



53rd JUDICIAL CIRCUIT COURT

Family Division

Office of the Friend of the Court

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(231) 627-8825 Main Line
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Kevin W. Weller
Friend of the Court

Presque Isle County Office
PO Box 192
Rogers City, MI 49779
(989) 734-4312 Main Line
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Instructions for health care expense payment (reimbursement)

The procedure for requesting reimbursement for uninsured medical has changed effective 12-1-02. Attached are the new forms that you must utilize when asking for this type of enforcement by the Friend of the Court office. Please make sure to read the new language at the top of the new form that will outline some requirements that are your responsibility to follow.

1. Begin by reading your most recent court order regarding the uninsured health care percentages that each party is responsible to pay. If this language is missing, this process must be stopped immediately. You can contact the Friend of the Court office for information on how to proceed with modifying your order. Please attach a copy from the last order entered on your case of the page showing the percent that each party is responsible for paying with the date of that Order.
2. Once you have established what percentage the obligor (person you are requesting payment from) must pay, you may begin filling out the *REQUEST FOR HEALTH CARE EXPENSE PAYMENT (FOC 13)* with the information it requires. You must attach this form to the copies of the bills that you send to the obligor. Submit two legible copies of the bills, Explanation of Benefits from your insurance company and the *FOC 13*.
3. You need to send this form by regular mail or certified/return receipt. We strongly suggest using certified mail and return receipt if you know the obligor is going to contest the bills. This will assure the court that you have attempted service of these bills on the obligor.
4. If, after 30 days the obligor has failed to make payment arrangements with you, you can complete the form titled *COMPLAINT FOR ENFORCEMENT OF HEALTH CARE EXPENSE PAYMENT (FOC 13a)*. This is your request to the Friend of the Court office to begin enforcement action against the obligor for his/her percentage of the uninsured health care expenses.
5. Once the Friend of the Court receives this complaint, we will begin our enforcement process. The obligor will be given twenty-one (21) days to respond from the date it is mailed. If no response is received, the amount will be added to his/her support obligation under the account-titled medical. If the obligor objects in writing within 21 days, the case will be set for a hearing and both parties will be required to attend the hearing.

Please contact the office with any questions.

****Anytime a bill is submitted for Orthodontics/braces, you must attach copies of the actual contract that shows the total amount due. The contract should clearly state the expected insurance payment and the monthly payments you have arranged with the provider as well as any initial payment that is due immediately. Orthodontic work must be on its' own medical demand form along with any records, x-rays or initial appointment charges leading up to the actual application of the appliances.**

CHILDREN'S HEALTH CARE EXPENSES

For Child Support Orders Issued or Modified after October 1, 2004

53rd Circuit Court, Presque Isle County

The 2004 Michigan Child Support Formula Manual creates a new way to help parents pay for their children's health care expenses. Each child support order issued or modified after October 1, 2004 will include an additional amount for "ordinary health care expenses." A person who pays support will pay an additional amount each month to cover a portion of the children's ordinary health care expenses. This new process will help custodial parents pay out-of-pocket health care expenses as they incur them. It will also eliminate the need to seek separate reimbursement for every routine health care bill.

ORDINARY HEALTH CARE EXPENSES

Ordinary health care expenses: include insurance co-payments, deductibles, and other uninsured health care costs. The base support obligation already covers remedial care items, such as band aids and non-prescription medications, so those expenses are not included in this new category. On average \$289.00 is spent per child on ordinary health care costs annually. The court order specifies an amount for ordinary health care expenses per child. The court can order a higher amount for known or anticipated higher expenses (such as if a child will need braces.)

EXTRAORDINARY HEALTH CARE EXPENSES

For the custodial parent, health care expenses incurred on behalf of the child/ren above the ordinary health care amount specified in the order are called extraordinary health care expenses. For the noncustodial parent, any health care expense incurred on behalf of the child/ren is considered an extraordinary health care expense. The support order will indicate the percentage each parent must pay for extraordinary health care expenses.

The custodial parent should maintain an annual record of qualified ordinary health care expenses in case there are extraordinary health care expenses at some point in the calendar year. A Health Care Expense Log is available from Friend of the Court for this purpose. Using the Health Care Expense Log from the Friend of the Court may expedite processing of future enforcement requests. Only one annual record or Health Care Expense Log needs to be maintained by the custodial parent regardless of the number of children in the case; ordinary medical expenses do not need to be documented on a separate sheet for each child.

Documentation (copies of insurance Explanation of Benefits, doctor statements, prescription receipts, etc. showing non-insured qualified medical expenses) must accompany the annual record or Health Care Expense Log when the total annual amount for the case has been reached, and

enforcement of an unpaid Request for Health Care Expense Payment is submitted to the Friend of the Court as a Complaint by the custodial parent.

Once the custodial parent has provided the annual record/Health Care Expense Log and documentation as outlined above for a particular calendar year, he/she does not need to submit this information again for that calendar year. The Friend of the Court is responsible for verifying that the total ordered amount for ordinary health care expenses has been met.

The custodial parent may not seek reimbursement for qualified ordinary medical expenses until the total expenses combined for all children in the case exceed the amount per child specified in the court order times the number of children in the case. (See Examples below.) Once the amount is exceeded, future uninsured medical expenses are referred to as extraordinary health care expenses, and reimbursement may be sought from the other parent. This may be completed between the two parents themselves, or the parent seeking reimbursement may use the Health Care Reimbursement Policy procedure of the 53rd Circuit Court, Presque Isle County. The Policy and forms are available from the Friend of the Court. NOTE: There is a 28-day time line requirement for sending the Request for Reimbursement form to the other parent.

Examples of determining the amount for extraordinary health care expenses:

Example: One child in the case - If the order states the amount for ordinary medical expenses is \$289.00 per child. The custodial parent must document/Health Care Expense Log \$289.00 in qualified medical expenses before being able to seek reimbursement from the other parent for any expenses above \$289.00.

Example: Two or more children in the case - If the order states the amount for ordinary medical expenses is \$289.00 per child, and there are two children in the case. The custodial parent must document/Health Care Expense Log \$578.00 in qualified ordinary medical expenses before being able to seek reimbursement from the other parent for any expenses above \$578.00. If there are three children at \$289.00 per child, the amount would be \$867.00, and so on.

If the noncustodial parent incurs an extraordinary health care expense, reimbursement may be sought from the other parent. This may be completed between the two parents, or the parent seeking reimbursement may use the Health Care Reimbursement Policy procedures of the 53rd Circuit Court, Presque Isle County. The Policy and forms are available from the Friend of the Court. **Note:** there is a 28-day time line requirement for sending the Request form to the other party.

It is presumed that the amount in the order for ordinary health care expenses will be spent on uninsured health care expenses. The custodial parent does not have to prove that the health care expenses equaled or exceeded that amount unless that parent requests enforcement for extraordinary health care expenses.

If you have any questions, please contact the Friend of the Court: 989-734-4312.