

OAKLAND COUNTY FRIEND OF THE COURT
MEDICAL SUPPORT ENFORCEMENT UNIT

REQUEST FOR REIMBURSEMENT OF HEALTHCARE EXPENSES

You may submit a request for healthcare expenses that are **less than one year old** if the other parent fails to respond to your informal request. If "ordinary medical expenses" are included in your support order, total expenses **must exceed** the stated amount (\$289 or \$345 per child per calendar year) before you may submit a claim. Ordinary medical expenses include co-payments and deductibles, and most uninsured medical-related costs for all children in the case. Routine **remedial care costs** (e.g., first-aid supplies, cough syrup, and vitamins) **do not qualify** as medical expenses.

To submit a formal claim, please complete the following:

LIST OF ORDINARY HEALTH CARE EXPENSES: Complete all applicable fields on the form. This verifies that you paid total ordinary medical expenses in the amount of \$289 or \$345 per child per calendar year if required by your order. You will need two separate lists if you are submitting expenses for the previous calendar year and current calendar year.

If there is no provision for ordinary medical expenses in your support order, it is not necessary to complete a list of ordinary health care expenses. Please refer to your most recent uniform support order for verification.

REQUEST FOR HEALTH CARE EXPENSE PAYMENT: List all out-of-pocket expenses exceeding the annual ordinary medical amount of \$289 or \$345 per child per calendar year if included in your order. As an example:

Name of Child Receiving Service	Name of Medical Provider	Date of Service	Type of Service	Total Medical Cost	Amt. Paid by Insurance	Balance Due	Obligor's %	Amt. Owed by Obligor
Josh	Dr. Fields	1/22/2005	Orthodontics	\$4000	\$1000	\$3000	50%	\$1500
Jenny	Dr. Baker	1/24/2005	Prescription	Co-Pay		\$10	50%	\$5

The "INSTRUCTIONS FOR REQUESTING PARTY" section of the form provides additional information.

- ✓ Send your completed Request For Health Care Expense Payment form to the other parent along with the list of ordinary health care expenses and copies of the bills and receipts. Allow at least 28 days for the other parent to make payment or written payment arrangements with you.
- ✓ Send a copy of the Request For Health Care Expense Payment form to the Friend of the Court along with the list of ordinary health care expenses. Please include copies of the bills and receipts. Once Friend of the Court has received your completed Request For Health Care Expense Payment form(s), we will send you a Complaint And Notice For Health-Care Expense Payment form. If the other party fails to pay or make payment arrangements for his/her portion of the expenses within 28 days, then you must complete the Complaint form and send it to the Friend of the Court along with another copy of your list of ordinary health care expenses and another copy of the Request form(s).

Pursuant to Michigan law (MCL 552.511a), Friend of the Court will send copies of your documentation to the other parent along with an Objection and Request For Hearing form. If the other parent fails to object within the 21 day time period, the expenses may be added to the medical reimbursement account at the Friend of the Court and enforced as an arrearage. If the other parent files a timely objection to your Complaint, the Friend of the Court will schedule a hearing and send notice of the hearing date to both parents.

Additional Request forms are available online at: www.oakgov.com/foc/assets/docs/forms/foc13.pdf

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST FOR HEALTH CARE EXPENSE PAYMENT	CASE NO.
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Friend of the Court address Telephone no.

Plaintiff	v	Defendant
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INSTRUCTIONS FOR REQUESTING PARTY:

The following is important information should you later seek to obtain the friend of the court's help to enforce payment of health care expenses (medical, dental, and other health care expenses).

1. Your court order must require the other party to pay a portion of health care expenses.
2. The expense must exceed any amounts your child support order requires as a prerequisite for enforcement.
3. You must submit your request for payment to the other party within 28 days of either the date insurance has paid on the expenses or the date insurance denies payment.
4. If you and the other party reach an agreement concerning the expenses, the agreement must be in writing, list the expenses to be paid, state the total amount to be paid, and provide a schedule for payment. Both parties must sign the agreement.
5. The bills must be presented to the friend of the court within the earliest of: 1 year after the expense was incurred; 6 months after the insurer's final denial of coverage for the expense (as long as all measures necessary to submit the claim to insurance were completed within 2 months after the expense was incurred); or 6 months after a default in a repayment agreement as set forth above. You will need to fill out a second form to request enforcement.
6. In the event it is necessary for the friend of the court to enforce payment of the expenses, you must have supporting bills and receipts for the expenses you list. You will be responsible for establishing the expenses and their necessity. Please bring your documentation to all court hearings where medical expenses may be discussed.
7. Attached a copy of all bills and insurance notifications to this form.
8. **You must keep a copy of this form and all attachments for the friend of the court to use in the event enforcement action is necessary.**

TO: Obligor's name and address

The following expenses have been incurred for the health care of a minor child for whom you are obligated to provide health care support.

Name of Child Receiving Service	Name of Medical Provider	Date of Service	Type of Service	Total Medical Cost	Amt. Paid by Insurance	Balance Due	Obligor's %	Amt. Owed by Obligor

I declare that the above statements are true to the best of my information, knowledge, and belief and that on this date I mailed a copy of this Request for Health Care Expense Payment to the obligor at his or her last known address.

 Date _____
Signature