

STATE OF MICHIGAN 7 TH JUDICIAL CIRCUIT GENESEE COUNTY	INFORMATION REGARDING REQUEST FOR HEALTH CARE EXPENSE PAYMENT	CASE NUMBER:
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Friend of the Court address:
1101 Beach Street, Flint, MI 48502

Telephone number:
(810) 257-3300

PLAINTIFF

V

DEFENDANT

UNINSURED HEALTH CARE COSTS

In order for the Friend of the Court to assist you in seeking reimbursement for uninsured health care costs you have incurred, the following procedure must be followed:

1. A copy of all uninsured medical bills must be sent to the opposing party and that party will be given a reasonable period of time to pay the percentage owed. If the matter is unresolved after 30 days, enforcement by the Friend of the Court may be requested by using the following procedure.
2. Complete the reverse side of this form and provide **TWO (2) PHOTOCOPIES OF EACH BILLING STATEMENT**. Each bill must contain the following information:

DATE OF SERVICE
FEE CHARGE
NAME OF MEDICAL PROVIDER
NAME OF PATIENT
TYPE OF SERVICE (FLU, BROKEN ARM, ETC)

****AN INSURANCE COMPANY EXPLANATION OF BENEFITS IS NOT AN ACCEPTABLE BILLING STATEMENT****

3. Each medical bill should indicate the amount submitted to, or paid by, the insurance carrier and/or the amount billed to, or paid by, the parent.
4. Pursuant to Michigan law, no bill will be accepted if the date of service is older than the preceding **ONE (1) YEAR**, or if the date of service was prior to the first order requiring health care reimbursement.
5. The Friend of the Court has a process through which parties can submit uninsured health care expenses for reimbursement from the other party. There are forms available for this purpose. This form should be used, **by the custodial parents***, in conjunction with those forms in cases where a court order has been entered containing language similar to the following:

“Extraordinary medical expenses above \$289.00 **per year per child**, the aggregate total, shall be paid 90% by Plaintiff, 10% by Defendant.” The “aggregate total” is defined as the total of \$289.00 multiplied by the number of minor children currently on the case. For example, if you have three minor children, the aggregate total is \$867.00. That means if the above Defendant/custodial parent wishes to collect 90% of uninsured health care expenses from the Plaintiff/non-custodial parent(s) he must first incur a total of \$867.00 in uninsured health care expenses that are not eligible for the reimbursement process. Once (s)he reaches an amount of \$868.00 or higher, all expenses over \$867.00 are eligible for the 90%/10% split.

Any custodial parent wishing to submit uninsured health care expenses to our office for processing, **must** prove (s)he has incurred expenses up to and in addition to the aggregate total of his/her case. The attached log will assist you in doing this. Any expenses submitted to the Friend of the Court for processing with the appropriate forms, which does not have the required proof attached, will be returned unprocessed. Please be aware that the total amount per year must be met each **calendar** year. If a court order containing this provision goes into effect on a day other than January 1, the charges will be prorated at the time the order is processed by our office. Please also be advised that normal, everyday expenses, such as band-aids, cough syrup and over-the-counter non-prescription medications are not eligible for processing through the Friend of the Court Office. Payment of these expenses is covered by the base child support obligation.

6. *Non-custodial parents can also use Friend of the Court forms to request reimbursement of the custodial parents share of uninsured health care expenses, but non-custodial parents are not required to provide proof of incurring the aggregate total before requesting same. Non-custodial parents should simply utilize the forms related to the reimbursement process for that purpose.

