

**INGHAM COUNTY FRIEND OF THE COURT
INSTRUCTIONS FOR ENFORCEMENT OF HEALTH CARE EXPENSES
PO BOX 40097, LANSING, MI 48901 (517-483-6103)**

The Friend of the Court (FOC) will only enforce health care expenses that are **less than one year old** from the date the expense was incurred, or within six months after the date of the insurance company's final payment or denial of coverage.

Some court orders contain a provision called **Ordinary Medical Expense (OME)**. Prior to October 1, 2008 the OME amount was \$289 per child per year and after October 1, 2008 it is \$345 per child per year. The court orders have a specific monthly amount to be paid for OME. Ordinary medical expenses include co-payments and deductibles, and most uninsured medical-related costs for children and do not normally include remedial care costs such as first-aid supplies, cough syrup, vitamins and other routine over the counter items.

The OME affects the reimbursement because the OME must be exceeded before any reimbursement amount is calculated. If the OME is not exceeded and proof is not provided to the FOC, the OME will be deducted from the submitted health care expenses to determine what expenses are to be reimbursed. For example:

2009 medical expenses	\$1000.00
Minus 2009 OME (1 child)	345.00
Extraordinary medical expenses (EME)	655.00
The Responding parties allocation (50%)	x.50
Amount the Responding party must pay	\$322.50

If medical treatment lasts more than one year, then the OME must be deducted for every year that treatment is being done. Orthodontia for example, may last 22 months. If the treatment starts on July 1, 2009 and the braces will be on for 22 months or until May 2011, the OME must be deducted for 2009, 2010 and 2011. For example:

2009 medical expenses	\$5000.00
(22 month contract July 1, 2009)	
Minus 2009 OME (1 child)	345.00
Minus 2010 OME (1 child)	345.00
Minus 2011 OME (1child)	345.00
Extraordinary medical expenses (EME)	3965.00
The Responding parties allocation (50%)	x.50
Amount the Responding party must pay	\$1982.50

Extraordinary Medical Expenses (EME): All payers of child support health care expenses will be processed as "extraordinary medical expenses" and the expenses will be apportioned between the parties according to the medical expense percentages established in the support order. Thus, the OME (\$289 or \$345 per child per year) is **not** deducted from the medical expense claim of the **payer of child support**.

To submit a formal claim, the following process must be followed:

1. Using the FOC official Request for Health Care Expense Payment form (FOC 13) the Requesting Party must request payment from the other party within 28 days of either the date insurance has paid on the expenses or the date insurance denies payment.* Each expense must be entered on the expense report and itemized. In addition, you must provide copies of the bills, receipts and proof of insurance payment. The bills must include the following:

INSTRUCTIONS FOR ENFORCEMENT OF HEALTH CARE EXPENSES (continued)

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- The name of the child receiving the services
- The name of the provider
- The date of service
- The nature of the service
- The cost of the service
- Explanation of benefits (EOB) from the insurance providers
- Copy of signed orthodontic contract, if applicable.
- Statement and or payment history from the provider

* If the bills are not submitted within 28 days it does not preclude the FOC to enforce the health care expenses. However, the payment for these expenses may be delayed.

2. Reimbursement of insurance premiums costs will be enforced if specific language is addressed in the court order.
3. Allow the other party 28 days to respond to your request for payment. If no response or payment is received within 28 days, you may file the Complaint (FOC 13a), the Request (FOC 13) and the itemized expense report with FOC. In addition, copies of medical bills, receipts, history statements, EOB, and proof of insurance payment must be included with the Complaint. All three forms must be completed in their entirety or they will not be processed.

Any medical expenses submitted to the Friend of the Court for processing with the completed forms, which do not have the required proof attached, will be returned unprocessed. DO NOT FAX THE PACKET.

Upon receipt of the official forms and appropriate documentation by the FOC, the Complaint will be processed and a determination will be issued to the parties setting forth the amount owed. If a written Objection is not filed within 21 days after the date the Notice was mailed, the FOC will set up a separate medical reimbursement account (MR).

OBJECTION HEARING: If a written Objection is filed within 21 days from the date of the Notice, a hearing will be scheduled before the Referee. You must bring all health care bills, receipt of payment, verification of any insurance payments, and any other pertinent proofs. The Referee will issue an order setting the amount of payment that must be made. Any frivolous objections may result in an order for costs.

The FOC will not pay directly to the provider of health care services. Any monies collected by FOC for medical reimbursement will be sent to the parent. It is the responsibility of the parent seeking reimbursement to pay the provider.

SUBSEQUENT PAYMENT: You must notify the Friend of the Court in writing if the other party pays you directly after the Complaint is mailed.

Additional forms are available at www.ingham.org/fc/foc.htm.

<p style="text-align: center;">STATE OF MICHIGAN THIRTIETH JUDICIAL CIRCUIT INGHAM COUNTY</p>	<p style="text-align: center;">REQUEST FOR HEALTH CARE EXPENSE PAYMENT</p>	<p style="text-align: center;">CASE NO.</p>
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FRIEND OF THE COURT ADDRESS:

TELEPHONE:

Plaintiff

vs.

Defendant

INSTRUCTIONS FOR REQUESTING PARTY:

The following is important information should you later seek to obtain the Friend of the Court's (FOC) 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, or if no insurance is applicable, within 28 days of billed services.
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 FOC on or before the following: 1 year after the expense was incurred; or 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 was 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 (Complaint for Enforcement of Health Care Expense Payment) to request enforcement.
6. In the event it is necessary for the FOC to enforce payment(s) 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. Attach 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 FOC to use in the even enforcement action is necessary.**

TO:

Obligor's Name and Address

Approved, SCAO

Original - Court
1st copy - Obligor

2nd copy - Requesting party
3rd copy - FOC file

STATE OF MICHIGAN
30th JUDICIAL CIRCUIT
INGHAM COUNTY

COMPLAINT FOR ENFORCEMENT OF
HEALTH CARE EXPENSE PAYMENT

CASE NO.

Friend of the Court address

303 W. Kalamazoo St., P.O. Box 40097, Lansing, MI 48901

Telephone no.

(517) 483-6103

Plaintiff

v

Defendant

TO:

Obligor's name and address

Notice to Obligor:

Under MCL 552.611a, the friend of the court has been asked to enforce the health care expenses described below. Unless you file a written objection with the friend of the court within 21 days of the date provided in MCL 552.611, the expenses will be added to your support account as a health care support arrearage and enforced. If you timely file a written objection in the manner required, a hearing will be set to resolve the health care complaint.

I certify that on this date I mailed a copy of this complaint to the obligor by ordinary mail to the obligor's last known address.

Date

Friend of the court/Authorized representative

Requesting Party's Statement:

I request the friend of the court to enforce health care expenses. Attached is the request for Health Care Expense Payment (including all supporting documents) given to the obligor. **I declare that:**

1. I requested payment within 28 days of the date notified of the balance due after insurance payments.
2. This request is for expenses that are more than the minimum amount my order requires for enforcement.
3. This complaint is
 - within 6 months after the date of the insurer's final denial of coverage for the expense.
 - within 1 year of the date the expense was incurred.
 - within 6 months after the obligor's default of an agreement to repay (copy of agreement attached).
4. As of this date, the expense information in the attached Request for Health Care Expense Payment is true except as follows:

Since the date I mailed the Request for Health Care Expense Payment to the obligor, the obligor paid \$ _____

for _____ and _____
Name(s) of child(ren) Name(s) of medical provider(s)

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date

Signature