

Cash Medical Support

“As additional child support, OBLIGOR is ORDERED to pay to OBLIGEE cash medical support in the amount of \$_____ per month, beginning on the_____ day of _____ 200__ and on the first day of each month thereafter in accordance with this order.

OBLIGOR is further ORDERED to make all payments for cash medical support through the State Disbursement Unit, P.O. Box 659791, San Antonio, Texas, 78265-9791 (Phone: 1-800-252-8014). The payment of cash medical support required by this order will be by an order for withholding from earnings separate from any other wage withholding order required.

“If the child is eligible for Medicaid, OBLIGEE is ORDERED to enroll the child in Medicaid and to perform all acts necessary to the enrollment of the child not later than the 1st day of the month following the signing of this order and to perform all acts thereafter to continue Medicaid benefits for the child as long as the child is eligible.

If the child is eligible for the Children’s Health Insurance Program (CHIP), OBLIGEE is ORDERED to enroll the child in CHIP, not later than the 1st day of the month following the signing of this order and to perform all acts thereafter to continue CHIP benefits for the child as long as the child is eligible.”

OBLIGEE is further ORDERED to provide verification of the health insurance coverage required herein to the Domestic Relations Office, Room L108, El Paso County Courthouse, 500 E. San Antonio, El Paso, Texas 79901, on the _____ day of _____ 200__, and on the same day and month each year thereafter, as long as the provision of health insurance is required under this order.”