

MEDICAL ENFORCEMENT

There are two (2) types of Medical Support Enforcement:

- 1. Insurance Enforcement**
- 2. Uninsured Medical Enforcement**

Insurance Enforcement

Every court order indicates that the parties are responsible to maintain health care coverage for the benefit of their child(ren) {as defined by MCL 552.602(o)} which includes payment(s) for hospital, dental, optical, and other health-care expenses when that coverage is available at a reasonable cost, including coverage available as a benefit of employment or under an individual policy not to exceed 5% or 6% of the parent's gross income.

This enforcement occurs when the National Medical Notice is sent to the party's employer with instructions of the requirement necessary to provide health care coverage for the child(ren) identified in the notice.

Uninsured Medical Expenses

Every support order entered will address the parties' "ordinary medical" expense. "Ordinary medical" expenses are co-payments, deductibles and/or uninsured medical-related costs for the child(ren) in your case. These expenses would include but are not limited to prescriptions, doctor/dental visits, optical expenses, orthodontia expenses, and other related care, provided or prescribed by health care professionals for your children. Routine remedial care costs for child(ren) (over the counter supplies such as: first aid supplies, cough syrup, vitamins band aides, ointments etc.) do not qualify as ordinary medical expenses.

The annual "ordinary medical" amount for each child is outlined in your Uniform Support Order. The payer of support is ordered to pay their apportioned amount each month; therefore, the recipient of support must account for the monthly "ordinary medical" expenses received (total for all children) when determining if additional amounts are required from the payer of support.

When the "ordinary medical" expense exceeds the annual amount, a party may seek assistance through the Chippewa County Friend of the Court for enforcement; however, they must provide proof that the annual amount has been met and additional money has been paid by the recipient of support toward additional medical expenses.

**PLEASE FOLLOW THE ATTACHED INSTRUCTIONS IF REQUESTING ASSISTANCE TO ENFORCE
ADDITIONAL "ORDINARY HEALTH" EXPENSES ONCE THE ANNUAL AMOUNT HAS BEEN EXHAUSTED:**

**GUIDE FOR COLLECTION OF
UNINSURED HEALTH CARE EXPENSES**

Form FOC 13 – Request for Health Care Expense Payment

Must be completed in its entirety.

Make additional copies:

Copy for your records

Copy to the Friend of the Court Office should you seek enforcement action if necessary, Under MCL 552.511a, the obligor will have 28 days to respond to your request by either paying the amount or deny the request. If the obligor does not respond to your request within the allotted time frame (28 days) and wish to seek enforcement through the Chippewa County Friend of the Court, you must complete FOC 13a.

Form FOC 13a – Complaint for Enforcement of Health Care Expense Payment

You must complete the section titled COMPLAINT

Please take form FOC 13 and 13a to the Chippewa County Friend of the Court Office for enforcement along with all supporting documents regarding the outstanding medical expenses. To ensure that the amount requested has not been paid by your insurance carrier, it is essential that you provide a statement of benefits regarding all outstanding medical expenses in which you are seeking and/or an outstanding medical expense from the treating physician to assist this office in ensuring that the amount seeking is accurate.

The Friend of the Court will mail your complaint to the obligor which will have 21 days to respond either in a written objection or payment of the amount requested.

If an objection is received, a hearing will be scheduled with notice to the parties.

If no response is received, the Friend of the Court will take the appropriate measures to enforce the medical expense.

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

COMPLAINT AND NOTICE FOR
HEALTH-CARE EXPENSE PAYMENT

CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff's name

Defendant's name

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 served a copy of this complaint on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date _____

Friend of the court/Authorized representative _____

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

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.**

Obligor's name and address

TO:

--

Complete expenses incurred on the other side of this form.

Plaintiff

v

Defendant

CASE NO.

The following expenses have been incurred for the health care of a minor child for whom you are obligated to provide health-care support.

Name of Child Receiving Service	Name of Medical Provider	Date of Service	Type of Service	Total Medical Cost	Amt. Paid by Insurance	Balance Due*	Obligor's %	Amt. Owed by Obligor

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

Date

Signature