

**INSTRUCTIONS TO REQUEST REIMBURSEMENT FOR
UNPAID MEDICAL BILLS**

1. To prepare Motion For Reimbursement For Unpaid Medical Bills:
 - A. Must be typed or neatly printed.
 - B. Must contain the names of parties and Court case number.
 - C. Must have four (4) copies plus the original.
 - D. Signature must be notarized.
 - E. Attach copies of all medical bills that are unpaid and list all unpaid medical bills on "Exhibit A" worksheet.
 - F. You must include in writing the full current addresses including zip codes for yourself and the other party.
2. File the Motion For Reimbursement For Medical Bills with the Clerk on the 2nd Floor.
3. Mail one (1) copy to the other party.
4. Must be present for hearing, or the court may make a decision without your input. You must be on time for the hearing. Please plan to arrive 15 minutes prior scheduled time.

******* IF YOU HAVE NOT DONE SO ALREADY, SEND COPIES OF THE UNPAID MEDICAL BILLS, BY CERTIFIED MAIL, TO THE OTHER PARTY IN THIS CASE BEFORE YOU FILE THIS PAPERWORK! *******

STATE OF INDIANA)
)
COUNTY OF DEKALB)
)
STATE OF INDIANA EX REL:)
)
IN RE: THE _____ OF:)
_____)
_____)
RESPONDENT/ PETITIONER)
)
VS)
_____)
RESPONDENT/ PETITIONER)

IN THE DEKALB _____ COURT
CASE NO: _____

MOTION FOR REIMBURSEMENT
OF UNPAID MEDICAL BILLS

Comes now _____ and respectfully requests the Court to set this matter for hearing to determine the amount of unpaid medical bills, and payment thereon. In support of this Motion the Respondent/ Petitioner shows the following:

1. That on _____ this Court ordered _____ to pay ____% of the uninsured medical bills, after _____ paid the first \$ _____ in a calendar year.
2. That according to the medical bill list attached as "Exhibit A" the other party is responsible for \$ _____ as of _____, 20__ for his/her share of the unpaid medical bills.

Wherefore, the Respondent/ Petitioner requests the Court to enter an order for the other party to pay \$ _____ in unpaid medical bills.

Respectfully submitted,

Respondent/ Petitioner

Subscribed and sworn to before me on this _____ day _____, 20__.

Notary

ORDER

The Court now sets this matter for hearing on the Respondent/ Petitioner's Motion For Reimbursement Of Unpaid Medical Bills in the DeKalb _____ Court, 3rd Floor Courthouse, Auburn, Indiana on the _____ day of _____, 20__ at _____ o'clock __M. You must attend this hearing to be heard. You must bring with you all of the medical bills you are claiming the other party owes under the medical order. If you do not appear, the matter may be decided without you.

Dated this _____ day of _____, 20__.

Judge, DeKalb _____ Court

Person asking for change must complete for notice:

Respondent/ Petitioner Name and Full Address:

Respondent/Petitioner Name and Full Address:

