Status Update
Medical Expenses Not Covered by Insurance

If your address has changed, provide new address here:

<<Date>>
Child Support Case Number: <<CSEcaseNumber>>
Other Parent: <<NCP first name, middle initial, last name, suffix>>

<<Option 1>>

To contact us call **<<Option 2>>**.

<<Optional Educational Message Line1>>
<<Optional Educational Message Line2>>
<<Optional Educational Message Line3>>
<<Optional Educational Message Line4>>
<<Optional Educational Message Line5>>

XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX
XXXX

<<OPTION 1>>

A. We cannot act on your request for repayment of medical expenses not covered by insurance. The support order does not require the other parent to pay a percentage of medical expenses. **(this option is selected automatically by the system when the activity status indicates that the request for noncovered medical expenses services was closed due to no percentage of noncovered medical expenses verbiage in the support order)**

B. The other parent has contested the action. We will notify you if there is a hearing. **(this option is selected automatically by the system when the activity status indicates that the NCP has contested the action to establish an amount owed for medical expenses not covered by insurance)**

C. You are not currently eligible for our services for repayment of medical expenses. You have received services on this case within the last six months. You may request this service again on or after <<Signature Date of most recent CP statement on the CS-EF205 + 183 days>>. **(this option is selected automatically by the system when the activity status indicates that the CP is not eligible for services to establish an amount owed for medical expenses not covered by insurance due to 6 months not having passed since the date of the most recent CP statement date on the CS-EF205)**

D. We reviewed your request and documentation. Some of the expenses you submitted are not eligible for reimbursement. Please see the attached Medical Expenses Not Eligible for Reimbursement (Form CS-EF209) for the list of the expenses and the reasons they are not eligible. If you agree, you do not need to do anything. We will notify the other parent of the amount owed ($<<proposed amount of noncovered medical expenses owed>>) based upon our review. If you disagree, you must contact our office by <<system generation date + 15 days>> and give us additional information showing why you think the expenses are eligible. **(this option is selected automatically by the system when the activity status indicates that the Notice of Medical Expenses Not Eligible for Reimbursement (Form CS-EF209) was generated.). If this option is selected, this form is generated and mailed with the CS-EF209.**

E. We are closing your request for repayment of medical expenses not covered by insurance because you have not returned the information we previously requested. If you need assistance, contact us at the number below or visit your local Child Support office. **(this option is selected automatically by the system when the activity status does not indicate that the CS-EF205/CS-EF206 forms were returned; the system shall also allow the user to manually select this option)**

Option 2 (based on the office handling the case)

A. 1-305-530-2600 **(if case is handled in Miami-Dade County)**

B. 1-800-622-KIDS (5437) **(all other sites)**