

TUSCOLA COUNTY FRIEND OF THE COURT
54TH JUDICIAL CIRCUIT FAMILY DIVISION
Health Care Expenses – Effective 10/01/04

The Michigan Child Support Formula provides that every order entered after 10/01/04 contain a provision for **Ordinary Medical Expenses (OME)**. Ordinary medical expenses are defined as "...payee's co-payments, deductibles, uninsured, and other health care-related costs for children eligible for support. ." and do not normally include remedial care items such as vitamins, bandages, and other routine over the counter items. The standard amount of OME is \$289.00 per child per year from January 1 through December 31. The Court can increase this amount if there are known expenses that will exceed \$289 per year. Each parent will be responsible to pay a percentage of the OME based on his/her income. The payer of support will be charged monthly for OME in his/her child support order in addition to the base support amount. The payee recipient will directly contribute his/her share of the OME payment when the bill is paid. ***If the court order entered before 10/01/04 and does not provide for an OME, proceed to the instructions for filing for health care expenses below.***

For example, if the payer with two children is required to pay 70% of the OME, the payer's monthly charge would be \$33.72 per month (\$289.00 multiplied by two children, divided by 12 months and multiplied by 70%). This amount is paid to the recipient of support along with the child support per the court order.

Extraordinary Medical Expenses (EME) – Either parent may submit extraordinary health care expenses to the other party as described in the instructions below. The support payee may submit billings to the payer only ***after the total family obligation (\$289.00 multiplied by the number of children) is met.*** The payer of support may submit health care expenses to the payee at any time an expense is incurred for reimbursement of the payee's share. Payer expenses do not qualify as OME and must be shared as an extraordinary expense.

OME Tracking Sheet – See the attached form. **The original receipts or copies of the itemized statements and documentation of any insurance paid must be attached to any billing submitted to the other party or the Friend of the Court.**

INSTRUCTIONS FOR FILING FOR HEALTH CARE EXPENSES

Pursuant to Michigan Compiled Law 552.511a the Friend of the Court cannot process uninsured medical demands until certain requirements (See attached FOC13 form) are met. For your convenience, we have enclosed a form entitled **Request For Health Care Expense Payment (FOC 13)**. ***Read this form carefully and make certain that you are in compliance with the timelines that are required by law.*** It is your responsibility to properly fill out this form and send it to the other party. The other party has 28 days to reply to your request.

If you and the other party cannot work out an arrangement for payment of these expenses, you must fill out and submit to the Friend of the Court a form entitled **Complaint for Enforcement of Health Care Expense Payment (FOC 13a)**. You must make sure question number 3 is marked and question number 4 is marked (if applicable).

Once the above-mentioned steps are taken you must provide completed copies of both forms (FOC 13 and FOC 13a) to the Friend of the Court office and we will process your medical demand.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST FOR HEALTH CARE EXPENSE PAYMENT	CASE NO.
--	--	-----------------

Friend of the Court address Telephone no.

Plaintiff	v	Defendant
-----------	---	-----------

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

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	COMPLAINT FOR ENFORCEMENT OF HEALTH CARE EXPENSE PAYMENT	CASE NO.
--	---	-----------------

Friend of the Court address Telephone no.

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 clerk of circuit court (including a copy for 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