

**Tennessee Department of Human Services**  
**INSTRUCTIONS FOR USE OF FORM HS-** ,  
**Itemization for Medical Bills**

**1. Purpose of the form**

The purpose of the form is to itemize unpaid medical expenses which will be presented to a judge/magistrate in the course of a hearing regarding reimbursement for those expenses.

**2. When it is used**

When a parent is attempting to collect unpaid medical expenses from the other parent.

**3. Who completes the form**

Custodial and Noncustodial parents.

**4. An explanation of what goes into any field that is not clearly self-explanatory or any additional information needed to process this form (e.g. routing, processing etc.)**

N/A

**5. Who needs the original and where should it be filed**

Child Support Central Office.

**6. Who needs a copy and where should it be filed**

N/A

**7. Length of time the form must be maintained after the service is rendered/case closed**

5 years; RDA pending.