

IMPORTANT FACTS ABOUT MEDICAL EXPENSE ENFORCEMENT

BOTH FORMS, FOC 13 and FOC 13a (ATTACHED), MUST BE SUBMITTED TO FOC WHEN YOU WANT ENFORCEMENT FOR MEDICAL REIMBURSEMENT.

A COMPLETED FOC 13 MUST BE SENT TO THE OTHER PARENT FIRST. THE FOC 13 MUST INCLUDE ALL DOCUMENTS, ORGANIZED BY ITEM #, CHILD, PROVIDER AND IN DATE ORDER WITH EACH PAGE LABELED WITH ITS ITEM NUMBER.

NOTE THAT THERE ARE TIME LIMITS FOR SENDING YOUR REQUESTS FOR REIMBURSEMENT TO THE OTHER PARENT (See paragraph 3 in FOC 13) AND FOR REQUESTING ENFORCEMENT ACTIONS FROM FOC.

ORDINARY MEDICAL EXPENSES (OMA)

- Your Uniform Child Support Order (USCO) must declare a percentage for each parent to pay toward extraordinary and uninsured medical expenses. Please review your USCO medical paragraph.
- If child support is direct pay, we will not enforce expenses unless specifically directed to do so by the court. (SSA direct pay, abated, and some no charge cases are still enforced.)
- You cannot request payment from the other parent until you have paid the annual OMA expenditure. You must keep track of uninsured expenses to determine and prove that the OMA has been met. The Ordinary Medical support in the child support paragraph of your USCO is the payer's annual portion of OMA.
 - Whether OMA is met is determined based on uninsured medical costs in a calendar year.
 - A USCO without an annual ordinary medical support amount charging or declared may default to \$357.00/child.

HOW TO SUBMIT EXTRAORDINARY EXPENSES

- **You must send a request to the other parent first before submitting anything to FOC. You must use FOC13, and attach the required documents, each sheet labeled with its item number.** If the other parent has a confidential address, you must put the documents in an envelope with postage and bring it to FOC for mailing and Certificate of Mailing.
- Send proof to the other parent of the ordinary medical expense(s) along with the extraordinary expense(s) for which you are seeking reimbursement **within 28 days** of the insurer's final payment or the date the insurer denied payment or the date of service if insurance does not apply.
- Use the enclosed "Request for Health Care Expense Payment" (FOC 13) to make your request. Make three complete copy sets. Mail the other party one copy of the entire, labeled, document packet, including the dated and signed FOC 13, all bills and Explanation of Benefits (EOB) from insurance carrier. Keep the other two copies.
- You must sign and date the mailing statement at the bottom of page 2.
- **Wait at least 28 days** from the date the request was mailed to the other parent before you make a complaint for enforcement to the FOC. If the other party pays their portion, nothing needs to be sent to the FOC.
- A complaint to FOC for enforcement can be made as long as it is submitted to the FOC within one year of the date of service, six months of a final insurance decision or six months from a breach of written contract for repayment between the parties.
- Send to FOC the signed and dated **Complaint for Enforcement of Health Care Expense Payment (FOC13a)**, and a copy of the entire, labeled, document packet, including the FOC 13, all bills and Explanation of Benefits (EOB) from insurance carriers which you previously mailed to the other parent.

HOW THE REQUEST FOR REIMBURSEMENT IS PROCESSED BY THE FRIEND OF THE COURT

- Once your complaint for enforcement is received, the FOC worker will send a copy of your submitted FOC 13(a) form to both parents, with the Certificate of Mailing signed and dated by a Friend of the Court Representative. We will not resend the entire packet. At this point, each parent has a full copy. Be sure to leave the bottom portion of the FOC 13a document blank for FOC's Certificate of Mailing.
- The other parent who receives the request for reimbursement must object **within 21 days** if he or she does not agree. If, within 21 days after the complaint and notice are sent to the other parent, the parent does not file with the office a written objection to the complaint, the proof of expense will be reviewed and the amount of the health care expense stated in the complaint will be either obligated/credited to the account or the requesting party will be contacted for additional documentation. The final expense becomes a support arrearage and is subject to any enforcement process available to collect a support arrearage. Once the expense is applied the credit/obligation will immediately affect the arrears balance on the case. As such, it may cause an increase or decrease in the IWN arrears collection amount and may impact Credit Reporting.
- If there is an objection, the expenses will not be obligated or credited as the case may be, until the issue of the objection is resolved, either by agreement or at a hearing before the FOC referee.

NOTE TO PAYER OF SUPPORT

- If you are the parent paying child support and wish credit for medical expenses you paid, you must include proof of expense, proof that you paid the requested expense. (ie, credit card receipt, signed letter from provider indicating payment received from you and how the payment was applied, copy of cancelled check or copy of bank statement.) The OME is not applicable to the payer's unreimbursed health care expense.

STATE OF MICHIGAN 22nd JUDICIAL CIRCUIT WASHTENAW COUNTY	REQUEST FOR HEALTH CARE EXPENSE PAYMENT	CASE NO.
101 E. Huron, P.O. Box 8645, Ann Arbor, MI 48107-8645		phone 734-222-3284, fax 734-222-3332

Name & address	Name & address
Plaintiff	Defendant

INSTRUCTIONS FOR REQUESTING PARTY:

The following is important information should you later seek to obtain enforcement assistance from the Friend of the Court.

1. Your court order must require the other parent to pay a portion of health care expenses.
2. The expense must exceed the Annual Ordinary Medical (AOM) specified in your Uniform Child Support Order. You must document those AOM amounts if they are not all included in this demand.
3. You must mail this request for payment to the other parent **within 28 days** after the insurer's final payment or the date the insurer denied payment or the date of service if insurance does not apply. This form, FOC13, signed and dated, which you will send to the other parent, **with all documents, grouped together by child and provider in date order and each sheet marked by item number**, is used to make the demand and should be carefully completed. Copies of all bills, receipts and insurance notifications (Explanation of Benefits -EOB) for each separate expense, arranged in date order, with each page labeled with and grouped with its item number must be included in the mailing to the other parent. Use page 2 to list the separate services. Use additional copies of the table on page 2 if needed. If the address of the other parent is confidential, see the IMPORTANT FACTS sheet for directions for serving the other parent.
4. If you and the other parent reach an agreement concerning the expenses, the agreement must be in writing. The agreement must list the expenses to be paid, the total amount to be paid and the schedule for payment. Both parents must sign the agreement.
5. **If no agreement is reached and you do not receive payment within 28 days after this demand, you may request Friend of the Court (FOC) enforcement.** You will use a second form, FOC 13a, to make the enforcement request to FOC if needed.
6. Your complaint must be submitted on or before: one year of the date of the expense; **or** six months after the final insurance payment/denial; **or** six months after a default on the parties' agreement for payment.
7. If you request enforcement through Friend of the Court, you must provide a completed Complaint for Enforcement (FOC13a) with a copy of this completed form (FOC13), with its supporting, item-number labeled, bills and receipts for each expense-showing child, provider, service performed, date of service, charge for visit and insurance coverage if any. If the uninsured expense is for orthodontics, include a copy of the contract. You will be responsible for establishing the expenses and their necessity.
8. You must keep exact copies of this form and all attachments for yourself and for FOC to use if enforcement is necessary. Bring documentation to court if medical expenses may be discussed.

OTHER PARENT'S name and address:

TO:

Complete expenses incurred are in the table on the other side of this form. These expenses have been incurred for the health care of minor child(ren) for whom you are obligated to provide health care support. **I request that you pay me your portion within 28 days.** This request is timely because, per paragraph #6: (state reason here)

Name	Name	
Plaintiff	Defendant	Case Number

Item #	Name of Child Receiving Service	Name of Medical Provider	Date of Service	Type of Service	Total Medical Cost	Amt. Paid by Insurance	Balance Due*	Other Parent %	Amt. Owed By Other Parent
1					\$	\$	\$		\$
2					\$	\$	\$		\$
3					\$	\$	\$		\$
4					\$	\$	\$		\$
5					\$	\$	\$		\$
6					\$	\$	\$		\$
TOTAL					\$	\$	\$		\$

*Balance due means full balance owed after payment by insurance and any adjustments to the total medical cost.

FOR PAYEE, Annual Ordinary Medical is \$ _____. That amount has already been met is met with the above expenses.

The Other Parent's TOTAL this page is \$ _____ with his/her grand TOTAL for all pages \$ _____ and is due and payable to the Requesting Party on or before 28 days following this mailing OR if requesting party is payer, will be credited when time for objection has passed with no objections.

_____ AFFIDAVIT OF REQUESTING PARTY _____

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

Date Signature

_____ CERTIFICATE OF MAILING BY REQUESTING PARTY (OR FOC IF APPLICABLE-SEE PARAGRAPH 3) _____

I certify that on this date I mailed a copy of this Request for Health Care Expense Payment, with required attached documentation, to the other parent by first-class mail addressed to their last-known address as defined in MCR 3.203.

Date Signature

Note to obligor:

If the uninsured amount needs to be adjusted or completed due to unknown benefits from your insurance, you must mail the other party a copy of your Explanation of Benefits (EOB). You should keep a copy of this information for your records.

Page 2 of _____

101 E. Huron, P.O. Box 8645, Ann Arbor, MI 48107-8645

(734) 222-3050

Plaintiff

Defendant

TO:

Other parent's name and address:

Requesting Parent's Statement:

I request the Friend of the Court (FOC) to enforce health care expenses. **Attached is the request for Health Care Expense Payment (including all supporting documents organized by item # arranged in service date order with each page numbered with item #) which I timely mailed to the other parent.**

I declare that:

1. I mailed my request for payment from the other parent within 28 days of:
 - the expense billing.
 - the date I was notified of the balance due after insurance.
 - Other (explain and attach supporting documentation).
2. This request is for expenses incurred by the parent receiving support:
 - our order does not have an ordinary medical amount.
 - they are greater than the minimum amount my order requires for enforcement.
 - Ordinary medical has already been met and proven for the calendar year.
 - Proof of ordinary medical is enclosed.
 - This request is for expenses incurred by the payer of support.
3. This complaint is submitted to FOC 28 days or more after my Request for Health Care Expense Payment (FOC13) form was mailed to the other parent
AND IS
 - within 1 year of the date the expense was incurred.
 - OR within 6 months of the insurer's final payment or denial of coverage for the expense (proof attached).
 - OR within 6 months of the other parent's default on 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 still true, except as follows:
Since the date I mailed the Request for Health Care Expense Payment, **the other parent has paid** (include payments the other parent made to you or the provider of service): \$_____.

Date

Signature

THE SECTION BELOW IS FOR USE BY FRIEND OF THE COURT ONLY

Notice to other parent:

The FOC has been asked to enforce health care expenses. Unless you file a written objection with the Friend of the Court office within 21 days of the date below, the expenses will be credited to your account (payer paid) or (if payee paid) added to your support account as a health care support arrearage for enforcement and must be paid in full by (date)_____ at \$_____ per month except that the full balance will be subject to immediate enforcement, including a change in your income withholding order and credit bureau reporting.

If you file a written objection **within 21 days** of this mailing regarding the reasonableness and/or necessity of an expense or the accurateness of the expense or the amount you owe, it will be considered for a hearing, if necessary, to resolve the issue(s).

CERTIFICATE OF MAILING BY FOC

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