

MEDICAL REIMBURSEMENT INSTRUCTIONS & FORMS

Expense Tracking Sheet The tracking sheet will assist you in keeping track of the annual ordinary medical expense obligation. The annual obligation runs January-December and the amount is located on your order. Receipts or copies of itemized statements for expenses must be included. Itemized statements must include the following:

- Provider of service(s),
- Date of service
- Child's name
- Cost of service
- Insurance payments (if applicable) and/or self-payments

Request for Health Care Expense Payment (FOC 13) (There are 2 pages to this form.)

Read this form carefully and make certain you are in compliance with the timelines required pursuant to MCL 552.511a. It is your responsibility to properly complete this form and send it to the other party within 28 days after the insurers' final payment or denial of coverage. The other party has 28 days to respond to your request. (The obligor is the person you are sending the form to for reimbursement. The obligor's uninsured % will be on your order.)

Complaint and Notice for Health Care Expense Payment (FOC 13a) If the obligor has not made full payment within 28 days from the date you submitted your request to them, you may file this form with the Friend of the Court. Make sure to fill in the appropriate sections and attach a copy of the FOC13 including Expense Tracking Sheet with receipts/copies of itemized statements for expenses listed on the sheet.

Please note, in order to be reimbursed, you must first pay your percentage of the expense as listed in the most recent court order.

For questions call the Friend of the Court medical case worker, Jamie Pierce, at 989-672-3215.

Medical Explained:

The Michigan Child Support Formula defines "**medical**" as treatments, services, equipment, medicines, preventative care, similar goods and services associated with oral, visual, psychological, medical and other related care, provided or prescribed by health care professionals for the child(ren).

Routine medical care costs for the child(ren) do not qualify as medical expenses. (first-aid supplies, cough syrup and vitamins.)

Ordinary medical expenses include the support recipient's (payee) co-payments, deductibles, and uninsured medical-related costs for all child(ren) in the case.

Additional medical expenses are the support recipient's (payee) medical expenses for the child(ren) that exceed the child(ren)'s ordered annual ordinary medical expense amount, or the payer's medical expenses for the child(ren). (The annual ordinary medical expense amount can be found on your Uniform Child Support Order in the Uninsured Health-Care expense section.)

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	REQUEST FOR HEALTH-CARE EXPENSE PAYMENT	CASE NO.
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Friend of 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 the insurance provider has paid on the expenses or the date the insurance provider denies payment.
4. If you and the other party reach an agreement concerning the expenses, the agreement must be in writing, and the agreement must 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 on or before the following: one year after the expense was incurred, or six 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 two months after the expense was incurred), or six 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. 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 friend of the court to use in the event enforcement action is necessary.**

TO:

Obligor's name and address

Complete expenses incurred on the other side of this form.

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	COMPLAINT AND NOTICE FOR HEALTH-CARE EXPENSE PAYMENT	CASE NO.
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Court address Telephone no.

Plaintiff	v	Defendant
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TO: Obligor's name and address

COMPLAINT

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 annual ordinary medical amount that can be collected as specified in the support order.
 - health-care expenses that have been incurred by the payer of support.
3. This complaint is
 - within six months after the date of the insurer's final denial of coverage for the expense.
 - within one year of the date the expense was incurred.
 - within six 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)

Date Signature

NOTICE

The friend of the court has been asked to enforce health-care expenses. Unless you file a written objection with the friend of the court within 21 days of the date this notice is sent, the expenses will be added to your support account as a health-care support arrearage for enforcement and must be paid in full by _____ . \$ _____ per month, except that the full balance will be subject to immediate enforcement.

If you timely file a written objection in the manner required, a hearing will be set to resolve the health-care complaint.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this complaint on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

Date Friend of the court/Authorized representative