

*Every case will include a Petitioner and a Respondent. Most cases won't include a Respondent B and Respondent C. If your case doesn't include more than two parties, you won't have a Respondent B or Respondent C. If you don't have a Respondent B or Respondent C in your case, mark a line through choices that name Respondent B or Respondent C.*

## Exhibit Medical Support Order

1. **Insurance Payor.** In this order and this Exhibit [Check only one.]:

Petitioner is the Payor, the person who must provide and pay for health insurance for the children.

**OR**

Respondent A is the Payor, the person who must provide and pay for health insurance for the children.

**OR**

Respondent B is the Payor, the person who must provide and pay for health insurance for the children.

**OR**

Respondent C is the Payor, the person who must provide and pay for health insurance for the children.

2. **Insurance Receiver.** In this order and this Exhibit [Check only one.]:

Petitioner is the Insurance Receiver, the person entitled to insurance information.

**OR**

Respondent A is the Insurance Receiver, the person entitled to insurance information.

**OR**

Respondent B is the Insurance Receiver the person entitled to insurance information.

**OR**

Respondent C is the Insurance Receiver the person entitled to insurance information.

3. **Definitions.**

(a) "Health insurance" means insurance coverage that provides basic health-care services, including doctor services, office visits, hospitalization, laboratory, X-ray, and emergency services.

(b) "Reasonable cost" means the cost of the health insurance premium is not more than 10 % of the Payor's net monthly income.

(c) "Through employment" means through the party's employment or membership in a union, trade association, or other organization.

(d) "Insuring Party" means the person who actually provides the health insurance, either Payor or Receiver.

(e) "Constructive trustee" means the person who is sent reimbursement from the insurance carrier.

**4. Payor's Responsibility.**

Payor is ORDERED to provide health insurance for the children. Payor may provide health insurance through one of the following:

- (a) Payor's employment
- (b) Receiver's employment
- (c) Private health insurance
- (d) Public health insurance program
- (e) Monthly medical support payments

**5. Insurance through Payor's Employment**

If health insurance for the children is available through Payor's employment, at a reasonable cost, Payor IS ORDERED to insure the parties' children through Payor's employment.

**6. Insurance through Receiver's Employment.**

- (a) If health insurance for the children is not available to Payor at a reasonable cost, but is available to Receiver at a reasonable cost, then Receiver IS ORDERED to cover the children as dependents on Receiver's health insurance plan, and Payor IS ORDERED to reimburse Receiver the cost of insuring the children.
- (b) Reimbursement is due on the first day of the first month following written request for payment, and on the first day of each month thereafter.

**7. If health insurance is not available at a reasonable cost.**

- (a) If health insurance is not available at a reasonable cost for the children through either party's employment, Payor IS ORDERED to purchase health insurance for the party's children.
- (b) Payor shall provide proof of coverage and the plan summary to Receiver within 7 days of obtaining coverage.

[Complete the next section ONLY IF, at the time of this order, Receiver provides health insurance, and Payor reimburses Receiver, AND the reimbursement is already included in Payor's monthly child support.]

**8. Medical Support Payment Included in Child Support Amount.**

The Court finds that Receiver currently provides health insurance for the children at a cost of \$\_\_\_\_\_ per month, and that reimbursement for this monthly health insurance premium is included in Payor's monthly child support amount of \$\_\_\_\_\_.

The Court further finds that this amount is due on the first day of the first month, after this order is signed, and on the first day of each month thereafter.

Should this health insurance no longer be available to Receiver, IT IS ORDERED that Payor shall provide health insurance for the children as described in this Exhibit.

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## 9. Conversion of Policy

- (a) Should the Insuring Party lose insurance coverage for the children, the Insuring Party IS ORDERED to convert the policy to individual coverage for the children in an amount that equals or exceeds the coverage that was lost. This conversion must take place within 10 days of losing coverage.
- (b) If Receiver converts the policy, Payor IS ORDERED to reimburse Receiver for the cost of the converted policy. Reimbursement is due on the first day of the first month following written request for payment, and on the first day of each month thereafter.

## 10. Private Health Insurance Not Affordable.

- (a) If health insurance is not available to Payor at a reasonable cost through Payor's employment or Receiver's employment, and Payor is not financially able to provide insurance from another source, IT IS ORDERED that Payor shall obtain and maintain health coverage for the children through the TexCare Partnership, 1-800-647-6558, [www.texcarepartnership.com](http://www.texcarepartnership.com).
- (b) If health coverage for the children is not available through the TexCare Partnership, IT IS ORDERED that Payor shall pay the sum of \$\_\_\_\_\_ per month to Receiver as medical support for the children, with the first payment being due and payable on the first day of the month following the signing of this order, and the same amount being due and payable on the first day of each month thereafter.

## 11. Claim Forms.

If the insurance company requires claim forms to be filed for reimbursement, then each party IS ORDERED to submit all forms, receipts, bills and statements needed to complete the claim within 10 days of receiving them.

## 12. Constructive Trust for Payments Received.

IT IS ORDERED that any insurance payments received belong to the party who paid those expenses.

IT IS FURTHER ORDERED that a party who receives insurance payments is designated a constructive trustee for the party who paid the expenses. The constructive trustee shall endorse and forward the payments, along with any explanation of benefits, to the paying party within 3 days of receiving them.

## 13. Filing by Party Not Carrying Insurance.

IT IS ORDERED that either party, even the Non-Insuring party, may file claims for health-care expenses directly with the Insurance carrier. IT IS FURTHER ORDERED that solely for purposes of article 3.51-13 of the Texas Insurance Code, the Non-Insuring Party is designated the managing conservator of the children.

**14. Secondary Coverage.**

Either party may provide secondary health insurance coverage for the children at his or her sole cost and expense. Should secondary health insurance cover the children, IT IS ORDERED that both parties shall maximize the insurance benefits available to the children.

**15. Payment of Uninsured Expenses.**

- (a) Each party IS ORDERED to pay one-half (50%) of all reasonable and necessary uninsured health-care expenses of the parties' children (for example: annual deductible and prescription drug, dental, eye care, and orthodontic charges; expenses that are not covered by health insurance), for as long as child support is ordered under the terms of this decree.
- (b) Each party IS ORDERED to submit all receipts for uninsured health-care expenses for the children to the other party within 10 days of receiving them.
- (c) IT IS FURTHER ORDERED that the non-paying party shall pay his or her half of the uninsured health-care expenses to the other party or the health-care provider within 10 days of receiving the receipts.
- (d) Exclusions. The provisions above concerning uninsured expenses do not include expenses for travel to and from the health-care provider or nonprescription medication.

**16. Reasonableness of Charges.**

IT IS ORDERED that all health care expenses are presumed reasonable. This presumption does not change even when a claim has been denied by a health insurer.

**17. Information Required.**

- (a) IT IS ORDERED that the Insuring Party shall furnish to the other party the following information within 30 days from when this order is signed:
  - (1) The Social Security number of the Insuring Party;
  - (2) The name and address of the employer of the Insuring Party;
  - (3) Whether the employer is self-insured or has health insurance available;
  - (4) Proof that health insurance has been provided for the children; and
  - (5) The name of the health insurance carrier, the number of the policy, 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; or, 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.
- (b) IT IS FURTHER ORDERED that the Insuring Party shall furnish to the other party a copy of any renewals or changes to the policy within 15 days of receiving them.

(c) Additionally, IT IS ORDERED that the Insuring Party shall provide to the other party any additional information regarding health insurance coverage that becomes available to him or her, within 15 days of receiving it.

**18. Section 1169 of Title 29 of the United States Code.**

For the purpose of Section 1169 of Title 29 of the United States Code, the party not carrying the health insurance policy is designated the custodial parent and alternate recipient's representative.

**19. Termination or Lapse of Insurance.**

The Insuring Party IS ORDERED to notify the other party within 15 days of a termination or lapse in insurance coverage.

**20. Notification.**

Payor must notify Receiver if additional health insurance becomes available within 15 days of its availability. Payor must enroll the children in a health insurance plan at the next available enrollment period.

**21. Place for Correspondence.**

IT IS ORDERED that all correspondence required by the health care provision of this decree shall be sent to the receiving party's mailing address, as he or she has provided in compliance with this decree.

**22. WARNING –**

**A parent who fails to provide or pay for health insurance, as ordered, or who fails to pay the other parent additional child support for the cost of health insurance, as ordered, is liable for all reasonable and necessary medical expenses of the children, whether or not the expenses would have been paid if health insurance had been provided.**