



Child Support Program

CS-EF209
Rule 12E-1.031
Florida Administrative Code
Effective 04/05/16

Medical Expenses Not Eligible for Reimbursement

Child Support Case Number: <CSE case number> Parent Owed Support: <CP first name, middle initial, last name, suffix>
Depository Number: <Depository Number> Other Parent: <NCP first name, middle initial, last name, suffix>
Activity Number: <ActivityNum>>

1 Receipt number	2 Date of Service	3 Type of Service Provided (Medical, dental, prescription)	4 Service Provided by (Name of provider)	5 Service provided for (Name of minor child)	6 Reason expense ineligible
<FreeForm>	<SvsDate>	<SvsType>	<FreeForm>	<<ChildName>>	<<ReasonExpIneligible>>
<FreeForm>	<SvsDate>	<SvsType>	<FreeForm>	<<ChildName>>	<<ReasonExpIneligible>>
<FreeForm>	<SvsDate>	<SvsType>	<FreeForm>	<<ChildName>>	<<ReasonExpIneligible>>
<FreeForm>	<SvsDate>	<SvsType>	<FreeForm>	<<ChildName>>	<<ReasonExpIneligible>>
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