

*THIRTY-SEVENTH JUDICIAL CIRCUIT OF MICHIGAN*  
*Calhoun County*  
*Office of the Friend of The Court*

---

Jeffrey S. Albaugh  
Friend of the Court

Calhoun County Justice Center  
161 E. Michigan Ave.  
Battle Creek, MI 49014-4066  
269-969-6500

Kristen L. Getting  
Deputy Friend of the Court  
Attorney

**Subject:** Enforcement of Uninsured Medical Bills

Dear Sir or Madam:

The Office of the Friend of the Court, Medical Support Enforcement Unit, is in receipt of your request for enforcement of uninsured medical bills. Please find enclosed forms and instructions for seeking enforcement of uninsured medical expenses. Also note that you must request payment from the other party within 28 days of the date you are notified of the balance due after all insurance payments. To do this you must send the party against whom you are seeking collection a completed "Request for Healthcare Expense Payment" (FOC 13) form along with all supporting documentation. Should you need additional space, please make extra copies of the form and label pages (page 1, etc.).

If the other party has not paid the amount requested within 28 days of the date the "Request for Healthcare Expense Payment" is sent to the other party, you may then ask for the Friend of the Court to enforce your "Request for Healthcare Expense Payment." To do this, you must send the Friend of the Court Medical Enforcement Unit a completed "Complaint for Enforcement of Healthcare Expense Payment" (FOC 13a) form along with a copy of the completed "Request for Healthcare Expense Payment" (FOC 13) form and supporting documentation that was previously sent to the other party.

**If your support order includes an amount for "Ordinary Medical Expenses" to be paid annually, you must provide documentation showing that this amount has been paid prior to requesting enforcement of "Extraordinary Medical Expenses." A separate form is available at your request to assist with documenting these expenses.**

If the uninsured medical expenses you are seeking collection for do not fit the statutory limitations, then the FOC will not be able to enforce collection on your behalf. Please see "Complaint" section, item number 3 on the FOC 13a form for the statutory limitations.

Please do not complete the "Notice" or "Certificate of Mailing" sections immediately below the "Complaint" section on the FOC 13a form as this section is for FOC use only.

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

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.**

TO:

Obligor's name and address
----------------------------

Complete expenses incurred on the other side of this form.

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

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

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>COMPLAINT AND NOTICE FOR HEALTH-CARE EXPENSE PAYMENT</b>	<b>CASE NO.</b>
--	---	-----------------

Court address Telephone no.

Plaintiff	<b>v</b>	Defendant
-----------	----------	-----------

**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 certify that on this date 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 in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Friend of the court/Authorized representative