

**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, and beginning January 1, 2013 it is \$357 per child per year, and effective January 1, 2017 the OME amount is \$403 for the first child. 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:

2017 medical expenses	\$1000.00
Minus 2017 OME (1 child)	403.00
Extraordinary medical expenses (EME)	597.00
The Responding parties allocation (50%)	x.50
Amount the Responding party must pay	\$298.50

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, 2017 and the braces will be on for 22 months or until May 2019, the OME must be deducted for 2017, 2018 and 2019. For example:

2017 medical expenses (22 month contract July 1, 2017)	\$5000.00
Minus 2017 OME (1 child)	403.00
Minus 2018 OME (1 child)	403.00
Minus 2019 OME (1child)	403.00
Extraordinary medical expenses (EME)	3791.00
The Responding parties allocation (50%)	x.50
Amount the Responding party must pay	\$1895.50

**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 (\$403 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

## INSTRUCTIONS FOR ENFORCEMENT OF HEALTH CARE EXPENSES (continued)

Page 2

report and itemized. In addition, you must provide copies of the bills, receipts and proof of insurance payment. The bills must include the following:

- 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, explanation of benefits (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) and enforced.

**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: [fc.ingham.org](http://fc.ingham.org).**

Approved, SCAO

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



<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>COMPLAINT AND NOTICE FOR HEALTH-CARE EXPENSE PAYMENT</b>	<b>CASE NO.</b>
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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