

INSTRUCTIONS FOR REQUEST FOR ENFORCEMENT OF EXTRAORDINARY UNINSURED MEDICAL EXPENSES

Your child support order contains a paragraph for each parent to pay for qualified uninsured medical expenses based on their share of the family income.

BEFORE you can seek enforcement of uninsured medical expenses, you must prove you have spent the amount required for qualified medical expenses for the year as stated in your order. You should use the attached form to keep track of yearly expenses per child (you must retain receipts in case the court wants them).

Qualified uninsured medical expenses that exceed the annual ordinary medical amount stated in the court order and all qualified uninsured medical expenses incurred by the non-custodial parent are extraordinary medical expenses. MCL 552.511a.

The Friend of the Court will start enforcement action if items one through three below are satisfied:

1. The parent seeking reimbursement for the uninsured medical expenses must demand payment from the other parent within 28 days after the insurer's final payment or denial of coverage.
2. The parent responsible to pay did not pay within 28 days of receiving the demand for payment.
3. After you have completed the above steps and the other parent has still not paid or made arrangements to pay, complete the Request for Health Care Expense Payment Form. Make sure that the following steps are completed:
 - a. Each bill should only be submitted one time to the Friend of the Court.
 - b. Send a copy of the demand for payment (correspondence) sent to the other party requesting payment for the uncovered medical expenses.
 - c. Make Sure you have signed and dated the form
 - d. Mail the completed Request for Health Care Expense Payment Form to the Friend of the Court at

Friend of the Court
PO Box 157
Ithaca, MI 48847

- e. Copies of ALL BILLS must be submitted with this form. Be aware that the other parent may need original bills to file an insurance claim.
4. The enforcement complaint is submitted to the Friend of the Court on or before any of the following:
- a. One year after the expense was incurred
 - b. Six months after the insurer's final payment or denial of coverage (the request for coverage must have been made within two months of the expense)
 - c. Six months after a parent defaults on paying the expense if the parents had a written agreement outlining how much each parent would pay and a schedule for the payment.

If all of the above statements are met, the Friend of the Court will start enforcement by sending the following information to that parent:

- A. A copy of the complaint (form FOC 13a) submitted from the parent requesting reimbursement.
- B. A request for Repayment of Health Care Expenses form and copies of all bills submitted.
- C. Notice that if the obligated parent does not pay the bill or object to the complaint within 21 days, the amount of the uninsured extraordinary medical expense will become a support arrearage, subject to all available support enforcement remedies.
- D. Notice that if the parent does file an objection to the complaint within 21 days, the Friend of the Court will set a hearing before a Judge to resolve the complaint.

If one parent pays the medical expense directly to the other parent, the parent who receives the payment MUST notify the Friend of the Court to avoid further enforcement action against the other parent.

If the obligated parent does not pay the medical expense and does not file a written objection to the complaint within 21 days, the amount of the medical expense becomes a support arrearage, subject to any enforcement remedy available.

If a parent files a written objection within 21 days, the Friend of the Court must schedule a hearing before a Judge to determine the matter. An objection may be filed based on challenging the necessity of the expense, a claim that the parent has already paid the expense or to raise any similar defenses to the demand for reimbursement.

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 552.511a, the friend of the court has been asked to enforce the health care expenses described below. Unless you file a written objection with the friend of the court within 21 days of the date provided in MCL 552.511a, 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.

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

