

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

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Jeffrey S. Albaugh  
Friend of the Court

Calhoun County Justice Center  
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[www.calhouncountymi.gov/foc](http://www.calhouncountymi.gov/foc)

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 proof that the total annual ordinary medical expense for all children was exceeded before requesting reimbursement of extraordinary medical expenses. Michigan law requires that before the parent may request enforcement from the Friend of the Court, there must be a minimum threshold of \$100 in expenses over and above the total annual ordinary medical expense that was incurred. If by December 1<sup>st</sup> \$100 has not yet been incurred, whatever amount has been incurred may then be submitted for enforcement.**

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>
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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
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Complete expenses incurred on the other side of this form.

Plaintiff

Defendant

CASE NO.

v

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

