

INSTRUCTIONS FOR FILING THE REQUEST FOR HEALTH CARE EXPENSE PAYMENT

This process has been established for enforcement of uninsured medical expenses through the Friend of the Court. The FOC encourages parties to attempt to resolve issues regarding enforcement of uninsured medical expenses prior to requesting FOC assistance.

ELIGIBILITY REQUIREMENTS

- ◆ A court order must exist that requires the other party to pay a percentage of uninsured medical expenses. Claims can only be submitted for uninsured expenses that are less than one year old. The bills must be submitted to all available insurance before submitting to a co-parent and the Friend of the Court.
- ◆ If you are a **custodial parent**, and your order provides for "annual ordinary medical", you **MUST** have written proof that you have paid out-of-pocket expenses that are equal to the "annual ordinary medical" expense amount established in your order, before requesting payment and/or enforcement of uninsured medical expenses. Out-of-pocket expenses include co-payments, deductibles, prescriptions, and other non-routine uninsured health care related costs for the children. Routine medical, such as first-aid supplies, cough syrup, and vitamins cannot be counted, because they are a part of the normal day-to-day expenses of raising a child just like food, clothing, shelter, etc. Health care premiums are not considered out-of-pocket expenses. The Friend of the Court Annual Ordinary Medical Expense (OME) Tracking Log is attached for your convenience.
- ◆ If you are a **non-custodial parent**, "annual ordinary medical" does not apply. The FOC will enforce medical expenses based on the percentages established for uninsured medical for both parties in your support order.
- ◆ The parent seeking service is responsible for payment of the expenses to the provider of services. While the FOC will enforce the other parent's financial responsibility, the FOC will not enforce or collect medical bills on behalf of a service provider, or communicate with a service provider.
- ◆ Per MCL 552.511a, you must request payment of the other party within 28 days of the date of service, if no insurance is provided, or 28 days of the insurance final payment or insurance denial of payment.

PROCEDURE

1. To request payment, complete, date, and sign the **Request For Health Care Expense Payment Form** (FOC 13). Each date of service must be listed on page two (and additional forms if needed) Attach the following documentation to the Request form:
 - The bill(s) that list the name of the child receiving the services, the name of the provider of services, the date of service, the nature of service, and the cost of service.
 - If requested, Explanation of Benefits or documentation from the insurance provider(s) showing what was paid or rejected.
 - If orthodontics, please provide a copy of the contract for treatment.
2. Make a copy of your completed form and attachments to keep for your records.
3. Submit the Request form and attachments to the other party. Allow the other party 28 days to respond.
- 4.
5. If 28 days have passed and you have not received payment or reached a written agreement, you may request enforcement by submitting a copy of your Request For Health Care Expense Payment form with attachments along with a Complaint And Notice For Health-Care Expense Payment form. The FOC will review and determined the amount owed by the other parent then enter a proposed order.

*Note - with the first request for enforcement submitted each calendar year, a Custodial Parent must also include proof that the annual ordinary medical obligation has been met using the OME Tracking Sheet.