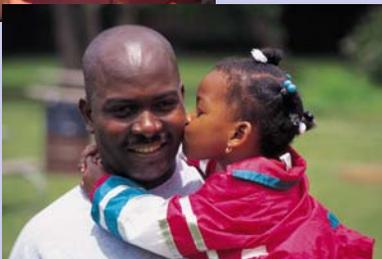


Parents have a shared responsibility to provide medical coverage for their children.



**KEEPING OUR
CHILDREN
HEALTHY
IS A
“SHARED”
RESPONSIBILITY**

**Domestic Relations Section
Customer Service Center**

34 S. 11th Street
Philadelphia, Pa. 19107

Phone: 215-686-4007
Fax: 215-686-9162
CHIP help line 1-800-842-2020

**Philadelphia County
Domestic Relations
Section**

**Medical Support
Guide**



**Domestic Relations Section
Customer Service Center
215-686-4007**

What is Medical Support?

The term "Medical " includes reasonable expenses for medically necessary services and supplies such as:

- * Copays and Deductible
- * Surgical
- * Optical Services
- * Orthodontics
- * Prescriptions

Guidelines for Medical Coverage

Parties must provide each other with the following:

1. Name of the health care coverage provider.
2. Any applicable identification numbers or cards.
3. Address to which claims should be mailed.
4. All documentation regarding guidelines and participating health care providers, including a copy of the benefit booklet or coverage contract.
5. Five copies of any claim forms.

**COMMUNICATION AND COOPERATION
BETWEEN PARTIES IS IMPORTANT**

If you need to apply for Medical coverage through CHIP, the following information is required.

NECESSARY INFORMATION FOR COMPLETING A CHIP MEDICAL APPLICATION

1. Proof of all household income received for the last 30 days. Proof of income includes the following:
 - pay stubs
 - awards letters
 - checks
 - tax returns
2. If applying for someone who is not a U.S. Citizen, attach proof of alien status.
3. Name, marital status, date of birth, and social security number of the people living with you, including step parents.
4. All child care and adult care expenses.
5. All Health Insurance information for yourself and anyone you are applying for.
6. All transportation expenses to and from work.
7. Car insurance information.
8. Name of health insurance offered by your employer
9. Proof of all unpaid medical bills and income you had during the time the bills occurred.
10. If available include the name, address, date of birth, and social security number of the absent parent.

Your Children can still receive Health Care Coverage if you cannot provide the child support information.

NOTE: CHIP APPLICATION FORMS MAY BE PICKED UP AT THE CUSTOMER SERVICE CENTER OF THE DOMESTIC RELATIONS SECTION AT THE ADDRESS INDICATED BELOW.

CUSTOMER SERVICE STAFF MEMBERS WILL BE ON HAND TO ASSIST YOU AT:

BOOTH #3

BY HELPING YOU:

- **COMPLETE THESE FORMS**
- **ANSWER YOUR QUESTIONS ABOUT THE REQUIRED INFORMATION**
- **AND, MAILING YOUR COMPLETED FORMS TO THE PHILADELPHIA COUNTY ASSISTANCE OFFICE.**

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