

INSTRUCTIONS FOR FILING THE CLIENT DEMAND FOR MEDICAL PAYMENT

This process has been established for enforcement of uninsured medical expenses. The FOC encourages parties to attempt to resolve issues regarding enforcement of uninsured medical expenses prior to requesting FOC assistance.

ELIGIBILITY REQUIREMENTS

- ◆ A court order must exist that requires the other party to pay a percentage of uninsured medical expenses.
- ◆ If you are a **custodial parent**, and your order provides for "annual ordinary medical", you **MUST** have written proof that you have paid out-of-pocket expenses that are equal to the "annual ordinary medical" expense amount established in your order, before requesting payment and/or enforcement of uninsured medical expenses. Out-of-pocket expenses include co-payments, deductibles, prescriptions, and other non-routine uninsured health care related costs for the children. Routine medical, such as first-aid supplies, cough syrup, and vitamins cannot be counted, because they are a part of the normal day-to-day expenses of raising a child just like food, clothing, shelter, etc. Health care premiums are not considered out-of-pocket expenses. The Friend of the Court Annual Ordinary Tracking Log is attached for your convenience.
- ◆ If you are a **non-custodial parent**, "annual ordinary medical" does not apply. The FOC will enforce medical expenses based on the percentages established for uninsured medical for both parties in your support order.
- ◆ The parent seeking service is responsible for payment of the expenses to the provider of services. While the FOC will enforce the other parent's financial responsibility, the FOC will not enforce or collect medical bills on behalf of a service provider, or communicate with a service provider.
- ◆ Per MCL 552.511a, you must request payment of the other party within 28 days of the date of service, if no insurance is provided, or 28 days of the insurance final payment or insurance denial of payment.

PROCEDURE

1. To request payment, complete, date, and sign the **Client Demand for Medical Payment Form** (FOC 13 Local). Each expense must be entered on page two and itemized.

Attach the following documentation to the Demand form:

- The bill(s) that list the name of the child receiving the services, the name of the provider of services, the date of service, the nature of service, and the cost of service.
 - Explanation of Benefits or documentation from the insurance provider(s) showing what was paid or rejected.
 - If orthodontics, please refer to the **Information Regarding Orthodontia** Information Sheet. Do not combine with other medical bills.
2. Make a copy of your completed form and attachments to keep for your records.
 3. Submit the Demand form and attachments to the other party.
 4. Allow the other party 28 days to respond.
 5. If 28 days have passed and you have not received payment or reached a written agreement, you may request enforcement by the FOC. Include a **copy** of the Client Demand for Medical Payment form and attachments submitted to the other party. The FOC shall review and process your demand. *Note – With the first request for enforcement submitted each calendar year, a Custodial Parent must also include proof that the annual ordinary medical obligation has been met.

Forms are also available on our website at www.co.jackson.mi.us/foc