

Iowa Department of Human Services
NPA MEDICAL SUPPORT QUESTIONNAIRE

Obligee:

Date Prepared: _____

Case Number: # _____

Dependents:

Important! Must be returned within ten days.

Medical support enforcement services are optional. The Child Support Recovery Unit (CSRU) does not provide these services unless you request them. If you do request these services, CSRU may try to get health insurance from the obligor when a support order requiring medical support is established or modified, **but only if you and your children do not already have satisfactory health insurance**. CSRU will also try to enforce an existing order, obtain and provide you with information about health insurance the obligor carries for the dependents.

Note: Health insurance premium deductions may reduce the amount of cash support. This is because under Iowa's mandatory child support guidelines, the cost of dependent health insurance must be deducted from income in determining the amount of support. However, if the obligor already has a family health insurance plan, there may be little or no added expense to enroll additional children. In that case, there may be no effect on the amount of cash child support.

Complete the following information concerning health insurance that you or the obligor may provide. Please respond to the appropriate section to indicate if you do want 1) child support enforcement services, and/or 2) if you want medical support services. Please return the completed form, signed and dated, within 10 days.

Thank you,

CSRU return address:

Child Support Recovery Unit

Medical Support Information

Please answer the following questions about medical support for the persons listed on the first page of this form.

Is employment-related or other group health insurance available to you or your children? Yes No Monthly health insurance premium: \$ _____

If yes, who is enrolled: Self Self and Children None.

Is there a support order which requires that medical support be provided? (Medical support may include health insurance, payment of medical bills, a cash amount for medical bills, etc) Yes No If yes, order number: _____

Is employment-related or group health insurance available to the children's other parent? Yes No Unknown Monthly premium cost: \$ _____

If yes, are the children enrolled? Yes No Date available: _____

If insurance is provided, please write the name of the person providing the health insurance policy and complete the health insurance benefit section:

Health Insurance Benefit Section

INSURER # 1

INSURER # 2

Name of Insurer: _____

Address: _____

Claims filed with: _____

Address: _____

Coverage Information:

INSURER # 1

INSURER # 2

Dependent Name:	Policy Numbers:	Effective Date:	Policy Numbers:	Effective Date:
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dependent Health Insurance Premium/Month \$ _____ Date Available: _____

Types of Coverage

Types of Coverage

Insurer #1

Insurer #2

- _____ Ambulance
- _____ Hospital
- _____ Physician
- _____ Dental
- _____ Lab & X-Ray
- _____ Spec Disease - Cancer
- _____ Drugs
- _____ Medical Equipment
- _____ Spec Disease - Heart
- _____ Home Health Agency
- _____ Nursing Home - Inter
- _____ Vision
- _____ Hospice
- _____ Nursing Home - Skill

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Source Information

Source Information

- _____ Accident Policy
- _____ Medicaid Trust
- _____ CHAMPUS
- _____ Medicare - Part A Only
- _____ CHAMPVA
- _____ Medicare - Part B Only
- _____ Indemnity Policy
- _____ Medicare - Part A & B
- _____ Major Medical
- _____ Veterans Admin

- _____ Accident Policy
- _____ Medicaid Trust
- _____ CHAMPUS
- _____ Medicare - Part A Only
- _____ CHAMPVA
- _____ Medicare - Part B Only
- _____ Indemnity Policy
- _____ Medicare Part A & B
- _____ Major Medical
- _____ Veterans Admin

Do you wish to continue with child support enforcement services? Yes No
Do you wish to receive medical support services? Yes No

Signature and Date

Case Number: _____