and
- any explanations of benefits relating to medical expenses paid or incurred by Obligor.

If Obligee is eligible for dependent health coverage but fails to apply to obtain coverage for the child/ren, the insurer is ORDERED to enroll the child/ren on application of Obligor or others as authorized by law. (See Texas Insurance Code, Section 1504.051)

As additional child support, the Court ORDERS Obligor, _____, to pay Obligee cash medical support of \$ _____ per month for reimbursement of health insurance premiums. The 1st payment is due on _____ (month / day / year). A like payment is due on the 1st day of each month after that until child support is terminated for each child.

Obligor is ORDERED to send all cash medical support payments to the Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265, for distribution according to law.

The Court ORDERS that money paid by Obligor directly to Obligee or spent while in possession of the children does NOT count as cash medical support.

IT IS ORDERED that Obligor is allowed to stop paying of cash medical support, for the time Obligor is providing health insurance coverage for the children, if:

1. health insurance for the children becomes available to Obligor at a reasonable cost; and
2. Obligor enrolls the child/ren in the insurance plan and pays all costs of the insurance; and
3. Obligor provides Obligee and the Texas Office of the Attorney General, Child Support Division the following information:
 - (a) proof that health insurance has been provided for the child/ren, and
 - (b) Obligor's social security number, and
 - (c) name and address of the Obligor's employer, and
 - (d) whether the employer is self-insured or has health insurance available, and
 - (i) if the employer is self-insured, a copy of the schedule of benefits, a membership card, claim forms, and any other information necessary to submit a claim, or
 - (ii) if the employer has health insurance available, the name of the health insurance carrier, the policy number, a copy of the policy and schedule of benefits, a health insurance membership card, claim forms, and any other information necessary to submit a claim.

C. Uninsured Health-Care Expenses

The Court ORDERS that the reasonable and necessary health-care expenses for the child/ren that are not covered by health insurance shall be paid by the parents as follows:

If B1 above is checked, Obligor and Obligee are each ORDERED to pay 50 percent of all reasonable and necessary health-care expenses for the child/ren that are not covered by health insurance if, at the time the expenses are incurred, Obligor is providing health insurance as ordered. If, at the time the expenses are incurred, Obligor is not providing health insurance as ordered Obligor is liable for 100 percent of all necessary medical expenses of the child/ren.

If B2 above is checked, Obligor and Obligee are each ORDERED to pay 50 percent of all reasonable and necessary health-care expenses for the child/ren that are not reimbursed by health insurance if, at the time the expenses are incurred, Obligee is providing health insurance as ordered. If, at the time the expenses are incurred, Obligee is not providing health insurance as ordered Obligee is liable for 100 percent of all necessary medical expenses of the child/ren.

If B3 above is checked, Obligee is ORDERED to pay 50 percent of all reasonable and necessary health-care expenses for the child/ren that are not reimbursed by health insurance or covered by the cash medical support paid by Obligor and Obligor is ORDERED to pay 50 percent of the total unreimbursed health-care expenses that exceed the amount of cash medical support paid by Obligor. Obligor is liable for 100 percent of all necessary medical expenses incurred for the child/ren in any month that Obligor neither pays cash medical support nor provides health insurance for the child/ren.

Reasonable and necessary health care expenses that must be paid by the parents if not covered by insurance include:

- copayments for office visits and prescription drugs, and
- the yearly deductible, if any, and
- medical, surgical, and prescription drug expenses, and
- mental health-care services, and
- dental and orthodontic expenses, and
- eye care and ophthalmological expenses.

These reasonable and necessary health-care expenses do not include expenses for travel to and from the health-care provider or for nonprescription medication.

The parent who incurs a health-care expense on behalf of a child (called the "incurring parent") is ORDERED to give the other parent (called the "nonincurring parent") a copy of all forms, receipts, bills, statements, and explanations of benefits that show the portion of the expense not covered by insurance within 30 days of receipt.

The nonincurring parent is ORDERED to pay his or her percentage of any uninsured expense within 30 days of receiving documentation of the expense by:

- paying the health-care provider directly, or
- reimbursing the incurring parent, if the nonincurring parent's portion of the expense has already been paid.

D. Claims

Either parent may file claims and receive payments directly from the insurance carrier. Further, for the sole purpose of Texas Insurance Code Sections 1204.251 and 1204.252, the party who is not carrying the insurance policy is designated the managing conservator or possessory conservator of the children.

Any reimbursement payments received from the health insurance carrier belongs to the parent who paid the expense. If the insurance carrier sends reimbursement to the parent who did not pay the expense, he or she is ORDERED to endorse the check and deliver it to the parent who paid the expense within 3 days.

E. Health Insurance Policy Requirements

Each parent is ORDERED to follow all requirements of any health insurance policy covering the child/ren to get maximum reimbursement and direct payment from the insurance company, including requirements for:

- giving advance notice to the insurance company, and
- getting second opinions, and
- using "preferred providers."

If a parent incurs health-care expenses for the child/ren using "out-of-network" health-care providers or services, or fails to follow the health insurance company procedures or requirements, that parent shall pay all such health-care expenses incurred unless:

- the expenses are emergency health-care expenses, or
- the parents have a written agreement regarding such health-care expenses, or
- the Court makes a different order.

Denial of a bill by an insurance carrier does not excuse the obligation of the parents to pay the expense.