

Form CCFC184 – Addendum to Parenting Plan Part B Extraordinary Medical Expenses

Case Information

Mother:	Case Number	Exhibit Number
Father:	County ST. LOUIS COUNTY	

1. Payment of
Extraordinary
Medical Costs
to be included
on Form 14

Extraordinary medical costs are predictable and recurring, such as expenses for dental treatment, orthodontic treatment, asthma treatment and physical therapy. These specific extraordinary medical expenses are included on Line 6d of Form 14 and shall be paid as follows:

Current Uncovered Extraordinary Medical Costs to be Paid by Father INCLUDED on Form 14	Total Amount of Expense
	\$ _____ per month
	\$ _____ per month
	\$ _____ per month

The total cost of these extraordinary child-rearing costs of the children is \$ _____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 – Line 6e)*

Current Uncovered Extraordinary Medical Costs to be Paid by Mother INCLUDED on Form 14	Total Amount of Expense
	\$ _____ per month
	\$ _____ per month
	\$ _____ per month

The total cost of these extraordinary child-rearing costs of the children is \$ _____ per month. This amount HAS been included in the child support calculation pursuant to Form 14. *(You must include this amount on Form 14 – Line 6e)*